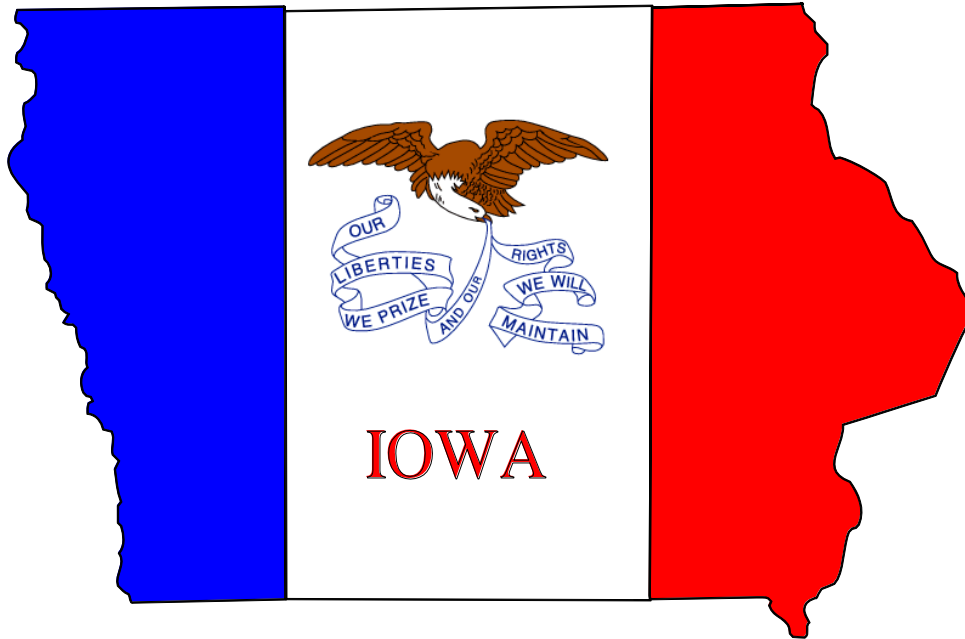


# Iowa's Drug Control Strategy 2009



## **A Coordinated Strategy Presented By The:**

*Drug Policy Advisory Council  
Governor's Office of Drug Control Policy  
Iowa Department of Corrections  
Iowa Department of Education  
Iowa Department of Human Rights,  
Criminal and Juvenile Justice Planning  
Iowa Department of Public Health  
Iowa Department of Public Safety  
Iowa Department of Human Services*

**November 1, 2008**



# ACKNOWLEDGMENTS

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## Table of Contents

<b>ACKNOWLEDGMENTS .....</b>	<b>1</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>5</b>
<b>INTRODUCTION .....</b>	<b>9</b>
<b>TARGETED STRATEGIES: RESULTS AND INDICATORS .....</b>	<b>19</b>
Result #1: All Iowans Are Healthy And Drug-Free.....	20
Result #2: Iowa Communities Are Free From Illegal Drugs .....	34
Result #3: All Iowans Are Safe From Drug Abusing Offenders .....	39
<b>DRUG USE PROFILE .....</b>	<b>45</b>
Iowa's Adult Population.....	45
Alcohol Use/Abuse .....	45
Illegal Drug Use in Iowa – General Observations .....	50
Marijuana .....	55
Amphetamine/Methamphetamine .....	58
Cocaine/Crack Cocaine.....	61
Other Illicit Drugs .....	63
Prescription and Over the Counter Medications .....	65
Tobacco .....	66
Iowa's Youth Population.....	67
Tobacco.....	67
Alcohol.....	68
General Indicators of the Use of Other Drugs by Iowa Youth .....	71
Marijuana .....	71
Amphetamine/Methamphetamine .....	73
Inhalants .....	74
Cocaine/Crack Cocaine.....	76
Prescription and Over the Counter Medications .....	77
Other Drugs/Substances.....	78
<b>FY 2009 STATE &amp; FEDERAL FUNDING OF IOWA SUBSTANCE ABUSE AND DRUG ENFORCEMENT PROGRAMS.....</b>	<b>79</b>
FY 2009 Prevention Programs .....	80
FY 2009 Treatment Programs .....	90

FY 2009 Enforcement Programs .....	99
Total Estimated FY 2009 Substance Abuse & Drug Enforcement Program Funding (By Agency) .....	106
Total Estimated FY 2009 Substance Abuse & Drug Enforcement Program Funding (By Source) .....	107
Trends in Estimated Iowa Substance Abuse & Drug Enforcement Program Funding (By Source) .....	108
Trends in Estimated Iowa Substance Abuse & Drug Enforcement Program Funding (By Discipline) .....	109

## **EXECUTIVE SUMMARY**

Iowa's Drug Control Strategy serves as a comprehensive blueprint for coordinated prevention, treatment, and enforcement actions to protect citizens from dangers posed by substance abuse.

This holistic plan, developed by Iowa's Drug Policy Advisory Council, embraces a performance-oriented process to align resources with long-term goals, and supports three desired results:

All Iowans are healthy and drug-free  
Iowa communities are free from illegal drugs  
All Iowans are safe from drug abusing offenders

This report also contains a mix of recent accomplishments and pending challenges.

One of the most encouraging achievements in Iowa drug control efforts is the ground we continue to gain combating methamphetamine. New data show a significant reduction in the number of meth addicts entering drug treatment, though Iowa's rate of meth users in treatment remains one of the highest in the nation. Drug-related prison admissions are down for the fourth consecutive year, driven primarily by a drop in meth-related incarcerations. Youth meth use remains very low. Drug-related child abuse continues to decrease, due largely to a reduction in meth manufacturing. And the number of reported meth labs remains about 90 percent below the record high level set prior to implementation of Iowa's Pseudoephedrine Control Act in 2005, though the decline may be leveling off or slightly reversing itself in some areas of the State.

Another noticeable improvement is a reduction in smoking, and exposure to second-hand smoke, resulting from Iowa's Smoke-Free Air Act and the preceding cigarette tax increase.

By contrast, two forms of substance abuse—one old and one new—are becoming more problematic. Alcohol continues to be the most abused substance in Iowa. The latest data show alcohol consumption is on the rise, along with alcohol-related traffic fatalities and arrests for drunkenness. The number of Iowans entering treatment for alcohol abuse increased slightly, to more than 27,000, or almost 62 percent of all treatment admissions. And Iowa youth binge drink at a rate much higher than the national average.

The newest, and fastest growing, form of substance abuse by Iowans is the abuse of prescription and over-the-counter medicines. Teenagers tend to view these drugs as "safe," and many parents are not yet aware of their potential for abuse. Stories of teens sharing pills to get high are increasingly common in Iowa communities. While numbers are relatively small, state drug agents report a 79 percent increase in pharmaceutical diversion cases and a 348 percent jump in the amount of seized pharmaceuticals.

Similarly, treatment centers report a dramatic increase in prescription drug abuse clients. Pain killers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. Public calls to the Statewide Poison Control Center to identify unknown pain pills have skyrocketed 729 percent since 2002, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa.

Other challenges also demand attention. Arrests for cocaine manufacturing/distribution outnumbered meth manufacturing/distribution arrests last year, and treatment data indicate the use of cocaine and crack cocaine remains at a relatively steady, but unacceptably high level. Marijuana continues to be the most abused illicit drug in Iowa, and is the drug of choice of more than half of the juvenile treatment clients.

Moving ahead, we must address current and emerging issues in a cohesive and flexible manner that anticipates and adapts to changing conditions. To address these issues, including many of those highlighted above, I offer the following legislative and other recommendations:

## **RECOMMENDATIONS**

### **Implement a Real-Time Electronic Pseudoephedrine Sales Verification System**

State legislation to enact this prevention proposal will enhance Iowa's successful Pseudoephedrine Control Act and accomplish two objectives. The first is to revise technical language in Iowa's law to be consistent with more restrictive elements of the Federal Combat Methamphetamine Epidemic Act. This will clear up confusion between the two for pseudoephedrine sellers and purchasers. The second is to further reduce meth labs by implementing a real-time electronic system that would connect all pharmacies to prevent pseudoephedrine sales over the legal daily or monthly limit. The goal of this proposal is to stop the sale of pseudoephedrine to those who are diverting it to manufacture methamphetamine. According to law enforcement, all remaining meth labs in Iowa are the result of pharmacy "smurfing" to obtain enough pseudoephedrine to make meth. A real-time system would electronically notify pharmacies when a person has purchased their legal limit.

### **Regulate Salvia divinorum (aka Salvinorin A, Divinorin A or Salvia)**

State legislation making Salvia a Schedule I Controlled Substance will proactively protect Iowans from this drug. Salvia is a perennial mint family herb that is found occasionally in drug investigations. Its use can cause intense and debilitating hallucinations. In addition, users report negative long term effects similar to those produced by LSD or other hallucinogens, including depression and schizophrenia. Salvia is not currently controlled and is available at retail locations and on the Internet. Salvia is already banned or regulated in 12 states and nine foreign nations, and at least 13 other states are considering a ban. It's also on the DEA "Watch List."

### **Demonstrate Effectiveness of Iowa's Prescription Drug Monitoring Program**

Extend the repeal—or "sunset"—date on Iowa's electronic Prescription Drug Monitoring Program (PMP) from June 30, 2009 to at least June 30, 2010. The PMP promises to be



an important tool to help health care providers prevent prescription drug abuse and misuse. However, the Iowa Pharmacy Board estimates the PMP won't be fully operational until shortly before the current "sunset" date. An extension is needed to allow ample time for program implementation and operation, in order to gauge its true value to the wellbeing of Iowans.

### **Develop a Comprehensive Plan to Prevent and Reduce Underage Drinking**

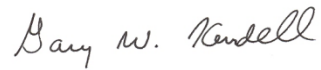
A coordinated plan devoted to this important issue is required to align resources to reduce underage and binge drinking in Iowa. A cohesive plan focused on underage drinking will strengthen disparate efforts that currently exist in many communities, and it will provide a starting point for other areas of the State to adopt proven initiatives. Among other features, this plan should identify policy changes, environmental prevention strategies and other practices designed to help communities prevent underage and binge drinking. The multidisciplinary Statewide Underage Drinking Prevention Task Force has begun work on this plan and will continue its development and implementation throughout 2009.

The demand for meth, cocaine, and marijuana remains strong, the abuse of alcohol and other drugs remains unacceptably high, and pharmaceutical abuse is growing. These developments occur against the backdrop of funding limits or cuts to areas of treatment, prevention and law enforcement. Iowa drug control policy stands at a crossroads. To achieve safe and drug-free communities, I also recommend that Iowa:

- Support coordinated state, local, and federal drug enforcement efforts, including stabilized funding for Multi-jurisdictional Drug Task Forces;
- Invest financial and human resources in proven substance abuse prevention and treatment programs;
- Value prevention and treatment providers and invest financial resources to recruit, train, and retain qualified professionals;
- Recognize substance abuse treatment is not “one size fits all,” and provide adequate resources for more clients to receive care appropriate to their needs in community-based programs and correctional institutions before offenders return to the community;
- Provide adequate aftercare to those completing treatment;
- Enhance prevention/intervention services to families and children of treatment clients;
- Reduce the stigma of addiction through public education and awareness;
- Expand efforts to help drug endangered children have a more positive trajectory;
- Support efforts such as Drug Courts (Family, Adult and Juvenile) and Jail-Based Treatment that have proven successful in addressing addiction;
- Implement evidence based prevention practices and programs with the goal of reducing substance abuse, including underage drinking and the abuse of pharmaceuticals; and
- Empower families to engage children at home, to help prevent youth substance abuse.

The return on Iowa's investment in comprehensive drug control efforts can be measured many ways, but perhaps the most meaningful is the degree to which Iowans enjoy healthy lifestyles, safe communities, and a relatively wholesome quality of life. Our challenge is to strengthen these qualities for our youth, and all Iowans.

Respectfully,

A handwritten signature in cursive script that reads "Gary W. Kendell". The signature is written in dark ink and is positioned above the printed name.

Gary W. Kendell  
Iowa Drug Policy Coordinator

# INTRODUCTION

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

Chapter 80E.2 establishes the Drug Policy Advisory Council (DPAC), chaired by the Coordinator, and consisting of a prosecuting attorney, substance abuse treatment specialist, law enforcement officer, prevention specialist, judge and representatives from the departments of corrections, education, public health, human services, public safety and human rights. This report and strategy was developed in consultation with the DPAC.

Alcohol and other drug abuse threaten the safety, health, and economic wellbeing of all Iowans. While much has been done to address this issue, there is still work to be done.

## PROGRESS

Several new initiatives signed into law in 2007 and 2008 are not only law enforcement strategies, but also environmental prevention strategies. Environmental prevention strategies help change written and unwritten policies and laws in the State of Iowa that tend to tolerate or support the abuse of drugs in the general population. Making those changes will in turn change the way communities function in regard to alcohol and other drug use.

**Iowa's Smokefree Air Act** was signed into law by Governor Chet Culver on April 15, 2008. The law went into effect on July 1, 2008. Smoking is now regulated in public places, places of employment, and certain outdoor areas.

**A one-dollar-a-pack tax increase on cigarettes** was signed into law in March 2007. The law also increases the tax on all other tobacco products from 22% to 55% of the wholesale price. Some revenue from the higher taxes is being deposited in a Health Care Trust Fund to be used for health care, substance abuse prevention and treatment, and tobacco use prevention, cessation, and control.

It is projected that by increasing the cigarette tax by \$1.00 per pack, youth smoking will decrease by 19%.

Campaign for Tobacco-Free Kids

It was anticipated that this action would significantly reduce both the number of smokers in Iowa and the amount of cigarettes that are smoked. Preliminary figures for the months after the increase indicated Iowans purchased 25% fewer packs of cigarettes compared to the same time period the previous year. According to the Iowa Department of Revenue, during the first full year following the cigarette tax increase, the estimated sales of

cigarettes decreased 35.95% (from 251,673,435 packs to 161,200,858 packs). Although the sale of cigarettes decreased by almost 36 percent during the first year following the tax rate increase, a little more than half of the decrease can be attributed to a decrease in the consumption of cigarettes by Iowans. The remaining decrease is attributed to Iowans going to surrounding states to purchase cigarettes or by making purchases on the Internet.

The Department of Public Health also reports a 25% increase in the number of calls to Quitline Iowa immediately after the tax increase. And in the third quarter of FY 2008, when Quitline Iowa started offering free nicotine replacement and Medicare added Chantix to its benefits, the number of calls skyrocketed. Quitline Iowa reports a total of 23,243 calls in FY 2008, up from 5,117 calls in FY 2007. However, it is important to remember that most smokers attempt to quit “cold turkey” so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year. Also during this period cigarette tax revenues increased 141.97% (from \$90,602,437 to \$219,233,166).

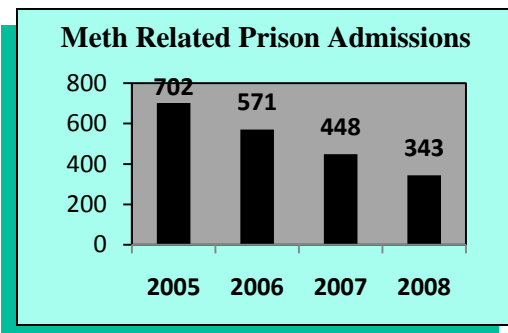
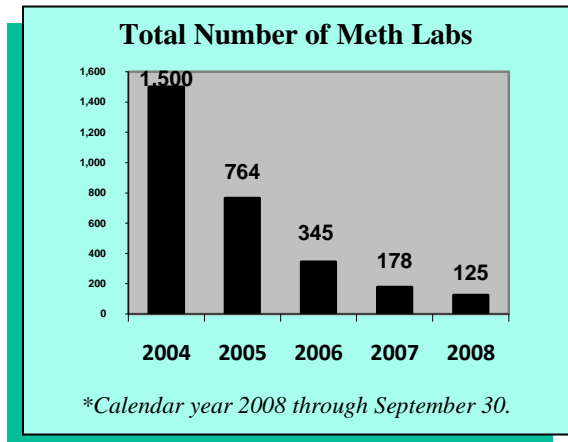
**Iowa’s Beer Keg Registration law** took effect on July 1, 2007. The legislation is aimed at reducing underage drinking and limiting youth access to alcohol. The law requires identification stickers provided by the Alcoholic Beverages Division (ABD) to be affixed to all beer kegs of five gallons or more at the time they are sold. The purchaser can then easily be tracked if underage youth are caught drinking from the keg. As of September 2008, the ABD had received 1,062 retailer orders for keg registration booklets and had issued 4,763 booklets with each booklet containing 25 keg stickers for a total of 119,075 keg stickers. One should not assume that just because 119,075 stickers have been issued, that the same number of kegs have been sold. For example, a retailer may have ordered a booklet of 25 stickers, but sold only one keg.

In February 2008, the Iowa Department of Public Health implemented **Access to Recovery - Iowa (ATR)**, a three year federal grant awarded by the Substance Abuse and Mental Health Services Center for Substance Abuse Treatment. ATR allows individuals to purchase services and supports linked to their substance abuse recovery. The project emphasizes client choice and increases the array of available community- and faith-based services, supports, and providers. ATR is consistent with IDPH’s belief that it takes a wide-ranging recovery-oriented system of care to truly meet the needs of Iowans with substance abuse problems. Since February, ATR’s 84 contracted providers have served more than 1300 Iowans, 29% of them past meth users.

IDPH continued it’s NIATx STAR-SI project. NIATx, the Network for the Improvement of Addiction Treatment uses process improvement strategies to improve client access to and retention in needed substance abuse treatment services. Examples of improvements made by the 16 provider agencies participating in STAR-SI to-date include increasing monthly average client admissions from 88 to 105; and decreasing wait time for admission from 12.4 to 6.6 days.

## ***CURRENT TRENDS and EMERGING ISSUES***

**Iowa has seen an 88% decline in the number of meth labs** since the Iowa Pseudoephedrine Control Act was passed in May 2005. The number of meth labs seized in Iowa has dropped from a high of 1,500 in 2004 to a total of 125 to date in 2008. The decrease in labs can also be credited to the use of Anhydrous Ammonia tank locks, Calcium Nitrate additive, and the work of Drug Task Forces across the state. This significant reduction in meth labs has increased public safety and freed up shrinking law enforcement resources to handle other drug related issues, such as conspiracy and interdiction. However, there is evidence that labs are still having an impact on Iowa. We are on track to meet or exceed last year's number of meth labs, indicating the number of incidents have leveled off, instead of continuing to decline. The remaining meth labs in the state can mostly be attributed to "smurfing" or going from pharmacy to pharmacy to illegally collect enough pseudoephedrine to manufacture meth.



**A steady decrease in meth-related prison admissions is reported** by the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning from FY 2005 – FY 2008. The number of treatment admissions related to meth use is also down. These decreases are sharply driven by the reduction in meth labs.

The primary goal of the Pseudoephedrine Control Act was to reduce the local supply of meth, not the *demand* for meth. The overwhelming majority of methamphetamine enters the state via interstate drug trafficking. In particular, when locally produced meth dropped significantly, the supply of the drug was virtually uninterrupted. Mexican drug trafficking organizations (DTOs), believed to be the primary source of the imported meth, as well as cocaine, in Iowa, immediately increased the supply of Mexican-produced meth to the United States. This practice is even more troubling due to the introduction of a purer, more addictive form of meth commonly referred to as "crystal meth" or "ice."

According to the 2008 National Drug Threat Assessment, following the sharp decrease in meth production nationally, most production and distribution was consolidated under the control of the Mexican DTOs. As a result, they gained strength and greatly expanded their presence in drug markets throughout the country. These stronger, more organized, and insulated groups have proven much more difficult for law enforcement to detect and disrupt than the local dealers they have replaced.

**The number of Iowans treated for meth abuse has declined over the past few years,** but a report by the U.S. Department of Health and Human Services, 2006 Treatment Episode Data Sets, still rates Iowa as having the ninth highest *number* of meth treatment admissions and the sixth highest *rate* of meth treatment admissions in the country.

According to the United States Attorney's Office, criminal gang activity, which had declined in the 1990's, is on the rise in Iowa. Gang activity is typically associated with drug importation and distribution, guns, crime, violence and intimidation. Gang activity has reportedly increased in both metropolitan and rural communities. Addressing gang activity adds yet another element of concern to the already burdened criminal justice system.

**Fewer children are being found in homes where methamphetamine is being manufactured.** This decrease means that fewer children are being exposed to the toxic and volatile chemicals used in the manufacture of methamphetamine. The reduction in meth labs has reduced the number of meth lab endangered children from a high of 353 in 2003 to 56 in 2007.

The Iowa Drug Endangered Children (DEC) program was started in response to the many children exposed to toxic chemicals at meth lab sites. Over time it has expanded to include children whose parents use and/or distribute meth and other illicit drugs. DEC is a multi-disciplinary initiative involving participation from law enforcement, human services, medical professionals, prosecutors and other professionals designed to identify and remove children from hazardous drug environments. To date 18 counties have formed local DEC teams, several counties are considering beginning a DEC initiative, and a Statewide DEC Alliance is currently undergoing realignment to better meet the needs of the local teams.

Substance abuse by parents/custodians causes untold risks to children and much of this damage goes undetected. Continuing to expand the DEC program to include additional services such as substance abuse treatment, educational assistance, and public awareness is vital. It is also important to imbed it into the infrastructure of the agencies involved to ensure continued commitment and future success.

**Many of Iowa's drug endangered children fall into the category of denial of critical care** and are never viewed as victims of drug-related child abuse. Using data from child abuse cases reported to DHS in 2005, Prevent Child Abuse Iowa conducted a study of denial of critical care cases. 44% of the cases studied listed exposure to caregiver substance abuse and/or manufacturing as a primary concern. Of these cases related to substance abuse, 75.8% of them involved a parent using the drug either directly in front of the child or while the child was in the same dwelling as the user. Methamphetamine and marijuana were the most commonly abused substances in 38% and 36% of cases respectively.

**DHS Study on the Impact of Parental Meth Use/Manufacture in Child Protection Cases**

	<u>2006</u>	<u>2007</u>
Total # of open cases	1,404	1,077
Known meth factor	656	549
Percent	46.7%	51%

Alcohol was the primary concern in 12.5% of cases and cocaine in 10.2% of cases. Prescription drugs, heroin, and “speed” were also listed as primary substances of abuse in other cases.

A 2007 Department of Human Services (DHS) study assessed the impact of parental methamphetamine use or manufacturing on child protection cases in a 16-county service area in southwestern Iowa. The study found that 51% of open child welfare cases in the counties studied had a *known* meth factor – parents using, cooking, or selling. While the proportion of meth related open child welfare cases went up in 2007, overall both the total number of cases and total number of meth related cases have decreased.

**Fewer Iowa youth report using alcohol, tobacco and other drugs.** The 2005 Iowa Youth Survey (the most current available) reflects a steady and significant reduction in both current (within the past 30 days) and lifetime (ever) tobacco use among students in grades 6, 8 and 11 since 1999. Very small declines have also been noted in marijuana, but its use is still very prevalent and is most often cited as the primary drug of choice by adolescents being screened or admitted for treatment. Declines were also noted in amphetamine/methamphetamine, and cocaine use. While not as dramatic as tobacco, there has also been a steady drop in alcohol use. Even with the decline in alcohol use, it remains the number one drug of choice among Iowa youth. According to the Iowa Youth Survey, nearly one in three (32%) of Iowa 11<sup>th</sup> graders binge drank in the past thirty days.

To better address the issue of youth drinking in the State of Iowa, an Underage Drinking Task Force was formed to research the problem and develop a strategic plan of action. The Task Force has since recommended the *2007 U.S. Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking* be used as the basis for Iowa’s plan to curb underage drinking. The Task Force has developed a three-year strategic plan based on data from the State Epidemiological Profile, released in March 2007, and strategies outlined in the Call to Action. The first year of the plan will focus on fostering changes in Iowa that: facilitate healthy adolescent development and help prevent and reduce underage drinking; increase resources available to address underage drinking; make research-based information on the impact of alcohol on adolescent development readily available to parents and public-at-large; and ensure the availability of consistent data on underage drinking. Plans for year two and three are still in development.

**Alcohol remains the most troublesome drug of abuse in Iowa**, as measured by consumption, treatment admissions, and involvement in the criminal justice system. Alcohol sales have reached a 14 year high representing 1.98 gallons per capita in FY 2008. This amount equates to the combined consumption of 2½ full-sized kegs of beer, 8½ bottles of wine and 253 one ounce shots of liquor for every adult in the state in a one year period. There are more arrests in Iowa for OWI than for any other single offense. Of the total number of treatment admissions in the state, alcohol constitutes over fifty percent. In FY 2008 a total of 25,751 Iowa adults were screened/admitted into treatment for alcohol abuse.

**Marijuana continues to be the most prevalently abused illegal drug in Iowa**

among both adults and juveniles. Marijuana, as a primary drug of choice, accounts for more than 55% of all juveniles screened or admitted to publicly funded treatment centers. In recent years arrests for marijuana offenses have outnumbered all other illicit drugs combined. According to the Iowa Division of Criminal Investigation, marijuana seized and tested in its crime lab is more potent than the marijuana of the 1960's and 70's. The THC levels of tested marijuana samples more than doubled, from 2000 to 2005 alone. This increase in potency makes marijuana a much more dangerous drug that can cause a host of physical and psychological problems, including addiction.

Marijuana continues to be the most prevalent substance of abuse for juveniles admitted to treatment.

Iowa Youth Survey & IDPH

Cocaine as a cause for an emergency room visit surpasses marijuana and heroin combined.

National Drug Abuse Warning Network

**Increases in cocaine/crack cocaine seizures are also reason for concern.**

Of additional concern are the price and purity of cocaine. Price has gone down and purity has gone up, making cocaine a more alluring drug. As noted earlier, Mexican Drug Trafficking Organizations are a main supplier of cocaine to Iowa.

**The White House Office of National Drug Control Policy calls the illegal use of pharmaceuticals one of the “fastest growing forms of drug abuse.”**

Nationally, prescription drug abuse among young people is on the rise as is the abuse of certain over-the-counter medications.

In the 2008 National Drug Control Strategy, the Office of

National Drug Control Policy reported prescription drugs are the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. This move from “farming,” using organic substances such as marijuana, to “pharming,” using entirely synthetic drugs to get high is cause for concern. The U.S. Drug Enforcement Agency notes that while the United States makes up only 4% of the world's population, Americans consume 99% of the hydrocodone manufactured. National Survey on Drug Use and Health (NSDUH) data show the non-medical use of pain relievers increased from the 2004-2005 survey to the 2005-2006 survey. For youth aged 12-17, use increased 8%. For adults aged 18-25, use increased 18.3%; and for those aged 26 or older, use increased 15.1%.

Nationally, rates of pharmaceutical drug abuse exceed that of all other drugs except marijuana.

2007 National Drug Threat Assessment

According to the 2005 Iowa Youth Survey, four percent of students in grades 6, 8 and 11 report prescription or over-the-counter drug abuse in the past 30 days. According to the Partnership for a Drug-Free America, 2007 Partnership Attitudes Tracking Survey (PATs), one in five teens (19 percent or 4.7 million) teens nationally report intentionally abusing prescription drugs to get high, and one in ten report abusing cough medicine to get high. Data show the sources for most youth prescription drug abuse are the medicine cabinets of friends and family. Educational efforts are currently underway to help properly control, store, and dispose of these controlled substances.



Factors contributing to prescription drug abuse by juveniles:

- Internet and home accessibility makes getting the drugs easy and cheap or free.
- Parents/adults do not understand the behavior of intentionally abusing medicine to get high.
- Parents/adults are not discussing the risks of prescription and OTC drug abuse with youth.

Partnership for a Drug-Free America

In response to the growing trend of pharmaceutical abuse, the 2006 Iowa Legislature authorized the development of a statewide federally funded electronic Iowa Prescription Drug Monitoring Program (PMP) to facilitate the transmission and collection of data regarding select controlled substances dispensed to patients in Iowa. Information collected and analyzed pursuant to the PMP will help identify patients that are potentially misusing pharmaceuticals and who may benefit from referral to a pain-management specialist or to substance abuse treatment; to assist prescribers in making appropriate treatment decisions for patients requesting controlled substances; and to assist pharmacists in the provision of pharmaceutical care. The Iowa Board of Pharmacy is expected to implement the program soon.

A crucial component in successfully addressing alcohol and other drug abuse and addiction is the availability of treatment and aftercare services. In order to best meet the needs of clients, treatment must be available on demand, when the addict needs it; treatment counselors must be well qualified, certified to provide services and knowledgeable about best practices in treatment; a clients stay in treatment must be long enough to have maximum effect; and there must be adequate aftercare services available.

**Substance abuse treatment reduces costs and strengthens lives, families, businesses and communities.** According to a 2006 cost analysis study of the Iowa Jail-Based Substance Abuse Treatment Program, the average daily cost to house an inmate in a State prison facility was determined to be \$64.02. The average cost for a client in the Jail-Based Substance Abuse Treatment program was determined to be \$30.19. The jail-based treatment client abstinence rate was 75.5% one year after discharge and over 80.2% remained arrest-free one year later. Also, more clients were employed full time one year after treatment.

“Studies show that treatment can cut drug abuse in half, reduce criminal activity up to 80 percent, and reduce arrests up to 64 percent.”

Center for Substance Abuse Treatment

The Outcomes Monitoring System study, conducted by the Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Public Health, consistently shows that clients who stay in treatment more than 60 days have the most positive outcomes. Six months post-treatment, clients have higher abstinence and fulltime employment rates than clients who have shorter treatment stays. They are also less likely to have been re-arrested during that time period.

The Iowa Department of Corrections offers a variety of drug treatment programs at its institutions across the state. However, the Department is unable to keep up with demand. In 2008, according to the Department of Corrections, only 51% of community-based corrections offenders who needed treatment got it.

**Funding for treatment has not kept pace with the demand for treatment.** During state fiscal year 2008, 44,528 clients were screened and/or admitted to substance abuse treatment, nearly a 100% increase from 1992. During this same period of time, Iowa has become increasingly dependent on other, less reliable sources of funding, and total state funding for treatment has only increased 1%. This completely contradicts what is known about treatment effectiveness.

