



Iowa Drug Control Strategy

2013





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Introduction: Strength through Unity of Purpose

Iowans are proud people who care about their fellow citizens and their state. We pride ourselves on a strong work ethic, a dedication to education and a pioneering spirit that sees us through adversity. We strive to find common ground to fix problems.

Arguably one of the best examples of this cooperation is in the field of drug control. Iowa has led the category of states with the lowest usage of illegal drugs for many years. This is no accident, but rather a reflection of professionals in law enforcement, treatment and prevention, as well as parents and families working together to do what is best for Iowans.

A key instance of this attitude is our attentiveness to the battle against synthetic drugs. Ever since one of our own, David Rozga, died as a result of synthetic drugs, Iowans have stood strong and worked together to thwart the dangers posed by these drugs. In 2012 the Iowa Legislature passed, and Governor Branstad signed into law, perhaps the strongest legislation in the nation combating synthetic drugs

While we must remain eternally vigilant to the threats posed by these and other widely recognized drugs in Iowa, we must also identify and rapidly respond to emerging threats.

Chief among these is the rapid rise in prescription drug abuse. In 2011, 62 Iowans died from overdoses of prescription pain medications – an all-time high. Calls to the Statewide Poison Control Center have risen almost 2,300% since 2002 from Iowans seeking assistance in identifying painkillers. Treatment centers report anecdotal evidence of a spike in admissions due to prescription drug abuse.

Prescription drug abuse poses a particularly dynamic challenge. The drugs are legal, accessible, and supposed to be safe. They provide an undeniable benefit to society, but when they are misused, can cause serious side effects and even death.

They have moved to the forefront for many drug abusers for their powerful narcotic powers, because they are easy to conceal and transport. Nationally 70% of prescription drug abusers report getting them from a friend or family member's medicine cabinet.

Many law enforcement and treatment professionals also share anecdotally that the rapid rise of prescription drug abuse and diversion has contributed to a resurgence of heroin. When prescription drug abusers can no longer get the high they seek from pain killers, or their costs become too high, they sometimes turn to heroin.

Introduction: Strength Through Unity of Purpose

Leaders in the health care industry are taking note of this dangerous trend, and are embracing new efforts to combat it. An increasing number of doctors are more frequently checking Iowa's Prescription Monitoring Program (PMP) to ensure their patients are not abusing powerful pain killers. This voluntary program was created in 2009 by the Iowa Legislature as a way to improve patient care by allowing doctors to cross check a patient's prescription history, preventing overprescribing but also helping thwart diversion and misuse.

Some hospital emergency rooms have limited the amount of pain killers they will prescribe, recognizing they are a prime target for abusers. Pharmacies have increased usage of the PMP and taken extra steps to safely store painkillers, making it harder for thieves to steal and divert the drugs. A number of doctors have begun using pain management agreements with patients to dissuade prescription drug diversion. These are all positive steps and should be applauded.

Still much more will need to be done to improve our system and address this dangerous trend. Use of the PMP is perhaps the strongest tool we have to stop "doctor shopping" in Iowa where addicts knowingly deceive doctors or use ERs to satisfy their addiction. Still the percentage of times it is checked before a prescription is filled is strikingly low.

Improving the quality of data available on the PMP and increasing usage requires many steps and several professional organizations must be involved. Finding consensus will be difficult but not impossible. As this threat to the safety and health of Iowans expands, we must all come together with a common purpose of saving lives and stopping diversion.

The ancient Chinese General Sun Tzu wrote "The Art of War" over 2,500 years ago, but the strategy and philosophy of warfare he laid out are still utilized today. A supreme rule for success on the battlefield was Unity. Strength is not always defined by size on the battlefield, but rather by unity of forces.

Professionals in law enforcement, health care, substance abuse prevention and treatment may disagree about the best practices to combat illegal drug use, but they all recognize the high costs of drug use in Iowa. Loss of life, neglect of children, injuries at work and drug-related violence are just a few. We all share the goal of ending these crimes and making Iowa a safer, more secure and productive state. It is this "unity of purpose" that will help us set aside differences and find common ground to advance the battle against drug abuse in Iowa.

It is in the belief that this unity of purpose will help us overcome the challenges we face that the Iowa Governor's Office of Drug Control offers its annual report.



Executive Summary

The Governor's Office of Drug Policy Control offers the 2013 Drug Control Strategy pursuant to Iowa Code §80E.1. The purpose of the strategy is to describe the activities of the office and other state departments related to drug enforcement, substance abuse treatment and prevention. This report also highlights trends in respect to substance abuse within the state and sets out innovative approaches to reduce drug abuse and its associated damage to society. Finally, the Strategy shows the state funding levels for the various agencies working in this area, as divided among the three areas of emphasis: prevention, treatment and enforcement.

According to the National Survey on Drug Use and Health, Iowa has the lowest rate of illicit drug use in the nation. Our young people continue to abuse drugs at a lower rate than the national average and our arrest rate for youth has dropped considerably. The number of drunken-driving fatalities has also dropped. Through use of the Pseudoephedrine Tracking System, Iowa is on track to see a decrease in meth labs. These are all positive trends Iowa should be proud of.

However, significant challenges remain with 50% of Iowa's drug related prison admissions due to meth abuse and marijuana acceptance appears to be growing among our young people. Motor vehicle crashes due to *drugged* driving have risen substantially and law enforcement continues to report the availability of dangerous synthetic drugs available to Iowa youth.

Drug Trafficking Organizations continue to utilize routes through Iowa that transport hazardous narcotics into and through Iowa for sale and further distribution. The presence of these organizations poses a serious risk to the safety of Iowans. A domestic impact of the Drug Trafficking Organizations may well be a spike in illegal Marijuana grows in Iowa. The number of plants seized has more than doubled in recent years. Grows have been found to involve illegal immigrant who may have ties to drug cartels. Illegal grow sites pose many hazards including potential for gun violence, harmful environmental effects and dangers from toxic molds.

The fastest growing form of substance abuse by Iowans involves prescription and over-the-counter medicines. The Office of National Drug Control Policy reported in March of 2012 that prescription drug overdose deaths are now the leading cause of injury death in the United States, exceeding the number of deaths from traffic crashes. According to the 2010 Iowa Youth Survey, 7% of Iowa 11th graders have used prescription drugs for non-medicinal purposes.

To combat these threats to the safety, productivity and health of our citizens, Iowa's Office of Drug Control Policy offers the following recommendations to our Legislature and other organizations:

RECOMMENDATIONS

Increase usage and quality of the Prescription Monitoring Program and hold accountable those guilty of illegal Prescription Drug Diversion.

The Iowa Prescription Monitoring Program (PMP) is a powerful, voluntary tool that can be used by health care professionals to improve patient care. It can also be perhaps our most effective tool to thwart doctor shopping and reduce prescription drug diversion and abuse.

Working with professional prescribers and dispensers of controlled substances, we need to identify circumstances that warrant consultation of the PMP and establish guidelines to bolster usage of this important tool. This will help bring PMP usage into the normal course of patient care and ensure those who are addicted to prescription pain medications are not using the health care system to illegally obtain them.

Pain management agreements should become more common place and widely used. A pain management agreement can lay out specific requirements a doctor expects of their patient and easily provides for termination of this relationship when prescription drugs are abused.

The PMP should become networked across state lines. Currently Iowa health care providers can access the records of Iowans. The Pharmacy Board should be commended for recent actions that will require out of state providers such as mail order pharmacies to report prescriptions filled to Iowans. This is a major step forward.

Still, too often Iowans who are addicted turn to providers just outside our borders, physicians there should have the same access to the prescription history available in Iowa. Too often those who are turned away in Iowa simply cross into a nearby state to satisfy their addiction.

PMP reports should also note when a patient is in the Medicaid “lock-in” program. This program is utilized to help prevent Medicaid fraud and doctor shopping by patients in Iowa Medicaid. By adding this information to a PMP report, pharmacists would better be able to identify prescription drug abusers who are using cash payments to thwart the system.

Also simply adding the Medicaid Fraud Hotline to PMP reports can help increase reporting of Medicaid fraud and end the practice, helping save taxpayer resources.

The Pharmacy Board should be applauded for taking steps to decrease the lag time between when prescriptions are issued and entered into the database. In the near future this will move to approximately one week. Still the data available on the PMP should be fresher and the State should work to move the data available on the PMP closer to real-time. This will make it harder for someone to obtain multiple prescriptions from different doctors in a short amount of time.

The Pharmacy Board should also be commended for implementing a system of alerts where users of the system can be notified of a person suspected of doctor shopping. By increasing the number of registered users and allowing for interstate connectivity this important tool could be expanded and better utilized.

Executive Summary

Doctor shopping in Iowa is currently a misdemeanor. This makes it an unattractive target for the law enforcement community and stands as a weak deterrent to the crime. By reclassifying prescription drug diversion and doctor shopping as a class “C” felony law enforcement will be more likely to engage in stopping and prosecuting the crimes and will give pause to those who would manipulate the system to obtain powerful narcotics.

Iowans also need to be educated about the benefits of the PMP and encouraged to ask their health care providers to utilize it. Many Iowans expect their health care providers to review their records and make sure no overprescribing is happening. The PMP is an excellent tool to accomplish this. Efforts to help educate Iowans about the PMP and reminding them to secure drugs in their homes could have a positive impact on reducing abuse. Nationwide, 70% of the prescription drug diversion happens through medicine cabinets in the home.

Upgrade the Drug Tax Stamp for use with Synthetic Drugs

Iowa’s drug tax stamp law has not been updated for several decades. The street value of drugs subject to the tax has increased significantly and the costs to enforce the law have grown well beyond the benefit to taxpayers. Penalties for not affixing the drug tax stamp to illegal drugs should be increased significantly and should be revised as necessary to apply to dangerous synthetic drugs.

Too often reports surface of unscrupulous merchants selling the newest synthetic drug to committed buyers, often youth. By expanding use of the drug tax stamp to synthetic drugs sold in retail establishments, a strong message can be sent that Iowa will not tolerate this poisoning of its youth. Those merchants who do abide by the law and act as good corporate citizens will also be put on a more level playing field by helping remove unfair competition.

Expand the Meth Precursor List

Iowa’s Office of Drug Control Policy has effectively managed the Pseudoephedrine Tracking System in Iowa, helping block many purchases of pseudoephedrine that likely would otherwise go into meth production. Our record high of 1,500 meth labs stands to fall below 350 for 2012 if trends continue.

While positive, far too many meth labs are still occurring in Iowa, putting law enforcement and families in harm’s way. One way to help combat these labs is by expanding the list of known precursors to include many household items like plant fertilizer. Iowans’ purchases of these common items will not be tracked like pseudoephedrine, but when law enforcement suspects meth production is occurring it can use this list to effectively prosecute and shut down the production.

Clarify Marijuana is a Schedule I controlled Substance.

Marijuana causes impairment, can be addictive and often is a drug of first use among Iowa youth that can lead to other drug abuse in later life. New studies have emerged that show marijuana use among youth can lead to long-term drop in IQ and increased acts of aggression.

Executive Summary

Ambiguity exists in Iowa law as to whether or not marijuana can be classified for medical purposes by the pharmacy board. Ballot issues in other states to allow for medical marijuana sends a confusing message to Iowa youth that this drug is safe to use.

This is coupled with a dramatic spike in the number of marijuana plants seized in Iowa by the Department of Narcotics Enforcement from 2,003 last year to 5,813 this year. Marijuana distribution charges have also reached an all-time high.

As marijuana becomes more accessible to youth, abuse of the drug also rises. Iowa law should be changed to clarify that only the Legislature could vote to reclassify marijuana for medical purposes, reaffirming this is a dangerous substance that needs to be avoided.

At the recent National Drug Endangered Children's conference held in Des Moines, professionals from over 29 states shared instances where relaxed marijuana laws posed health problems for children. In many states, the regulations are loosely enforced or ignored and instances of children ingesting marijuana have been reported, coupled with rises in school truancy and acts of aggression by youth.

Improve the level of employment for Iowans who have successfully completed drug treatment.

One of the things we do poorly as a nation is celebrate those who have overcome drug addictions to live healthy, productive lives. If there is ever a measure of victory in the battle against drug abuse, surely it is when someone turns from drug abuse and becomes a contributing member of society.

One of the known keys to avoid relapse and recidivism is finding meaningful employment. In Iowa 60% of those who abused drugs are employed 6 months after completing treatment. This shows that success is possible in the battle against addiction, but more must be done to improve this statistic.