“Treatment for adults and adolescents is cost-effective because it reduces costs related to drug use, associated with health care, and crime-related costs including incarceration. Adding an aftercare component to in and out of prison-based treatment programs results in the greatest cost savings.”

National Institute on Drug Abuse

Additionally, methamphetamine addiction is a more chronic condition requiring more intensive treatment and additional resources. The result is that treatment programs are serving more clients and more chronic addiction with insufficient resources and less intensive treatment. There have been few new treatment beds added to accommodate the growing need, and aftercare services are often limited or non-existent, especially in rural areas. In many cases, residential treatment clients are housed far from the support of their families and end up going back to a drug-using environment. Additionally, treatment programs have found it difficult to retain their best counselors due to low pay or lack of benefits. Enhancing the quality and availability of treatment services in Iowa is essential to reducing drug addiction and improving the quality of life for all Iowans.

**More than half of the people in the criminal justice system have diagnosable, serious mental illness and/or substance abuse disorders,** according to estimates. The National GAINS Center for People with Co-Occurring (mental health and substance abuse) Disorders in the Justice System reports that, as a rule, people with co-occurring disorders enter the criminal justice system with fairly low level crimes but once in the justice system, tend to cycle between release from incarceration, community re-entry, and re-incarceration. Of those persons with mental illnesses, 48.5% are back in jail within one year, with community based dual disorder treatment cited as being an essential missing element.

Iowa's 1<sup>st</sup> District Department of Correctional Services established the only residential co-occurring disorder facility in the state in 1998. Key activities of this structured program are to identify, educate, and treat those offenders under correctional supervision who suffer from substance abuse dependence and mental illness. A 16 bed facility in Waterloo houses male offenders only. The overall mission of this project is to enhance the potential of offenders to establish law abiding lifestyles with a stabilized mental condition free of chemical dependency. A total of 378 offenders had been served by the program from its inception through June 2008 and it has a proven overall completion rate of 65%. Of these graduates, the successful completion rate of the aftercare supervision is approximately 71%. The program has received the American Corrections Association “Exemplary Offender Program Award,” and was recognized as an “Outstanding Criminal Justice Program” by the National Criminal Justice Association.

Effective treatment must include an integrated approach which attends to the multiple needs of the individual and those with co-occurring substance abuse and mental illness. Expansion of this program to other judicial districts and adapting it for women is needed to address the growing number of offenders with co-occurring disorders.

**Drug Court is another program that has shown success in addressing addiction.** Currently several drug courts are operational in Iowa. Drug court offers a strong incentive for clients to complete a longer term of treatment and stay clean. Adding drug courts in areas of Iowa not currently served, and allowing judicial districts to choose the model most appropriate for their area is another essential ingredient to more effectively address addiction in Iowa.

In September 2007, the Iowa Judicial Branch received a \$2.5 million federal grant to fund five judge-led collaboratives that are centered on family drug courts. The Judicial Branch is working with the Department of Human Services, the Department of Public Health, and other state agencies to implement the *Parents and Children Together (PACT)* program, which includes Family Drug Courts in Wapello, Polk, Linn, and Scott counties, plus the Woodbury, Cherokee, and Ida tri-county area.

#### ***FUTURE ACTION***

The costs, in dollars, time, and human capital, of such programs may seem large, but the costs to life, safety, and health are far greater. Such investments can save families, protect children, and secure communities.



## TARGETED STRATEGIES: RESULTS AND INDICATORS

Iowa utilizes a results-based decision making process to align the use of resources with the long term goals of improving the well-being of children and families and the quality of life in their communities. Results-based decision making facilitates planning, budgeting, management and accountability in a process of setting results, creating and tracking indicators of progress toward those results, and assessing agency level program performance.

The heart of results-based accountability lies in connecting the things that matter for the long-term well-being of Iowa to deciding how to use available resources. The 2006 Drug Control Strategy was the first to reflect this concept in its movement from goals and objectives to results-based planning and accountability. The 2009 Strategy builds upon the previous three years, by providing, when possible, updated data, current proposals, and future strategies. This provides information on accomplishments and progress made toward results.

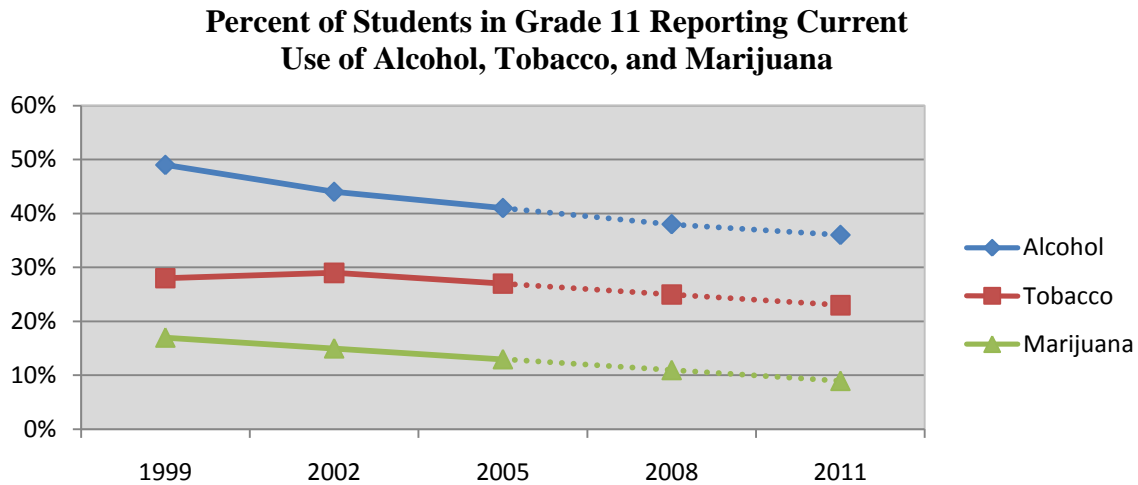
The Drug Policy Advisory Council defines a result as a bottom-line condition of well-being for Iowans. *Results* are broad, and represent the fundamental desires of Iowans. Results are not “owned” by any single agency, but cross over agency and program lines and public and private sectors. They are outcomes that all individuals should want for their own children, families and communities. If results are defined carefully, they will still be important in 10, 50, or 100 years.

An “*indicator*” is a measure, for which data is available, that helps quantify the achievement of or progress toward a desired result. Because results are broad statements, no single indicator is likely to signal full attainment of any given result. Rather, they show movement toward the result and are based on real and available data. *Each indicator has two parts - history and desired forecast. The forecast is where we want to go in the future and the dotted line in each chart represents that trajectory.* In some cases, indicators show we are already on the right track toward reaching the desired result and we need to continue to move in that direction. In other cases, indicators show no progress is being made, or that the condition is actually getting worse. In those cases, we want to work toward “turning the curve,” or forecast a more positive future.

Each indicator has a story – why this particular measure shows movement toward reaching the result. Indicators also contain information about what works now; what works to turn a negative curve toward a more positive forecast; current proposals; and future strategies.

## Result # 1: All Iowans are Healthy and Drug-Free

### Prevention Indicator #1-A



*Source: Iowa Youth Survey – 1999, 2002 and 2005*

#### **The Story Behind the Baseline**

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug abuse problems later in life. Delaying the onset is an important strategy for reducing the incidence and prevalence of youth substance abuse. The triennial Iowa Youth Survey of students in grades 6, 8 and 11 has shown a reduction in the use of alcohol and marijuana by students in grade 11. While this is good news, the numbers are still too high to claim complete success in preventing substance abuse among Iowa youth.

Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. By implementing evidence-based, comprehensive prevention strategies in schools and communities, while children are young, this downward trend will continue, and youth who take the survey as high school juniors in future years should report less substance use than in previous years.

#### **What Works**

- Enhancing the capacity for schools to implement substance abuse prevention programming
- Increasing the awareness of, and access to, prevention programming and information
- Reducing youth access to alcohol and tobacco
- Comprehensive, community-based prevention strategies
- Use of evidence-based best practices and programs
- Programming that is culturally relevant to the target population
- Cross training among multiple disciplines to enhance understanding and involvement in prevention

- A credible, culturally competent, and sustainable prevention workforce
- Alignment with the national strategic prevention framework, as well as state frameworks, including the components of assessment, capacity, planning, implementation, and evaluation
- Community coalitions involving multiple sectors
- Mentoring programs based on best practices in mentoring
- Evidence-based parent education programs
- Parents, teachers and other influential adults as non-using role models
- Increased prices on alcohol and tobacco products

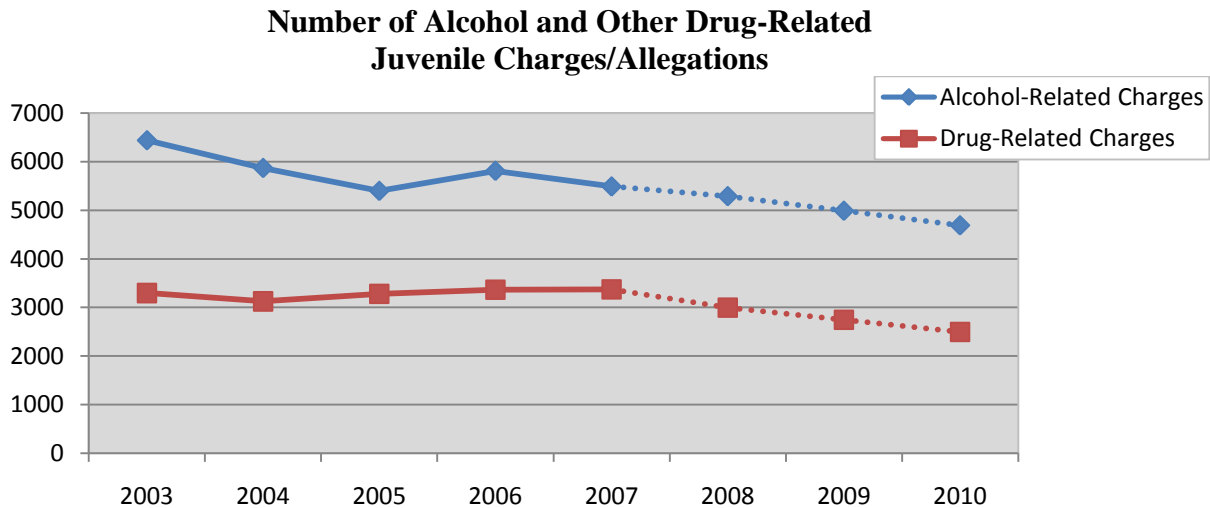
### **Current Proposals**

- Coordinate school-based efforts with local community coalition and statewide alcohol, tobacco, and other drug prevention efforts.
- Develop and pilot user-friendly tools that will assist school districts and communities in using data to select the best evidence-based positive youth development programs and practices in preventing substance abuse in their target population.
- Continue implementation and scale-up the practices associated with the Learning Supports initiative as a framework for the integration of prevention concepts, and align that framework with other state level prevention efforts through the Iowa Collaboration for Youth Development.
- Provide the public and prevention workforce with information on emerging drugs of abuse.
- Offer evidence-based substance abuse prevention program training for community-based organizations that provide prevention services.
- Complete the prevention needs assessment through data analysis.
- Expand the use of public service campaigns to empower parents/caregivers to educate their children about drugs.
- Develop and implement a strategic plan to address underage drinking in Iowa.
- Use the Youth Program Quality Assessment (YPQA) tool to assess the effectiveness of selected prevention programs and improve accountability.

### **Two to Ten Year Strategies**

- Develop and implement training for school staff and community partners designed to help teams improve data collection and analysis processes, and the use of data to inform planning and evaluation of prevention efforts at the local level.
- Require certification through the Iowa Board of Certification of all individuals providing publicly funded prevention services.
- Institutionalize funding to support future Iowa Youth Surveys.

## Prevention Indicator #1-B



*Source: CY 2003 - 2007, Iowa Justice Data Warehouse*

### **The Story Behind the Baseline**

Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their drug use or drinking. In 2007, over 8,800 Iowa youth were charged with alcohol or drug-related crimes, such as OWI, possession, distribution, or supplying to a minor. These OWI and drug-related charges make up approximately 25% of all juvenile charges and allegations. The State Training School at Eldora and the Iowa Juvenile Home at Toledo provide highly structured, restrictive environments to assist teenagers who are adjudicated as delinquents or children in need of assistance. In FY 2008, an average of 69% of the youth at the State Training School and 34% of the youth admitted to the Iowa Juvenile Home were in need of substance abuse treatment. The average age of admittance to both facilities is 16.3 years.

### **What Works**

- Adult to youth mentoring utilizing best practices
- Community coalitions involving multiple sectors
- Environmental prevention strategies focused on modifying attitudes and behaviors
- Substance abuse prevention programming targeting identified high-risk youth and their parents/caregivers
- Positive youth development programs and strategies
- A credible, culturally competent, and sustainable prevention workforce
- Employment and job shadowing programs for at-risk youth
- Coordinated services between education, vocational rehabilitation, the Department of Human Services, and Juvenile Court officers

### **Current Proposals**

- Continue implementation and support of mentoring, based on best practices in youth-to-youth and adult-to-youth mentoring.

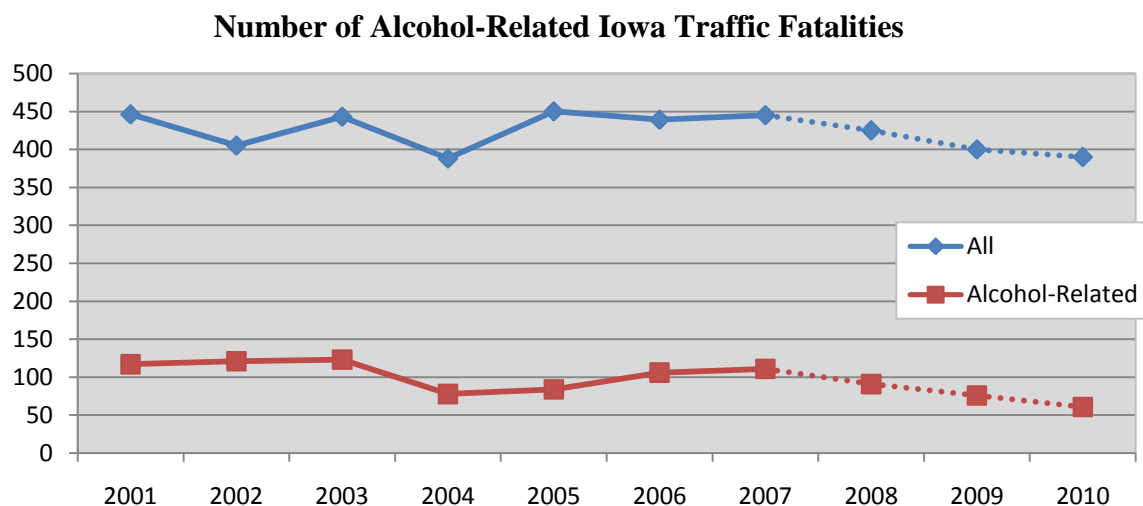


- Provide training to mentoring programs on evidence-based prevention programs and how to implement them.
- Utilize Partnership for a Drug-Free Iowa and other media campaigns to modify values, attitudes, norms and behavior regarding substance use, and to empower parents/caregivers to talk with their children about drugs and violence.
- Enhance community coalition knowledge about effective coordination and implementation of substance abuse programs.
- Continue implementation of Iowa's Promise, a state level component of America's Promise, which promotes positive youth development, including substance abuse prevention.

### **Two to Ten Year Strategies**

- Encourage no-use norms for youth by correcting misconceptions regarding the use of alcohol and other drugs through education and a social marketing campaign.
- Promote the adoption of evidence-based positive youth development programs and practices in schools and communities to: prevent substance abuse; reduce the prevalence of risk factors; increase the prevalence of protective factors/buffers/assets; and foster safe, drug and violence-free environments.
- Develop and implement ongoing training opportunities for parents/caregivers and for those who work with youth on basic substance abuse prevention, student use and use of intervention models.
- Implement substance abuse prevention services targeting youth at a high risk of using, and their parents, that integrate with services provided through the Department of Human Services.

### **Prevention Indicator #1-C**



*Source: CY 2001-2007 Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau*

### **The Story Behind the Baseline**

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. According to the Iowa Governor's Traffic Safety Bureau, traffic fatalities are the leading cause of death among persons 5-34 years of age and alcohol is the leading cause of fatal traffic crashes by an overwhelming margin.

In 2003, Iowa's new .08 blood alcohol content law went into effect and there was an immediate and significant reduction in the number of alcohol-related fatal crashes. However, since then, the number of fatalities has risen and those that are alcohol-related crashes remain at about 25%. Of special concern are drivers 16-25 years of age. They represent only 16% of all registered drivers in Iowa, but comprise over 30% of all drinking drivers who were involved in fatal crashes, as well as persons killed and injured from 1997-2007.

### **What Works**

- Specialized alcohol-related traffic safety education
- Increased prices on alcohol products
- Community coalitions involving multiple sectors
- Environmental prevention strategies addressing community norms about alcohol use and abuse
- Reducing youth access to alcohol products
- Alcohol compliance checks at retail establishments, bars, and restaurants
- Graduated licensing for underage youth
- Intoxilyzer lockouts for vehicles

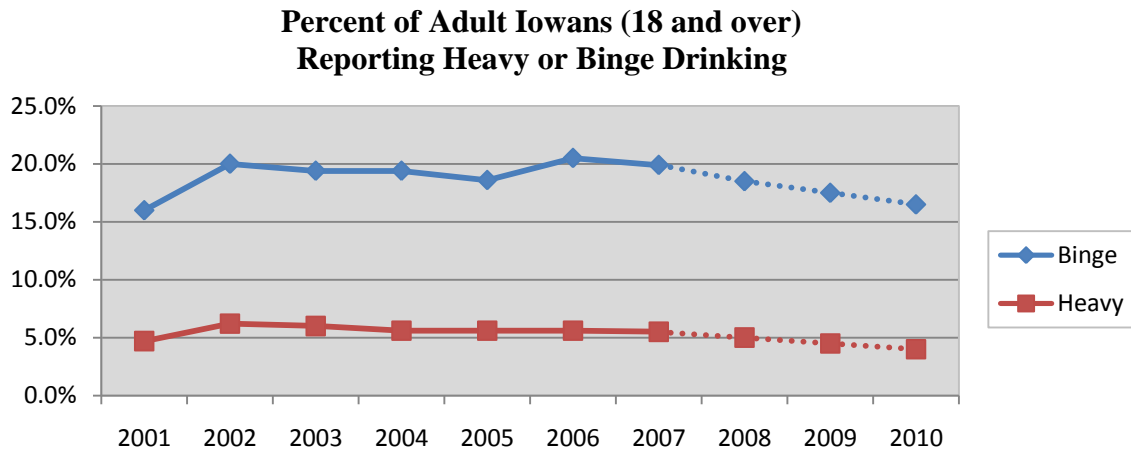
### **Current Proposals**

- Continue to sponsor education programs for retail clerks on how to check identification and decline sales to minors.
- Continue the TIPS (Training for Intervention Procedures) program for servers in restaurants/bars.
- Encourage enforcement of drunk and drugged driving laws by law enforcement personnel.
- Develop a statewide underage alcohol use prevention plan.
- Continue the collaboration between substance abuse treatment programs and community colleges to provide a statewide education program for convicted OWI offenders.
- Expand evidence-based education/diversion programs for minors in possession (first offense).

### **Two to Ten Year Strategies**

- Increase, as appropriate, penalties against retailers, clerks, and youth found to be non-compliant.
- Restrict alcohol advertising and promotional activities that target under-aged persons.

## Prevention Indicator #1-D



*Source: CDC Behavioral Risk Factor Surveillance System 2001-2007*

### **The Story Behind the Baseline**

Alcohol is the most frequently abused substance in Iowa. Alcohol consumed on an occasional basis at the *rate* of no more than one ounce per hour poses little risk to most adults, although even at this level, several factors including family history of addiction, health, and use of medications can pose problems. Currently, the recommended maximum alcohol consumption for those under the age of 65 is an average of two drinks per day for men and one for women. Iowans who drink with greater frequency or in greater quantities put themselves at risk for a host of medical problems including cancer, cardiovascular events, and liver and kidney metabolic diseases. These patterns include heavy (more than two drinks per day for men and one drink per day for women) and binge (more than five drinks on one occasion) drinking.

Alcohol dependency and abuse are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. In comparison with other states, Iowa is slightly above the median for heavy drinking. However, Iowa ranks third in the nation in binge drinking according to the Center for Disease Control, Behavioral Risk Factor Surveillance System. Reducing heavy and binge drinking among adult Iowans and youth will improve the health and safety of Iowans while reducing health care costs.

### **What Works**

- Comprehensive drug-free workplace, school and community programming
- Use of evidence-based best practices and programs
- Community coalitions involving multiple sectors
- Reduction of youth access
- Increasing the age of onset of alcohol use
- Increased pricing on beer, wine and liquor
- Prevention services for the lifespan (prenatal through death)

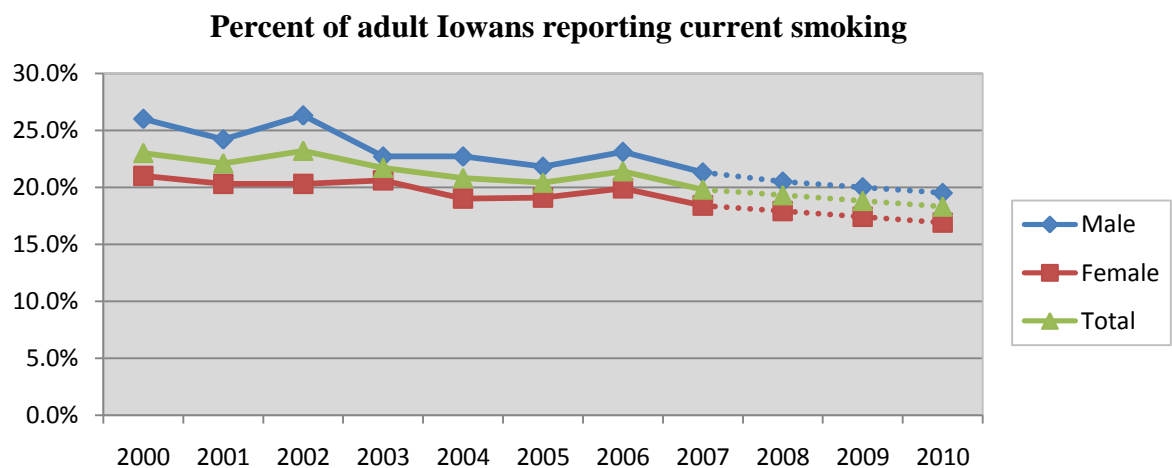
### **Current Proposals**

- Continued promotion of, and training on, comprehensive drug-free workplace programs that include policy development, employee education, supervisor training, parent information, intervention and drug testing.
- Provide age appropriate and culturally appropriate information to the public on the availability of substance abuse prevention and treatment services.
- Enhance the ability of community anti-drug coalitions to establish standards, codes, and policies that reduce the incidence and prevalence of alcohol and other drug abuse in the general population.
- Increase awareness and utilization of the Iowa Substance Abuse Information Center 24 hour, 7 day a week toll-free helpline (1-866-242-4111) providing substance abuse referrals, emergency counseling, and substance abuse information.
- Develop a strategic plan to address underage and binge drinking among youth and on college campuses.

### **Two to Ten Year Strategies**

- Develop/adapt curricula and programming to educate citizens with a “total wellness” approach.
- Encourage low risk use of alcohol by adults and no use of illegal drugs by correcting misconceptions regarding alcohol and other drugs through education and a social marketing campaign.
- Assist businesses in implementing drug testing and employee education programs in workplaces.

### **Prevention Indicator #1-E**



*Source: CDC Behavioral Risk Factor Surveillance Surveys 2000-2006*

### **The Story Behind the Baseline**

Tobacco use is the single largest cause of preventable premature mortality in the United States. It also represents an enormous burden, costing an estimated \$1 billion in annual health care in Iowa alone. The U. S. Surgeon General’s Office states that smoking

remains the leading cause of preventable death and has negative health impacts on people at all stages of life. It harms unborn babies, infants, children, adolescents, adults and seniors. Tobacco use among adults and exposure to secondhand smoke in Iowa continue to be major public health problems. Having fewer tobacco users of all ages in Iowa, and creating smoke-free environments for all Iowans, are keys to reducing tobacco-related illnesses and costs. Additionally, by reducing the age of onset by youth, it reduces the likelihood that they will ever use tobacco and may also reduce their risk of using other drugs as well.

In March 2007, a new one-dollar-per-pack cigarette tax increase was signed into law in Iowa. It was expected to significantly reduce both the number of smokers in Iowa and the amount of cigarettes that are smoked. Preliminary figures for the months after the increase indicated Iowans purchased 25% fewer packs of cigarettes compared to the same time period the previous year. According to the Iowa Department of Revenue, during the first full year following the cigarette tax increase, the estimated sales of cigarettes decreased 35.95% (from 251,673,435 packs to 161,200,858 packs). Although the sale of cigarettes decreased by almost 36 percent during the first year following the tax rate increase, only a little over half, about 19 percentage points, of the decrease can be attributed to a decrease in the consumption of cigarettes by Iowans. The remaining half is attributed to increased tax evasion resulting from Iowans going to surrounding states to purchase cigarettes or by making purchases on the Internet.

The Department of Public Health also reports a 25% increase in the number of calls to Quitline Iowa, a telephone-based counseling hotline for those wishing to quit tobacco, immediately after the tax increase. And in the third quarter of FY 2008, when Quitline Iowa started offering free nicotine replacement and Medicaid added Chantix to its benefits, the number of calls skyrocketed. Approximately 5% of all smokers contacted Quitline in the past year. Quitline Iowa reports a total of 5,117 calls in FY 2007 and 23,243 calls in FY 2008. However, it is important to remember that most smokers attempt to quit “cold turkey” so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year. Also during this period cigarette tax revenues increased 141.97% (from \$90,602,437 to \$219,233,166).

Iowa’s Smokefree Air Act was signed into law by Governor Chet Culver on April 15, 2008. The law went into effect on July 1, 2008. Smoking is now regulated in public places, places of employment, and certain outdoor areas. The anticipated benefits include decreased exposure of the public to the effects of second-hand smoke.

### **What Works**

- Smoking bans and restrictions
- Increasing the unit price of tobacco products
- Tobacco retailer compliance checks, education, and reinforcement
- Community mobilization combined with additional interventions, such as stronger local laws
- Reducing client out-of-pocket costs for effective, science-based, tobacco cessation therapies for youth and adults

- Mass media education campaigns
- Increasing protection for nonsmokers from secondhand tobacco smoke exposure
- Multi-component interventions, including “Quitter” telephone hotlines
- Healthcare provider reminder systems

### **Current Proposals**

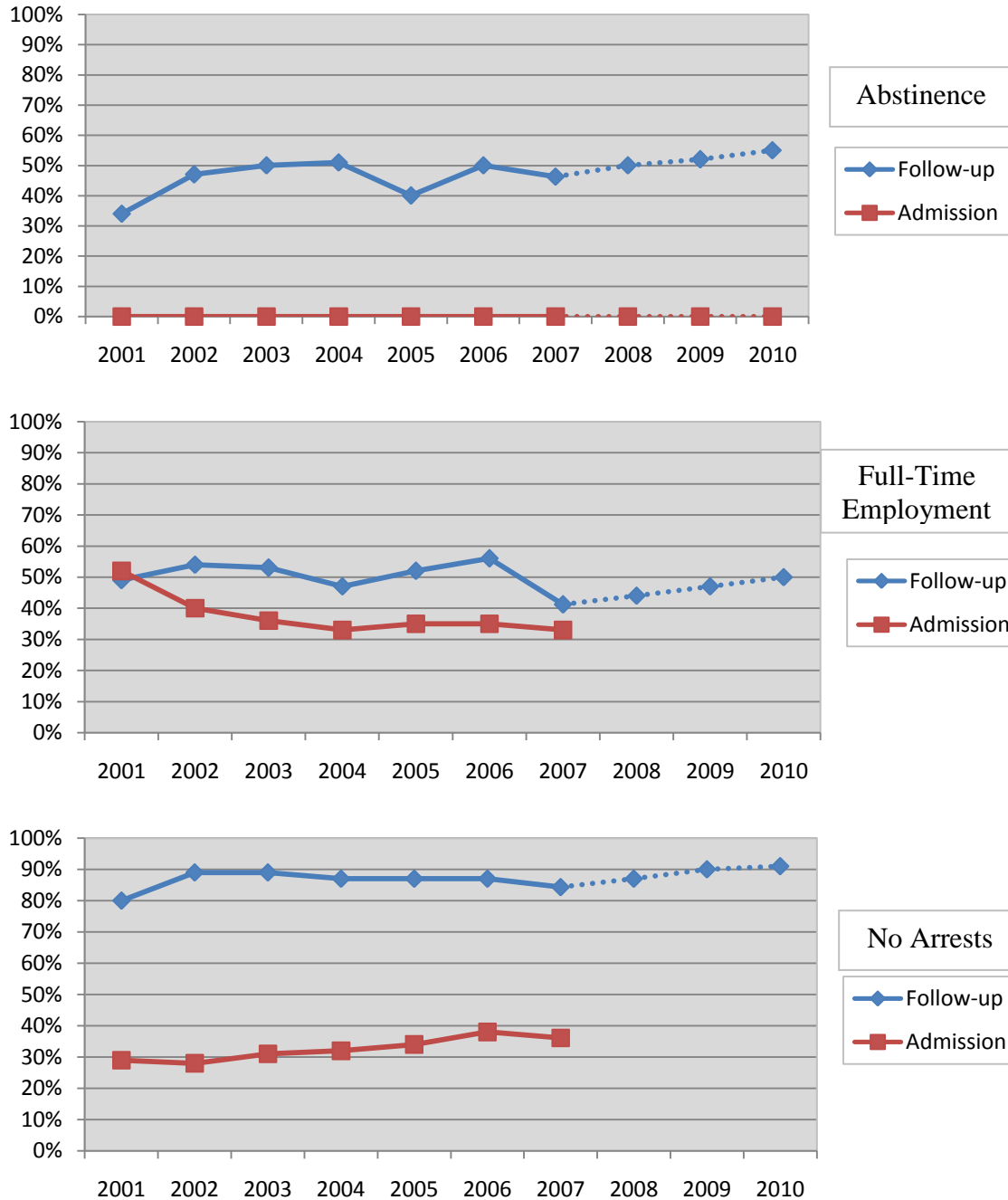
- Just Eliminate Lies (JEL) youth tobacco use prevention initiative.
- Quitline Iowa, 1-800-QUITNOW, a statewide smoking cessation hotline.
- Community Partnership Grants for tobacco use prevention and control.
- Counter-marketing programs.
- Secondhand smoke grants.
- Regular tobacco sales compliance checks.
- Priority population grants.
- Free cessation clinics.