The Iowa Department of Public Health, Division of Behavioral Health promotes a *statewide resiliency and recovery oriented system of care* (ROSC). This is an emerging approach to substance abuse that builds upon the strengths of individuals and families for sustained health, wellness and recovery. Part of the focus of ROSC is getting those with substance abuse problems access to job training and job placement services.

This pioneering effort should be commended and strengthened as we try to drive down the number of Iowans who revisit prison due to drug abuse and work to drive up the number of Iowans who are meaningfully employed.

Executive Summary

GOALS:

Iowans strive to improve our state, and to measure our success we must set goals and constantly work to reach them. It is within this spirit, relying on the previous recommendations that we set out the following goals:

- 1) **Reduce the number of Iowans who die from prescription pain medication overdose.** Any death due to drug abuse in Iowa is a tragedy. As deaths from prescription drugs have spiked we must work across law enforcement, medical professionals and regulatory agencies to turn this tide and save the lives of Iowans.
- 2) **Improve the percentage of Iowans who are employed post treatment.** One of the keys to recovery is discovering one's own self-worth. Few means exist to reinforce this that match the value of holding a job and contributing to society. From Corrections to Public Health, we must work harder to get those who seek treatment access to job training and placements, helping them sustain wellness and recovery.
- 3) **Reduce the percentage of 11th graders who are current users of drugs and alcohol.** 13% of our youths in 11th grade report using marijuana on a regular basis, coupled with 3% for meth and 2% for cocaine respectively. 7% also report misusing prescription drugs. While these numbers are generally down, they have been stagnant for many years. We must redouble our efforts on prevention in these early years of life, helping bolster Iowa's youth's chance at a bright future that is drug free. 32% of 11th graders report the current use of alcohol. While this too has trended downward the number is far too high for a healthy youth population. We must refocus efforts at providing kids health alternatives to alcohol use and reinforce the negative health consequences of underage drinking.

Respectfully submitted,



Steven F. Lukan
Director



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

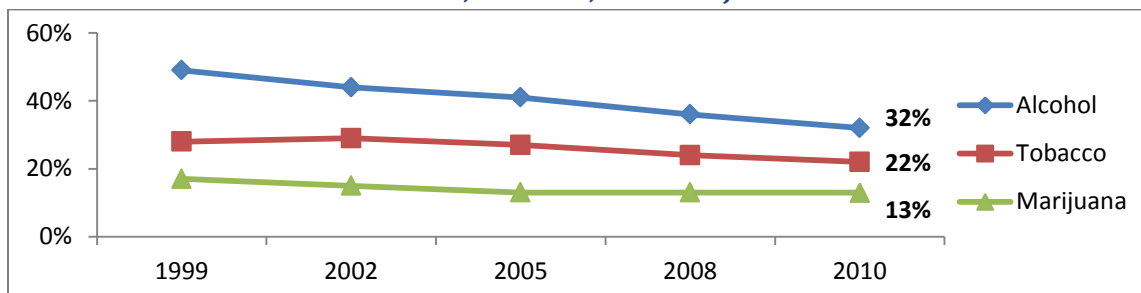
The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities. Effective treatment addresses addiction issues and has a long-term positive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

Reduce youth use of alcohol, tobacco, and marijuana

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

The Iowa Youth Survey (IYS) is a self-reporting survey conducted every two years by the Iowa Department of Public Health's Division of Behavioral Health. It compiles data regarding the use of alcohol and other drugs from youth in grades 6, 8, and 11 from public and non-public schools. Students answer questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and 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. Prior to 2010, the IYS was conducted every three years. 2010 data is the most recent available. 2012 data will be available in 2013.

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



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

What Works

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

Current and Proposed Strategies

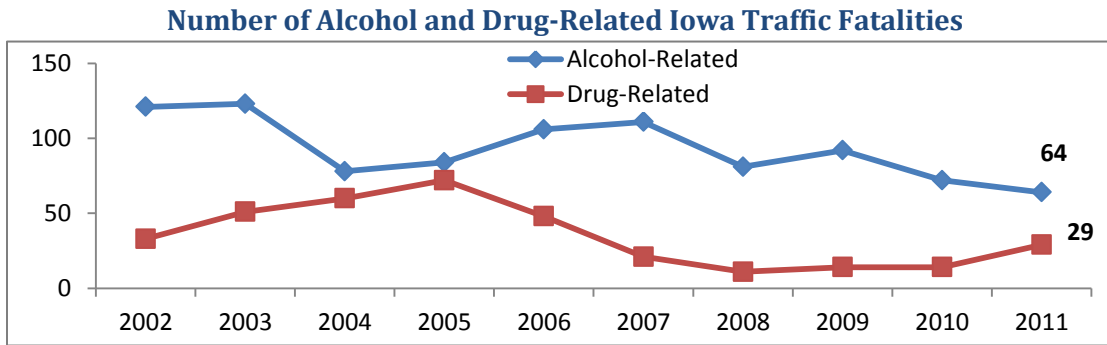
- Support community coalition, school-based and statewide prevention efforts with user-friendly tools that will assist positive youth development and prevention programs
- Support the Iowa Department of Education's Learning Supports initiative along with other state prevention efforts through the Iowa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

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

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. According to the Iowa Governor's Traffic Safety Bureau, motor vehicle crashes are the leading cause of death for all 15-20 year olds, according to the National Center for Health Statistics. Alcohol is one of the leading causes of fatal traffic crashes. In Iowa, alcohol is second only to excessive speed as a contributing factor in all traffic crashes. In 2010, 25% of the young drivers (15 to 20 years old) killed in crashes had a blood alcohol concentration (BAC) of .08 or higher.

In 2011, a total of 64 persons were killed in alcohol-impaired driving fatal crashes. That is the lowest impaired fatality number in Iowa's history. Still, 18% of all Iowa fatalities in 2011 were alcohol-related. Another 8% were drug-related fatalities, the highest in the past five years.

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



Source: CY 2002-2011 [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

What Works

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

Current and Proposed Strategies

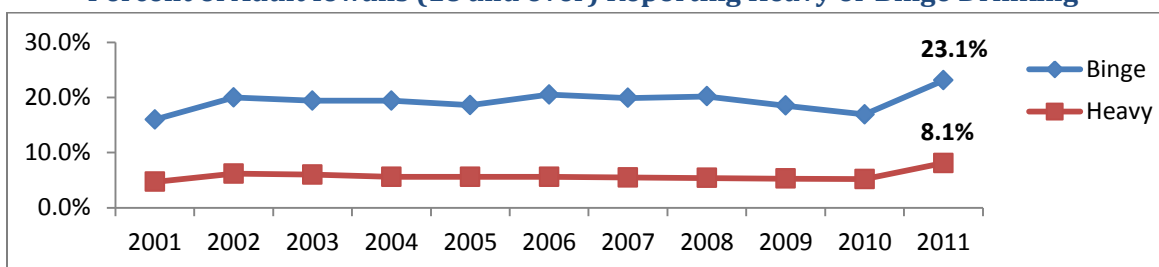
- Support education for retail clerks on how to check IDs and decline sales to minors
- Support the Training for Intervention Procedures for servers in restaurants/bars
- Enforce drunk and drugged driving laws with law enforcement personnel
- Continue collaboration between treatment programs and community colleges to provide a statewide education program for convicted OWI offenders
- Support education/diversion programs for minors in possession (first offense)
- Support implementation of a media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Support enforcement of penalties against non-compliant retailers, clerks, and youth

Reduce the number of Iowans engaged in heavy or binge drinking

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

Alcohol dependency and abuse are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. Reducing heavy and binge drinking in Iowa will improve the health and safety of Iowans while reducing health care costs. According to the data below, adult Iowans who report heavy and binge drinking are at historic highs.

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



Source: [CDC Behavioral Risk Factor Surveillance System 2001-2011](#)

What Works

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

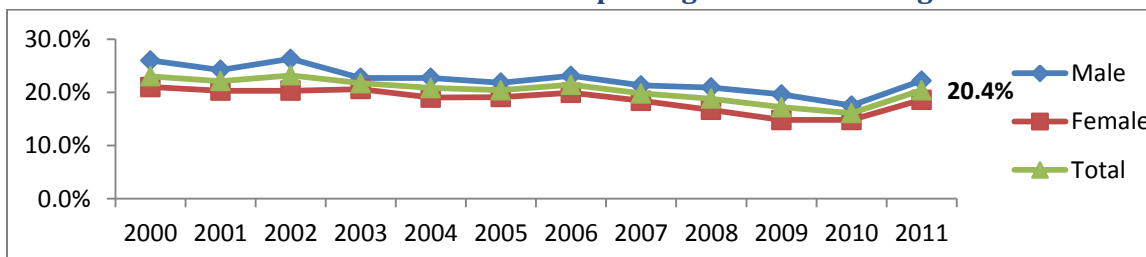
Current and Proposed Strategies

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

Reduce the number of Iowans who smoke

Tobacco use is the single largest cause of preventable premature mortality in the United States. It represents an enormous financial burden, costing an estimated \$1 billion in annual health care in Iowa alone. Tobacco use among adults and exposure to secondhand smoke continue to be major public health problems. Having fewer tobacco users of all ages in Iowa and creating smoke-free environments for all Iowans are keys to reducing tobacco-related illnesses and costs. Reducing tobacco usage by youth also reduces the likelihood Iowans will ever use other drugs.

Percent of Adult Iowans Reporting Current Smoking



Source: [CDC Behavioral Risk Factor Surveillance Surveys 2000-2011](#)

What Works

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

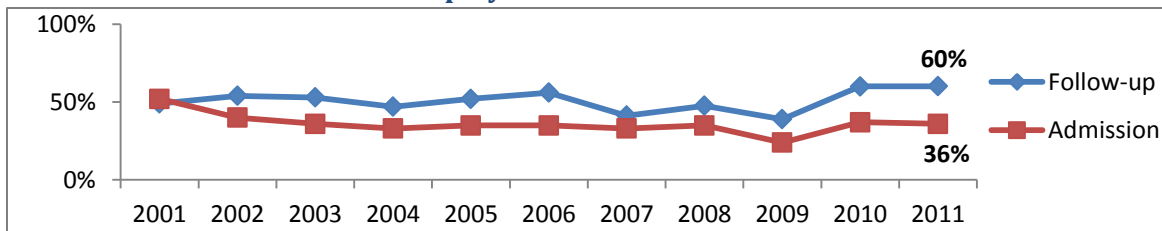
Current and Proposed Strategies

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

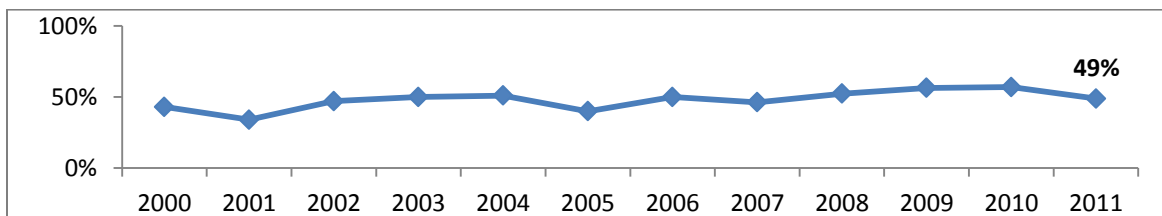
Increase the number of treatment clients who are employed and abstinent six months post-treatment

Over sixty percent of treatment clients who participated in the Year Fourteen Outcomes Monitoring Study for 2011 were employed full or part-time six months after treatment, compared to only 36% of clients at treatment admission. Less than half of treatment clients remained abstinent six months after treatment discharge. Treatment must be comprehensive, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on the addict, their family and community.

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



Percent of Treatment Clients Abstinent Six Months Post Treatment



*Beginning in 2010, employment includes full and part-time, whereas in past years, this chart only reflects full-time employment.

Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System

Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

What Works

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

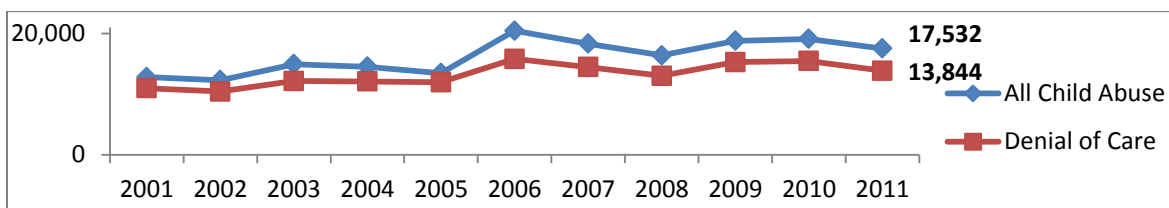
Current and Proposed Strategies

- Study distance and electronic treatment programs for efficacy
- Support early education in high-risk populations such as children of addicts
- Promote selected prevention programming with identified high-risk populations
- Promote mid to long-term treatment programs
- Promote the Iowa Department of Public Health's Access to Recovery services and the Recovery Oriented System of Care (ROSC)

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

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

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



Source: [Iowa Department of Human Services](http://www.iowa.gov/human-services)

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

What Works

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

Current and Proposed Strategies

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



Chapter 2: Safeguard Iowa Communities from Illegal Drugs

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

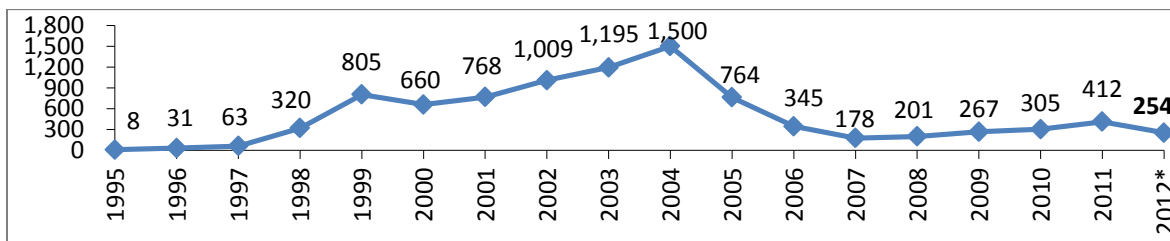
Reduce the number of clandestine methamphetamine labs in the State

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

Aside from their environmental impact, meth labs especially pose a hazard to children and other unsuspecting Iowans who come into contact with the waste or are impacted by explosions and flash fires from these cooks. In 2009 there was a single one-pot lab reported. In 2010, that number went up to 56. Through September 30th, 2012, 139 one-pot labs have been reported.

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

**State and Local Methamphetamine Clandestine Laboratory Responses,
CY 1994 - 2012* YTD**



*Calendar year 2012 through September 30

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

What Works

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

Current and Proposed Strategies

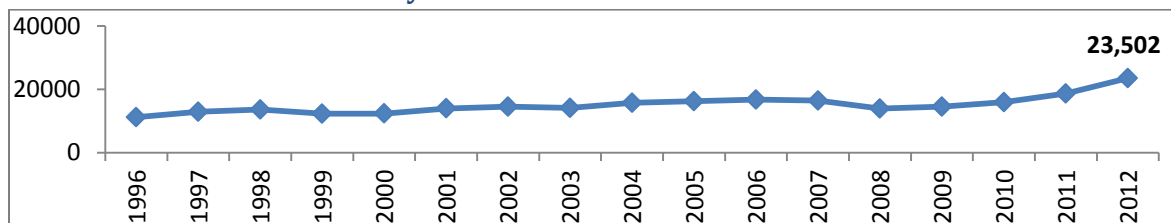
- Support expansion of the meth precursor list
- Continue Iowa's Pseudoephedrine Tracking System to enforce laws, prevent smurfing, and reduce meth labs
- Continue training on emerging drug issues for local law enforcement and prosecutors
- Promote use of intelligence systems that provide connectivity among law enforcement a
- Promote the use of the Environmental Protection Agency's meth lab cleanup guidelines
- Provide education on new meth production techniques to retailers and the public
- Encourage border states such as Wisconsin and Minnesota to adopt mandatory electronic tracking of pseudoephedrine like Iowa, helping block smurfs who cross the border to purchase and then return to Iowa to cook meth
- Support training to local agencies to respond to clandestine drug laboratories

Increase treatment admissions for substances other than alcohol

Appropriate and effective substance 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 rehabilitation.

In Iowa, more than half of the clients screened/admitted to substance abuse treatment are referred by the criminal justice system. Drug Task Forces play a key role in getting more Iowa drug offenders into treatment. In Iowa counties where there is active drug task force coverage, 45% more treatment admissions are made via the criminal justice system than in counties without task forces. There is an average 6.17 treatment admissions per 1,000 in population via the criminal justice system in task force covered counties versus only 4.26 treatment admissions per 1,000 in population in non-covered counties.

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



Source: [Iowa Department of Public Health, Division of Behavioral Health](#) – FY 1996-2012 SARS/I-SMART

What Works

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

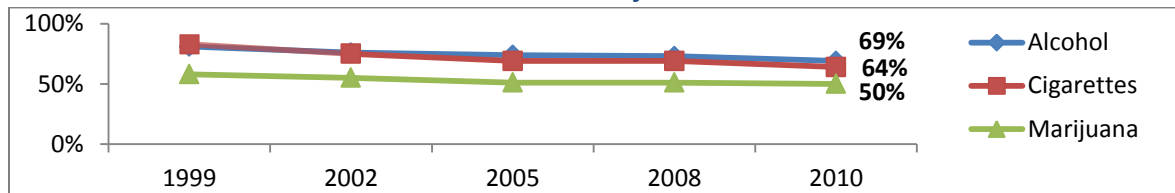
Current and Proposed Strategies

- Increase utilization of adult and family drug court programs throughout the state
- Study distance treatment for efficacy
- Promote community-based substance abuse treatment
- Promote the Iowa Department of Public Health's Recovery Oriented System of Care
- Promote jail-based treatment programs for substance abusers
- Promote referral of substance abusers to treatment by social services and health providers before they become involved in the criminal justice system

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

The Iowa Youth Survey has shown a reduction in how easy students in grade 11 think it would be to obtain alcohol, cigarettes, and marijuana. In 2010, 69% of 11th graders thought it would be "easy" or "very easy" to get alcohol. Ease of access is a key factor in youth substance abuse.

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



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

What Works

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

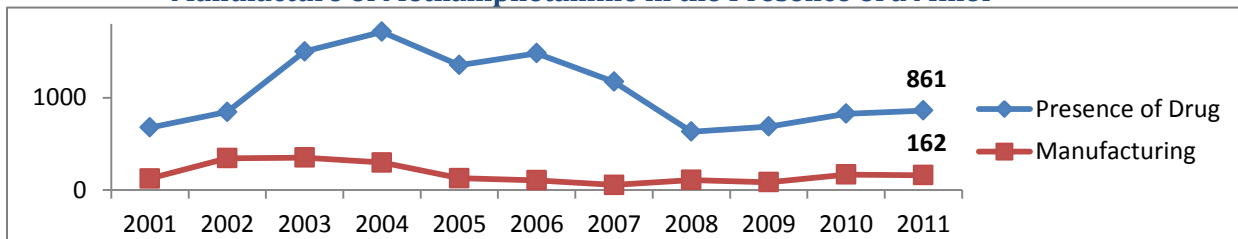
Current and Proposed Strategies

- Support community coalition, school-based, and statewide drug prevention efforts
- Assist school districts and communities in selecting the best evidence-based positive youth development programs and prevention in their target population
- Promote DPH's efforts with the Learning Supports initiative and the needs assessment
- Provide timely information on emerging drugs of abuse to interested parties
- Promote Partnership at DrugFreeIowa.org public service campaigns and media literacy
- Support administration of the Iowa Youth Survey

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

In 2011, the presence of illegal drugs in a child's body and manufacturing methamphetamine in the presence of a minor accounted for 1,023 founded child abuse reports. When all denial of critical care, presence of illegal drugs in a child's body and manufacturing methamphetamine in the presence of a minor are combined, they represent 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 generational cycle of addiction and abuse, dramatically improving children's futures.

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



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

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

What Works

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

Current and Proposed Strategies

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

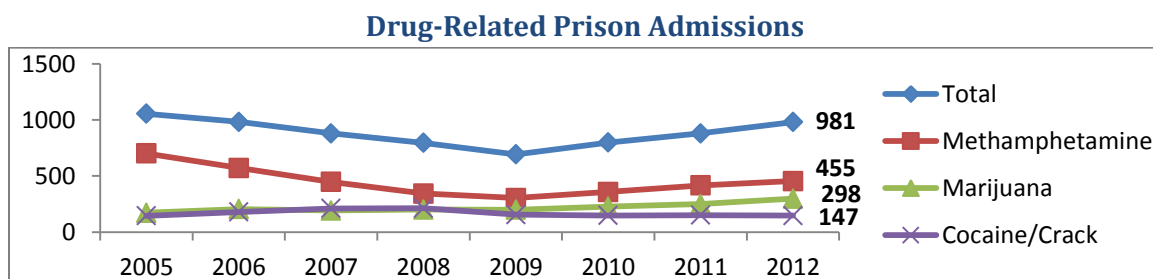


Chapter 3: Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

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

Reduce drug-related crime and associated prison admissions

According to the FY 2006 State Legislation Monitoring Report by the Iowa Department of Human Rights' Division of Criminal and Juvenile Justice Planning (CJJP), drug-related admissions constituted 32.2% of all prison admissions at their peak in 2004. FY 2005 saw the first reduction of drug-related prison admissions in a decade, and they continued to decline for five straight years. This reduction was largely driven by a sharp decline in methamphetamine cases after the implementation of Iowa's Pseudoephedrine Control Act in May 2005. However, the importation of meth through drug trafficking organizations has helped fuel an increase in meth related prison admissions. In FY 2012, there were 981 people imprisoned on drug charges. Of those, 455, or 50.9%, were meth-related.



Source: FY 2005-2012 [Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning](#)

What Works

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

Current and Proposed Strategies

- Support Iowa's Pseudoephedrine Tracking System to enforce laws, prevent smurfing, and reduce meth labs
- Support jail-based drug treatment programs
- Expand the use of Recovery Oriented System of Care with Public Health and others to take a more holistic approach to treatment that focuses on the individual's self, family, access to employment and follow-up care
- Continue use of drug courts and other programs to address the needs of offenders in each district
- Support early intervention programs for youth at risk for substance abuse and crime

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

Studies have shown that substance abuse treatment reduces drug use and related crime. The Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Public Health, Division of Behavioral Health, conducts an annual outcomes evaluation of publicly funded drug treatment clients. Findings from the 2011 report include:

- 84% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 36% at treatment admission to 60% six months since discharge from treatment
- 49% 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

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

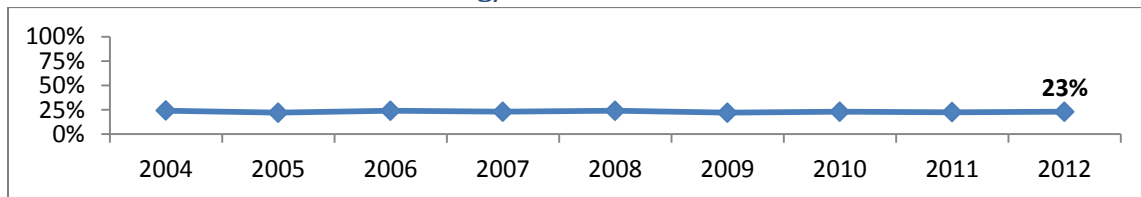
Current and Proposed Strategies

- Study distance or electronic treatment programs for efficacy
- Support the Iowa Medical Classification Center's efforts to provide centralized substance abuse assessments
- Promote jail-based drug treatment programs for substance abusers
- Continued use of drug courts and other programs to address the needs of offenders in each district
- Support continuing care programs to support the return of offenders to the community after completion of prison-based treatment programs
- Support the effective management and treatment of dual diagnosis offenders

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

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

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



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

What Works

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

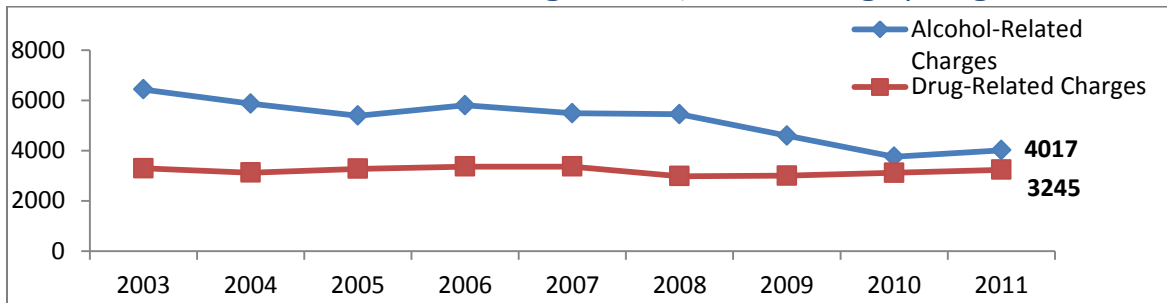
Current and Proposed Strategies

- Study distance or electronic treatment programs for their efficacy
- Promote healthcare professionals' utilization of the Prescription Monitoring Program
- Support manageable caseloads for probation officers
- Support structured, long-term transitional housing for released addicted offenders

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

Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their substance abuse. The adolescent brain is especially vulnerable to addiction. In 2011, 7,262 Iowa youth were charged with alcohol or drug-related crimes, such as OWI, possession, distribution, or supplying to a minor. The State Training School at Eldora and the Iowa Juvenile Home at Toledo provide highly structured, restrictive environments to assist teenagers who are adjudicated as delinquents or children in need of assistance (CINA). In FY 2011, 66.6% of the youth at the State Training School were in need of substance abuse treatment. The average age of admittance was 16.65 years and the average length of stay was 10.87 months.