### **Two to Ten Year Strategies**

- Fund comprehensive tobacco prevention programming at the recommended CDC level.
- Continue current proposals.

## Treatment Indicator #1-F

**Percent of Treatment Clients Abstinent, Employed Full-Time, And Without Arrest Six Months Post Treatment**



Source: Iowa Consortium on Substance Abuse Research and Evaluation and the IDPH

### **Story Behind the Baseline**

Substance abuse treatment, compared to treatments for other chronic health issues such as diabetes, asthma, and heart disease, is very successful. Over 46% of treatment clients who participated in the Year Ten Outcomes Monitoring Study remained abstinent six months later. But there are factors that could hinder future increases. Funding for treatment has not increased at the same rate as demand for treatment; therefore there are fewer new services available. Substance abuse treatment providers are currently seeing nearly twice as many clients as in 1992, which means more people for nearly the same amount of treatment slots. It is theorized that this has led to shorter treatment stays, and as noted later in this section, length of treatment is an indicator of success.

The 2007 Outcome Monitoring Study notes that clients who were in treatment at least four months had the highest abstinence rate of 50%. But there are other factors that can increase the effectiveness of treatment. The client must first be motivated to complete the program. For some this motivation may come from the risk of termination of parental rights, imprisonment, or other sanctions. Length of treatment is also an indicator of success. If a client can remain in treatment a minimum of 61 days, the outcomes are notably better. Clients must also have high accountability, supervision, monitoring and structure. Clients who remained in treatment less than 7 days were more likely to be arrested during the follow-up period than any other length of stay category. Clients who were in treatment for 31-60 days had the highest no arrest rate (88.7%), however all clients who remained in treatment for at least 7 days had a no arrest rate of over 80%. Treatment providers must seek a comprehensive understanding of their clients and their drugs of choice. Treatment must be comprehensive, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and, has long-term positive impact on the addict, his or her family and friends, and the community-at-large. Clients who remained in treatment for 91-120 days were more likely to be employed full time at follow up than any other length of stay category. Clients who were in treatment less than 7 days were the least likely to be employed full time at follow up.

### **What Works**

- Individualized treatment plans
- Motivational Interviewing Case Management
- Best practices in treatment
- Increased accessibility and capacity for treatment
- Early identification
- Aftercare services
- A credible, culturally competent, sustainable, and licensed treatment workforce
- Retention in treatment – longer stays produce better outcomes
- Drug Courts
- Family education and involvement
- Treating substance abuse and mental illness (co-occurring disorders) at the same time.
- “Housing first” without requiring individuals to be substance free.



### **Current Proposals**

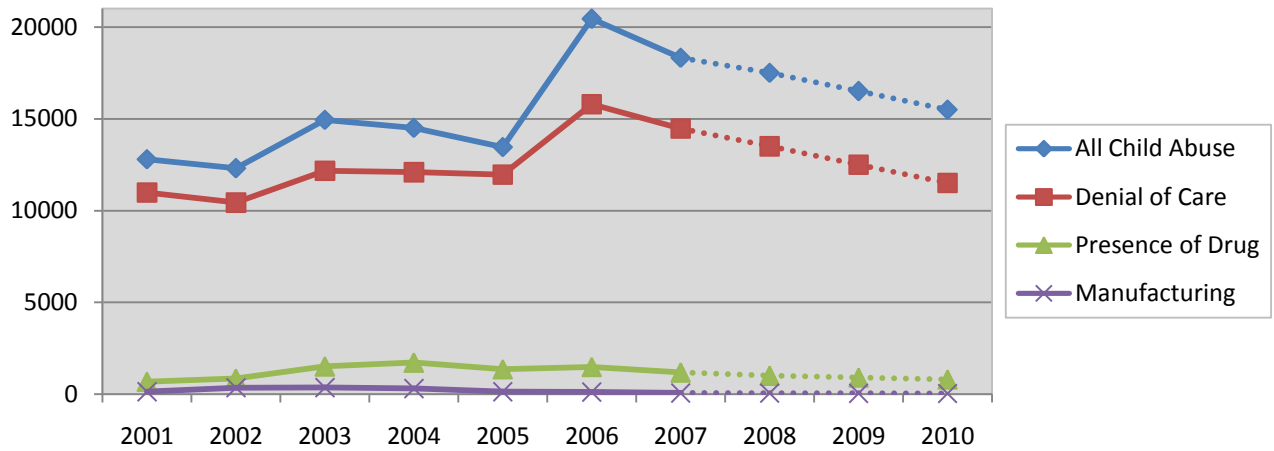
- Diversion to treatment for low-risk non-violent alcohol and other drug addicted offenders.
- Drug testing.
- Implementation of evidence-based treatment best practices through a collaborative effort between the Iowa Department of Public Health, Center for Substance Abuse Treatment and substance abuse program directors.
- Development and implementation of a monitoring system to identify and intervene with persons illegally abusing prescription drugs.
- Participation in the Network for the Improvement of Addiction Treatment.
- Expansion of the Iowa Service Management and Reporting Tool (I-SMART) web-based clinical management tool.

### **Two to Ten Year Strategies**

- Require insurance parity for substance abuse and mental health disorders and propose to the HAWK-I Board of Directors that they support that legislation.
- Support the use of and reimbursement for effective medications for alcohol, tobacco and other drug addiction.
- Increase treatment resources, including funding and length of stay.
- Increase the availability of substance-free, supervised, transitional housing programs in communities.
- Increase wrap-around services for recovering persons and their families.
- Improve early identification of substance abuse through education and stigma reduction, and in high-risk populations such as children of addicts or the elderly.
- Implement selected or indicated prevention programming with identified high-risk populations.
- Promote the recruitment and development of substance abuse treatment professionals by enhancing substance abuse counseling programming at the State Regents institutions and community colleges.
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders.
- Expand mid to long-term treatment programs.
- Require certification through the Iowa Board of Certification of all individuals providing publicly funded treatment services.
- Address homelessness (and related mental illness) as it relates to substance abuse.

## Treatment Indicator #1-G

**Number of Confirmed or Founded Cases of Child Abuse Related to Denial of Critical Care, Presence of an Illegal Drug in a Child's Body or Manufacture of Meth in the Presence of a Minor**



Source: Iowa Department of Human Services

(\*Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused)

(\*\*Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.)

### The Story Behind the Baseline

The use of drugs and abuse of alcohol among families is a pervasive trend that continues to have a devastating impact on the safety and well-being of children. Although it is difficult to quantify a causal relationship between alcohol and other drug use and child maltreatment, experts agree there is a high correlation between parental substance abuse and child abuse and neglect. In Iowa, Denial of Critical Care (child neglect) is the most frequent form of child abuse. While not all Denial of Critical Care abuse is related to parental substance abuse, there is overwhelming evidence that addicted parents/caregivers do not provide adequate care for their children. Iowa has recorded a number of incidents in past years involving children who were victims of child neglect due to one or both parents/caregivers using drugs. It is cases like these that point to the need to recognize the significant impact that drug use has on denial of critical care.

Using data from child abuse cases reported to DHS in 2005, Prevent Child Abuse Iowa conducted a study of denial of critical care cases. 44% of the cases studied listed exposure to caregiver substance abuse and/or manufacturing as a primary concern. Of these cases related to substance abuse, 75.8% of them involved a parent using the drug either directly in front of the child or while the child was in the same dwelling as the user. Methamphetamine and marijuana were the most commonly abused substances in 38% and 36% of cases respectively. Alcohol was the primary concern in 12.5% of cases and

cocaine in 10.2% of cases. Prescription drugs, heroin, and “speed” were also listed as primary substances of abuse in other cases.

The presence of illegal drugs in a child’s body and manufacturing meth in the presence of a minor accounted for nearly 2,000 founded child abuse reports in 2004. In 2005, this number dropped to 1,482. The most significant drop has been in manufacturing meth in the presence of a minor, which reached a peak of 400 in 2003 and dropped to 56 cases in 2007. However when all denial of critical care, presence of illegal drugs in a child’s body, and manufacturing meth in the presence of a minor are combined, they represent over 85% of confirmed and founded child abuse cases in Iowa.

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

### **What Works**

- Family drug court
- Child welfare-substance abuse partnerships
- Community Partnerships for Protecting Children
- Drug testing
- Improved and expanded intake/screening/assessment and treatment for system involved clients
- Drug Endangered Children program
- Community-based follow-up and support services
- Substance abuse treatment
- Parenting programs
- Addressing co-occurring disorders (substance abuse and mental illness).

### **Current Proposals**

- Expand Iowa’s Drug Endangered Children Alliance to new communities, and introduce a statewide protocol and data collection methods.
- Expand Moms Off Meth and implement Dads Against Drugs support groups.
- Ensure drug testing of parents suspected of using.
- Test identified children for the presence of drugs.
- Expand the Community Partnership for Protecting Children Initiative.
- Provide additional training to professionals working with children so that they can better identify persons who are using illicit drugs or abusing alcohol.
- Implement indicated prevention programming with drug endangered children who have begun using illicit drugs or abusing alcohol.
- Expand family drug court for clients involved with the child welfare system.

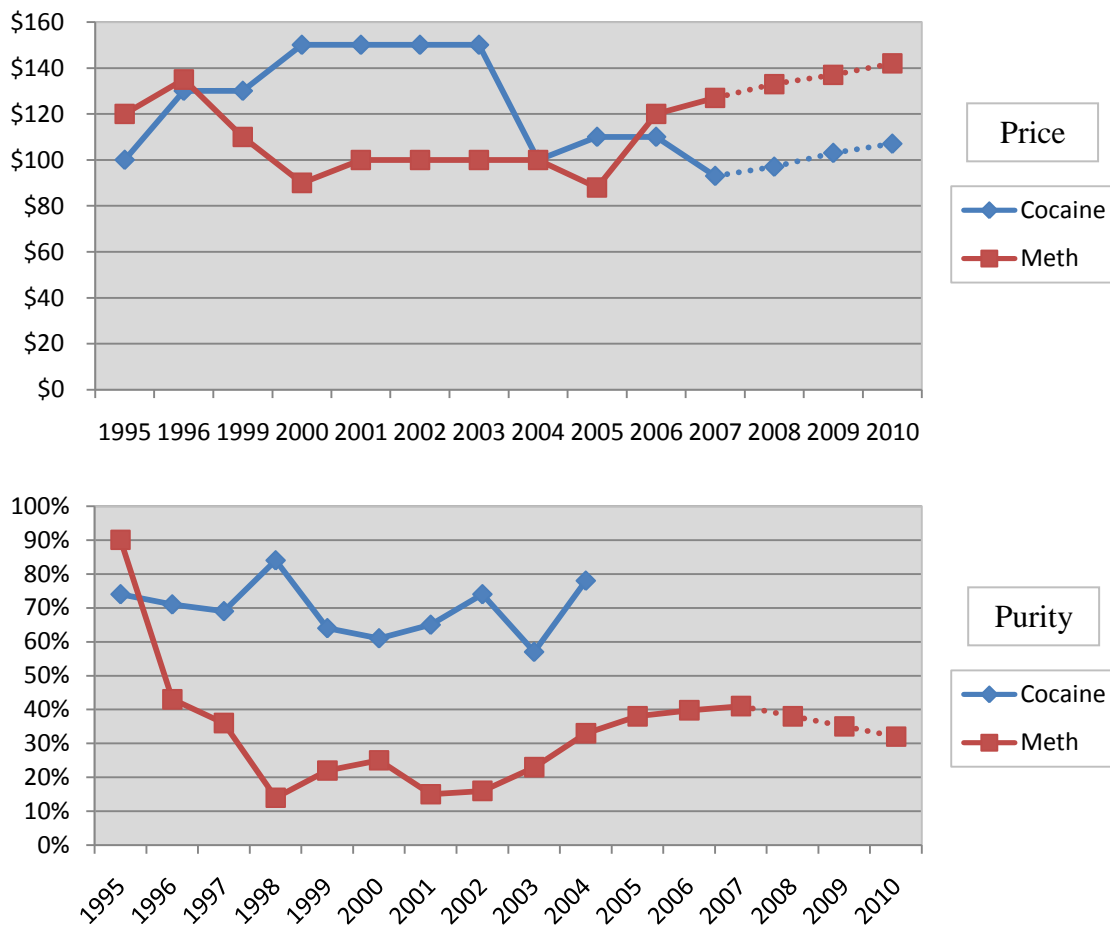
### **Two to Ten Year Strategies**

- Increase funding for medically relevant drug testing associated with child abuse cases.
- Expand substance abuse intake, screening, assessment, and treatment retention for clients involved in the child welfare system.
- Improve the education and knowledge base of medical professionals regarding substance abuse issues to assist in better identification and treatment referral of substance abusing patients or drug exposed children.
- Expand availability of substance abuse treatment.
- Expand availability of Women and Children programs that serve children when their mothers are admitted to treatment.
- Implement treatment programs for fathers and their children.

## **Result #2: Iowa Communities Are Free From Illegal Drugs**

### **Indicator #2-A**

**Average Price and Purity of Methamphetamine and Cocaine in Iowa**



*Source: Iowa Department of Public Safety, Division of Narcotics Enforcement*

### **The Story Behind the Baseline**

Price and purity are indicators of the availability of an illegal drug. Price and purity correspond to the simple economic principles of supply and demand. As the supply of a substance increases, the price is likely to go down and the purity level is likely to be higher. Conversely, if the supply is reduced as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

It should be noted that other factors could have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures made in the drug distribution chain closer to the production source tend to be higher in purity. Also, the availability of alternative controlled substances may impact the supply/demand and price/purity for other drugs; so while price and purity tend to follow the economic principles of supply and demand, the distribution of illicit substances is a clandestine activity, and anomalies exist.

### **What Works**

- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis, and dissemination
- Specialized training for law enforcement and prosecutors
- Highway drug interdiction
- Partnerships between enforcement and health care professionals focused on the investigation of legitimate drugs diverted to illicit use

### **Current Proposals**

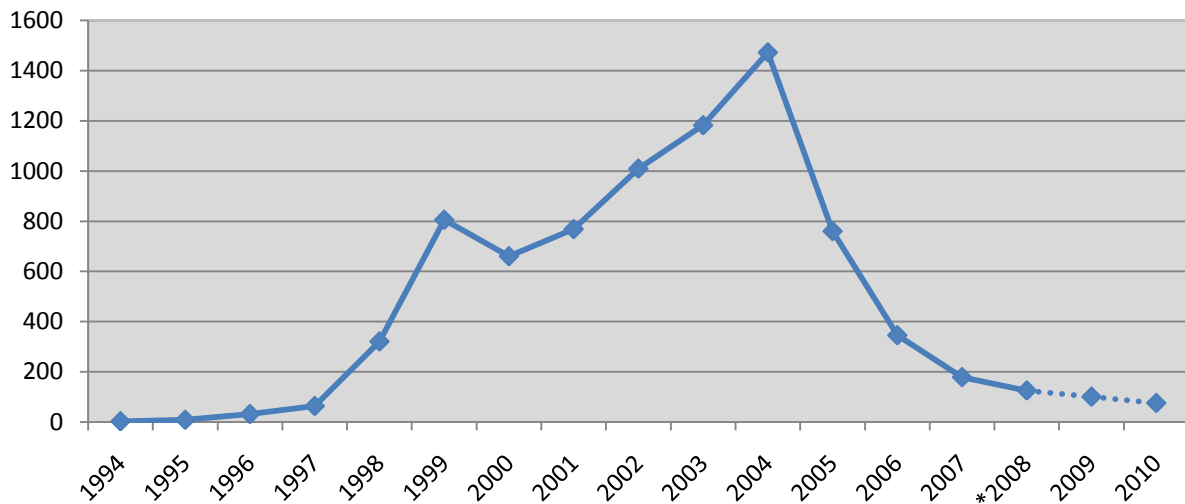
- Encourage the use of drug intelligence systems that increase law enforcement effectiveness by providing two-way connectivity among Iowa drug task forces as well as other law enforcement agencies throughout the nation.
- Continue to focus enforcement efforts on investigating organized interstate crime groups distributing illegal substances in the state.
- Provide expanded narcotics law enforcement training opportunities for local law enforcement and prosecutors using all available resources.
- Fully utilize Iowa's new prescription drug monitoring program.
- Expand Drug Task Forces.
- Increase Interdiction.

### **Two to Ten Year Strategies**

- Encourage task force participants to utilize resources and expertise to identify, investigate, and report terrorist activity.
- Expand and update the Iowa Crime Laboratory technical equipment and increase staff as necessary to reduce the turn around time for evidence analysis.
- Continue to synchronize and utilize Iowa National Guard analytical, aerial and detection assets in support of drug law enforcement.
- Increase the number of National Guard Analysts to cover areas not currently served.
- Maintain Iowa drug enforcement task forces' methamphetamine lab responses efforts.

## Indicator #2-B

### Number of Clandestine Methamphetamine Laboratory Responses



Source: CY 1994-2008 YTD, Iowa Department of Public Safety

### The Story Behind the Baseline

In recent years, methamphetamine abuse and its associated public safety and social problems have increased several-fold in Iowa. Treatment admissions with methamphetamine as the primary drug of choice accounted for 1.0% of all adults and juveniles screened/admitted to treatment in SFY 1992. This percentage increased with the meth epidemic peaking at 14.6% in 2004 and has since decreased to 7.5% in SFY 2008.

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. As a result of the increased popularity of meth, the availability of precursors, and the ease of production, Iowa experienced a significant increase in the prevalence of small clandestine methamphetamine laboratories. These labs pose a significant public safety threat due to the use of caustic materials, their mobility, and the risk of fire and explosion. While these labs produce a relatively small amount of meth they command a significant amount of law enforcement resources which would otherwise be spent on conspiracy type drug investigations.

Since the passage of SF 169 in May 2005, there has been a significant drop in the number of methamphetamine labs in Iowa. In 2004 law enforcement officers seized an average of 125 meth labs per month. As of October 1, 2008, meth lab seizures have dropped to approximately 14 per month. In addition to SF 169 was the passage of the federal Combat Meth Epidemic Act, which included pseudoephedrine controls. Though in most cases not as restrictive as Iowa's law, the federal Act does make it more difficult for Iowa meth cooks to obtain pseudoephedrine in another state. Another tool in the fight to reduce meth labs was Iowa's introduction of a chemical meth inhibitor, Calcium Nitrate, which will render anhydrous ammonia virtually useless in the production of

methamphetamine. While these are very positive changes, meth labs still pose a threat to Iowans and there is still work to be done.

### **What Works**

- Specialized enforcement units to respond to and dismantle clandestine laboratories
- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis and dissemination
- Collaboration with community sectors such as business, human services, community corrections and health care
- Precursor tracking and point-of-sale controls
- Environmental prevention policies
- Anhydrous ammonia tank locks and the addition to the ammonia of the chemical inhibitor Calcium Nitrate

### **Current Proposals**

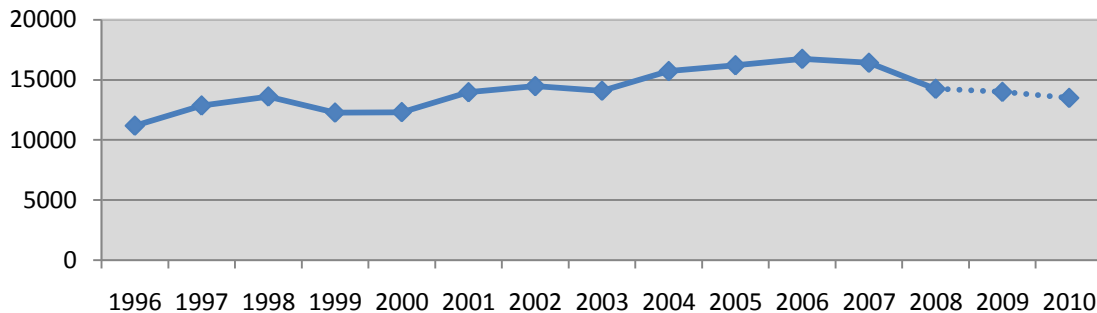
- Provide expanded narcotics law enforcement training opportunities for local law enforcement and prosecutors using all available resources.
- Encourage the use of drug intelligence systems that increase law enforcement effectiveness by providing connectivity among Iowa drug task forces and other law enforcement agencies throughout the nation.
- Continue coordination between law enforcement and retailers to limit the sale of products that can be used in the illegal production of methamphetamine.
- Promote the use of the anhydrous ammonia meth inhibitor, nurse tank locks, and other measures to prevent the theft/use of anhydrous ammonia for use in meth production.
- Strengthen specific sections of SF 169 so that all requirements are as strong as, or stronger than, the federal Combat Meth Epidemic Act.
- Expand Drug Task Forces.

### **Two to Ten Year Strategies**

- Provide training to local agencies to respond to clandestine drug laboratories in a coordinated effort with the Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE) and the National Guard Midwest Counter Drug Training Center.
- Implement a real-time electronic pseudoephedrine sales system to prevent the diversion of the medication from Iowa pharmacies (“smurfing” from pharmacy to pharmacy to collect enough pseudoephedrine for illegal manufacturing of meth).

## Indicator #2-C

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



Source: Iowa Department of Public Health – FY 1996-2008 SARS

### The Story Behind the Baseline

Appropriate and effective substance abuse treatment is essential in breaking the cycle of addiction and the associated public safety, public health and societal dysfunctions.

Few people enter substance abuse treatment without pressure from family members or sanctions from authority figures such as employers or criminal justice officials. For many illicit drug users an arrest is the first step in a long process of recovery and habilitation. In Iowa, more than half of the clients screened/admitted to substance abuse treatment are referred by the criminal justice system.

### What Works

- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis and dissemination
- Zero tolerance drug enforcement
- Jail based treatment
- Drug courts
- Intensive supervision coupled with treatment
- Dual-diagnosis/co-occurring treatment programs

### Current Proposals

- Divert non-violent offenders from jail/prison to treatment.
- Expand juvenile and adult drug court programs to additional regions of the state.
- Expand community-based substance abuse treatment.
- Expand family drug courts to additional counties across the state of Iowa.

### Two to Ten Year Strategies

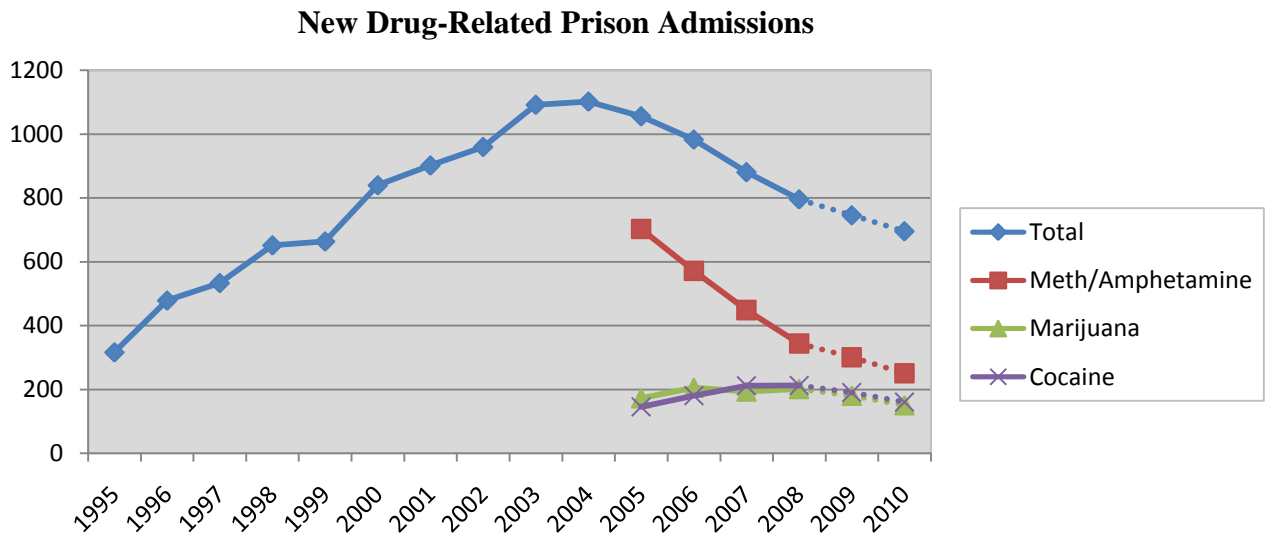
- Increase the level of case management resources for community-based criminal offenders receiving treatment services.



- Link correctional resources with law enforcement to enhance a drug offender's compliance with the conditions of probation/parole.
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders.
- Promote policies that achieve a balance between sentencing policies and justice system resources.
- Maintain and expand upon the jail-based treatment programs for substance abusers in Polk, Woodbury, Scott and Story Counties.
- Increase the number of substance abusers referred to treatment by social service agencies and health providers before they become involved in the criminal justice system.

### Result #3: All Iowans are Safe from Drug Abusing Offenders

#### Indicator #3-A



*Source: FY 1995-2008 Iowa Department of Human Rights,  
Division of Criminal & Juvenile Justice Planning*

#### The Story Behind the Baseline

The use of alcohol and other drugs has long been associated with crime. Although the study has been discontinued, data collected by the Arrestee Drug Monitoring program (ADAM), shows a clear connection between the two. In 2003, in Polk County alone, 75% of males and 61% of females entering the jail tested positive for at least one controlled substance. Though the data above represents admissions to prison specifically for drug charges, it is related to a much broader range of criminal activity.

According to the FY 2006 State Legislation Monitoring Report by CJJP, drug-related admissions constituted 32.2% of all prison admissions at their peak in 2004. FY2005 saw the first reduction of drug-related prison admissions in a decade, and they have continued to decline for the fourth straight year. This reduction is largely driven by a sharp decline in meth cases after the implementation of SF169 in May of 2005. As demonstrated by

the above chart, marijuana and cocaine admissions have remained relatively constant, and meth admissions have decreased dramatically. A breakdown of the data by drug type was not available until 2005.

### **What Works**

- Precursor controls
- Environmental Prevention Policies
- Drug courts
- Drug-free housing
- Intensive supervision coupled with treatment
- Diversion to treatment
- Co-occurring disorder (substance abuse and mental health) programming and 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

### **Current Proposals**

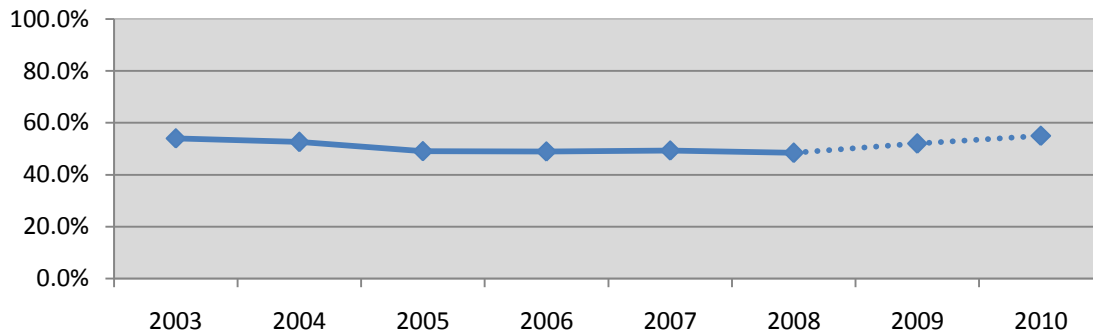
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders.
- Maintain and expand the jail-based drug treatment programs.
- Expand substance abuse and violence prevention programs and mentoring
- Expand co-occurring disorder community based program in 1<sup>st</sup> Judicial District to include 3 additional districts.
- Implement family drug courts in additional counties.

### **Two to Ten Year Strategies**

- Develop expanded continuing care programs to support the return of offenders to the community after completion of prison-based treatment programs, including therapeutic community programs.
- Build upon existing models facilitating re-entry of prison inmates into the community. This includes coordinating with community corrections and local treatment providers, as well as community-based services, such as faith-based treatment services.
- Expand the juvenile and adult drug court program to additional regions of the state.
- Continue to evaluate drug courts and modify programs to most effectively address the needs of offenders in each district.
- Ensure the viability of existing drug court programs.
- Expand early intervention programs for youth at risk for substance abuse and crime.

## Indicator #3-B

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



Source: FY 2003-2008 Iowa Department of Corrections

### The Story Behind the Baseline

Studies have shown that substance abuse treatment reduces drug use and crime. The Iowa Consortium for Substance Abuse Research and Evaluation conducts an annual outcomes evaluation of publicly funded drug treatment clients. Findings from the 2007 report include:

- 84.3% of clients reported no arrests in the six months post discharge from treatment.
- Full-time employment increased from 33% at treatment admission to 41.2% six months since discharge from treatment.
- 46.3% of clients remained abstinent six months since their discharge from treatment.

As the data demonstrate, all Iowans are safer when offenders returning into the community have completed substance abuse treatment.

### What Works

- Institution-based treatment with community aftercare
- Therapeutic communities with aftercare
- Jail-based treatment
- Drug courts
- Drug-free housing
- Intensive supervision coupled with treatment
- Wrap-around services (e.g. life skills training, anger management classes, housing and transportation assistance) and long term aftercare programming
- Dual-diagnosis/co-occurring programs

### Current Proposals

- Enhance the capacity of the Iowa Medical Classification Center to provide centralized substance abuse assessments.

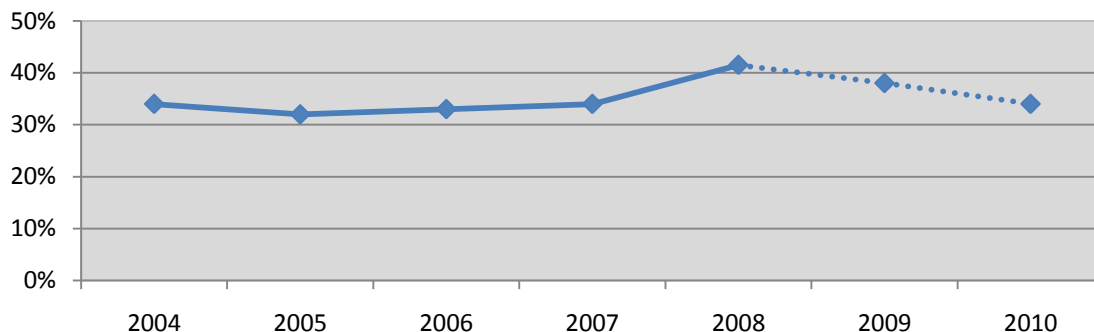
- Expand the number of local Drug Endangered Children programs to protect children who are exposed to drugs through a parent or caregiver and to provide substance abuse treatment to offending adults.
- Expand substance abuse treatment capacity to handle the increased caseload generated by diverting non-violent offenders.
- Maintain and expand upon an extended jail-based drug treatment program for substance abusers in Polk, Woodbury, Scott and Story Counties.

### **Two to Ten Year Strategies**

- Increase the level of case management resources for community-based criminal offenders receiving treatment services.
- Develop expanded continuing care programs to support the return of offenders to the community after completion of prison-based treatment programs, including therapeutic community programs.
- Build upon existing models facilitating re-entry of prison inmates into the community. This includes coordinating with community corrections and local treatment providers, as well as community-based services, such as faith-based treatment services.
- Implement dual diagnosis/co-occurring programs in additional regions of the state to manage and properly treat dual diagnosis/co-occurring offenders.
- Expand the juvenile and adult drug court program to additional regions of the state.
- Continue to evaluate drug courts and modify programs to most effectively address the needs of offenders in each district.
- Ensure the viability of existing drug court programs during FY 2007 and beyond.
- Expand the infrastructure at the Iowa Correctional Institute for Women to a total prison therapeutic community.
- Expand the Fort Dodge Correctional Facility to include a therapeutic community in one living unit.

### **Indicator #3-C**

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



*Source: FY 2004-2008 Iowa Department of Corrections*

### **The Story Behind the Baseline**

People who are abusing alcohol and drugs are more inclined to commit crimes and pose a public safety threat. About 90% of prison inmates abuse alcohol and/or drugs. Treatment works, but not all who need it receive it. In FY 2008, only 51% of prison inmates who needed treatment services received them. In addition, not all treatment programming is created equal. The treatment strategy goes a long way toward predicting future relapse and recidivism. Though not strictly probation clients, approximately one-third of individuals whose treatment length was 31-60 days remained abstinent in the six months after discharge from treatment, compared to approximately two-thirds of clients whose treatment length was over 60 days. Appropriate substance abuse treatment improves public safety, and tracking the number of probation/parole technical revocations due to substance use is an indicator of the quality of the treatment provided.

### **What Works**

- Use of evidence-based best treatment practices
- Longer treatment regimens (up to 12 months)
- Individualized treatment plans
- Family involvement
- Faith-based treatment

### **Current Budget Year Proposals**

- Review outcomes data of offender rehabilitation programs, and conduct correctional program assessment inventory audits of these programs to ensure their effectiveness.
- Reduce caseload ratio of community-based corrections staff to offender clients.

### **Two to Ten Year Strategies**

- Promote offenders' treatment program success by providing structured correctional supervision upon re-entry into the community from prison and by providing the appropriate level of community-based substance abuse treatment, including drug-free housing and aftercare services.
- Link correctional resources with law enforcement to enhance drug offender compliance with the conditions of probation/parole, which may include abstinence from drugs.
- Ensure manageable caseloads for probation officers.
- Create structured, long-term transitional housing for addicted offenders being released from prison/jail.



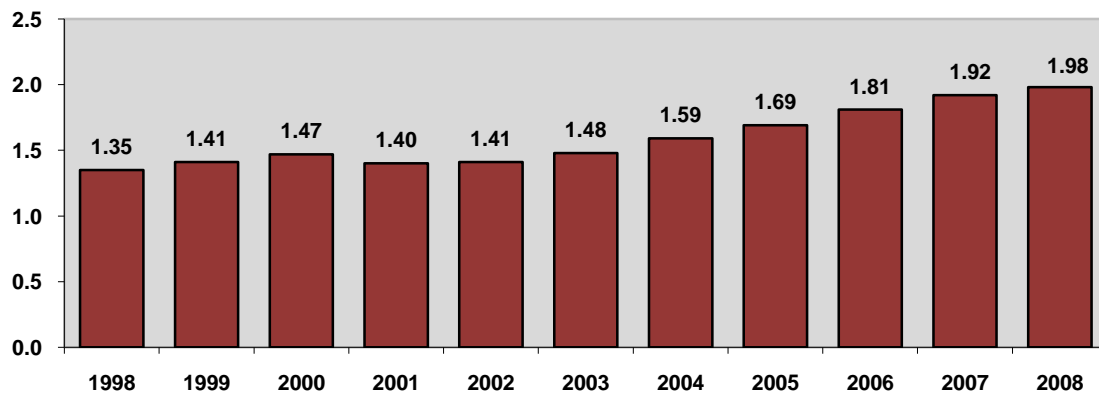
# DRUG USE PROFILE

## Iowa's Adult Population Alcohol Use/Abuse

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

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

**Figure 1 – Absolute Alcohol Sales in Gallons Per Capita, SFY 1998 – 2008**



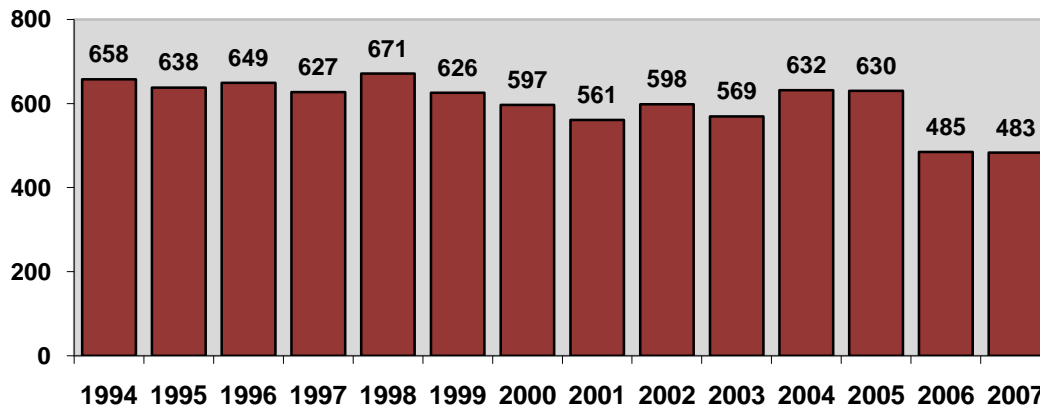
Source: Iowa Department of Commerce, Alcoholic Beverages Division

Figure 1 displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of alcoholic beverages within the State of Iowa, and represents by inference the consumption of those beverages by adult Iowans.

Figure 1 indicates that since 1998 alcohol consumption has steadily increased reaching its current high of 1.98 gallons per capita in FY 2008. This amount equates to the combined consumption of 2½ full-sized kegs of beer, 8½ bottles of wine and 253 one ounce shots of liquor for every adult in the state in a one year period.

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

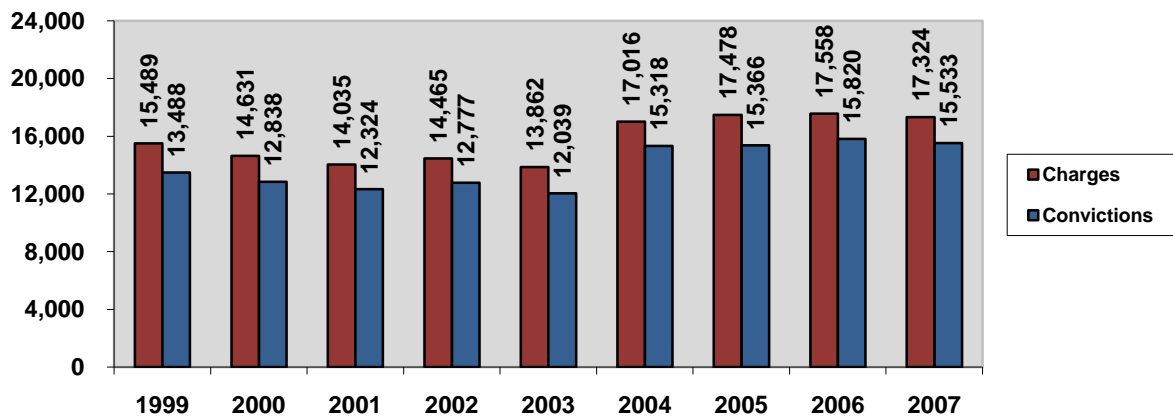
**Figure 2 – OWI Arrest Rate/100,000 Population, CY 1994 – 2007**



Source: Iowa Department of Public Safety

During the period of calendar years 1994 - 2007, more arrests were made in Iowa for Operating While Intoxicated (OWI) than for any other single criminal offense. Although the OWI arrest rate remained consistently high for 12 years, the past two years have seen nearly a 25% reduction. See Figure 2.

**Figure 3 – Reported Number of OWI Charges Disposed and Number of OWI Convictions, CY 1999 – 2007**



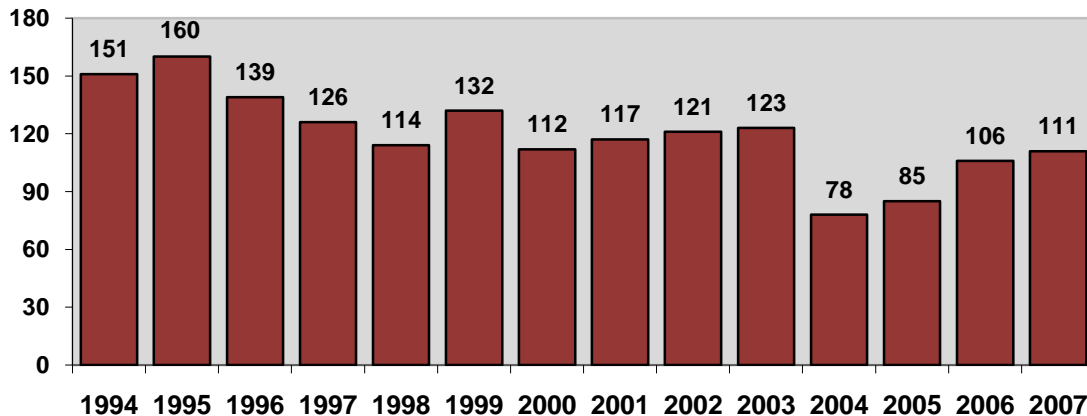
Source: Division of Criminal and Juvenile Justice Planning

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



Clerk of Court data compiled by the Division of Criminal and Juvenile Justice Planning (CJJP) indicates that both the number of OWI charges disposed and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI arbitrations represent a significant proportion of the criminal caseload in Iowa courts. In 2007, OWI represented 20% of the charges disposed and 29% of the overall convictions for serious misdemeanors and above. There has been little change in these figures when compared to a large drop in the arrest rate. See Figure 3.

**Figure 4 – Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 – 2007**

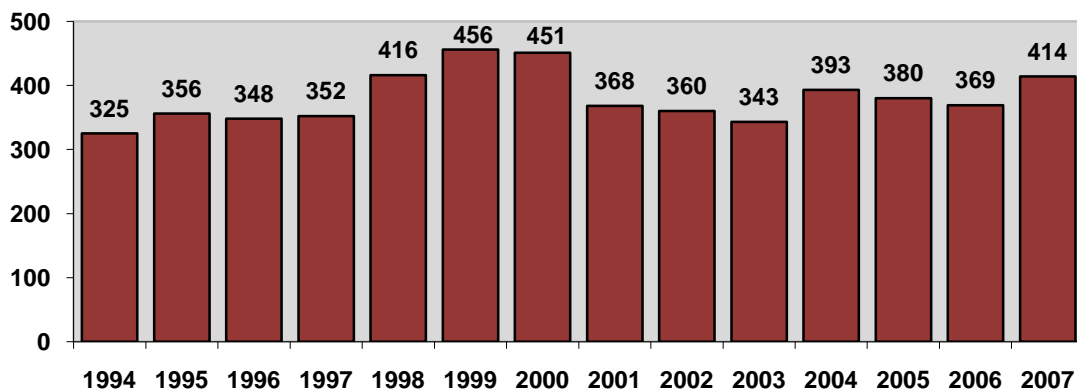


Source: Iowa Department of Transportation

In 2004, the DOT reported the fewest alcohol related fatalities in an eleven-year reporting period. However, alcohol/impaired driving related motor vehicle fatalities over the past four years, reported by the Iowa Department of Transportation, are on the rise again. See Figure 4.

An examination of the rates for reported arrests for drunkenness (public intoxication) reveals an upward trend from 1994 – 1999, reaching a fourteen-year high of 456 per 100,000 population in 1999. Data for 2007 indicates the second highest rate for this reporting period. See Figure 5.

**Figure 5 – Drunkenness Arrest Rate/100,000 Population, CY 1994 – 2007**



Source: Iowa Department of Public Safety

The Iowa Department of Public Health requires all licensed substance abuse treatment providers report data on services provided through the SARS/I-SMART data system. Among other things, the system is capable of tracking the number of clients served, along with the drug(s) of choice and post-treatment outcome measures. See Figures 6a and 6b.

**Figure 6a - Primary Substance of Abuse for Clients  
Screened/Admitted to Substance Abuse Treatment SFY 2008**

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions
Alcohol	1,850 (40.4%)	25,751 (64.4%)	61.9%
Marijuana	2,530 (55.2%)	7,623 (19.1%)	22.8%
Methamphetamine	54 (1.2%)	3,309 (8.3%)	7.5%
Cocaine/Crack	38 (0.8%)	1,973 (4.9%)	4.5%
Other/Unknown	112 (2.4%)	1,351 (3.4%)	3.3%
Total			100 %

Source: Iowa Department of Public Health

**Figure 6b - Primary Substance of Abuse for Adult and Juvenile Clients  
Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2008**

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85%	7.0%	1.0%	5%	0.5%	1.5%	22,471
1993	82%	9.0%	1.3%	5%	0.7%	2.0%	22,567
1994	78%	11.0%	2.2%	6%	0.8%	4.0%	25,328
1995	69%	14.3%	7.3%	6%	0.7%	2.7%	29,377
1996	64%	18.1%	9.1%	6%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60%	20%	12.0%	6%	0.5%	1.5%	38,347
1999	63%	20%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	.4%	2.9%	44,528

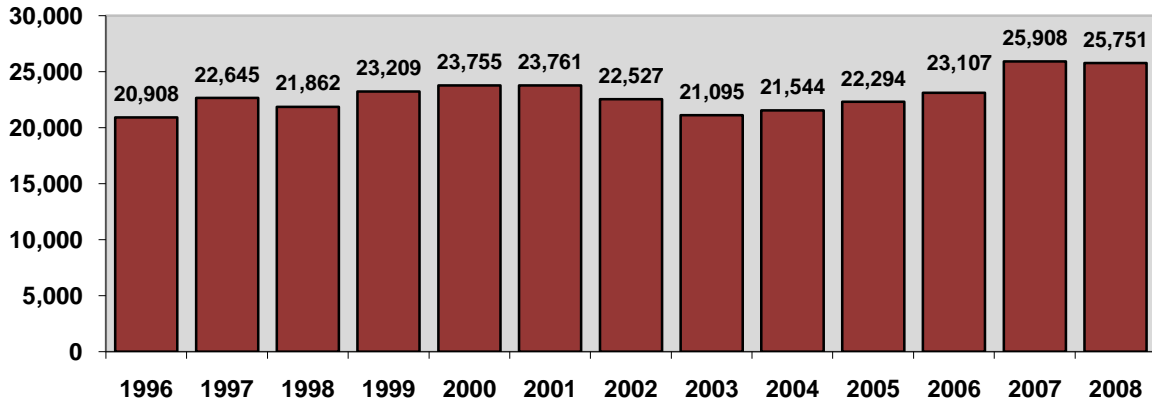
\*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.

Source: Iowa Department of Public Health

According to the Department of Public Health's substance abuse data system, the number of clients screened/admitted for substance abuse treatment in Iowa remains high. Public Health reported 44,528 clients screened/admitted in FY 2008, nearly double the number 16 years ago. See Figure 6b.

Outcome measures provided by the Iowa Department of Public Health show a significant impact for those involved in substance abuse treatment. According to client interviews conducted six months after discharge, the abstinence rate in 2007 was 46.3 %, the employment rate was 41.2% and 84.3% of treatment clients were arrest free during this time period.

**Figure 7 – The Number of Adult Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2008**

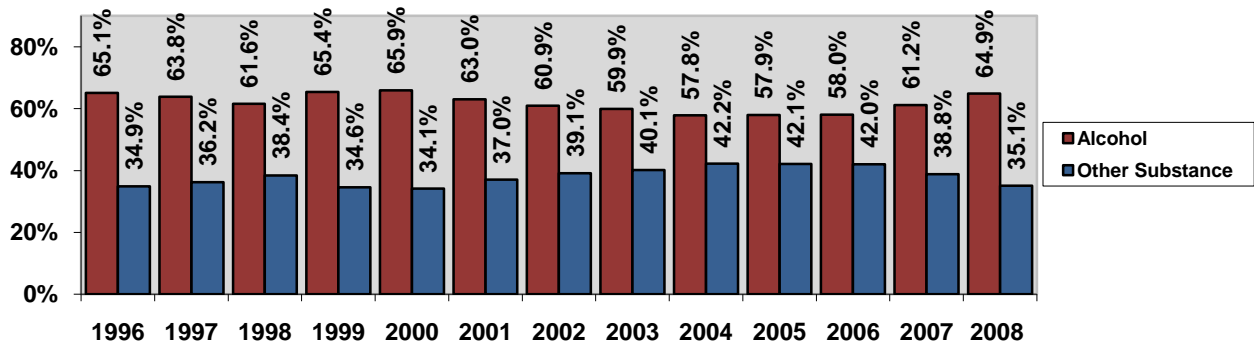


Source: Iowa Department of Public Health

SARS data show that alcohol remains by far the number one substance of abuse in Iowa. The data indicate that the number of adults screened or seeking substance abuse treatment with a reported primary substance of alcohol increased 22% from 2003 to 2008. More people were screened/admitted for alcohol in 2007 than any other year and more than alcohol and drugs combined in 1992. See Figures 6b and 7.

As a *percent* of total screens/admissions, alcohol lost ground to other drugs such as marijuana, methamphetamine, and cocaine in the late 1990s. This was due to the fact that screenings/admissions reported for these drugs increased at a rate greater than that of alcohol. In the past few years, however, alcohol admissions have increased at a faster pace than illicit drugs. In 2008, the percentage of alcohol admissions reached its highest peak since 2000. See Figure 8.

**Figure 8 – Primary Substance of Abuse for Adults Screened/Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2008**



Source: Iowa Department of Public Health

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

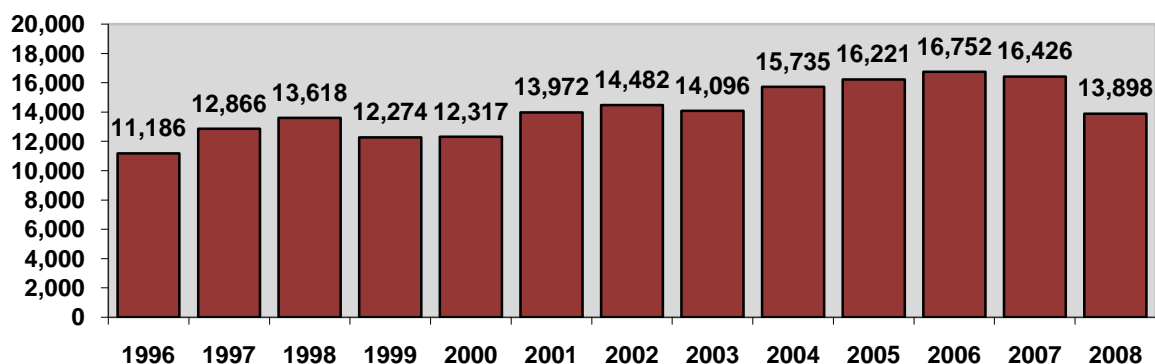
Although some of the data indicate a decrease in occurrence, alcohol remains the primary substance of abuse by adults in Iowa. The level of alcohol consumption within the state increased slowly over the past decade. The number of screenings/admissions to substance abuse treatment programs with alcohol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

### **Illegal Drug Use in Iowa – General Indicators of the Trend in Adult Drug Abuse in Iowa**

Several data indicators may describe the growth or decline of illegal drug use in Iowa. One such indicator is the number of adults seeking substance abuse treatment. The Substance Abuse Reporting System (SARS) data indicate the number of screenings/admissions for the treatment of a primary substance of abuse other than alcohol rose 36.5% from SFY 1999 to SFY 2006. That number has decreased for the past two years. That trend is displayed in Figure 9.

As a percentage of overall screenings/admissions to treatment, non-alcohol admissions have ranged from 34.1% to 42.2%. Alcohol related admissions in each of the past three years have increased at a rate greater than other substances. See Figure 8.

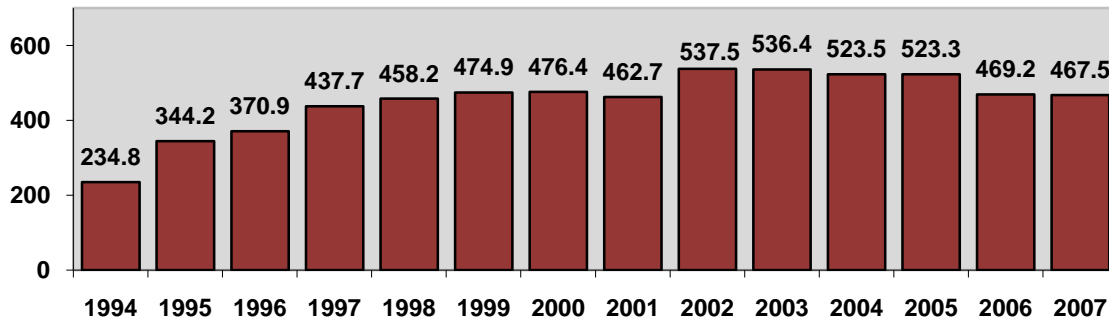
**Figure 9– SARS Reported Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2008**



Source: Iowa Department of Public Health

Another indicator is derived from data collected by the Department of Public Safety relative to the adjusted arrest rate per 100,000 population for drug related offenses. While a slight reduction was reported in each of the past five years, the arrest rate for drug offenses remains approximately double the rate reported by DPS in 1994. See Figure 10.

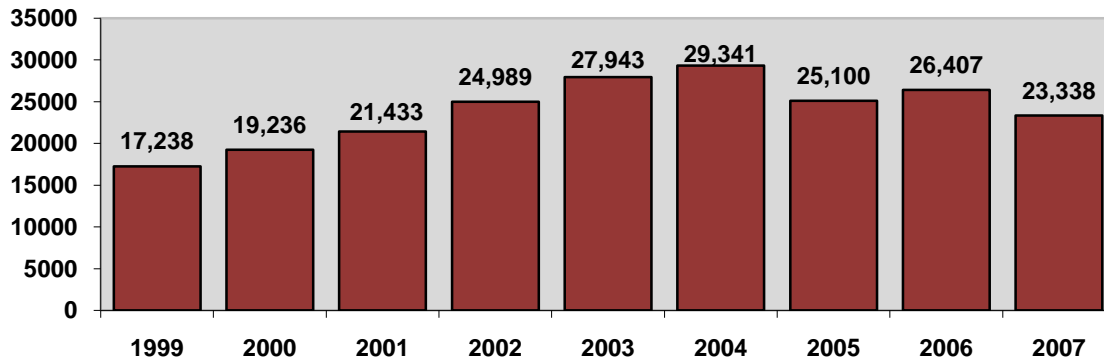
**Figure 10 – Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 – 2007**



Source: Iowa Department of Public Safety

Data collected by the Division of Criminal and Juvenile Justice Planning illustrate two additional facets of the trends in substance abuse as they relate to Iowa's District Court System. These data are displayed in Figures 11 and 12, and include indictable misdemeanors and felonies.

**Figure 11 –Drug Charges Disposed, CY 1999 – 2007**

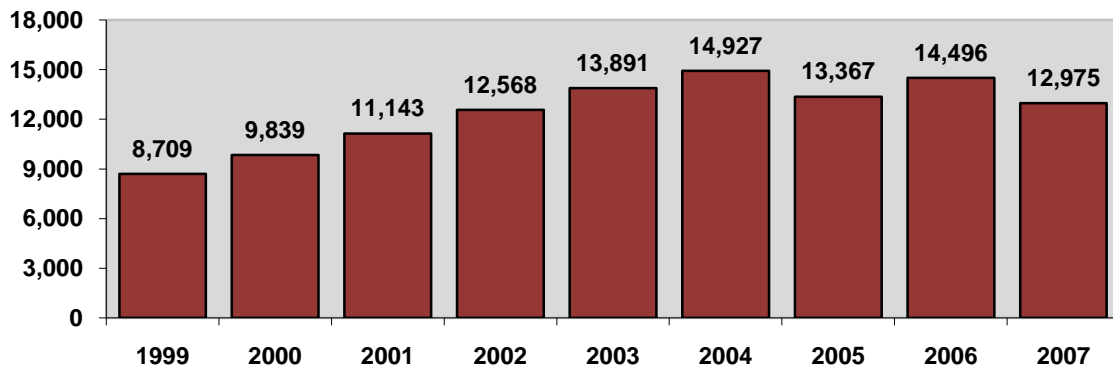


Source: Criminal and Juvenile Justice Planning

*\*Charges and convictions included in Figures 11 and 12 do not include cases whose 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.*

Figure 11 displays an 11.6% decrease from 2006 to 2007 in the number of indictable misdemeanor and felony drug charges disposed by the Iowa District Court. Drug related convictions also decreased (10.5%). See figure 12. Despite the recent reduction, drug cases constitute a significant proportion of the court docket in Iowa, representing 26.6% of the charges and 24.1% of the convictions for indictable misdemeanors/felonies in CY 2007.

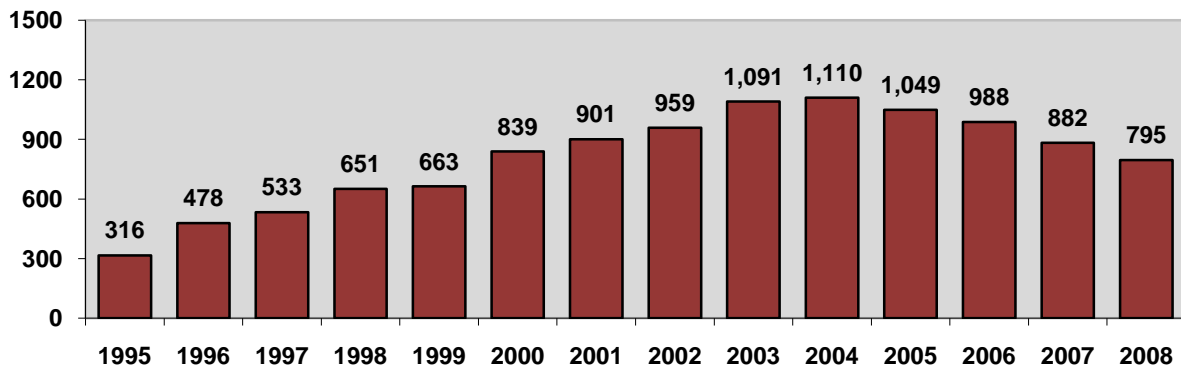
**Figure 12 –Drug Convictions, CY 1999 – 2007**



Source: Criminal and Juvenile Justice Planning

Another indicator of the levels of use and abuse of drugs can be found in drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning. This data shows a 248% increase in drug-related prison admissions from 1995 to 2004. Beginning in 2005, drug related prison admissions began to decline largely due to a drop in meth-related admissions, which has been driven by a decline in meth lab incidents. Detail on drug-related prison admissions by drug type is available beginning with SFY 2005 and is discussed later in this section.

**Figure 13 – Drug-Related Prison Admissions, FY 1995 – 2008**



Source: Criminal and Juvenile Justice Planning

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

The data in figure 13 relate to the number of offenders admitted to prison with a drug offense as their lead charge. Data from a number of other studies have clearly demonstrated the connection between drug use and crime. In a study conducted by the Mid-Eastern Council on Chemical Abuse for the Iowa Department of Corrections, over 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2008, the Department of Corrections provided substance abuse treatment to only 58.9% of the addicted custodial inmates and 48.4% of the addicted offenders in community corrections. See Figure 14.