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



Source: CY 2003 - 2011, [Iowa Justice Data Warehouse](#)

What Works

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

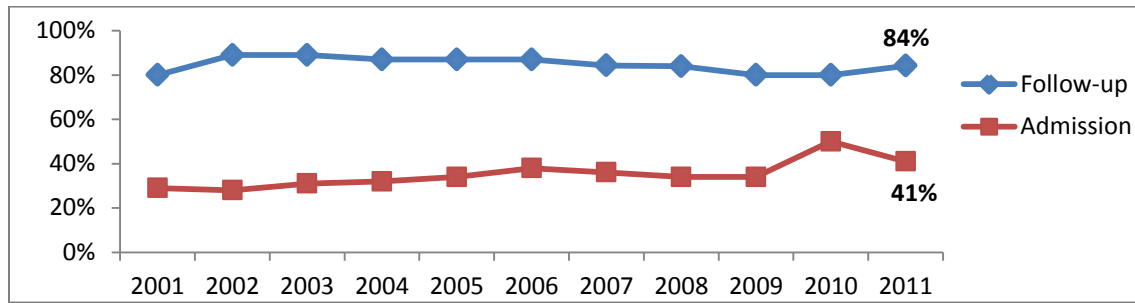
Current and Proposed Strategies

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

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

Forty-one percent of treatment clients who participated in the Year Fourteen Outcomes Monitoring Study for 2011 had arrests prior to treatment. But, six months after treatment, 84% of clients had no arrests. Substance abuse treatment can be successful. But there are factors that can increase the effectiveness of treatment. Length of treatment and a client's level of motivation are major indicators of success. Treatment must be comprehensive and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on the addict, his or her family and friends, and the community.

Percent of Treatment Clients with No Arrests Six Months Post Treatment



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

What Works

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

Current and Proposed Strategies

- Support implementation of evidence-based treatment best practices
- Study distance or electronic treatment programs for their efficacy
- Support efforts for early identification of substance abuse through education and stigma reduction in high-risk populations such as children of addicts or the elderly
- Support prevention programming with identified high-risk populations
- Promote the Iowa Department of Public Health's Recovery Oriented System of Care and Access to Recovery Services



Conclusion

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

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

There is no doubt that actions of the past have helped stem the tide of synthetic drugs here in Iowa, yet we know that new compounds are emerging as we speak. To help shut down the merchants who deal in these substances, we must use innovative approaches such as the drug tax stamp law to reduce the incentive for profits from dealing synthetic drugs.

Although we’ve gained ground combating methamphetamine, much work remains. The state’s pseudoephedrine tracking system has shown itself to be an effective tool in disrupting the production of meth and its usage. Yet the bulk of our drug related prison admissions are driven by meth related charges. We must do more to stop the creation of meth in Iowa, while also decreasing demand for the drug and associated trafficking into Iowa.

Marijuana continues to be the most abused illicit drug in Iowa. Alcohol clearly continues to be the most abused but denied substance abuse problem in Iowa. Underage drinking continues to be a stubborn problem and one category where Iowa is above the national average.

We have also seen significant decreases in the reported use of Marijuana, Meth and Cocaine by 11th graders from 10 years ago, but the numbers from recent years are stable. We need to redouble efforts at this targeted population and drive down usage even further. Prevention specialists would note that if we can keep kids drug-free until age 21, they have a much higher chance of avoiding substance abuse problems later on in life.

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



Appendix One: Current Evidence-Based Programs and Promising Innovations

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

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

Community Coalitions: Coalitions have been shown to be effective in reducing alcohol and other drug use among youth and adults in their communities. These formal collaborations between professional and volunteer representatives of local sectors work toward a common goal of building a safe, healthy, and drug-free community. Effective community anti-drug coalitions focus on improving systems and environments. Iowa has several community coalitions, 19 of which receive federal Drug-Free Communities Support Program grants and two that receive funding to mentor new grantees. The Iowa Alliance of Coalitions for Change (AC4C) was established to promote greater networking and coordination among community coalitions.

Drug Court: Sometimes described as “help with a hammer,” Iowa Drug Courts provide drug-addicted offenders intensive community-based treatment and supervision as a less costly alternative to incarceration. If offenders don’t stay drug-free during the program, they can be sent to jail. A recent study by the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning, shows adult drug courts with judicial supervision appear to be the most effective model in Iowa. Currently, Iowa counties served by drug courts include Blackhawk, Dubuque, and Delaware in the 1st Judicial District; Woodbury, Plymouth, and Clay in the 3rd Judicial District; Harrison, Shelby, Audubon, Pottawattamie, Cass, Mills, Montgomery, Fremont, and Page in the 4th Judicial District; Polk in the 5th Judicial District; Scott in the 7th Judicial District; and Des Moines, Washington, Lee, Van Buren, Henry, Louisa, Appanoose, Monroe, Wapello, Davis, Jefferson, Mahaska, Keokuk, and Poweshiek in the 8th Judicial District. The Judicial Branch, working with the Department of Human Services and a federal grant has established Family Drug Treatment Courts in Iowa, to engage drug-affected families in supervised treatment and protect children. Currently Family Drug Treatment Courts are serving seven Iowa counties including Scott, Wapello, Linn, Polk, Cherokee, Ida, and Woodbury. In 2012, with the help of ODCP, Iowa Drug Courts also received a three-year grant to help close the gap between mental health care needs and services. Nine drug courts will receive the grant funding to enhance mental health services in the following counties: Blackhawk, Dubuque, Pottawattamie, Linn, Johnson, Scott, Des Moines, and Wapello. The project is expected to begin in early 2013.

Drug Endangered Children (DEC): The DEC initiative incorporates the principals of substance abuse prevention, intervention, treatment, child protection, prosecution, and drug enforcement to protect children from drug users, dealers and manufacturers. The DEC program, coordinated by ODCP, features law enforcement officers working side-by-side with DHS caseworkers, prosecutors, court officials and health care providers toward a common goal: protecting children. The DEC model is being adopted by Iowa communities, helping interested entities and stakeholders join together as a safety net for children and a way of encouraging custodial parents to deal with their addictions so that families can be reunited in healthy ways.

Drug Enforcement: Iowa's multi-jurisdictional Drug Enforcement Task Forces often are the first line of defense against drug-related activities in Iowa communities. There are 20 established task forces covering 69 of Iowa's 99 counties. Local police and sheriffs' offices work in coordination with the Iowa Department of Public Safety's Division of Narcotics Enforcement and federal agencies. While the primary mission of Drug Task Forces is public safety through drug enforcement, data show they also play a major role in getting more drug-addicted offenders into treatment. There are 45% more treatment admissions that occur via the criminal justice system in counties that are covered by drug task forces than those that are not.

Iowa Prescription Monitoring Program (PMP): Though relatively new, the Iowa Pharmacy Board's PMP has the potential to be the prescription drug equivalent of an air traffic control system, allowing physicians, pharmacists and other health care providers to provide better patient care by coordinating the fast growing number of medicines being prescribed for individuals. Only 24% of prescribers, such as physicians, have registered for access to the PMP. Pharmacists are required to submit data, but not to consult the PMP. It appears that doctor shopping is down, but could decrease as more prescribers and pharmacists utilize the PMP.

Media Education and Literacy Campaigns: Media messages can influence knowledge, attitudes and ultimately behavior. From convincing teenagers not to smoke to reminding parents to talk with their kids about the dangers of drugs, educational campaigns involving media partners are another prevention tool that can help reduce substance abuse. One promising innovation, begun in 2011 by the Partnership at DrugFreeIowa.org, is a media education/literacy initiative, to help young Iowans decode advertising and other media messages, so they can make healthier choices.

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

Methamphetamine Precursor Controls: As a combination prevention and drug enforcement response, legislation regulating key ingredients used to make meth have proven successful in reducing Iowa meth labs by 73% since their peak. The implementation of Iowa's Pseudoephedrine Tracking System in 2010 has strengthened these efforts.

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

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

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

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

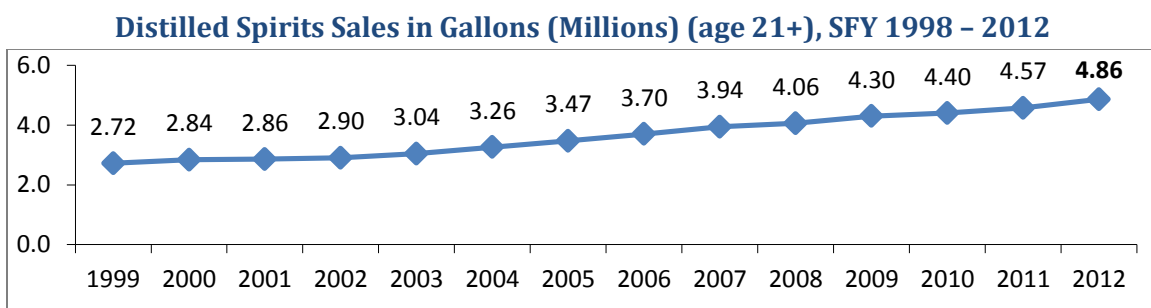
Substance Abuse Prevention: Preventing substance abuse spans the entire life cycle of humans, beginning with proper prenatal care and abstinence from substances of abuse to proper medication management by older adults. A wide array of prevention programming customized for delivery in schools, businesses and communities helps stop risky behavior by Iowa youth before it starts and can reduce misuse of drugs by adult Iowans. Often facilitated by prevention professionals, parents and other adult influencers can also play a role in the lives of youth, while an employer or spouse may be the person who influences an adult.



Appendix Two: Drug Use Profile

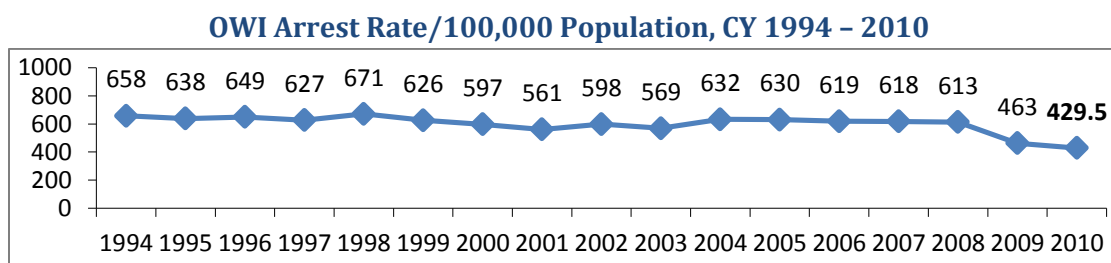
Alcohol Use/Abuse

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



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

This figure displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of millions of gallons of distilled spirits within the State of Iowa, and represents by inference the consumption of those beverages by adult Iowans. Alcohol consumption has steadily increased 79% over the past thirteen years reaching its current high of 4.86 million gallons in FY 2012. According to the Alcoholic Beverages Division, this translates to the average Iowan, over the age of 21, consuming a total of 2.23 gallons of distilled spirits in one year, in addition to 1.91 gallons of wine and 35.64 gallons of beer.