**Figure 14 - Department of Corrections Institutional and Community Based Substance Abuse Treatment FY 2003 – FY 2008**

	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
<u>Institutions</u>						
Inmates in need of treatment	3,556	4,074	4,369	4,713	4,374	4,441
Inmates who received treatment	2,279	2,646	2,669	2,936	2,618	2,615
Percent	64%	64.9%	61.1%	62.3%	59.9%	58.9%
<u>Community Corrections</u>						
Clients in need of treatment	8,762	10,299	11,920	12,650	12,921	13,047
Clients who received treatment	4,734	5,413	5,855	6,201	6,367	6,315
Percent	54.0%	52.6%	49.1%	49.0%	49.3%	48.4%

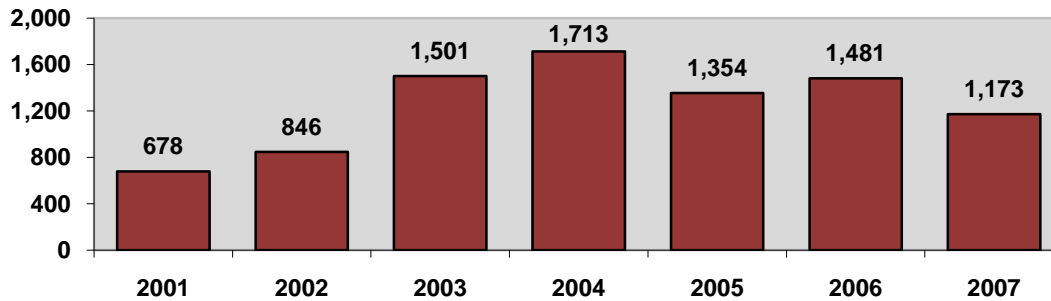
Source: Iowa Department of Corrections

*\*Beginning in FY 2006 changes were made to the Department of Corrections' data collection and evaluation capabilities. As a result, data prior to that fiscal year may not be compatible with data in FY 2006 and beyond.*

Breaking the cycle of addiction has a positive effect on the recidivism rate of offenders. In a project administered by the Iowa Department of Public Health, the Polk, Woodbury, Story, and Scott county jails provide substance abuse treatment to jail inmates. Twelve months following their admission to treatment, 84.4% of those involved reported no further arrests, and 57.6% were employed full time.

A significant portion of the drug abusing population in Iowa is in the child rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child's body and the second is the number of confirmed or founded child abuse cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child. See Figures 15 and 16.

**Figure 15 - Confirmed or Founded Child Abuse Involving the Presence of Illegal Drugs in a Child's Body CY 2001 - 2007**



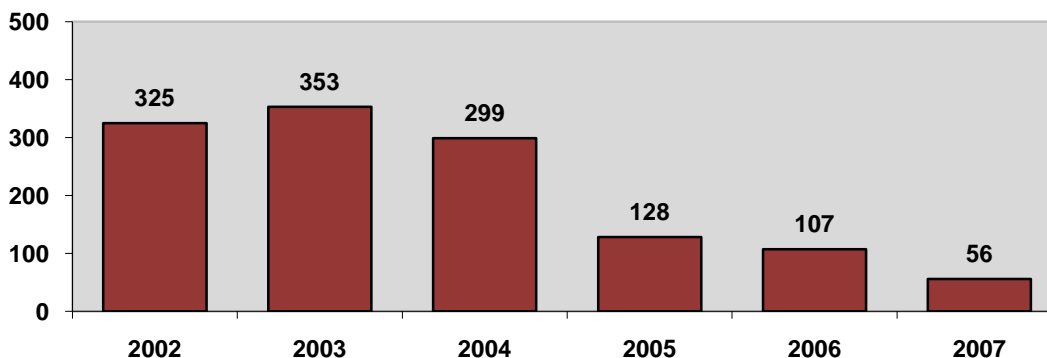
Source: Department of Human Services

*\*Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*

The number of confirmed or child abuse cases involving the presence of illegal drugs in a child's body rose sharply from 2001 to 2004. For the years since, the number of reported cases has varied, but remains below the record high reported in 2004.

While a relatively new measure, the number of confirmed or founded child abuse cases involving a caretaker's manufacturing of illegal drugs decreased in each of the past four years. The figure reported by the Department of Human Services for 2007 represents an 84% decrease since 2003. This number, like other meth statistics, is being driven down by the reduction in meth labs across the State. See Figure 16.

**Figure 16 – Confirmed or Founded Child Abuse Involving Caretaker's Manufacture of Illegal Drugs CY 2002-2007**



Source: Department of Human Services

*\*Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*



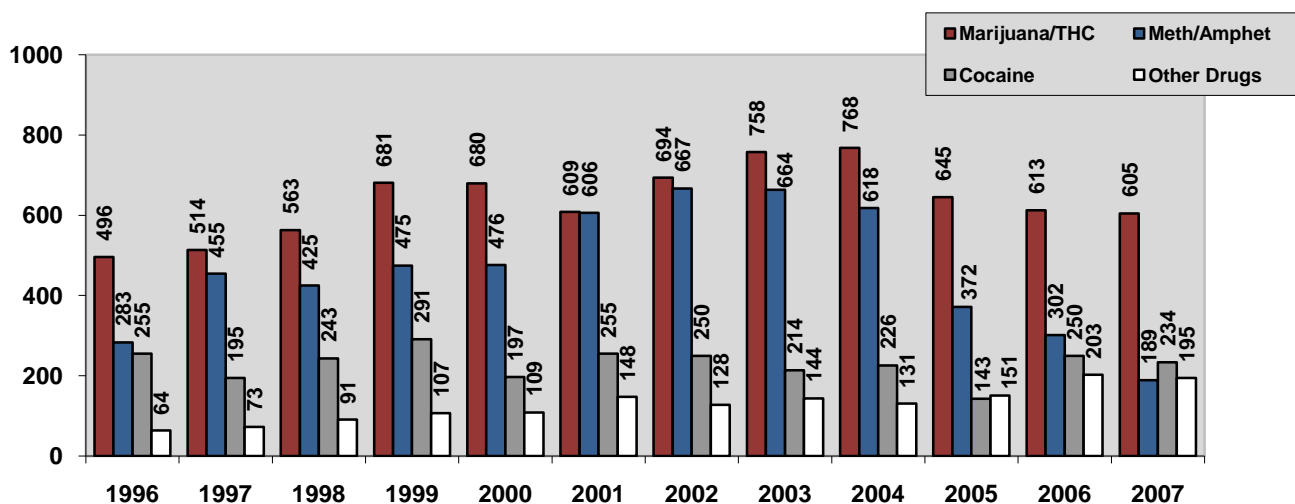
## Drug Specific Indicators Data

### Marijuana

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

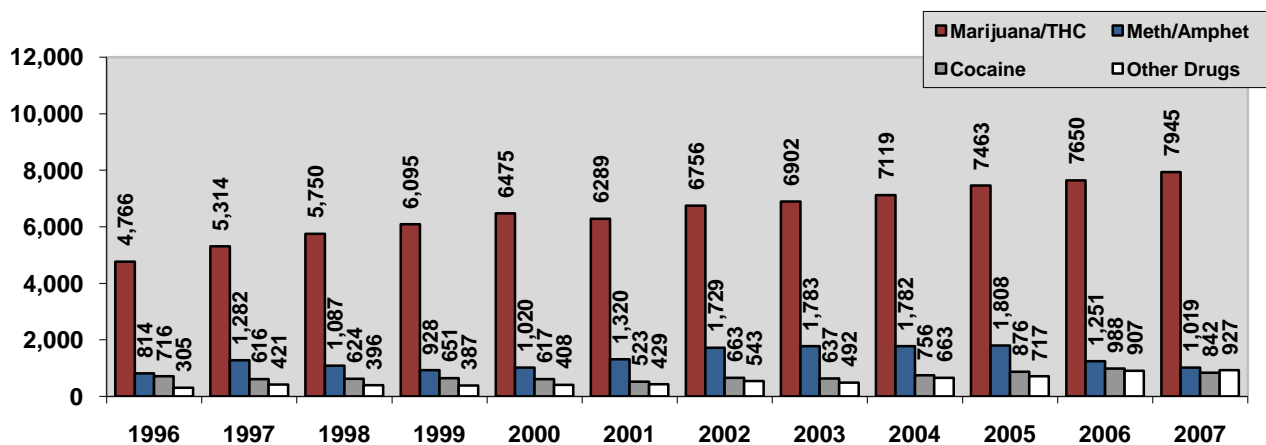
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

**Figure 17 – Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 1996 - 2007**



Source: Iowa Department of Public Safety

**Figure 18 – Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1996 –2007**



Source: Iowa Department of Public Safety

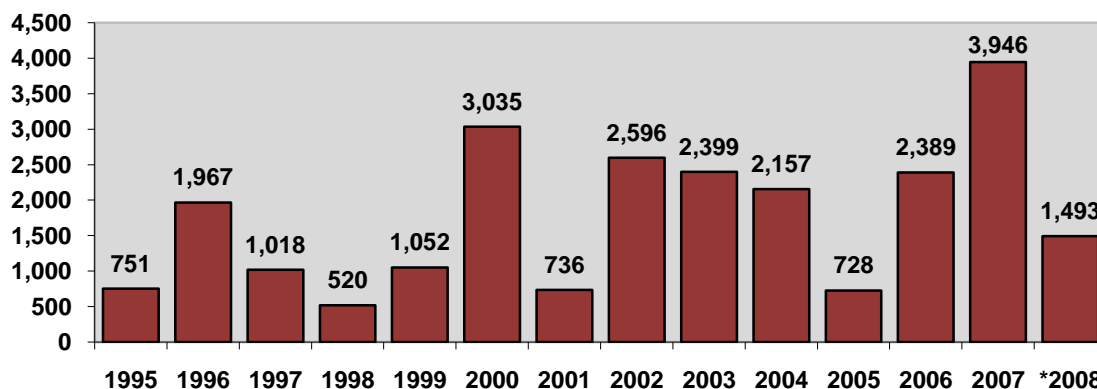
Figures 17 and 18 illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. In CY 2007, more than 49% of reported arrests for offenses of manufacture/distribution of drugs where the drug type was known involved marijuana. Further 74% of reported offenses for possession/use of drugs where the drug type was known involved marijuana.

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

Additional analysis of the data indicates that with the exception of 2001, the number of offenses involving possession or use of marijuana have increased each year from 1994 to 2007. There has been a decline in marijuana manufacturing/distribution offenses since a peak in 2004. The reader is reminded of the concern regarding the non-reporting and under-reporting of DPS data, and the fact that these data under-report the number of offenses.

The Iowa Division of Narcotics Enforcement (DNE) reported a new high in marijuana seizures in 2007. Marijuana seizures reported by DNE have fluctuated, but generally remain significantly higher than that reported in the mid and late 1990s. See Figure 19.

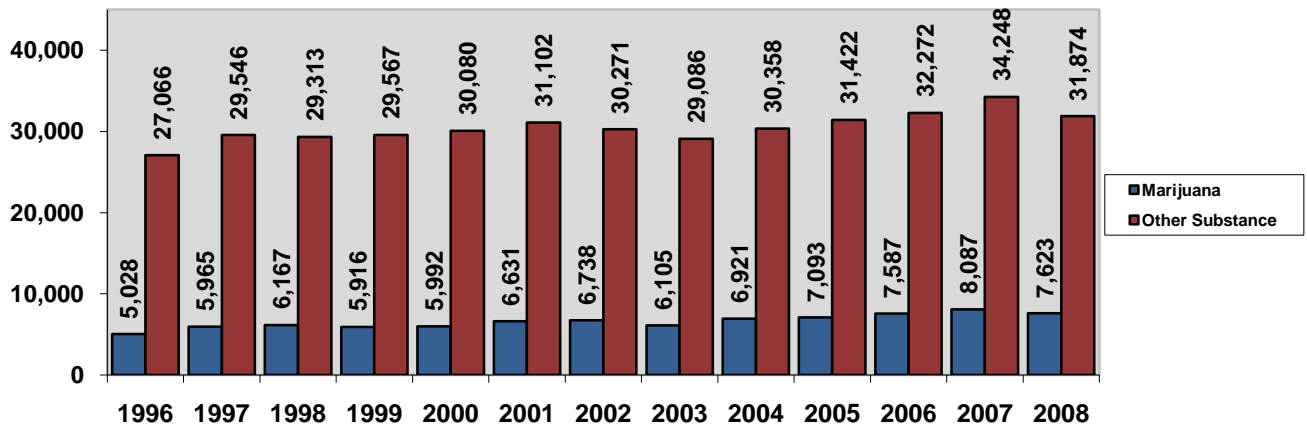
**Figure 19 – Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1995 – \*2007**



*\*Calendar year 2008 through September 30*  
Source: Iowa Department of Public Safety

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1996 – 2008. See Figure 20. This data reinforces the fact that despite common misconceptions, marijuana is an addictive drug.

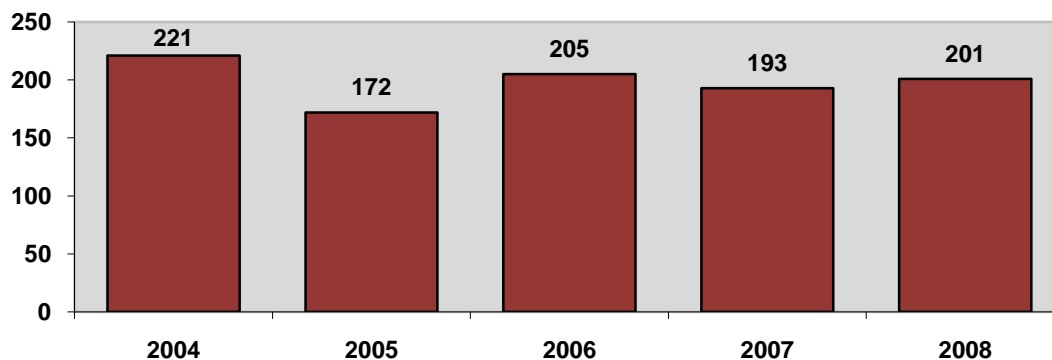
**Figure 20— Primary Drug of Abuse for *Adults* Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2008**



Source: Iowa Department of Public Health

Between state fiscal year 1996 and 2008, the Department of Public Health reported an increase of 51.6% in the number of clients screened/admitted with marijuana as their primary drug of choice.

**Figure 21 – Marijuana-Related Prison Admissions SFY 2004 - 2008**



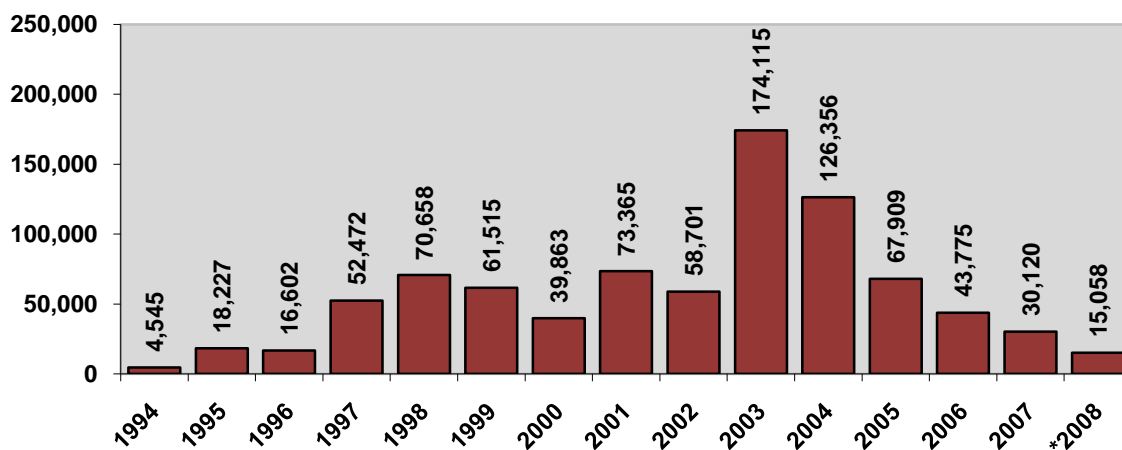
Source: Criminal and Juvenile Justice Planning

For the period of time for which data is available, marijuana-related prison admissions remained fairly steady and have represented between 16% and 25% of the drug related admissions. Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult Iowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana.

## Amphetamine/Methamphetamine

In recent years, much information has been disseminated, and many concerns expressed, about the use of amphetamine/methamphetamine, among Iowa's drug abusing population.

**Figure 22 – Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 – \*2008**



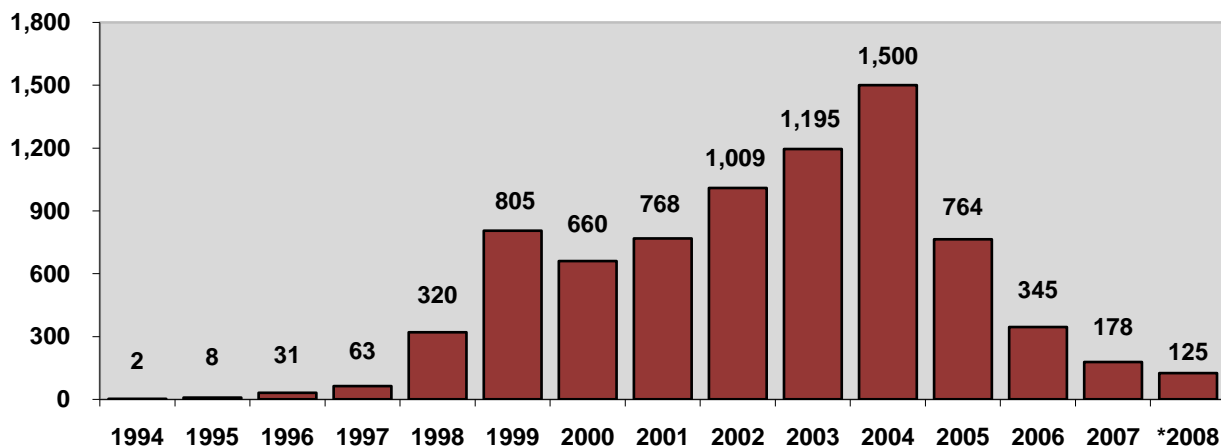
*\*Calendar year 2008 through September 30*  
Source: Iowa Department of Public Safety

Figure 22 illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003, the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. Since its peak in 2003, seizures of methamphetamine have decreased every year.

The data displayed in Figure 23 demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement through calendar year 2004. In 2004, state and local law enforcement responded on average to 125 methamphetamine laboratories per month, or four per day.

Due to the public safety threat posed by clandestine laboratories, a substantial amount of time and resources is directed at responding to clandestine laboratories. In 2005, the Iowa legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. In 2008, (through September 30, 2008) law enforcement in Iowa reported a 91.6% reduction in clandestine labs when compared to calendar year 2004.

**Figure 23 – State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 – \*2008**



*\*Calendar year 2008 through September 30*  
Source: Iowa Department of Public Safety

Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. As the supply of a substance increases, the price is likely to go down, and the purity level is likely to be higher. Conversely, if the supply is reduced, as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

The price and purity of methamphetamine shown in Figure 24 indicate that the price of methamphetamine per gram has fluctuated over the past several years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa seizures. Concerns are growing over recent information which suggests an increase in the importation of crystal methamphetamine into Iowa. The increase in crystal meth or “ice” is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute.

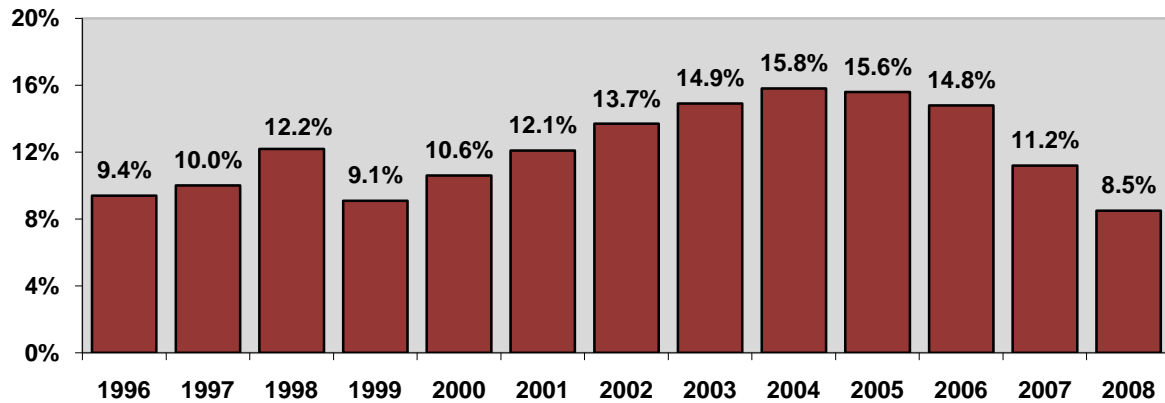
**Figure 24 – Iowa Division of Narcotics Enforcement Methamphetamine Seizure Price and Purity CY 1996 – 2007**

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Price	\$135	N/A	N/A	\$110	\$90	\$100	\$100	\$100	\$100	\$88	\$120	\$127
Purity	43%	36%	14%	22%	25%	15%	16%	23%	33%	38%	40%	41%

Source: Iowa Department of Public Safety

It should be noted that other factors can have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures which are made closer to the production source in the drug distribution chain tend to be higher in purity. Also, the availability of alternate controlled substances may impact the supply/demand and price/purity for other drugs. Although price and purity tend to follow the economic principals of supply and demand, the distribution of illicit substances is a clandestine activity, and there are anomalies.

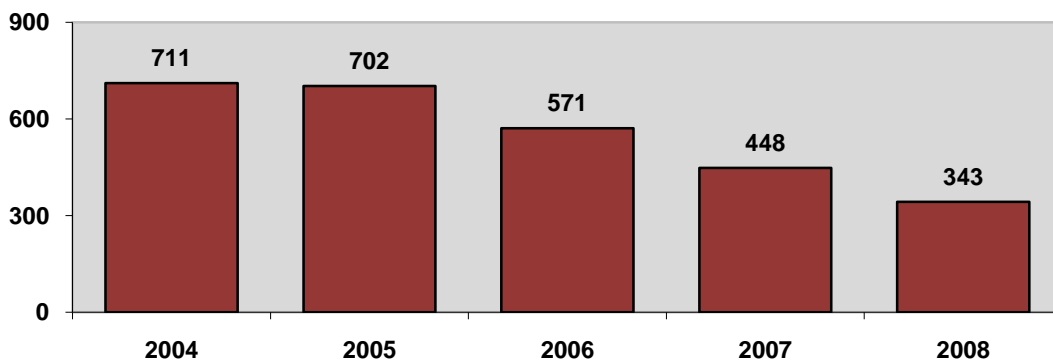
**Figure 25 – Percentage of *Adults* Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2008**



Source: Iowa Department of Public Health

Prior to the emergence of what has been referred to as Iowa's methamphetamine epidemic in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the Iowa Department of Public Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. As a percent of all screens/admissions, methamphetamine has diminished in each of the past four years to reach its lowest point (8.5%) since the meth epidemic began. See Figure 25.

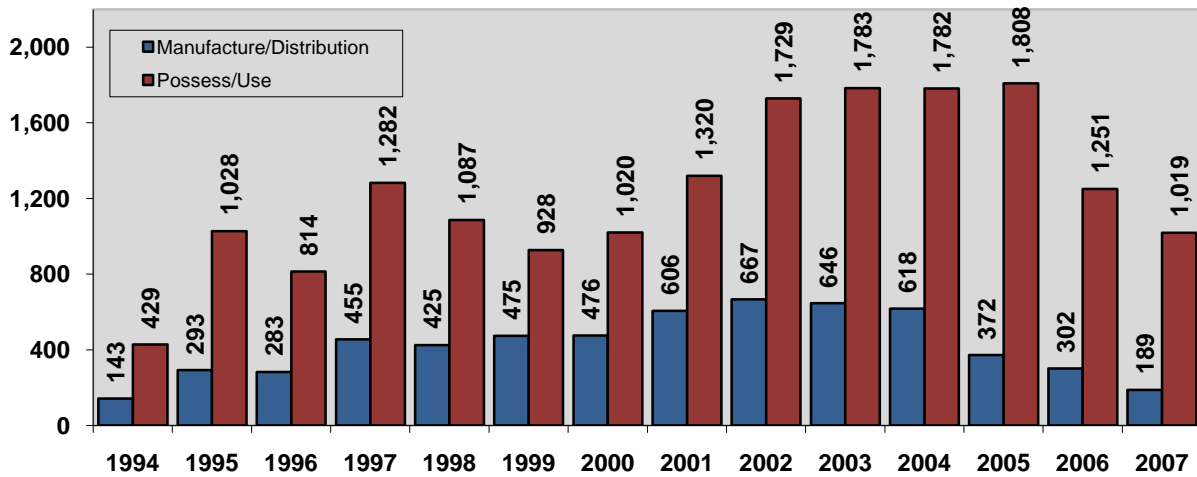
**Figure 26 – Methamphetamine-Related Prison Admissions SFY 2004 - 2008**



Source: Criminal and Juvenile Justice Planning

For the period of time for which the drug type is known, methamphetamine-related prison admissions have decreased 51.8%. This reduction in methamphetamine admissions has driven the overall decrease in drug-related prison admissions reported in recent years. See Figures 26 and 13.

**Figure 27 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 – 2007**



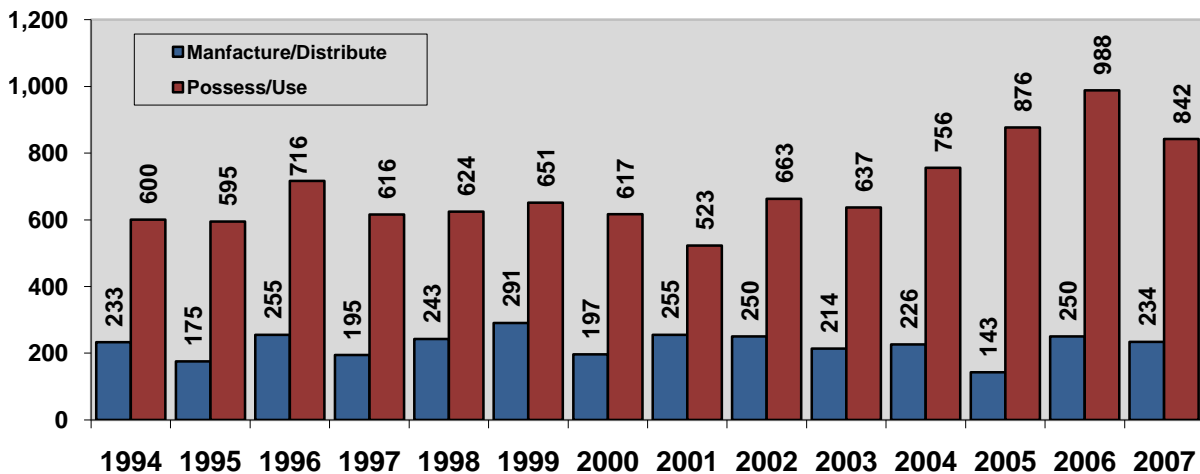
Source: Iowa Department of Public Safety

The number of law enforcement reported offenses for methamphetamine possession/use nearly doubled from 1999 to 2002 and remained at this high level for the next three reporting periods, but have since declined. Following the passage of the pseudoephedrine legislation in 2005, arrests for methamphetamine manufacture/distribution as well as possession/use declined significantly (43.6% and 49.2% respectively). See Figure 27.

### Cocaine/Crack Cocaine

Until the growth in the use/abuse of methamphetamine in the 1990s, the second most prevalent illegal drug in Iowa was cocaine/crack cocaine. Overshadowed by the rise in the use of amphetamine/methamphetamine, cocaine use represents a smaller but still significant challenge.

**Figure 28 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 – 2007**

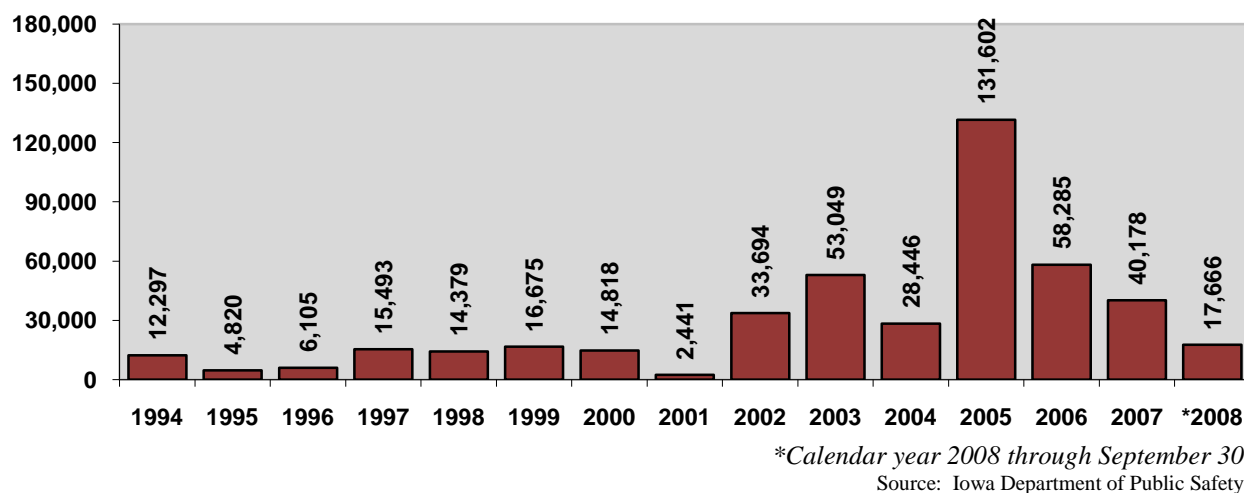


Source: Iowa Department of Public Safety

Figure 28 illustrates that arrest rates for cocaine have varied a great deal for the years examined. In calendar year 2005, manufacture/distribution arrests posted a twelve year low of 143 per 100,000 population. However, that number has since increased. There were more manufacturing/distribution arrests for cocaine than for meth in 2007. Cocaine possession/use offenses were at a fourteen year high in 2006.

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement reached a 14-year high in 2005. Cocaine/crack cocaine seizures have declined for the past three years. See figure 29.

**Figure 29 – Cocaine/Crack Cocaine Seizures, in Grams, Involving the Iowa Division of Narcotics Enforcement CY 1994 – \*2008**



As shown in Figure 30, the price and purity of cocaine has fluctuated, however the price has generally dropped and the purity had generally increased. The Department of Public Safety crime lab no longer calculates purity levels of seized cocaine.