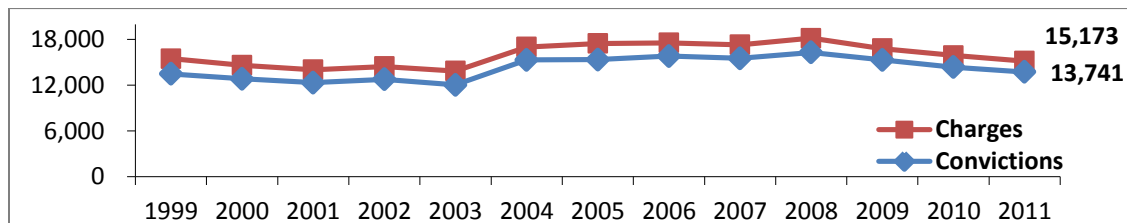


Source: [Iowa Department of Public Safety](#)

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

Appendix Two: Drug Use Profile

Reported Number of OWI Charges Disposed and Number of OWI Convictions, CY 1999 – 2011

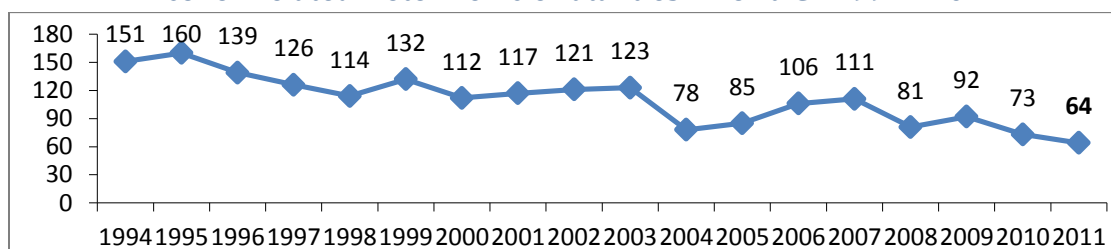


Source: [Division of Criminal and Juvenile Justice Planning](#)

*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.

Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 – 2011

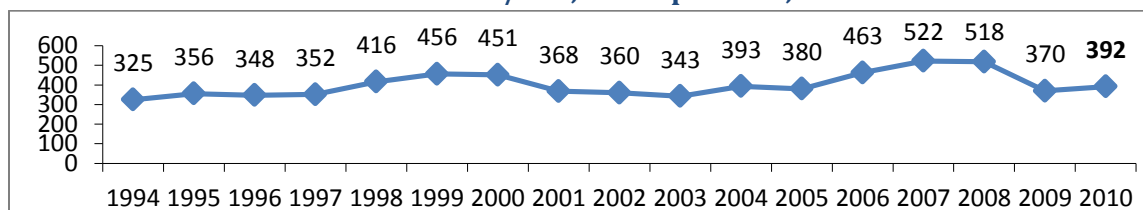


Source: [Iowa Department of Public Safety](#)

Alcohol related motor vehicle fatalities reported by the Iowa Department of Public Safety, Governor's Traffic Safety Bureau (GTSB), have varied significantly. However, in 2011, the GTSB reported the lowest number of alcohol-related fatalities in our state's history.

An examination of the rates for reported arrests for drunkenness (public intoxication) reveals the record high occurred in 2007. The rate has varied for many years.

Drunkenness Arrest Rate/100,000 Population, CY 1994 – 2010



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

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

Appendix Two: Drug Use Profile

Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 2012

Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	1,073 (24.6%)	25,635 (52.2%)	49.9%
Marijuana	2,883 (66.2%)	11,211 (22.8%)	26.3%
Methamphetamine	62 (1.4%)	5,540 (11.3%)	10.5%
Cocaine/Crack	9 (0.2%)	1,224 (2.5%)	2.3%
Other/Unknown	327 (7.6%)	5,527 (11.2%)	11%
Total			100%

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

Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2012

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85.0%	7.0%	1.0%	5.0%	0.5%	1.5%	22,471
1993	82.0%	9.0%	1.3%	5.0%	0.7%	2.0%	22,567
1994	78.0%	11.0%	2.2%	6.0%	0.8%	4.0%	25,328
1995	69.0%	14.3%	7.3%	6.0%	0.7%	2.7%	29,377
1996	64.0%	18.1%	9.1%	6.0%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60.0%	20.0%	12.0%	6.0%	0.5%	1.5%	38,347
1999	63.0%	20.0%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	0.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	0.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	0.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	0.4%	2.9%	44,528
2009	61.4%	23.2%	7.8%	3.7%	0.5%	3.4%	44,849
2010	58.6%	25.0%	8.8%	2.9%	0.7%	4.0%	44,904
2011	55.2%	25.7%	9.6%	1.9%	0.9%	6.7%	47,974
2012	49.9%	26.3%	10.5%	2.3%	0.9%	10.1%	50,870

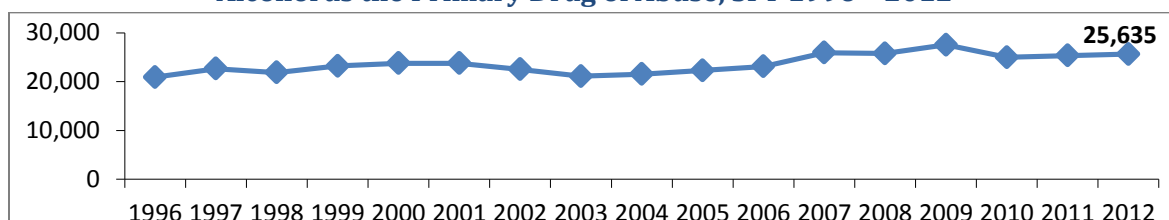
*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.

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

Appendix Two: Drug Use Profile

According to the I-SMART substance abuse data system, the number of clients screened/admitted for substance abuse treatment remains high. IDPH reported 50,870 clients screened/admitted in FY 2012, the highest number of clients ever admitted. The percent of clients with a primary substance of alcohol reached an all-time low of 49.9% in 2012, while the percent of marijuana clients reached an all-time high of 26.3%. Meth admissions are back on the rise, up to 10.5%. Crack/cocaine admissions varied a bit to 2.3%, while heroin admissions remained at an all-time high of .9%. The “other or unknown” category of admissions includes inhalants, synthetics, prescription drugs, other opiates, and unknown drugs. This category reached an all-time high in 2012 at 10.1%.

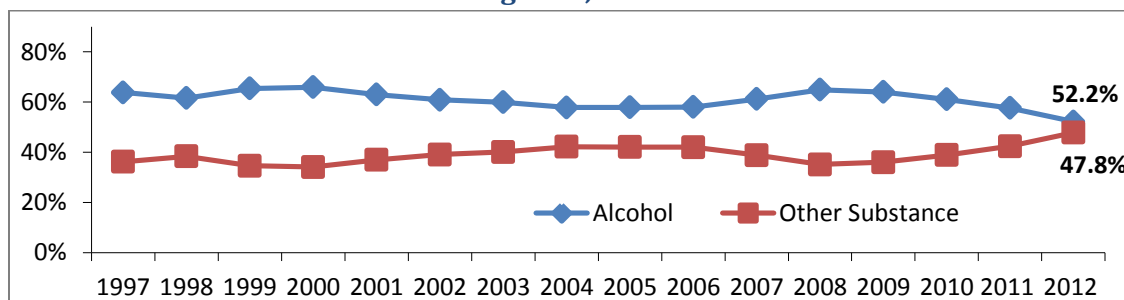
The Number of Adult Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2012



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

Iowa Department of Public Health data show that alcohol remains by far the number one substance of abuse in Iowa. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains at nearly 50%. In FY 2012, 25,635 adults and 1,073 juveniles were screened and/or admitted to treatment with a primary substance of abuse of alcohol.

Primary Substance of Abuse for Adults Screened/Admitted to Substance Abuse Treatment Programs, SFY 1997 – 2012

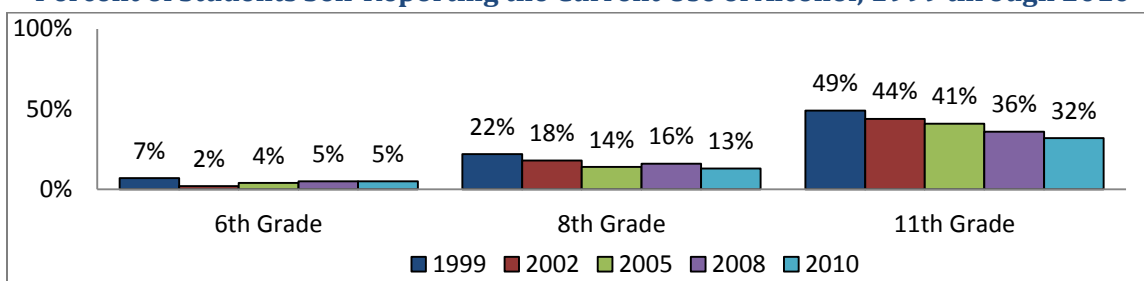


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

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

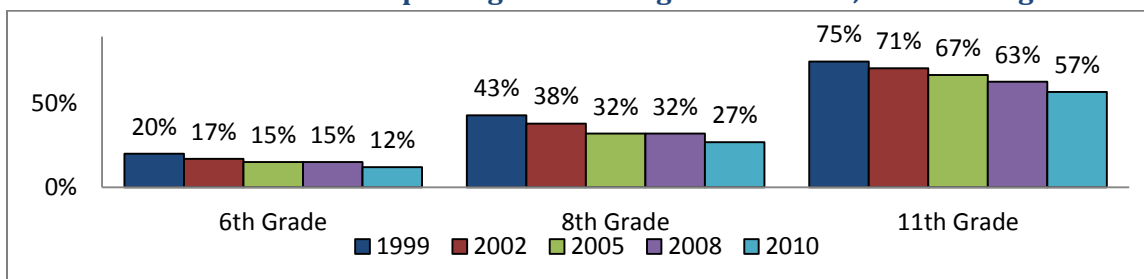
Appendix Two: Drug Use Profile

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



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

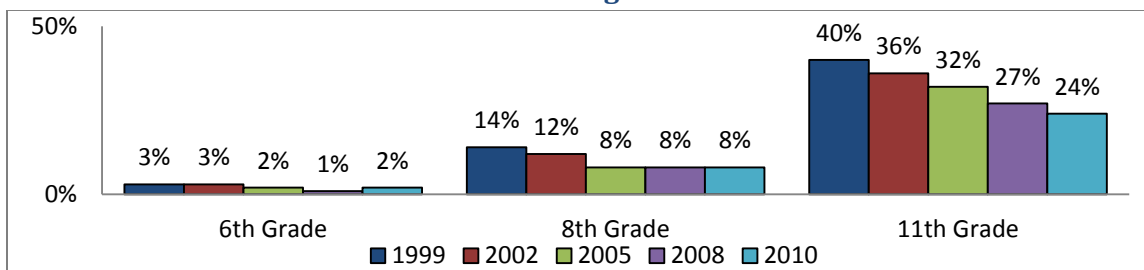
Percent of Students Self-Reporting Ever Having Used Alcohol, 1999 through 2010



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

While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2010 nearly one third (32%) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline or remain relatively steady.

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

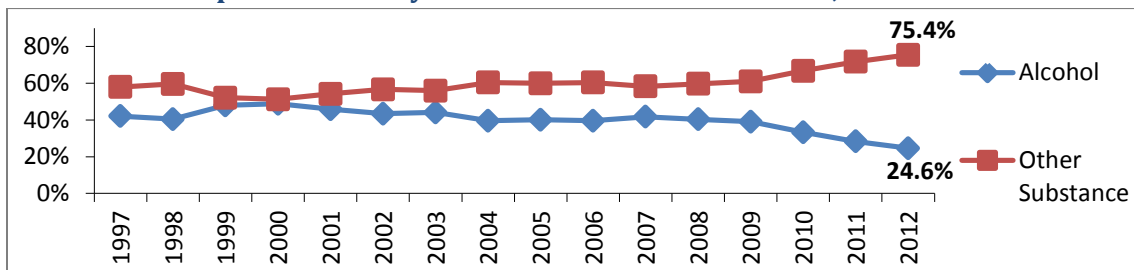


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Current (past 30 days) binge drinking (consuming five or more drinks at one time) by youth in grades 6, 8, and 11 as reported in the Iowa Youth Survey has decreased since 1999. However, Iowa reports over a 7% higher rate of binge drinking among youth than the nation and nearly one quarter of 11th graders reported binge drinking in the past month. The IDPH, Division of Behavioral Health, SARS/I-SMART substance abuse reporting system data show that youth screens/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse is at 24.6% of the total.