**Figure 30 – Iowa Division of Narcotics Enforcement Cocaine Seizure Price and Purity CY 1996 – 2007**

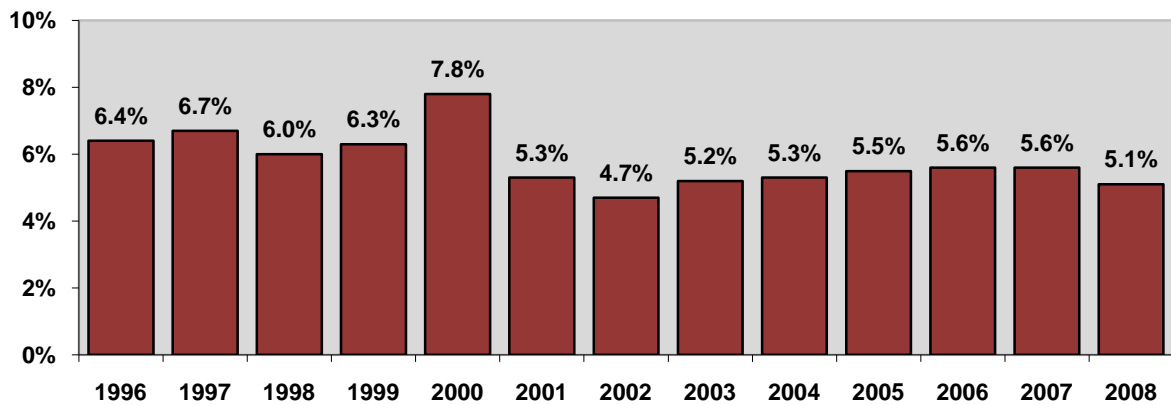
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Price	\$130	\$130	\$130	\$130	\$150	\$150	\$150	\$150	\$100	\$110	\$110	\$93
Purity	71%	69%	84%	64%	61%	65%	74%	57%	78%	N/A	N/A	N/A

Source: Iowa Department of Public Safety

The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. Figure 31 illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their primary substance of abuse has remained steady over the past 8 years.

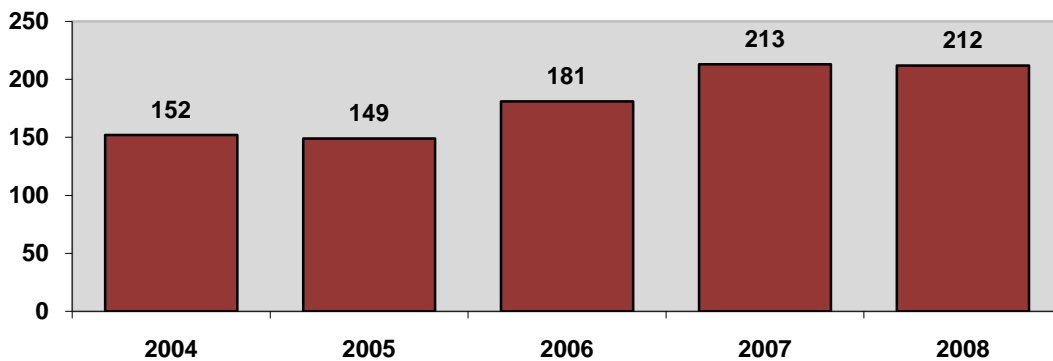


**Figure 31 – Percentage of *Adults* Entering Substance Abuse Treatment Programs with a Primary Substance of Abuse of Cocaine, SFY 1996 – 2008**



Source: Iowa Department of Public Health

**Figure 32 – Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 - 2008**



Source:  
Criminal and Juvenile Justice Planning

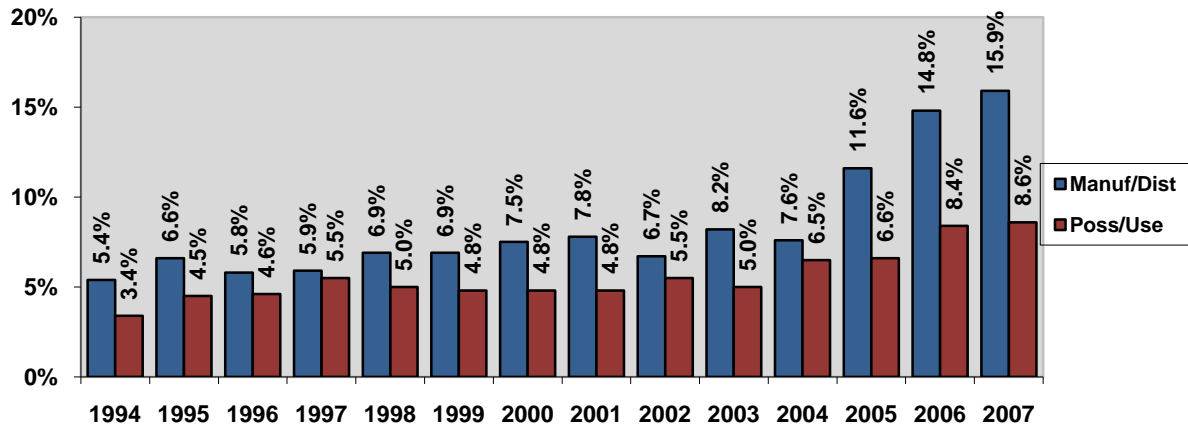
Cocaine-related admissions to prison represented the second highest admissions to prison by drug type in SFY 2008. In the short period of time for which data is available, cocaine related admissions have increased 39.5%, although they remain significantly below methamphetamine admissions. See figures 32 and 26.

Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa.

### **Other Illicit Drugs**

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD, and PCP also play a role in the overall problem of substance and drug abuse within the state. However, analyses of the data indicate that the levels of prevalence of these other drugs and substances as the drug of choice among the substance abusing population are relatively low. See Figures 33 & 34.

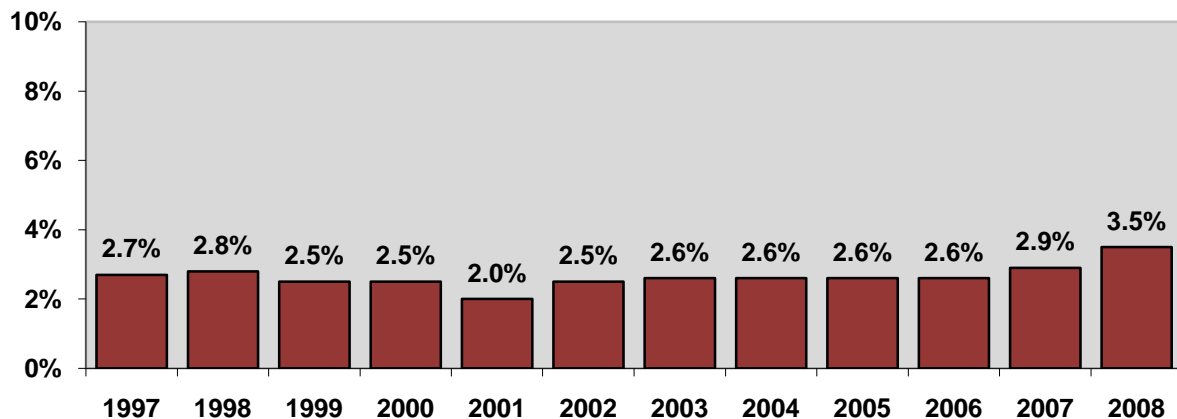
**Figure 33 – Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1994 – 2007**



Source: Iowa Department of Public Safety

During the thirteen-year period examined, the percentage of offenses for both the manufacture/distribution and possession/use of all known drugs other than alcohol, marijuana, amphetamine/methamphetamine and cocaine/crack cocaine was at the lowest level in 1994. Since that time, the percentage of arrests for both categories of offenses has generally risen, indicating a rise in crimes related to other drugs of abuse. See Figure 33.

**Figure 34 – Percentage of Adult Substance Abuse Treatment Screening/Admissions with a Primary Drug of Abuse Other than Alcohol, Marijuana, Amphetamine/ Methamphetamine and Cocaine/Crack Cocaine, SFY 1997 – 2008**



Source: Iowa Department of Public Health

Figure 34 indicates that during the period examined, the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is one other than alcohol, marijuana, cocaine/crack cocaine or amphetamine/methamphetamine remained low and relatively stable. However, it has risen the past two years, indicating a rise in the use of other drugs of abuse.

All indications are that the drugs marijuana, methamphetamine and cocaine/crack cocaine are, in the order indicated, the most used/abused illegal drugs by adult Iowans. Together, they constitute the drugs involved in nearly 95% of the reported drug arrests. They also constitute the primary illegal drugs listed for over 95% of adults screened/admitted for treatment.

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

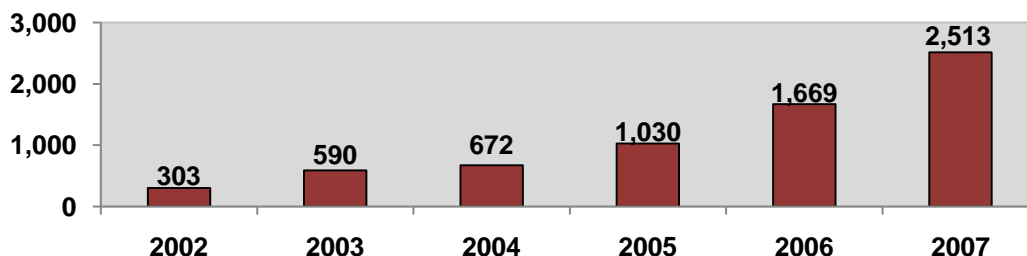
### **Prescription and Over the Counter Medications**

The abuse of prescription drugs is an emerging problem across the United States and in Iowa. These drugs are easy to get, can be as potent and dangerous as illicit drugs, and are associated with criminal behavior. Prescription drugs most often abused are narcotic painkillers, stimulants, and central nervous system depressants. According to the Iowa Department of Public Safety, Division of Narcotics Enforcement, the number of pharmaceutical cases opened in CY 2008, as of 10-10-08, is already 79% higher than the number of cases opened in CY 2007. The number of units of pharmaceuticals seized by DNE, as of 10-10-08, has increased 348% from the total seized in CY 2007. Similarly, treatment centers report a dramatic increase in prescription drug abuse clients.

In the 2008 National Drug Control Strategy, the Office of National Drug Control Policy reported prescription drugs are the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. According to the 2007 National Survey on Drug Use and Health (NSDUH), there were 2.5 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day. Based on annual averages from the NSDUH, the non-medical use of pain relievers increased from the 2004-2005 survey to the 2005-2006 survey. For youth aged 12-17, use increased 8%. For adults aged 18-25, use increased 18.3%; and for those aged 26 or older, use increased 15.1%.

In Iowa, public calls to the Statewide Poison Control Center to identify unknown pain pills have increased **729%** since 2002, indicating a possible reflection of the growing abuse of prescription drugs. See Figure 35.

**Figure 35 – Pain Reliever Drug ID Calls from Iowans (Iowa SPCC-CYs)**

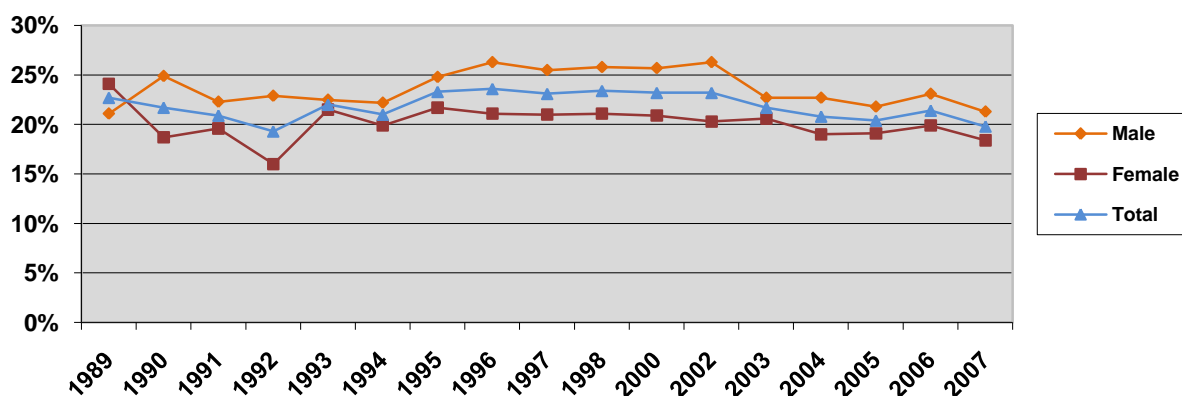


## Tobacco

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

The levels of tobacco use among adult Iowans can be seen in Figure 36. These data, compiled by the National Center for Chronic Disease Prevention and Health Promotion of the federal Centers for Disease Control, are published as part of the Behavioral Risk Factor Surveillance System (BRFSS).

**Figure 36 – Percentage of Current Male, Female & Total Smokers, CY 1989 - 2007**



Source: Centers for Disease Control

Between 1995 and 2006, the percent of Iowans who smoked tobacco ranged from 23.6% to 20.4%. Following three years of decline, the smoking rate for adult Iowans increased slightly in 2006. However, in 2007 the total percentage of smokers in Iowa reached its lowest point in fifteen years. Part of this decline can be attributed to Iowa increasing the tax on tobacco in March 2007. Preliminary numbers indicated that Iowans had purchased 25% fewer packs of cigarettes as compared to the same time period the previous year. According to the Iowa Department of Revenue, during the first full year following the cigarette tax increase, the estimated sales of cigarettes decreased 35.95% (from 251,673,435 packs to 161,200,858 packs). Although the sale of cigarettes decreased by almost 36 percent during the first year following the tax rate increase, only about 19 percentage points of the decrease can be attributed to a decrease in the consumption of cigarettes by Iowans. The remaining 17 percentage points of the decrease is attributed to increased tax evasion resulting from Iowans going to surrounding states to purchase cigarettes or by making purchases on the Internet.

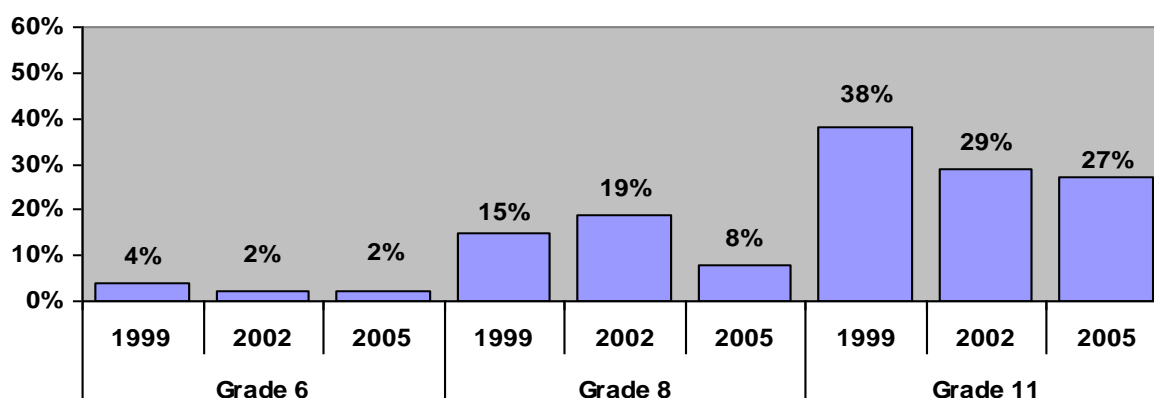
The Department of Public Health also reports a 25% increase in the number of calls to Quitline Iowa immediately after the tax increase. And in the third quarter of FY 2008, when Quitline Iowa started offering free nicotine replacement and Medicare added Chantix to its benefits, the number of calls skyrocketed. Quitline Iowa reports a total of 5,117 calls in FY 2007 and 23,243 calls in FY 2008. However, it is important to remember that most smokers attempt to quit “cold turkey” so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year.

## Iowa’s Youth Population

The Iowa Youth Survey (IYS) is a self-reporting survey that has been conducted every three years since 1975. The 2008 Iowa Youth Survey was conducted in September and October, with results expected in the spring of 2009. The survey seeks responses from youth in grades 6, 8, and 11 from public and non-public schools across Iowa. In 1999, a total of 85,426 students responded, and in 2002 that number increased to 96,971. In 2005, 98,246 students responded to the survey. Students answered questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and neighborhood/community environments. Beginning in 1999 the survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. Thus true comparisons with surveys conducted prior to 1999 are not possible.

### Tobacco

**Figure 37 – Percent of Students Self-Reporting the Current (within the past 30 days) Use of Tobacco, Comparison of 1999, 2002 and 2005**



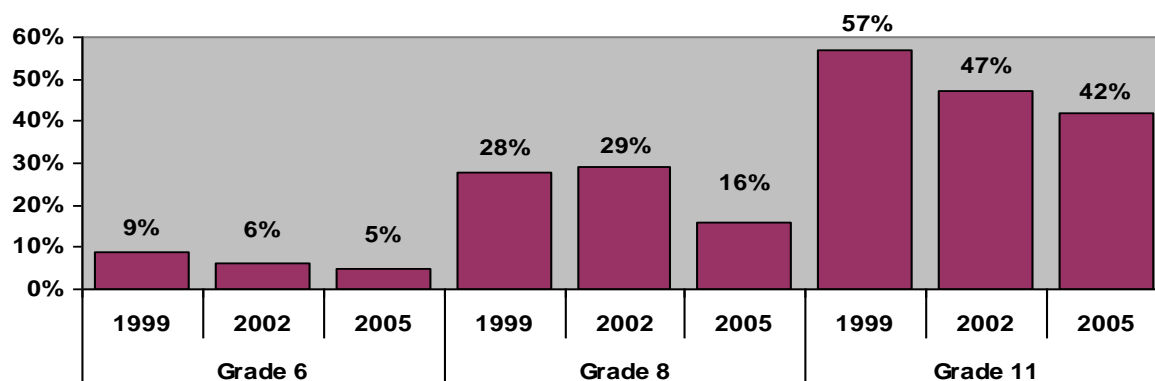
Source: Iowa Department of Public Health

In 1999, 2002, and 2005 approximately one in three eleventh graders reported current use of tobacco (used a tobacco product in the past 30 days). See Figure 37. The most significant changes in both current and past use of tobacco occurred among students in grade 8. In 2005, 8% of 8<sup>th</sup> graders reported current tobacco use, a decline of 11% from 2002.

In 2002, 29% of students in grade 8 reported past use of tobacco use. This figure dropped to 16% in 2005. See Figure 38. IYS results displayed in Figure 38 show that by the 11<sup>th</sup> grade,

over half of the students reported past use of tobacco in 1999, followed by slightly less than half in 2002, meaning fewer new tobacco users. This decline continued in 2005, with 42% of students in grade 11 reporting past use of tobacco.

**Figure 38 – Percent of Students Self-Reporting Ever Having Used Tobacco, Comparison of 1999, 2002 and 2005**

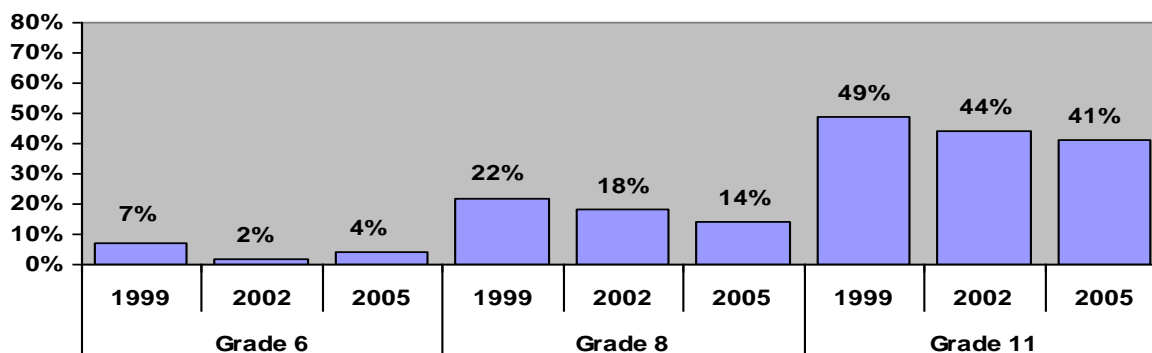


Source: Iowa Department of Public Health

## Alcohol

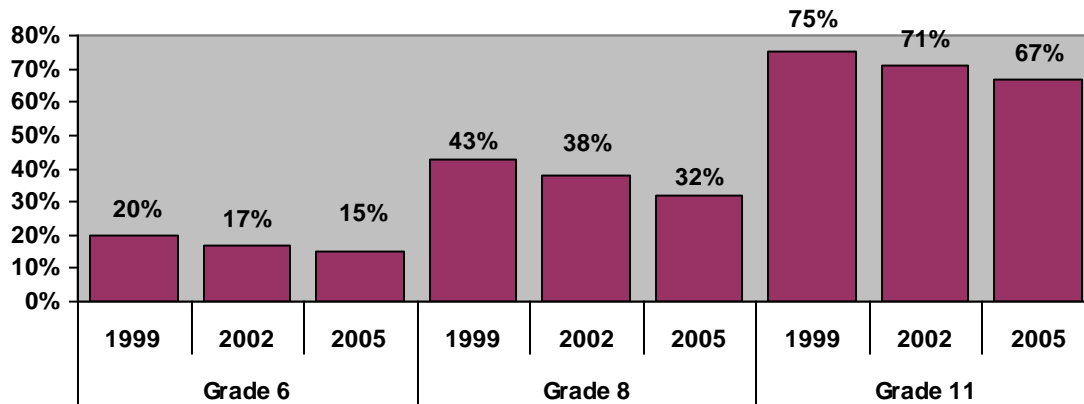
The Iowa Youth Survey also compiled data regarding the use of alcohol by the population surveyed. See Figures 39, 40, and 41.

**Figure 39 – Percent of Students Self-Reporting the Current Use of Alcohol, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

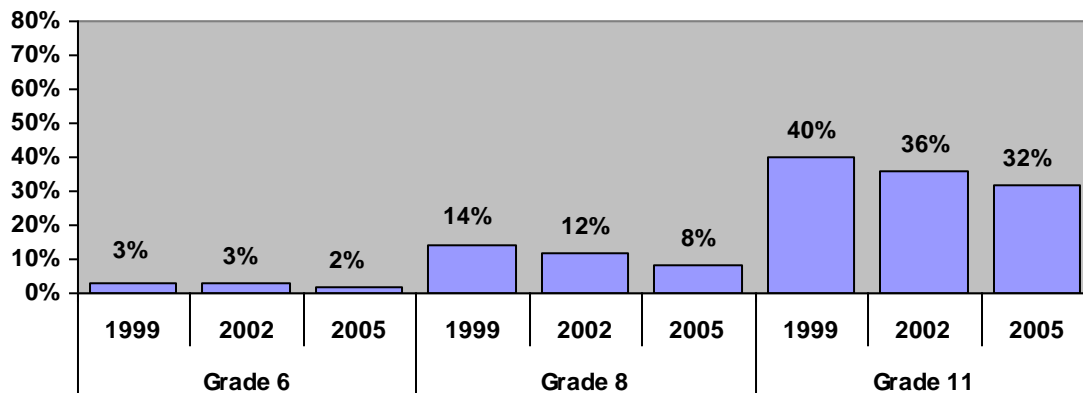
**Figure 40 – Percent of Students Self-Reporting Ever Having Used Alcohol, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

While there have been decreases (8%) since the 1999 IYS, the data indicate that in 2005 almost half (41 percent) of 11<sup>th</sup> graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. Equally concerning is that nearly 14% of 8<sup>th</sup> grade students reported current use (consumed one or more drink 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 steadily decline. See Figure 40.

**Figure 41 – Percent of Students Self-Reporting Current (within the past 30 days) Binge Drinking, 1999, 2002 and 2005**

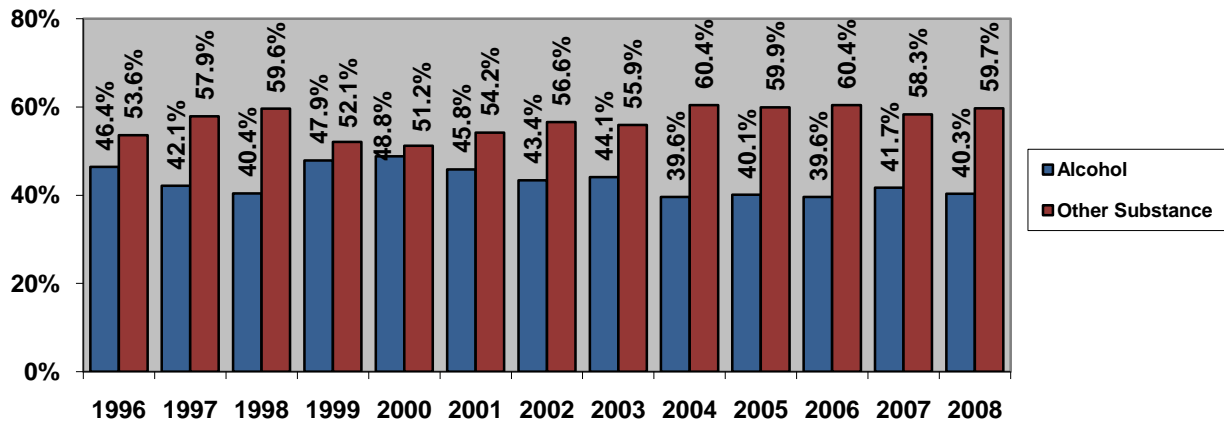


Source: Iowa Department of Public Health

Binge drinking by youth in grades 6, 8, and 11 over the past 30 days as reported in the Iowa Youth Survey has decreased since 1999. However, one in three 11<sup>th</sup> graders reported binge drinking in the past month in the 2005 survey. Iowa also reports a 10.7% higher binge drinking rate among youth than the national rate. According to the 2006 NSDUH data, 11.4% of 12-17 year old Iowans versus 10.3% of 12-17 year olds in the nation had at least one episode of binge drinking in the past 30 days. This finding mirrors Iowa's above average binge drinking rate among adults. See figure 41.

Department of Public Health Substance abuse reporting system data report the primary substance of abuse for all screens/admissions to substance abuse treatment programs, including those of youths. Unlike the adult population, youth screens/admissions with alcohol identified as the primary substance of abuse make up less than half of total admissions in recent years. See Figure 42.

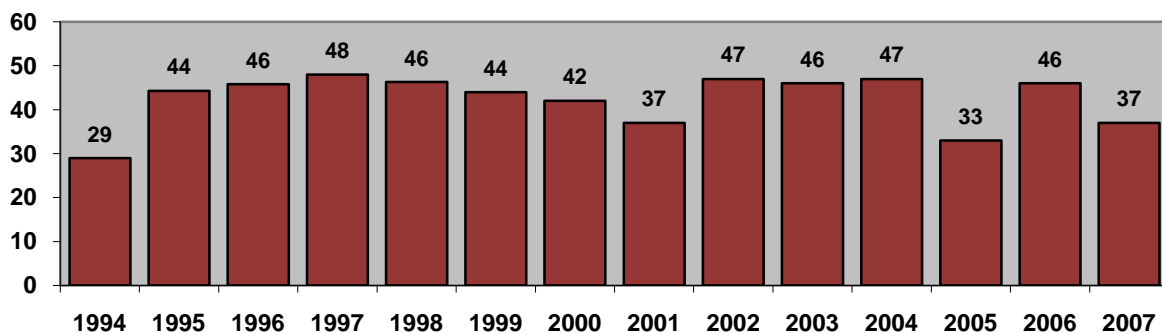
**Figure 42 – Percentage of *Youth* Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1996 – 2008**



Source: Iowa Department of Public Health

For the thirteen-year reporting period, juvenile OWI arrest rates have ranged from 33 to 48 per 100,000 population. Reports for the past four years have varied a great deal. See Figure 43.

**Figure 43 – Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2007**



Source: Iowa Department of Public Safety

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

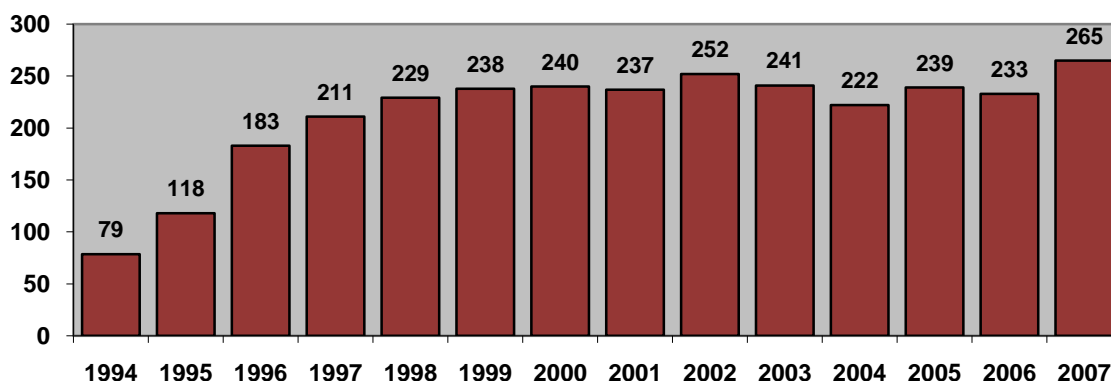


## General Indicators of the Use of Other Drugs by Iowa Youth

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

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 population in 1994 to a record 265 per 100,000 in 2007, an increase of 235% for that period. See Figure 44.

**Figure 44 – Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 1994 – 2007**

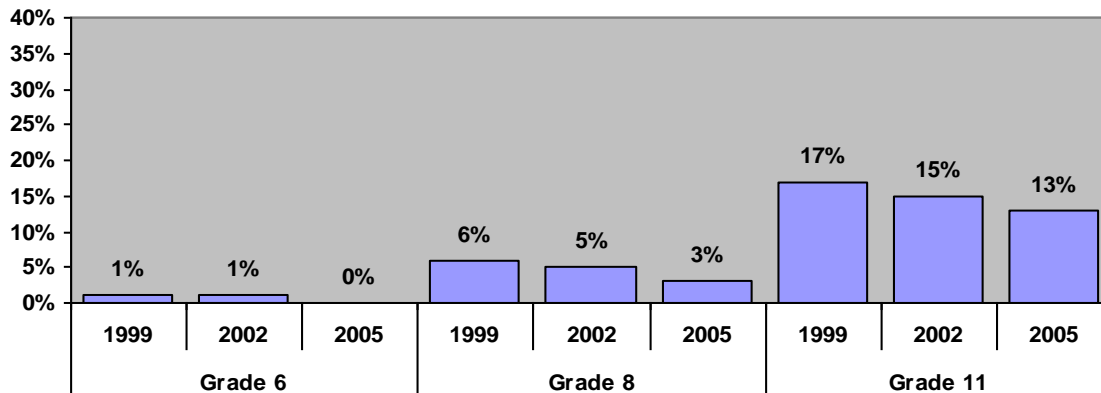


Source: Iowa Department of Public Safety

## Marijuana

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. As Figure 45 shows, 17% of 11<sup>th</sup> graders surveyed in 1999 reported current use of marijuana. In 2005, 13% of 11<sup>th</sup> graders reported current use of marijuana, a 4% decrease from 1999.

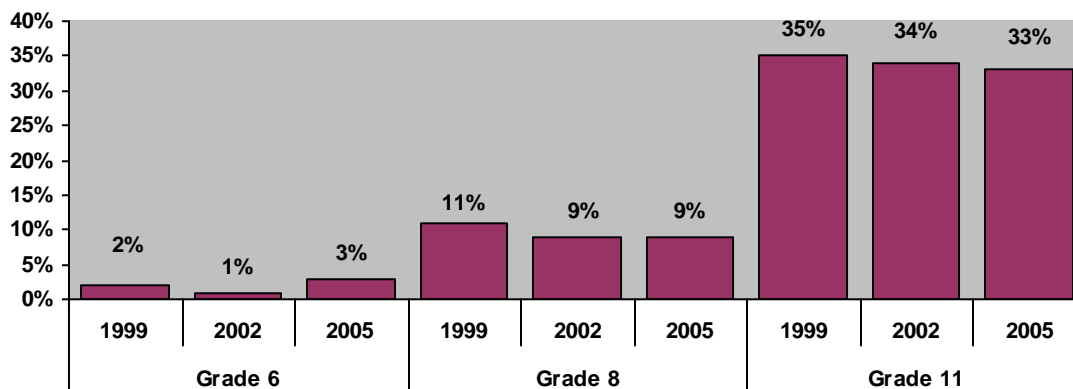
**Figure 45 - Percent of Students Self-Reporting the Current Use of Marijuana, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

Additionally, of the high school juniors surveyed 35% in 1999 and 34% in 2002 reported having used marijuana at some point in their lifetime (Figure 46). This dropped to 33% in 2005. On a note of concern; 3% of sixth grade students reported past use of marijuana in 2005, an increase from 1% in 2002. This is the only area where an increase in use was reported. See Figure 46.

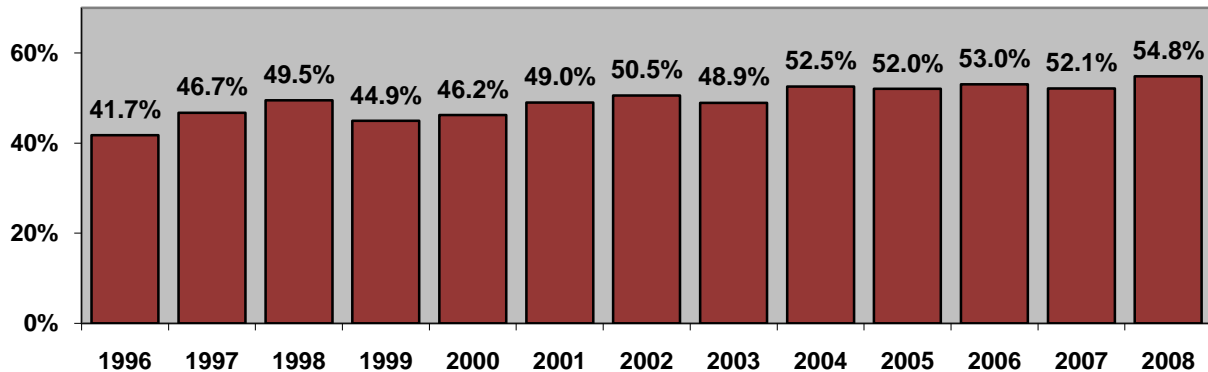
**Figure 46 – Percent of Students Self-Reporting Ever Having Used Marijuana, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

Substance abuse reporting system data as shown in Figure 47 also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period of time included in this review. It should be noted that in SFY 2008, the greatest percentage of youth ever were screened/admitted for marijuana.

**Figure 47 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2008**

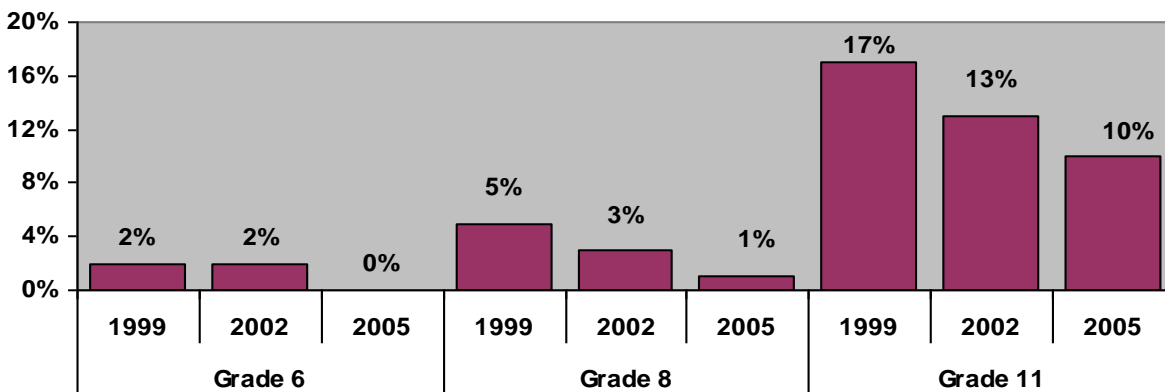


Source: Iowa Department of Public Health

### **Amphetamine/Methamphetamine**

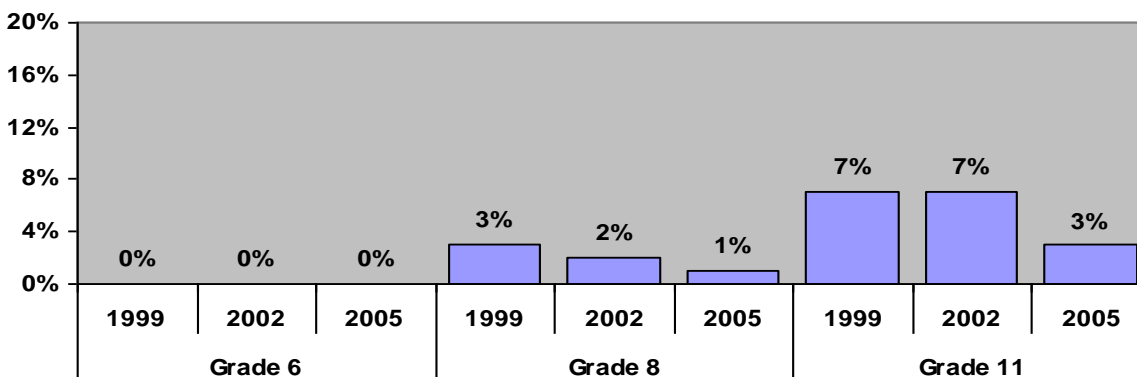
According to the 2005 Iowa Youth Survey amphetamine and methamphetamine use declined significantly. The percentage of all students reporting having “ever” used amphetamine/methamphetamine dropped from 8% in 1999 to 3% in 2005. During this same time period, the percent of eleventh grade students reporting “ever” using these drugs dropped from 17% to 10% - an indication that fewer students are using these drugs for the first time. See Figures 48 and 49.

**Figure 48 – Percent of Students Self-Reporting Ever Having Used Amphetamine/Methamphetamine, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

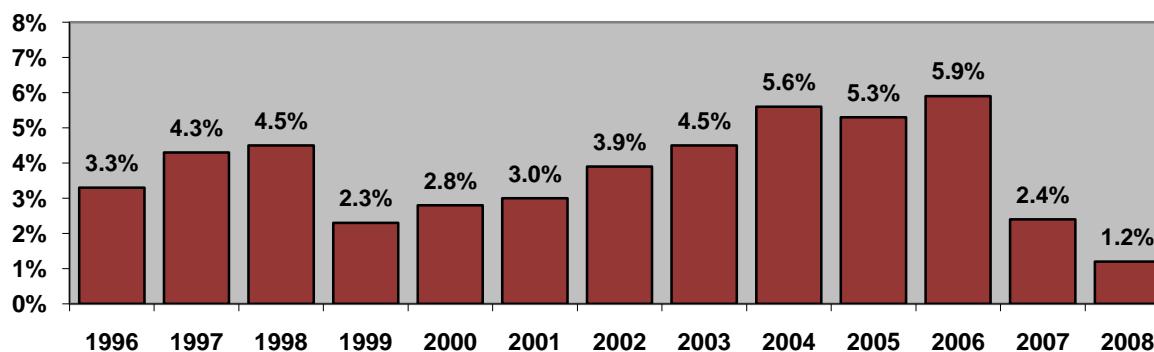
**Figure 49 - Percent of Student Self-Reporting the Current Use of Amphetamine/Methamphetamine – 1999, 2002 and 2005**



Source: Iowa Department of Public Health

Following several years of increasing youth screening/admissions for amphetamine/methamphetamine, the Department of Public Health reported a significant reduction in SFY 2007 & SFY 2008, representing just 1.2% of youth screens/admissions. This is the lowest percentage since Iowa's meth epidemic began. See Figure 50.

**Figure 50 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2008**



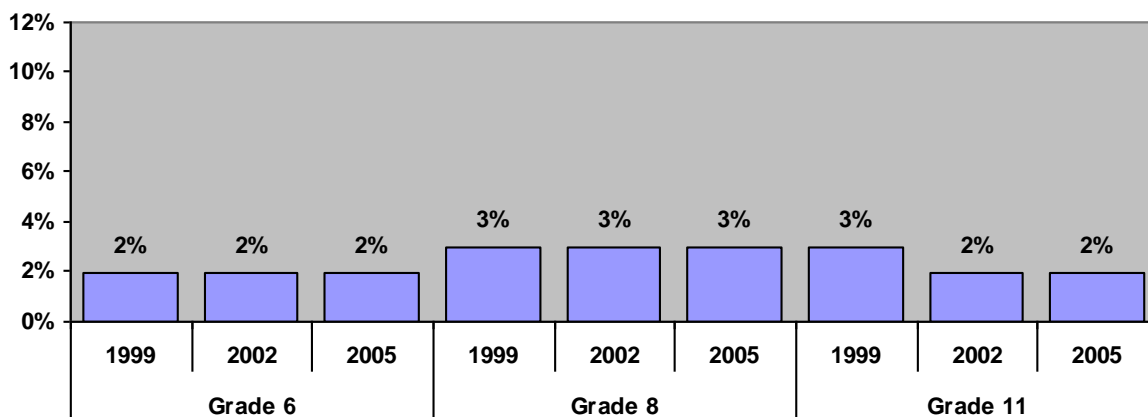
Source: Iowa Department of Public Health

## Inhalants

Inhalant use continues to be of concern in Iowa, and inhalant use more often starts at younger ages. In 2005, there was no reported current use of marijuana, amphetamine/methamphetamine, cocaine, or other illegal drug use by students in grade 6, but 2% did report current use of inhalants. According to the Iowa Youth Survey, inhalant use followed marijuana use as a drug of choice among adolescents. Nationally teen experimentation with inhalants has increased over the past three years to 20%. According to the 2007 Partnership Attitude Tracking Survey

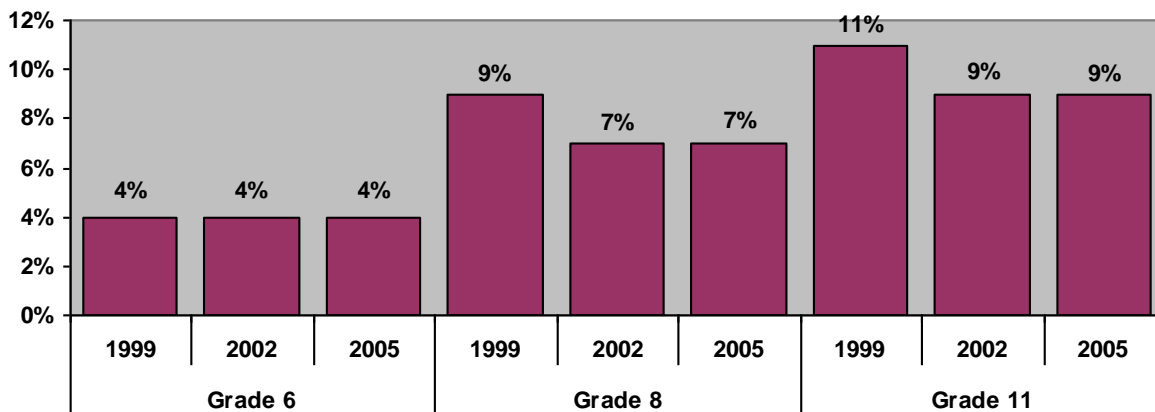
conducted by the Partnership for a Drug-Free America, inhalants are abused by one in five (20%) of teens. The perception of risk related to inhalant use is dropping, which may have contributed to the increased use. See Figures 51 and 52.

**Figure 51 - Percent of Student Self-Reporting the Current Use of Inhalants, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

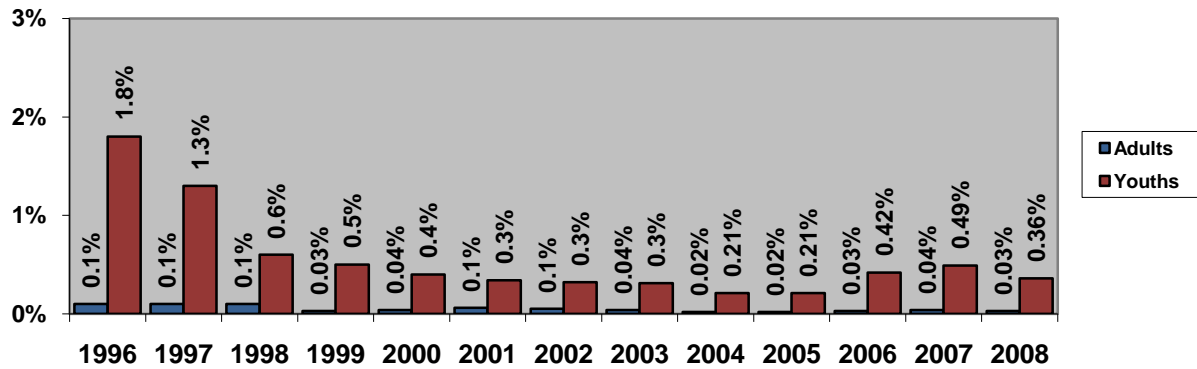
**Figure 52 – Percent of Students Self-Reporting Ever Having Used Inhalants, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

Examination of the substance abuse reporting system data indicate that the degree of use of inhalants is more prominent among youth in comparison to adults. See Figure 52. They also indicate that the prevalence of these substances as a “drug of choice” for juveniles has remained steady in recent years, representing less than one half of one percent of youth screened/admitted to substance abuse treatment.

**Figure 53 – Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 – 2008**

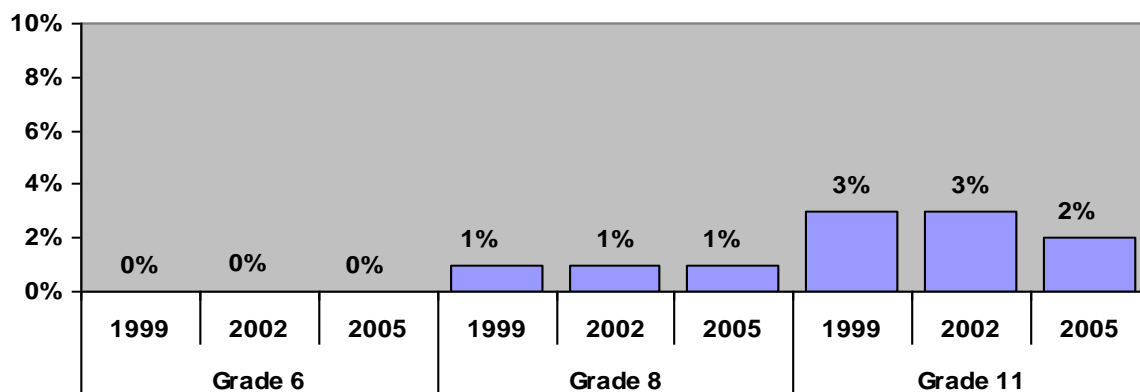


Source: Iowa Department of Public Health

### Cocaine/Crack Cocaine

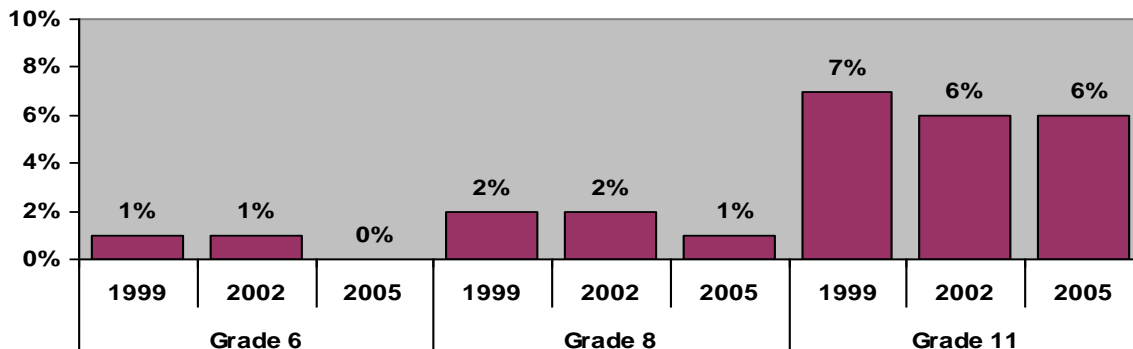
There is little reported use of cocaine/crack cocaine by Iowa youth. The 1999 Iowa Youth Survey shows that two percent of all youth surveyed report the current use of cocaine/crack cocaine, in 2002 that number dropped to 1% and remained at that level in the 2005 survey. Overall there was little change in Cocaine/Crack Cocaine usage between 1999 and 2005. See Figures 54 and 55.

**Figure 54 - Percent of Student Self-Reporting the Current Use of Cocaine/Crack Cocaine 1999, 2002 and 2005**



Source: Iowa Department of Public Health

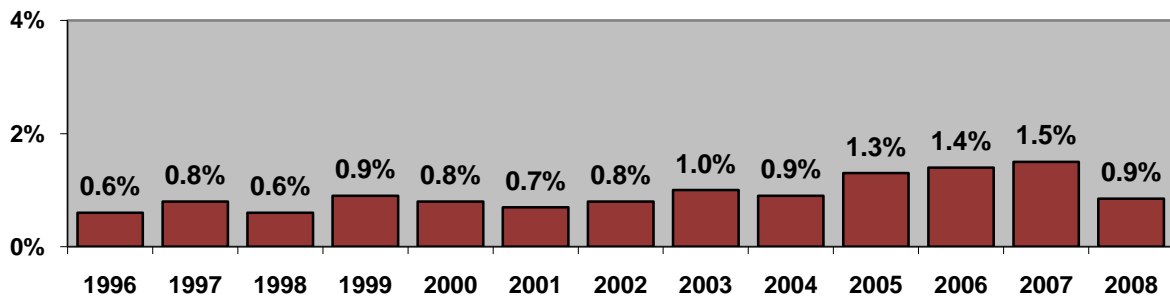
**Figure 55 – Percent of Students Self-Reporting Ever Having Used Cocaine/Crack Cocaine, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

Data depicting the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs is shown in Figure 56.

**Figure 56 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2008**



Source: Iowa Department of Public Health

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

## Prescription and Over-the-Counter Medications

One of the fastest growing threats to youth today is the abuse of prescription and over-the-counter (OTC) drugs. In the 2008 National Drug Control Strategy, the Office of National Drug Control Policy reported prescription drugs are the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. According to the 2007 National Survey on Drug Use and Health (NSDUH), there were 2.5 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day. Based on annual

averages from the NSDUH, the non-medical use of pain relievers increased from the 2004-2005 survey to the 2005-2006 survey. For youth aged 12-17, use increased 8%.

According to the Partnership for a Drug-Free America, 2007 Partnership Attitudes Tracking Survey (PATS), one in five teens (19 percent or 4.7 million) teens nationally report intentionally abusing prescription drugs to get high, and one in ten report abusing cough medicine to get high.

Attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not dangerous, or at least not as dangerous as using drugs like methamphetamine or heroin. This in turn leads them to believe that using a medicine without a prescription once in a while is not harmful, that abusing prescription pain killers will not cause addiction, and that getting high from cough syrup isn't risky. According to 2007 PATS data, this attitude is held by 41% of teens.

There are several additional reasons for these attitudes: aggressive marketing builds awareness of product availability and benefits, but not the negative consequences of misuse or abuse; and messages about "appropriate" use do not educate people about the negative consequences. These substances are also widely available and are often obtained within the home.

Additionally, many parents and other adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children.

In an effort to assess the issue of prescription and OTC drug abuse among Iowa youth, two new questions regarding the current (past 30 days) use of these drugs for non-medical purposes were added to the 2005 Iowa Youth Survey (IYS). The two new questions are "In the past 30 days, on how many days have you used prescription medications not prescribed for you," and "In the past 30 days, on how many days have you used over-the-counter medications different from the directions."

According to the 2005 IYS, a total of 4% of the respondents indicated that they had abused a prescription or OTC drug in the past 30 days. This is slightly higher than the average for inhalant, cocaine and methamphetamine/amphetamine use among students who participated in the survey.

In Iowa, public calls to the Statewide Poison Control Center to identify unknown pain pills have increased **729%** since 2002, indicating a possible reflection of the growing abuse of prescription drugs. Similarly, treatment centers report a dramatic increase in prescription drug abuse clients.

### **Other Drugs/Substances**

Analyses of the data available indicate that besides those drugs and substances specifically discussed above, all other drugs and substances used/abused by the youth constitute less than 3% of reported substances abused. Notwithstanding the relative low use rates, this is an issue which requires continued vigilance.



# **FY 2009 STATE & FEDERAL FUNDING OF IOWA SUBSTANCE ABUSE & DRUG ENFORCEMENT PROGRAMS**

Prevention  
Treatment  
& Enforcement

*Programs listed herein focus on substance abuse and associated issues (e.g. crime, violence & delinquency), except as noted.*

*Prevention, Treatment, and Enforcement are broad categories meant to encompass many programs.*

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

Reported to ODCP as of 10-31-08

## FY 2009 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Governor's Office of Drug Control Policy</b>					
(1) Drug Policy Coordination	Comprehensive coordination of substance abuse prevention/education programs & strategies with substance abuse treatment and drug enforcement. Integrated approach includes local, state, federal & private agencies.	\$45,000			\$45,000
(2) State & Local Law Enforcement Justice Assistance	Grant-funded drug/crime control projects at neighborhood, city, county & state levels.	\$8,333	\$66,270		\$74,603
(3) Drug Abuse Resistance Education	Student education materials for use statewide by certified D.A.R.E. instructors to teach substance abuse prevention techniques/resistance skills.			\$165,000 <i>(Projected surcharge funds)</i>	\$165,000
(4) Project Safe Neighborhoods Gun & Gang Violence Prevention	Initiative to prevent firearm & gang related violence in targeted communities.		\$181,930		\$181,930
(5) Rx & OTC Drug Abuse Prevention	Public Education initiative to increase awareness & promote prevention of prescription & over-the-counter drug abuse & misuse.		\$95,305		\$95,305

## FY 2009 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Governor's Office of Drug Control Policy... continued</b>					
(6) Protecting Drug Endangered Children	State Coordination of efforts to identify, intervene & treat children endangered by caregiver drug use, manufacturing and distribution.		\$134,152		\$134,152
<b>Iowa Department of Education</b>					
(7) Safe & Drug-Free Schools & Communities	Programs & activities that: (1) prevent violence in & around schools; (2) prevent the illegal use of alcohol, tobacco and drugs; (3) involve parents & communities; and (4) are coordinated with federal, state and local activities.		\$1,817,198		\$1,817,198
(8) Dropout Prevention & Services for Dropouts	Funds to local school districts for support services, programs & alternative schools for potential dropouts in grades K-12.		<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>		NA
(9) After School Programs	21 <sup>st</sup> Century Learning Centers provide students with alternative activities to increase/extend learning opportunities, while reducing the likelihood of substance abuse & violence.		<i>*Substance abuse prevention is one component of this program, but is not a primary focus.</i>		NA

## FY 2009 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
Iowa Department of Education...continued					
(10) HIV/AIDS Program	Staff development, technical assistance in curriculum development & selection of instructional materials, & policy development.	*Substance abuse prevention is one component of this program, but is not a primary focus.			NA
(11) Student Support Services	Services for homeless children & youth, including substance abuse prevention & treatment services.	*Substance abuse prevention is one component of this program, but is not a primary focus.			NA
(12) Learning Supports	Comprehensive school improvement to mobilize students, families, schools & communities to foster healthy, social, emotional, intellectual & behavioral development of children & youth.	*Substance abuse prevention is one component of this program, but is not a primary focus.			NA
Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning					
(13) Juvenile Justice & Delinquency Prevention Act Grant Program	Model projects concentrating on youth involved in the juvenile justice system that address: <ul style="list-style-type: none"><li>• Efforts to reduce the overrepresentation of minority youth in secure settings;</li><li>• Pilot sites (Black Hawk, Polk, and Woodbury Counties) are receiving allocations to implement a national model (Juvenile Detention Alternatives Initiative) addressing detention reform;</li><li>• Planning needs for girls &amp; gender specific services; and</li><li>• Mental health services.</li></ul>	\$44,540	\$446,000		\$490,540

## FY 2009 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Defense, Iowa National Guard</b>					
(14) Drug Demand Reduction	Support for community & school based drug prevention programs. Provides role models to educate youth on the harm of drugs. Assists community coalitions in deterring youth substance abuse & conducting parent training.		\$473,000		\$473,000
(15) Midwest Counter-Drug Training Center	Training programs, instruction & logistics for Community Anti-Drug Coalitions of America & other drug prevention workers, including training in coordination with the Iowa Department of Public Health.		\$15,000		\$15,000
<b>Iowa Department of Public Health, Division of Behavioral Health</b>					
(16) Comprehensive Prevention	Delivery of substance abuse prevention services including education, public information, problem identification, referral & community-based process. The emphasis is on primary prevention, before individuals need treatment.	\$465,210	\$2,938,956		\$3,404,166

## FY 2009 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Health, Division of Behavioral Health...continued</b>					
(17) Mentoring Prevention/County Funding	A youth mentoring strategy of prevention programming for targeted recipients.			\$820,000	\$820,000
(18) Drug & Violence Prevention	Prevention services targeting children & youth who are not normally served by the state or local education agencies, or populations that need special services or additional resources.		\$541,542		\$541,542
(19) Prevention Coordination	Coordination of specific substance abuse prevention programs. This includes support for the statewide clearinghouse—Iowa Substance Abuse Information Center—& training for substance abuse prevention specialists.		\$507,264		\$507,264
(20) State Prevention Grants-Youth	Substance abuse prevention programming for youth, to include: youth development; character development; & leadership opportunities. Creation & support of community youth mentoring programs will support state goals of primary prevention.			\$1,050,000 <i>Tobacco settlement fund</i>	\$1,050,000

## FY 2009 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Health, Division of Tobacco Use Prevention &amp; Control</b>					
(21) Tobacco Prevention	Programs to prevent the use of tobacco, including community grants, school initiatives and advertising, including administration.	\$160,000	\$816,134	\$6,552,681 <i>Tobacco settlement fund</i>	\$7,528,815
<b>Iowa Department of Public Safety, Governor's Traffic Safety Bureau</b>					
(22) Iowa State University Youth Program	Local & statewide conferences/workshops are held for high school & college students to enhance their leadership & decision-making skills. Emphasis is placed on peer activities & positive alternatives to alcohol & drugs.	\$85,000			\$85,000
<b>Regents: Iowa State University</b>					
(23) Drug-Free Working & Learning Environment	Substance abuse awareness program for all employees & their immediate family members, with additional training for supervisors & academic supervisors. Notification & safety publication to all employees each year.			\$5,000	\$5,000

## FY 2009 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Regents: Iowa State University...continued</b>					
(24) Employee Assistance Program	Confidential & professional help for benefits-eligible employees with work or personal problems. This program is outsourced to the Richmond Center.			\$86,581	\$86,581
(25) Student Affairs	Services offered through the Substance Abuse & Violence Program, Department of Residence, Student Counseling Center & Student Health Center. Emphasis is on prevention/education. Intervention & referral services are provided. Alternative programming is a strategy to reduce substance abuse. Safe campus & residence needs are addressed through individual & environmental strategies. Alternative programming is being used as a strategy to reduce the amount of substance abuse.	\$98,457		\$170,784	\$269,241



## FY 2009 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Regents: University of Iowa</b>					
(26) Faculty & Staff Services	Evaluation, brief counseling, referral & follow-up for university employees & faculty members whose work performance is impaired. Education, training & prevention services for employees, supervisors & administrators are part of a drug-free workplace program. Classes in substance abuse are attended by supervisors.	\$49,146		\$192,415	\$241,561
(27) Student Health Service - Health Iowa	Health Iowa, the education branch of Student Health Service, conducts the student substance abuse program & coordinates campus-wide health promotion activities.			\$232,636	\$232,636
(28) University Counseling Service	University Counseling Service works with students in providing substance abuse education & counseling services.	\$18,200			\$18,200

## FY 2009 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Regents: University of Iowa...continued</b>					
(29) College of Education Rehabilitation Counseling Program-Substance Abuse Counseling Specialization	The Master of Arts program in Rehabilitation Counseling with a substance abuse counseling specialization prepares individuals to work in a range of community settings & provides them with expertise in prevention, assessment & treatment of substance abuse & mental health disorders, using individual, group & family therapy.			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA
(30) College of Education Annual Summer School for Helping Professionals	Classes for community, agency & education practitioners working with individuals, groups, families & organizations dealing with substance abuse, mental health & related issues.			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA
(31) Prairie lands Addiction Technology Transfer Center (PATTC, formerly ATTC of Iowa)	One of 14 regional centers in the U.S. providing state-of-the-art training, curricula & resources on substance abuse prevention & treatment. The PATTC serves Iowa, Minnesota, Nebraska, & North & South Dakota.			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA
(32) College of Public Health Department of Community Behavioral Health	This PhD program in Addiction Abuse Efforts Studies is a sub-tract in Community Behavioral Health. The program trains individuals to conduct research in the area of Public Health and addiction studies.			<i>*This academic program supports substance abuse efforts, but does not provide direct prevention services.</i>	NA