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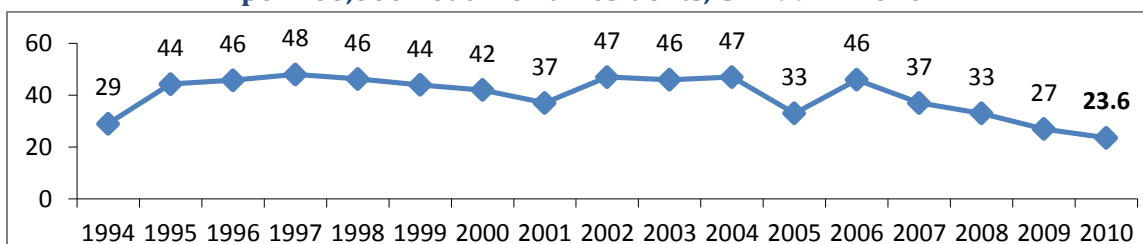
Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1997 – 2012



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

For the seventeen-year reporting period, juvenile OWI arrest rates have ranged from 23.6 to 48 per 100,000 in population. Reports for past years have shown a decline, to a low of 23.6.

Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2010



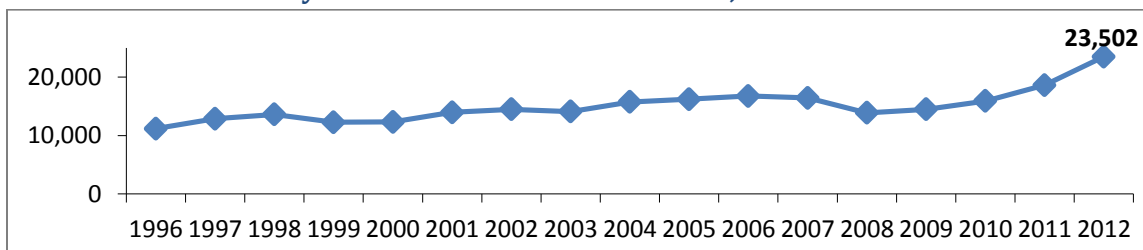
Source: [Iowa Department of Public Safety](#)

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

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

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. One indicator of illegal drug use in Iowa is the number of adults seeking substance abuse treatment for a primary substance of abuse other than alcohol. This number has continued to rise over the past seventeen years, and reached a new high in 2012.

Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2012

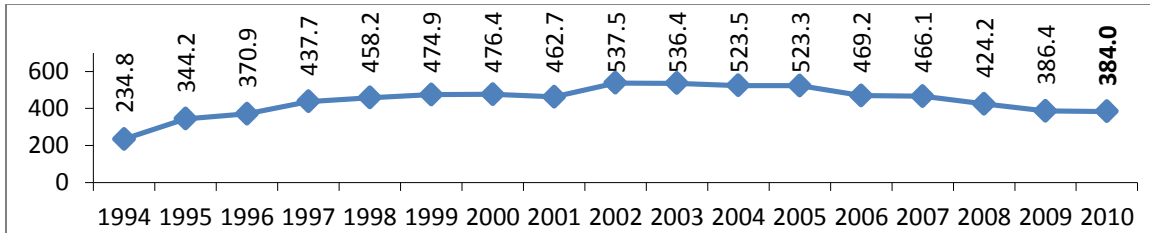


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

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

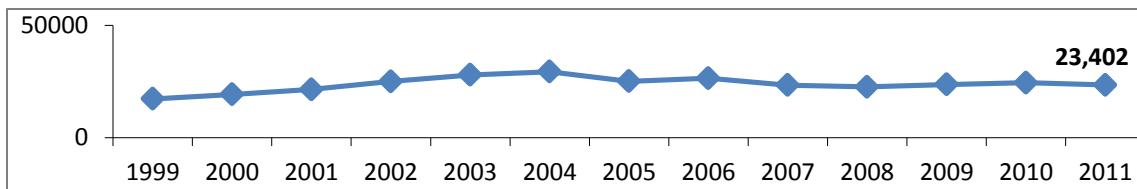
Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 - 2010



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

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

Drug Charges Disposed, CY 1999 - 2011

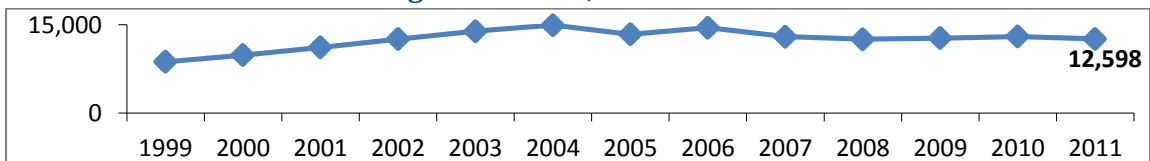


Source: [Criminal and Juvenile Justice Planning](#)

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

The number of indictable drug charges disposed by the Iowa District Court peaked in 2004 and has varied since. Drug related convictions have followed the same trend.

Drug Convictions, CY 1999 - 2011

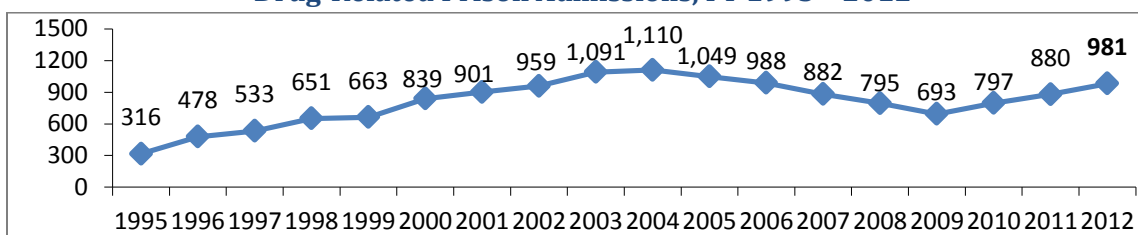


Source: [Criminal and Juvenile Justice Planning](#)

Drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning are another indicator of drug abuse levels. This data shows a 248% increase in drug-related prison admissions from 1995 to 2004. In 2005, a drop in meth lab incidents helped reduce drug related prison admissions. However drug-related prison admissions are again on the rise due in part to the increased availability of meth trafficked into the state. This figure shows the number of offenders admitted to prison with a drug offense as their lead charge.

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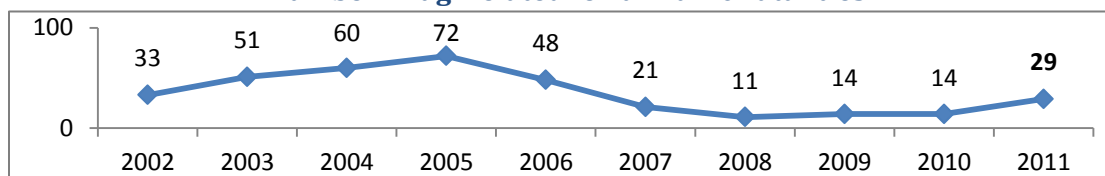
Drug-Related Prison Admissions, FY 1995 - 2012



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

Eight percent of all Iowa traffic fatalities last year were drug-related fatalities. This number is the highest it has been in the past five years. In Iowa, a person commits the offense of operating while intoxicated (OWI) if that person operates a motor vehicle while under the influence of alcohol, drugs or a combination of both. The per se law makes the driver culpable even without any outward signs of intoxication. This is important to note when dealing with prescription drug abuse.

Number Drug-Related Iowa Traffic Fatalities



Source: CY 2002-2011 [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

In 2012, the Department of Corrections provided substance abuse treatment to only 50.8% of the addicted custodial inmates and 47.7% of the addicted offenders in community corrections.

Department of Corrections Institutional and Community-Based Substance Abuse Treatment FY 2003 - FY 2012

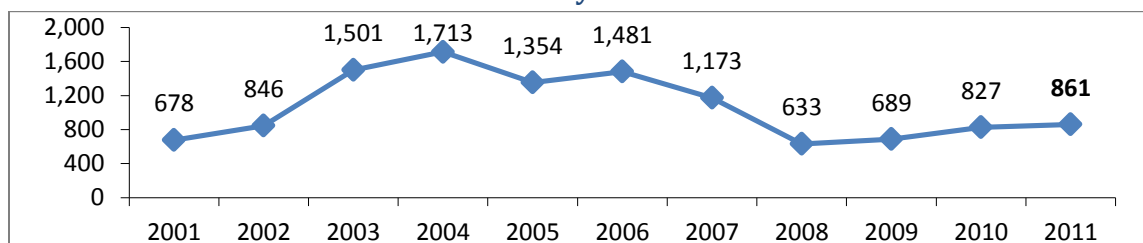
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Institutions										
Inmates in need of treatment	3556	4074	4369	4713	4374	4441	4440	3887	3903	4515
Inmates who received treatment	2279	2646	2669	2936	2618	2615	2535	2235	2046	2294
Percent	64%	64.9%	61.1%	62.3%	59.9%	58.9%	57.1%	57.5%	52.4%	50.8%
Community Corrections										
Clients in need of treatment	8762	10299	11920	12650	12921	13047	12434	12509	11660	11426
Clients who received treatment	4734	5413	5855	6201	6367	6315	6243	6176	5782	5446
Percent	54.0%	52.6%	49.1%	49.0%	49.3%	48.4%	50.2%	49.4%	49.6%	47.7%

Source: [Iowa Department of Corrections](#)

Appendix Two: Drug Use Profile

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

Confirmed or Founded Child Abuse Involving the Presence of Illegal Drugs in a Child's Body CY 2001 - 2011



Source: [Department of Human Services](#)

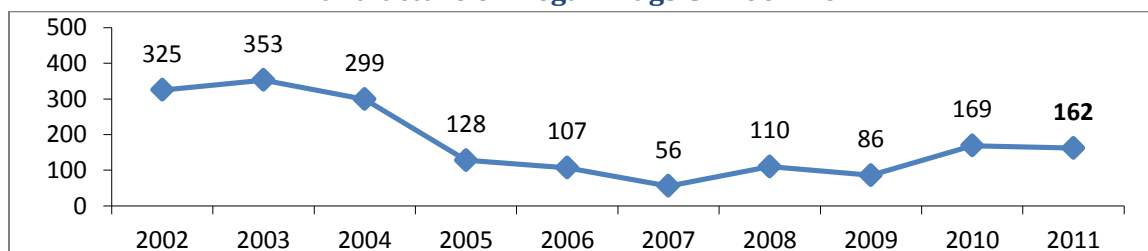
**Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years in this chart show only Confirmed cases.*

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

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

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

Confirmed or Founded Child Abuse Involving Caretaker's Manufacture of Illegal Drugs CY 2002-2011



Source: [Department of Human Services](#)

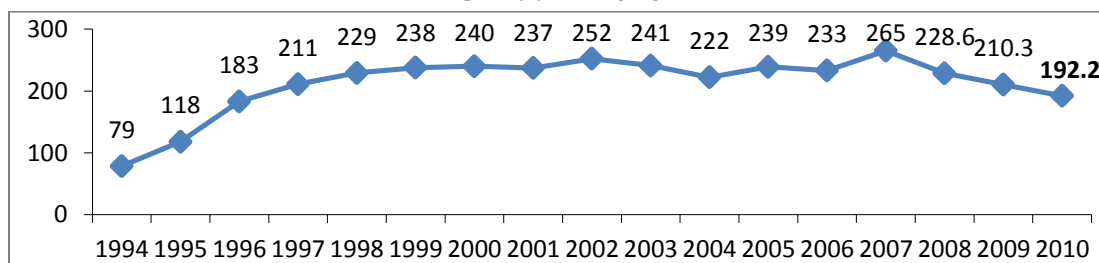
**Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years this chart show only Confirmed cases.*

Appendix Two: Drug Use Profile

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

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 in population in 1994 to a record 265 per 100,000 in 2007, an increase of 235% for that period. The arrest rate has since dropped 27%.

**Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses,
CY 1994 – 2010**



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

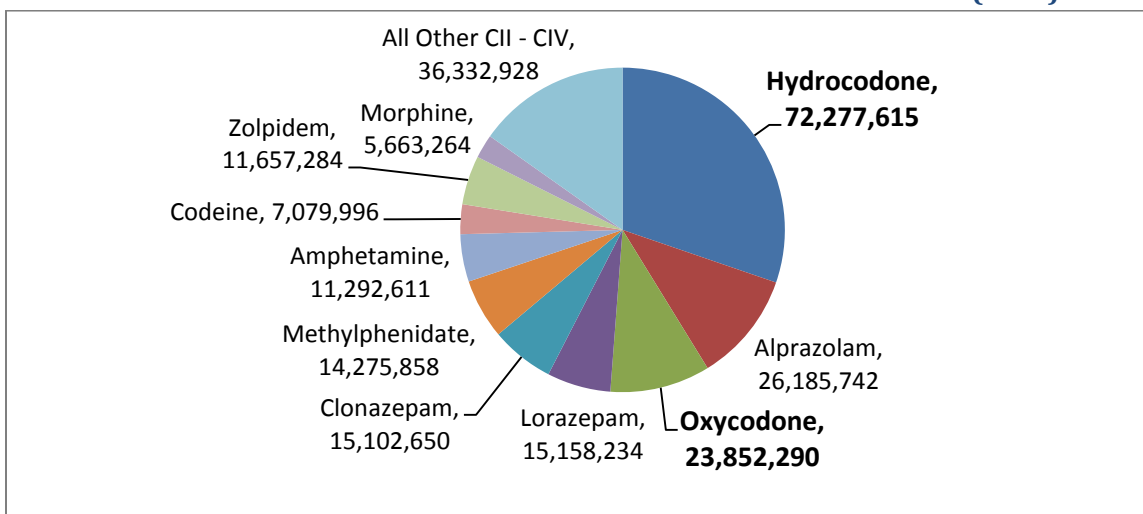
Prescription and Over the Counter Medications

The newest, and fastest growing, form of substance abuse by Iowans involves prescription and over-the-counter medicines. Teenagers tend to view these drugs as “safe,” and many parents are not yet aware of their potential for abuse. Stories of teens sharing pills to get high are increasingly common in Iowa communities. These drugs are easy to get, can be as potent and dangerous as illicit drugs, and are associated with criminal behavior. Prescription drugs most often abused are narcotic painkillers, stimulants, and central nervous system depressants.

The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. According to data from the Prescription Drug Monitoring Program, hydrocodone is the most prescribed drug in Iowa with over 72 million doses prescribed to Iowans in 2011 – comprising over 30% of all Schedule II – Schedule IV controlled substances prescribed in the State of Iowa. When combined with oxycodone, the number of doses prescribed to Iowans in 2011 totals almost 96,130,000 or over 40% of all CII – CIV controlled substances prescribed.

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Doses of Controlled Substances Prescribed to Iowans in CY 2011 (IBPE)



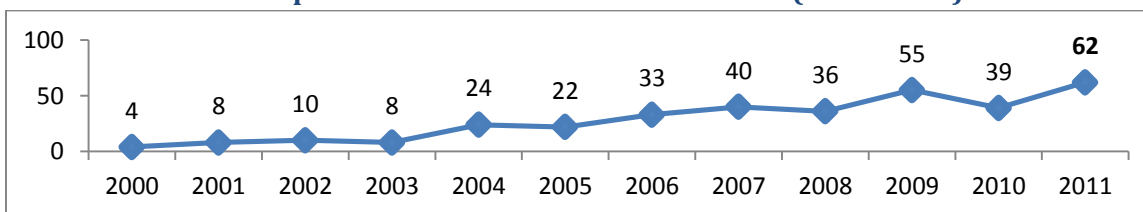
Source: [Iowa Board of Pharmacy](#)

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 115 pharmaceutical diversion cases and seized 13,999 dosage units over the past three fiscal years (2010 – 2012). Treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. Iowa Department of Public Health data show treatment screening/admissions for “other” drugs reached an all-time high of 10.1% in 2012. And, according to the 2010 Iowa Youth Survey, 7% of Iowa 11th graders have used prescription drugs for non-medicinal purposes.

The trends are clear. According to the Partnership at Drugfree.org, 2010 Partnership Attitudes Tracking Survey (PATs), one in four teens (25 percent) nationally report intentionally abusing prescription drugs to get high at least once in their lives.

The Iowa Prescription Monitoring Program (PMP) indicates possible doctor shopping and/or pharmacy hopping to obtain excessive amounts of prescription drugs. In 2011, there were 1,549 Iowans that filled CII – CIV prescriptions from 5 or more prescribers or pharmacies. Only 24% of prescribers, such as physicians, have registered for access to the PMP and the rate of usage is even lower. Pharmacists are required to submit data, but not to consult the PMP when filling a prescription. Iowa overdose deaths from “other opioids” – which include hydrocodone and oxycodone – increased more than 1,450%, from 4 deaths in 2000 to an all-time high of 62 deaths in 2011.

Iowa Opioid Pain Reliever Overdose Deaths (2000-2011)

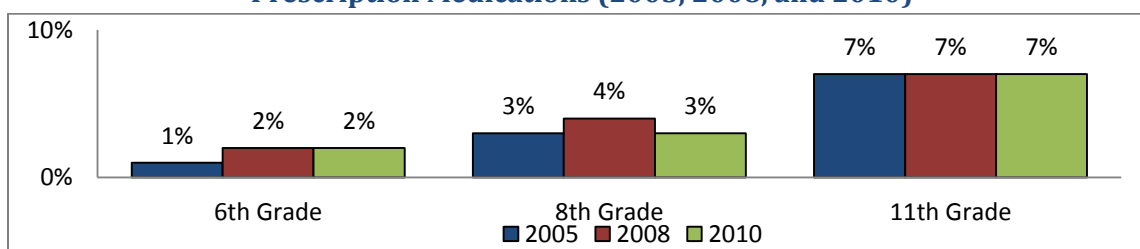


Source: [Iowa Department of Public Health, Division of Behavioral Health](#)

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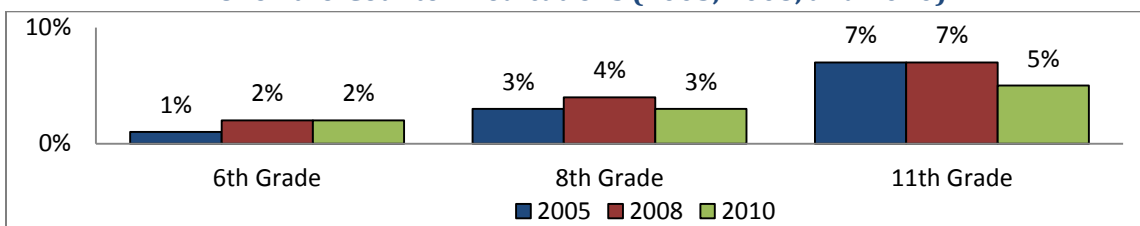
Attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not as dangerous as using drugs like methamphetamine. This in turn leads them to wrongly believe that using a medicine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

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



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

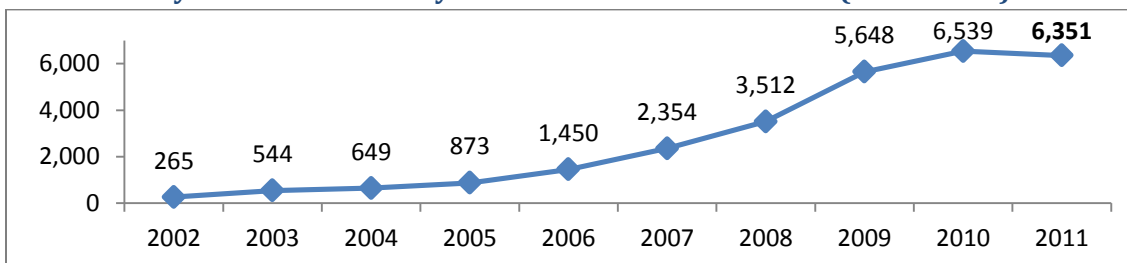
Percent of Students Self-Reporting the Current Non-Medical Use of Over-the-Counter Medications (2005, 2008, and 2010)



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

Painkillers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. In Iowa, public calls to the Statewide Poison Control Center to identify hydrocodone and oxycodone pain pills have increased **2,297%** since 2002, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa.

Hydrocodone and Oxycodone ID Calls from Iowans (2002-2011)



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

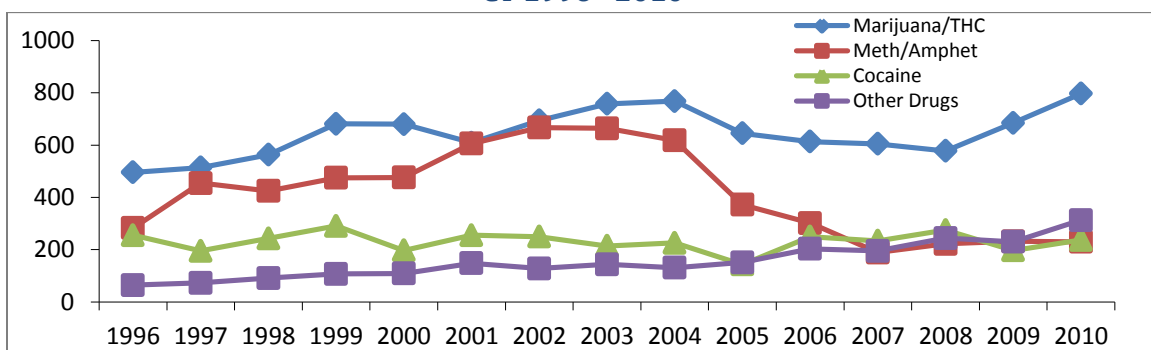
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Marijuana

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

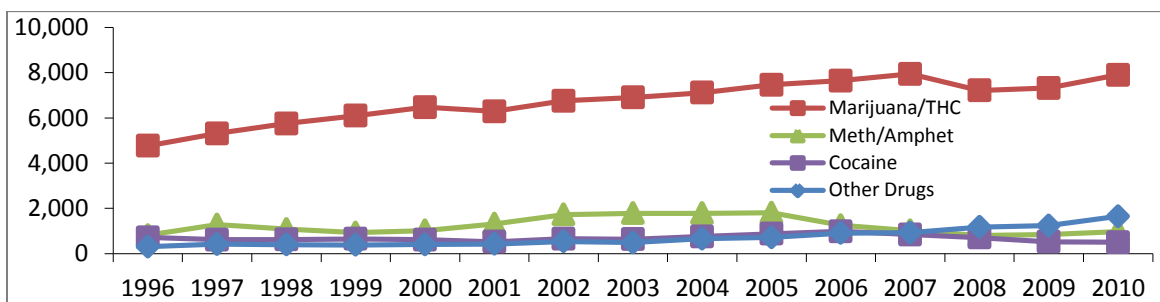
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

**Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type,
CY 1996 - 2010**



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

**Reported Offenses of Possession/Use of Drugs by Known Drug Type,
CY 1996 - 2010**



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

These figures illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. In CY 2010, 51% of reported arrests for offenses of manufacture/distribution of drugs, where the drug type was known, involved marijuana. Further, 72% of reported offenses for possession/use of drugs, where the drug type was known, involved marijuana. Additional analysis of the data indicates that the number of offenses involving possession or use of marijuana increased steadily from 1994 to 2007. 2008 was the first year Iowa saw a decrease in that number, but it rose again in 2009 and 2010.

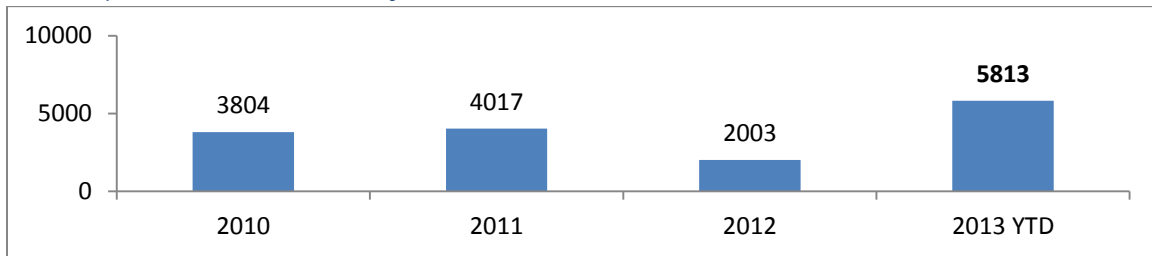
Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Laboratory reports that most of the

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marijuana it currently sees is made up primarily of the buds of the female plants, versus marijuana of the past which also contained inactive particles such as leaves and stems. The buds contain the delta-9-tetrahydrocannabinol (THC), which is the primary psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Recent marijuana eradication efforts indicate that since FY11, there has been an increase in the number of marijuana grows and, except for a reduction in plant counts for FY12, an increase in plants seized. This trend will likely continue for the current year and into FY14. State and local law enforcement will continue to respond to these grows as this type of controlled substance manufacturing is the beginning of the distribution process.