## FY 2009 Prevention Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Regents: University of Iowa...continued</b>					
(33) Iowa Consortium for Substance Abuse Research & Evaluation	A statewide organization that collaborates with public & private sectors to conduct & facilitate substance abuse research & evaluation activities. The Consortium's Coordinating Board includes representatives from the state's higher education institutions, governmental departments & associations of substance abuse treatment & prevention professionals.		<i>*This research program supports substance abuse efforts, but does not provide direct prevention services.</i>		NA
<b>Regents: University of Northern Iowa</b>					
(34) Substance Abuse Prevention & Intervention Services	Several departments/programs collaborate to provide substance abuse prevention programming, including Substance Abuse Services, the Department of Residence, Student Activities & the Office of the Vice President for Educational & Student Services. Intervention services include workshops for policy violators, substance abuse evaluations & referral services.	\$79,800		\$87,000 <i>(Student Activity Fees for Thursdaze Event Programming)</i>	\$166,800

## FY 2009 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Governor's Office of Drug Control Policy</b>					
(1) Drug Policy Coordination	Comprehensive coordination of substance abuse treatment programs & strategies with substance abuse prevention and drug enforcement. Integrated approach includes local, state, federal & private agencies.	\$45,000			\$45,000
(2) State & Local Law Enforcement Justice Assistance	Grant-funded rehabilitation—primarily substance abuse treatment—for criminal offenders in community-based settings & correctional institutions.	\$61,810	\$285,431		\$347,241
(3) Residential Substance Abuse Treatment for Prisoners	Grant-funded long-term substance abuse treatment provided over six to 12 months to inmates who are housed separately from other inmates.	\$2,577	\$77,360		\$79,937
<b>Iowa Department of Corrections-Community Based Programs</b>					
4) OWI Specialized Treatment & Aftercare...in all 8 Judicial Districts	Community based corrections residential treatment diverts drunk drivers sentenced to prison. Programs provide 24-hour supervision & 220 hours of licensed substance abuse treatment & employment assistance.	\$1,654,713		\$302,279	\$1,956,992

## FY 2009 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Corrections-Community Based Programs...continued</b>					
(5) Dual Diagnosis & Other Substance Abuse Treatment...in 1 <sup>st</sup> Judicial District	In-house treatment for male & female offenders & after-care upon release from residential setting in the 1 <sup>st</sup> Judicial District (staff & contracts).	\$271,063		\$209,511 + \$64,108 <i>Tobacco settlement fund</i>	\$544,682
(6) Treatment Alternatives to Street Crime (TASC)...in 1 <sup>st</sup> , 2 <sup>nd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> & 7 <sup>th</sup> Judicial Districts	Identification, assessment, referral & case management of probationers in 6 judicial districts. TASC serves as a bridge between the criminal justice system & substance abuse treatment (excludes drug & alcohol testing).	\$770,514		\$172,684	\$943,198
<b>Iowa Department of Corrections-Institutional Programs</b>					
(7) Anamosa Licensed Treatment Alternative (ALTA)	Licensed outpatient substance abuse treatment program offered within the prison at Anamosa.	\$61,746			\$61,746
(8) Luster Heights	Licensed outpatient substance abuse treatment program offered at the minimum-security site in northeast Iowa.	\$181,112			\$181,112

## FY 2009 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Corrections-Institutional Programs...continued</b>					
(9) A New Direction—Anamosa State Penitentiary (ASP)	Licensed residential substance abuse treatment program for men within the prison.	\$278,993			\$278,993
(10) New Frontiers—Fort Dodge Correctional Facility (FDCF)	Licensed cognitive-based residential substance abuse treatment program. The main components are: addiction, criminal thinking, emotional management & relapse prevention.	\$643,138			\$643,138
(11) Project TEA—Iowa State Penitentiary (ISP), Fort Madison	Licensed outpatient substance abuse treatment program providing counseling, education, and aftercare at medium and minimum-security sites. Also provides awareness education to all security units.	\$285,504			\$285,504
(12) Therapeutic Community, Outpatient Substance Abuse Treatment & Violators' Program—Iowa Correctional Institution for Women (ICIW), Mitchellville	Licensed residential and outpatient, gender-responsive substance abuse treatment programs for women. The Violators' Program is similar to the men's program at the Correctional Release Center in Newton.	\$692,450			\$692,450

## FY 2009 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Corrections-Institutional Programs...continued</b>					
(13) Substance Abuse Treatment—Mt. Pleasant Correctional Facility (MPCF)	Licensed outpatient substance abuse treatment program and drug/alcohol education for men.	\$371,398			\$371,398
(14) The Other Way (TOW) Treatment—Clarinda Correctional Facility (CCF)	Licensed outpatient comprehensive substance abuse treatment program designed to initiate sobriety and a new lifestyle in male inmates.	\$607,904			\$607,904
(15) The Journey Program and Relapse Program—North Central Correctional Facility (NCCF), Rockwell City	Licensed outpatient substance abuse treatment program for those with no prior treatment. The Relapse Program is a cognitive-based program for inmates who have previously completed primary substance abuse treatment.	\$165,093			\$165,093
(16) Primary Chemical Dependency (PCD)—Newton Correctional Facility (NCF)	Licensed outpatient substance abuse treatment program that meets 10 hours/week and at least once/month individually with each offender.	\$108,395			\$108,395

## FY 2009 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Corrections-Institutional Programs...continued</b>					
(17) Relapse Program—Newton Correctional Facility (NCF)	12-week substance abuse program that meets 2 hours/week for offenders who have already completed primary treatment.	\$42,091			\$42,091
(18) Primary Chemical Dependency (PCD)—Correctional Release Center (CRC), Newton	Licensed outpatient substance abuse treatment program that meets 10 hours/week and at least once/month individually with each offender.	\$92,464			\$92,464
(19) Relapse Program—Correctional Release Center (CRC), Newton	12-week substance abuse program that meets 2 hours/week for offenders who have already completed primary treatment.	\$48,573			\$48,573
(20) Educational substance abuse class, Spanish-speaking offenders—Newton Correctional Facility (NCF)	12-week educational substance abuse class that meets 3 hours/week for Spanish-speaking offenders.	\$5,459			\$5,459



## FY 2009 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Corrections-Institutional Programs...continued</b>					
(21) Substance abuse level of service assessment—Iowa Medical and Classification Center (IMCC), Oakdale	Contract service through Spectrum Health Systems, Inc., Worcester, MA to conduct level of service substance abuse assessments with reception offenders utilizing the ASAM and URICA.	\$300,000			\$300,000
(22) Mental Health/Substance Abuse—Iowa Department of Corrections (IDOC), Central Office	Funding appropriated for mental health/substance abuse training, curricula, and/or media resources (i.e., Motivational Interviewing DVDs for Corrections' statewide MI initiative).	\$25,000			\$25,000
<b>Iowa Department of Human Services, Division of Child &amp; Family Services</b>					
(23) Court-Ordered Treatment & Decategorization	Reimbursement for court ordered substance abuse treatment, care & drug testing. Decategorization contracts include drug court support (estimate based on FY2008 actual expenditures).	\$570,436	\$269,262		\$839,698
(24) Juvenile Justice Judicial Branch Administration	Salaries to assist with the operation of juvenile drug courts and support for court-ordered substance abuse treatment & related services to juveniles & their families in drug court programs.	\$1,040,300			\$1,040,300

## FY 2009 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Human Services, Division of Child &amp; Family Services...continued</b>					
(25) DHS Service Area Drug Testing Allocation	Funding for drug testing related to a formal child welfare case.		\$757,500		\$757,500
<b>Iowa Department of Human Services, Division of Medical Services</b>					
(26) Iowa Plan for Behavioral Health	Medicaid funded managed substance abuse treatment includes inpatient hospital treatment, residential treatment, outpatient treatment, halfway houses & continuing care.	\$5,228,041	\$8,454,348		\$13,682,389
<b>Iowa Department of Human Services, Office of the Deputy Director of Field Operations</b>					
(27) Juvenile Substance Abuse Treatment	Substance abuse treatment for juveniles in the state institutions at Eldora & Toledo.	\$314,956	(\$298,000 included in Office of Drug Control Policy grant funding)		\$314,956
(28) Iowa Residential Treatment Center at Mt. Pleasant Mental Health Institute	50-bed primary residential chemical dependency treatment program for adults serving voluntary & court-ordered admissions.	\$1,929,720			\$1,929,720

## FY 2009 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Health, Division of Behavioral Health</b>					
(29) Treatment Services	Delivery of substance abuse treatment services including evaluation, referral, counseling & aftercare in a managed care system, plus public information, methadone & needs assessments. Includes Iowa Plan for Behavioral Health.	\$1,596,629	\$12,516,142	\$16,647,000 <i>(\$13,800,000 in Tobacco fund &amp; 1,265,000 in Gambling funds)</i>	\$30,759,771
(30) Treatment Coordination	Coordination of targeted substance abuse treatment & strategies. Support for statewide clearinghouse, training for treatment personnel, regulation & evaluation of treatment programs, collection of data & urinalysis in the Polk County jail population.		\$902,355		\$902,355
<b>Iowa Department of Public Health, Division of Tobacco Use Prevention &amp; Control</b>					
(31) Tobacco Treatment	Tobacco cessation, Quitline Iowa, and other forms of treatment programs.	\$1,420,310	\$164,162	\$1,660,838 <i>Tobacco settlement fund</i>	\$3,245,310

## FY 2009 Treatment Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Veterans Home, Department of Veteran Affairs</b>					
(32) Drug & Alcohol Counseling Program	Substance abuse programming includes evaluation/assessment, referral, prevention activities plus individual & group counseling. Treatment programs are provided in partnership with VA Health Care Facilities.	\$128,189	\$170,534	\$115,441	\$414,164
<b>Regents: University of Iowa</b>					
(33) Chemical Dependency Services (formerly Chemical Dependency Center)	An organizational unit within the University of Iowa Hospitals & Clinics responsible for providing counseling & treatment to patients with substance abuse problems. Services include evaluation, treatment & rehabilitation.	\$22,710	\$38,456	\$221,422	\$282,588
(34) College of Public Health—Department of Community Behavioral Health: Iowa Tobacco Research Center	The Iowa Tobacco Research Center coordinates a health care provider outreach, education and technical assistance program to improve provider use of evidence-based tobacco cessation interventions.	\$425,000			\$425,000
<b>Regents: University of Northern Iowa</b>					
(35) UNI Counseling Center	Individual & group counseling is provided without charge to students via the UNI Counseling Center.	\$20,580		\$21,420 <i>(Mandatory Student Health Fees)</i>	\$42,000

## FY 2009 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Governor's Office of Drug Control Policy</b>					
(1) Drug Policy Coordination	Comprehensive coordination of drug enforcement with substance abuse prevention & treatment programs. Integrated approach includes local, state, federal & private agencies.	\$45,000			\$45,000
(2) State & Local Law Enforcement Justice Assistance	Grant-funded drug control & system improvement enhancing apprehension, prosecution, adjudication & detention of criminal offenders. Includes 22 multi-jurisdictional drug task forces.	\$1,760,000	\$899,263	\$40,000	\$2,699,263
<b>Iowa Department of Corrections-Community Based Programs</b>					
(3) Drug Court in 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> 7 <sup>th</sup> & 8 <sup>th</sup> Judicial Districts	Drug assessment, referral, treatment, probation supervision, intensive after-care & supervision to offenders with drug charges via specialized courts. Treatment & probation personnel work with offenders ordered to the program. Citizen panels preside over 2 programs. The 2 <sup>nd</sup> District has 2 adult courts & 1 juvenile court. The 3 <sup>rd</sup> District serves adult & juvenile offenders. The 4 <sup>th</sup> District has 1 adult court. The 5 <sup>th</sup> District has 1 adult & 1 juvenile court.	\$856,107		\$1,554,627 <i>(\$1,267,966 in tobacco settlement funds &amp; remainder in local funds &amp; client fees)</i>	\$2,410,734

## FY 2009 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Corrections-Community Based Programs...continued</b>					
(4) Drug & Alcohol Testing in 1 <sup>st</sup> , 2 <sup>nd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> & 7 <sup>th</sup> Judicial Districts	Monitoring of substance abuse offenders, using urine & breathalyzer testing (includes TASC & EM-related testing).	\$56,024		\$178,305 + \$47,795 <i>Tobacco settlement fund</i>	\$282,124
(5) Electronic Monitoring in 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & 5 <sup>th</sup> Judicial Districts	Electronic monitoring of offenders statewide is managed by the 5 <sup>th</sup> Judicial District, but used statewide (excludes drug & alcohol testing).	\$2,634,449		\$250	\$2,634,699
<b>Iowa Department of Human Rights, Division of Criminal &amp; Juvenile Justice Planning</b>					
(6) Juvenile Accountability Block Grant Program	Juvenile accountability program in Polk County: Mentoring juvenile offenders in a detention center.		\$15,342		\$15,342
(7) Enforcing Underage Drinking Laws	Juvenile Court Services in all 8 Judicial Districts develop & implement strategies to enforce underage drinking laws, which include partnering with law enforcement agencies in conducting retail compliance checks, purchasing equipment to detect alcohol consumption in the field, and media campaigns.		\$332,500		\$332,500

## FY 2009 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Human Rights, Division of Criminal &amp; Juvenile Justice Planning...cont.</b>					
(8) Juvenile Justice Intervention Project	Juvenile Court Services in all 8 Judicial Districts develop & implement innovative & evidence-based services & sanctions to youth referred to juvenile court services, which include substance abuse treatment, restorative justice, juvenile court diversion, school-based & other programs to hold juvenile offenders accountable and to reduce the risks and strengthen assets among Iowa youth.		\$655,023		\$655,023
<b>Iowa Department of Public Defense, Iowa National Guard</b>					
(9) Drug Supply Interdiction	Analytical & operational support for local, state & federal law enforcement agencies to interdict illegal drugs.		\$2,090,000		\$2,090,000
(10) Midwest Counter-Drug Training Center	Multi-disciplinary drug enforcement training (e.g. meth lab entry & highway interdiction) provided to local law enforcement officers.		\$7,100,000		\$7,100,000
<b>Iowa Department of Public Health, Division of Tobacco Use Prevention &amp; Control</b>					
(11) Tobacco Enforcement	Enforcement programs to deter the illegal sale/purchase of tobacco products.			\$1,207,500 <i>Tobacco settlement fund</i>	\$1,207,500

## FY 2009 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Safety, Division of Criminal Investigation</b>					
(12) Crime Laboratory & Analysis	Analysis of breath, body fluids & tissue samples for alcohol & narcotics investigations.	\$5,618,483	\$218,547		\$5,837,030
<b>Iowa Department of Public Safety, Division of Narcotics Enforcement</b>					
(13) Confidential Funds	Confidential funds to conduct undercover narcotics investigations involving the purchase of services, information and/or evidence.	\$123,343			\$123,343
(14) High Intensity Drug Trafficking Prosecution	Prosecution assistance provided by the Midwest High Intensity Drug Trafficking Area to Iowa U.S. Attorneys		\$458,530		\$458,530
(15) High Intensity Drug Trafficking Enforcement	Assistance provided by the Midwest High Intensity Drug Trafficking Area for coordination of investigations.		\$781,303		\$781,303
(16) Intelligence Bureau	Analysis of drug trafficking and other crime data on a statewide basis, to assist local law enforcement agencies with investigations.	\$1,941,364			\$1,941,364
(17) Marijuana Eradication	Eradication of marijuana plants found growing in Iowa.		\$8,000		\$8,000



## FY 2009 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Department of Public Safety, Division of Narcotics Enforcement...continued</b>					
(18) Narcotics Operations	Investigations statewide into illicit drug/narcotics trafficking. Includes Drug Diversion Investigator.	\$4,360,682	(\$318,496 included in Office of Drug Control Policy grant funding)		\$4,360,682
<b>Iowa Department of Public Safety, Governor's Traffic Safety Bureau</b>					
(19) Prosecuting Attorneys Training Council	Training for prosecutors, law enforcement officers, hearing officers & other personnel on OWI laws & impaired driving.		\$172,000		\$172,000
(20) Iowa Law Enforcement Academy	Occupant protection, alcohol, & traffic safety training to law enforcement personnel throughout the state.		\$135,000		\$135,000
(21) Crime Laboratory Alcohol & Drug Testing	Field-testing & evaluation of new intoxolizers for testing impaired driver BACs.		\$501,500		\$501,500
<b>Iowa Department of Public Safety, State Patrol</b>					
(22) Patrol Activities	Support of highway traffic safety activities aimed at reducing impaired driving by providing overtime, preliminary breath testers (PBTs) &/or in-car video cameras.	\$7,150,215	\$620,500		\$7,770,715

## FY 2009 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Judicial Branch</b>					
(23) Iowa Children's Justice Initiative (Family Drug Court), State Court Administration	In partnership with DHS, DPH, and other agencies, federal grant to establish family drug court and system of care where parental substance abuse is primary reason for families' involvement in the child welfare system. Funding provides coordination of family drug court, reimbursement to substance abuse agencies for indirect services such as treatment team staffing, attending court hearings and development of family support services to follow family after formal case closure. Located in Linn, Polk, Scott, Wapello, and Northwest Iowa tri-county area including Cherokee, Ida, and Woodbury Counties.	\$88,000	\$500,000		\$588,000

## FY 2009 Enforcement Programs

<u>Program Name</u>	<u>Program Description</u>	<u>State Funding</u>	<u>Federal Funding</u>	<u>Other Funding</u>	<u>Total Funding</u>
<b>Iowa Law Enforcement Academy</b>					
(24) Basic Training	Six 13-week training schools for Iowa law enforcement officers, including 10 hours on drug recognition & investigation techniques.		\$20,000		\$20,000
(25) OWI Law, Detection Techniques Update & Drug Recognition for Street Officers	Seminars held across the state, including 43 classes running from 3 to 12 hours in length. Also funds 6 13-week basic training schools, each of which is 24 hours in length.		(\$135,000 included in Governor's Traffic Safety Bureau grant funding)		
<b>Regents: University of Northern Iowa</b>					
(26) UNI Alcohol & Drug Enforcement	Several campus departments assist with enforcement & adjudication of cases involving a violation of the University Alcohol & Drug Policy and/or a violation of state laws pertaining to alcohol & other drugs. These departments include UNI Public Safety, the Office of the Vice President for Educational & Student Services, & the Department of Residence.	\$90,495			\$90,495

### Total Estimated FY 2009 Iowa Substance Abuse & Drug Enforcement Program Funding (by Agency)

Agency	Prevention	Treatment	Enforcement	Total Funding (By Agency)
Governor's Office of Drug Control Policy	\$695,990	\$472,178	\$2,744,263	\$3,912,431
Iowa Department of Corrections, Community Based Programs		\$3,444,872	\$5,327,557	\$8,772,429
Iowa Department of Corrections, Institutional Programs		\$3,909,320		\$3,909,320
Iowa Department of Education	\$1,817,198			\$1,817,198
Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning	\$490,540		\$1,002,865	\$1,493,405
Iowa Department of Human Services, Division of Child & Family Services		\$2,637,498		\$2,637,498
Iowa Department of Human Services, Division of Medical Services		\$13,682,389		\$13,682,389
Iowa Department of Human Services, Office of the Deputy Director of Field Operations		\$2,244,676		\$2,244,676
Iowa Department of Public Defense, Iowa National Guard	\$488,000		\$9,190,000	\$9,678,000
Iowa Department of Public Health, Division of Behavioral Health	\$6,322,972	\$31,662,126		\$37,985,098
Iowa Department of Public Health, Division of Tobacco Use Prevention & Control	\$7,528,815	\$3,245,310	\$1,207,500	\$11,981,625
Iowa Department of Public Safety, Division of Criminal Investigation			\$5,837,030	\$5,837,030
Iowa Department of Public Safety, Division of Narcotics Enforcement			\$7,673,222	\$7,673,222
Iowa Department of Public Safety, Governor's Traffic Safety Bureau	\$85,000		\$808,500	\$893,500
Iowa Department of Public Safety, State Patrol			\$7,770,715	\$7,770,715
Iowa Judicial Branch			\$588,000	\$588,000
Iowa Law Enforcement Academy			\$20,000	\$20,000
Iowa Veterans Home, Department of Veterans Affairs		\$414,164		\$414,164
Regents: Iowa State University	\$360,822			\$360,822
Regents: University of Iowa	\$492,397	\$707,588		\$1,199,985
Regents: University of Northern Iowa	\$166,800	\$42,000	\$90,495	\$299,295
<b>TOTAL</b>	<b>\$18,448,534</b>	<b>\$62,462,121</b>	<b>\$42,260,147</b>	<b>\$123,170,802</b>

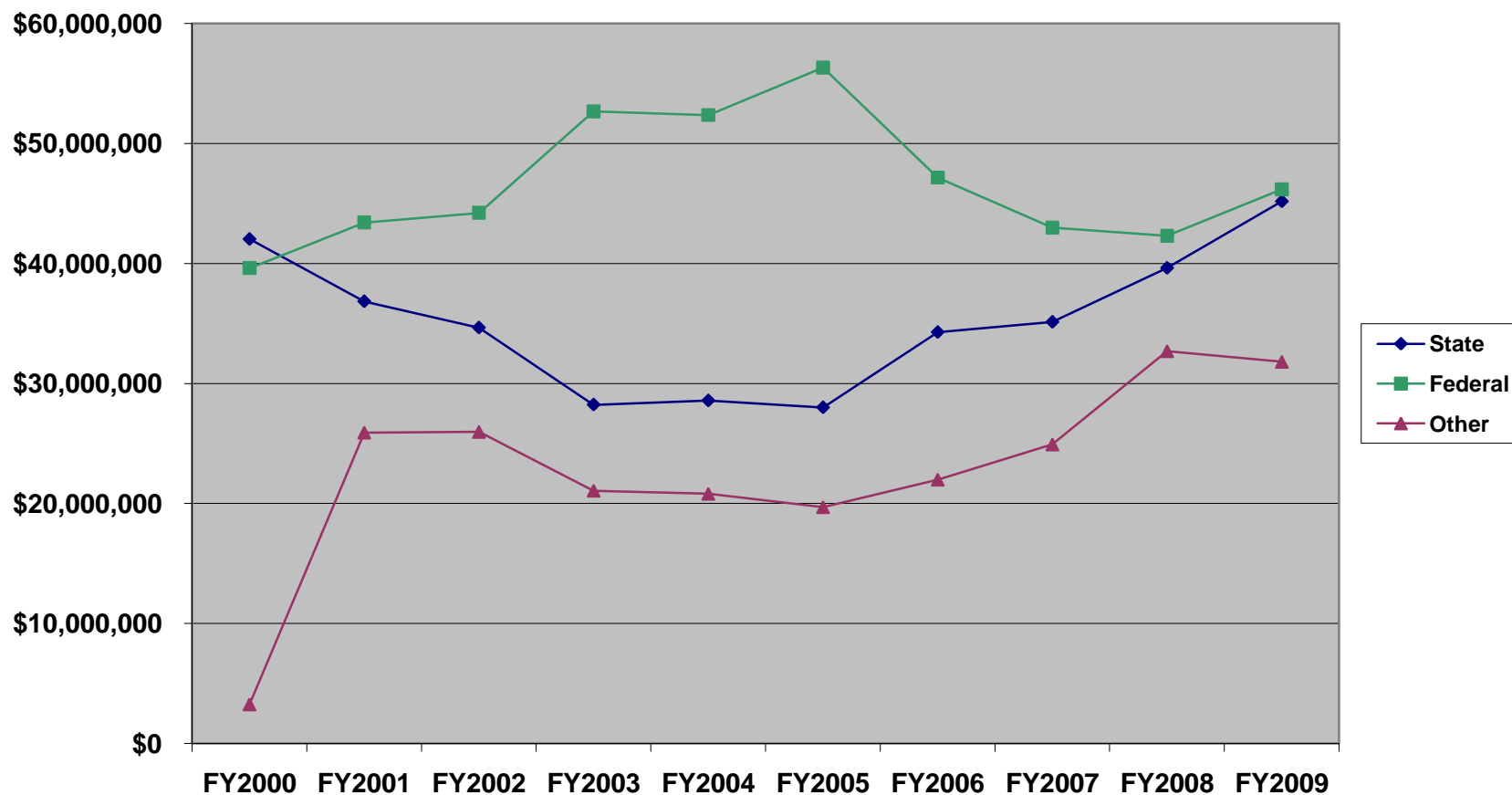
**Total Estimated FY 2009 Iowa Substance Abuse & Drug Enforcement Program Funding (by Source)**

Funding Source	Prevention	Treatment	Enforcement	Total Funding by Source
State	\$1,053,686	\$19,411,868	\$24,724,162	\$45,189,716
Federal	\$8,032,751	\$23,635,550	\$14,507,508	\$46,175,809
Other	\$9,362,097	\$19,414,703	\$3,028,477	\$31,805,277
<b>TOTAL</b>	<b>\$18,448,534</b>	<b>\$62,462,121</b>	<b>\$42,260,147</b>	<b>\$123,170,802</b>

**NOTE:**

- Beginning in FY 2006, “Federal” Safe and Drug-Free Schools and Communities prevention grants provided by the Iowa Department of Education to school districts (\$5,925,727 in FY 2005) were no longer included in this report, due to a change in the use of these grants for educational purposes other than substance abuse.
- “Other” funding includes approximately \$25,650,888 from the ninth, and final, year of Iowa’s settlement with the tobacco industry.
- This report does not include local or federal funds provided directly to communities.

## Trends in Estimated Iowa Substance Abuse & Drug Enforcement Program Funding (by Source)



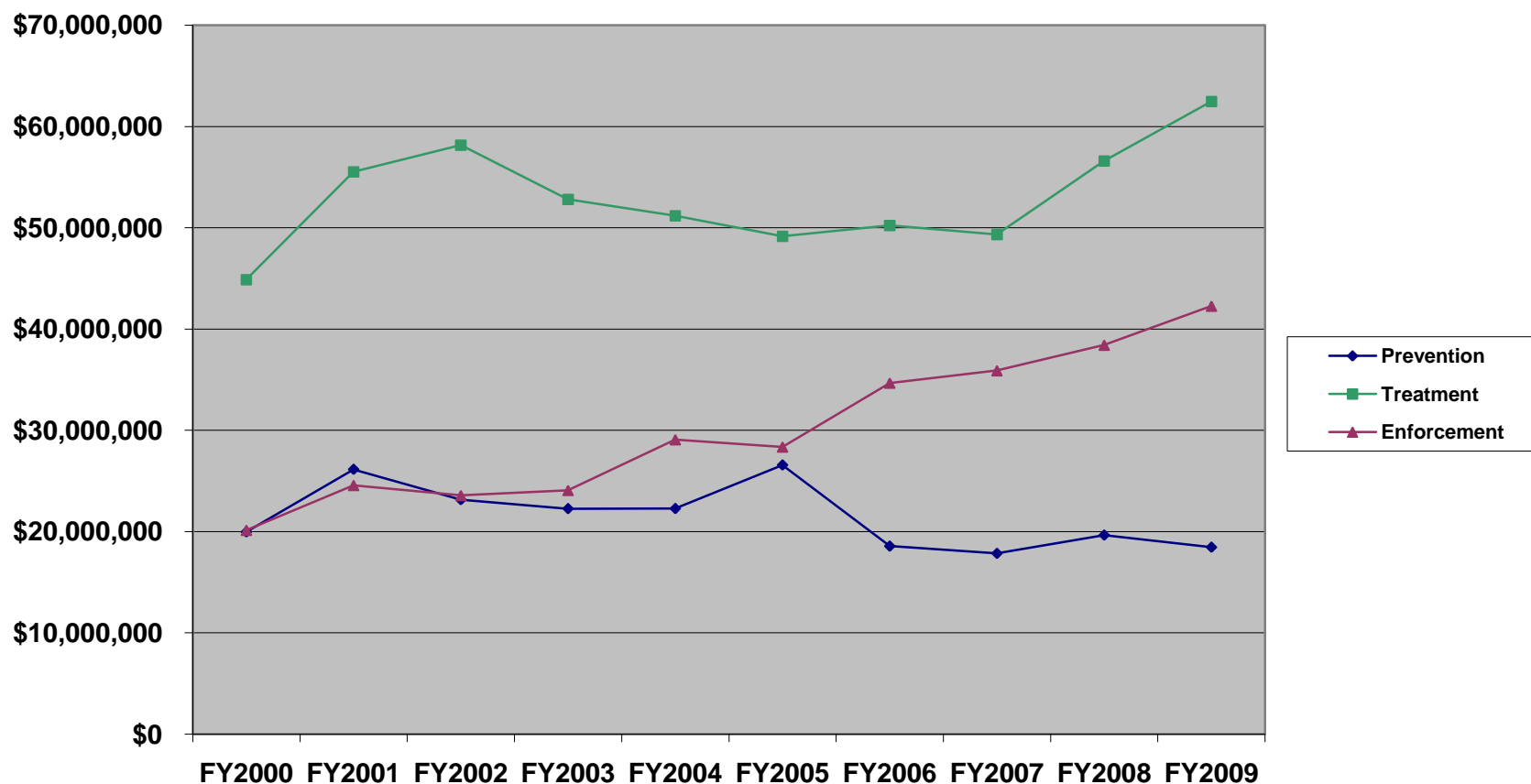
\*FY 2001 "Other" funding reflects 1<sup>st</sup> year of tobacco settlement funds invested in Iowa substance abuse programming.

\*\*FY 2003 "State" funding does not include approximately \$241,941 in supplemental appropriations approved in January 2003.

\*\*\*FY 2004 "State" funding does not include 2.5% ATB budget reduction implemented in October 2003.

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

## Trends in Estimated Iowa Substance Abuse & Drug Enforcement Program Funding (by Discipline)



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

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

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

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