Marijuana Plants Seized by Division of Narcotics Enforcement FY2010-2013 YTD



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

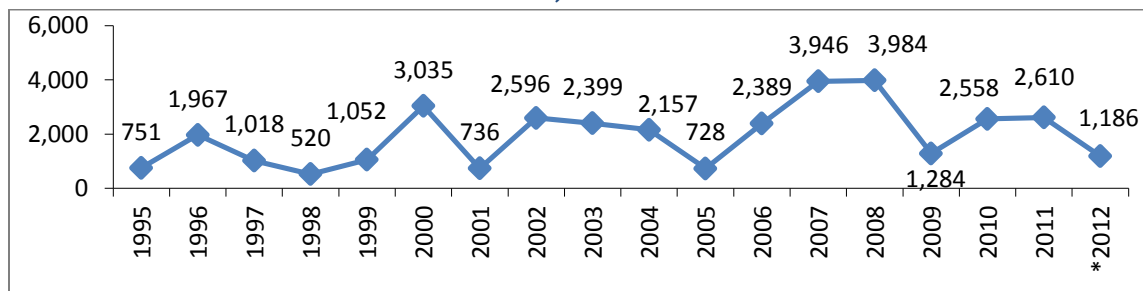
In recent years, “cartel growing operations” have been discovered in the southern part of Iowa. These grows typically take place on private property where the land owner is not aware of the operation, the grow plots are in densely wooded remote areas of the property and encampments are established at the grow sites so the plants can be tended to on a regular basis by those living in the encampments. These grows present several unique challenges such as the possibility of armed encounters between unsuspecting hunters or farmers and those encamped with the grow operation. Negative environmental impacts may also exist from the destruction of mature native trees by fertilizers and chemicals being introduced into local water sources.

The plan to combat these growing operations involves joint training between the Division of Narcotics Enforcement, Iowa State Patrol and the Iowa National Guard’s Counter-Drug Unit. These grow sites tend to be large in nature and require the combined efforts of many agencies to effectively eradicate these sites, as well as investigate and prosecute the growers to the fullest extent possible. Iowa benefits greatly from having the Midwest Counter Drug Training Center housed at Camp Dodge in Johnston. This unique facility can be used to conduct inter-agency risk event planning and training sessions. It can also be used to rehearse and conduct training on planned eradication missions, and to stage for operations. National Guard aviation assets are also critical in the aerial reconnaissance, surveillance and potentially in the execution of operations involving marijuana eradication efforts. As grow sites expand in sophistication and remote locations, new assets the guard can uniquely provide must be engaged in the effort.

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The Iowa Department of Public Safety (DPS) reported a new high in marijuana seizures in 2008. Marijuana seizures reported by DPS have fluctuated, but generally remain significantly higher than that reported in the 1990s. According to the DPS, marijuana submission rates are up, but there have been fewer large cases, such as highway drug interdiction stops, than in past years.

Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1995 – *2012

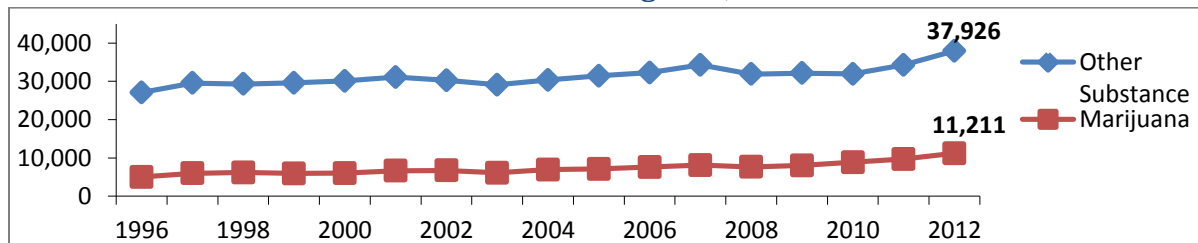


*Calendar year 2012 through Sept.

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 – 2012. This data reinforces the fact that despite misconceptions by some, marijuana can be an addictive drug.

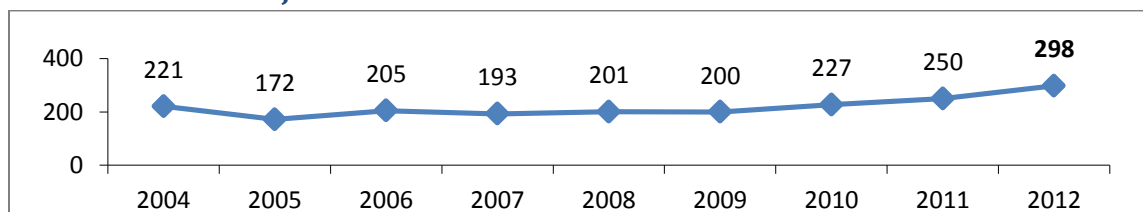
Primary Drug of Abuse for Adults Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2012



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

Between state fiscal year 1996 and 2012, the IDPH, Division of Behavioral Health, reported a 123% increase in the number of clients screened/admitted with marijuana as their primary drug of choice.

Marijuana-Related Prison Admissions SFY 2004 - 2012



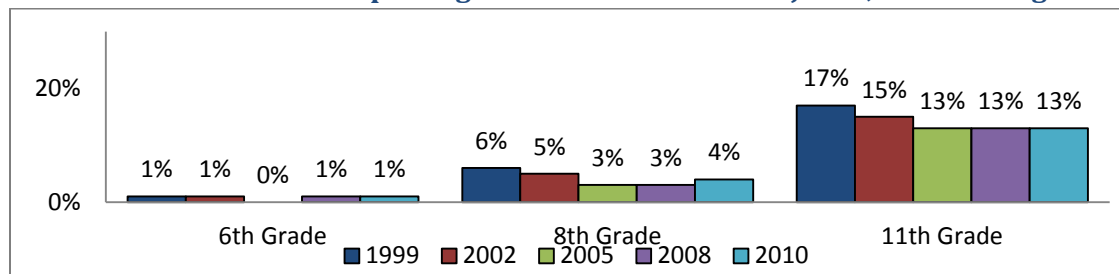
Source: [Criminal and Juvenile Justice Planning](#)

Appendix Two: Drug Use Profile

From 2004-2012, marijuana-related prison admissions increased from 16% to 30% of the drug related admissions. Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult lowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana. 90% of those admitted to prison with a primary charge of marijuana are convicted at the felony level. The most recent review of Iowa workplace drug test results, marijuana was the drug for which Iowa workers most frequently tested positive. Of the positive drug tests reported to the Iowa Department of Public Health over the past 7 years, nearly 60% were positive for marijuana. The next most prevalent drug was methamphetamine, at 15.8%.

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

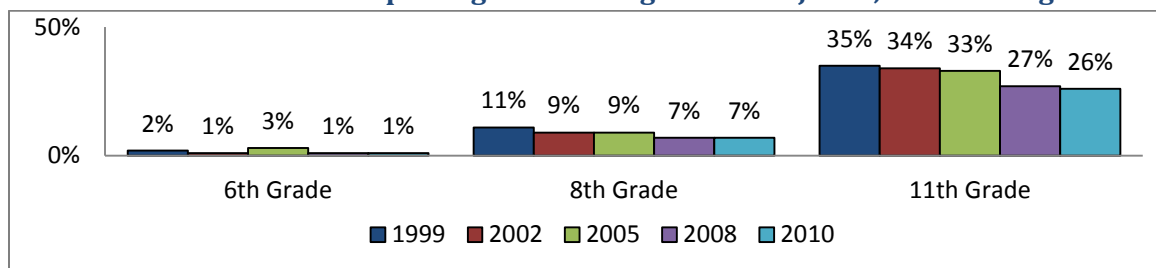
Percent of Students Self-Reporting the Current Use of Marijuana, 1999 through 2010



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

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

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

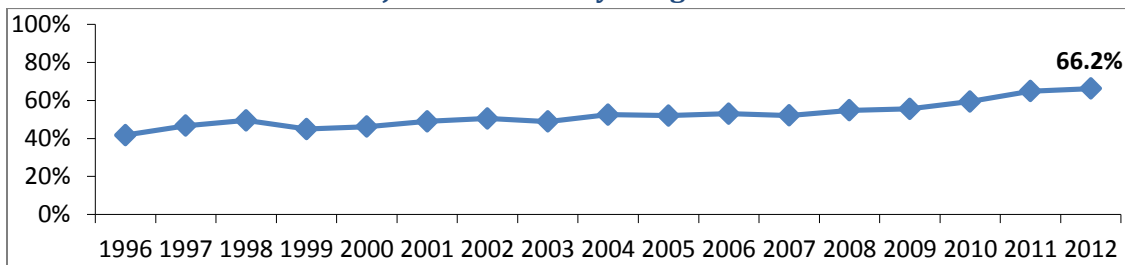


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Substance abuse reporting system data also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period of time included in this review. It should be noted that in SFY 2012, the greatest percentage of youth ever (66.2%) were screened/admitted for marijuana.

Appendix Two: Drug Use Profile

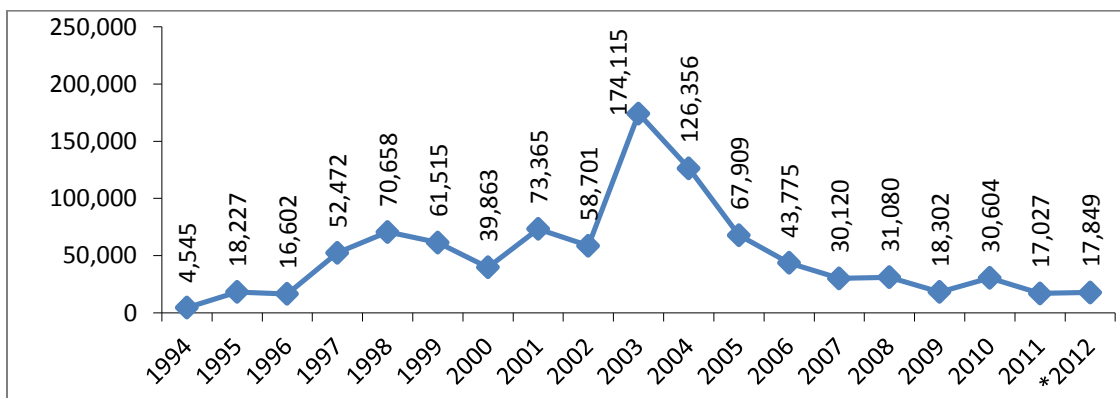
Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2012



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

Amphetamine/Methamphetamine

Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 – *2012



*Calendar year 2012 through Sept.

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

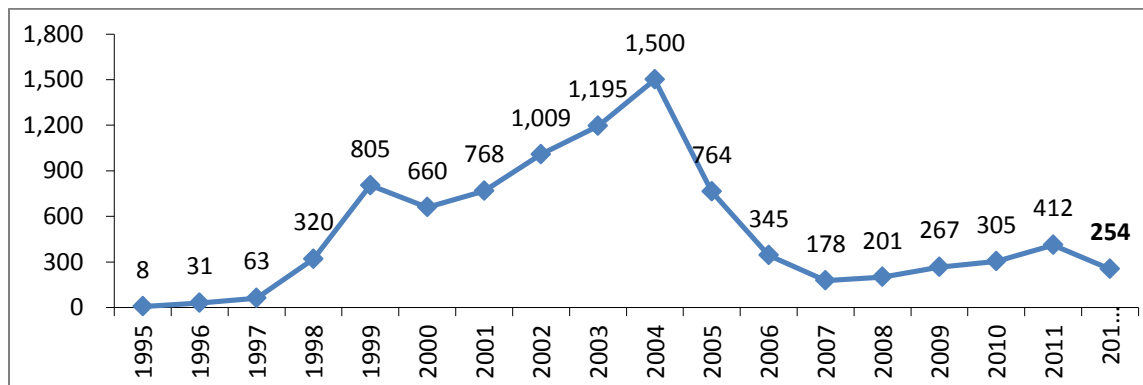
This figure illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003, the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. Since its peak in 2003, seizures of methamphetamine decreased every year until 2008. Since then it has varied.

The data displayed below demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement through calendar year 2004. In 2004, state and local law enforcement responded on average to 125 methamphetamine laboratories per month. Methamphetamine lab incidents hit a low in 2007. One new development contributing to the recent rise in the prevalence of methamphetamine labs is the emergence of “shake ‘n bake” and “one-pot” cooks. These methods generally use less pseudoephedrine and produce methamphetamine in smaller quantities, but are no less dangerous than other production methods. They are portable and unstable. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, serious hazards exist for children who come in contact with the waste or families impacted by flash fires from these cooks.

Appendix Two: Drug Use Profile

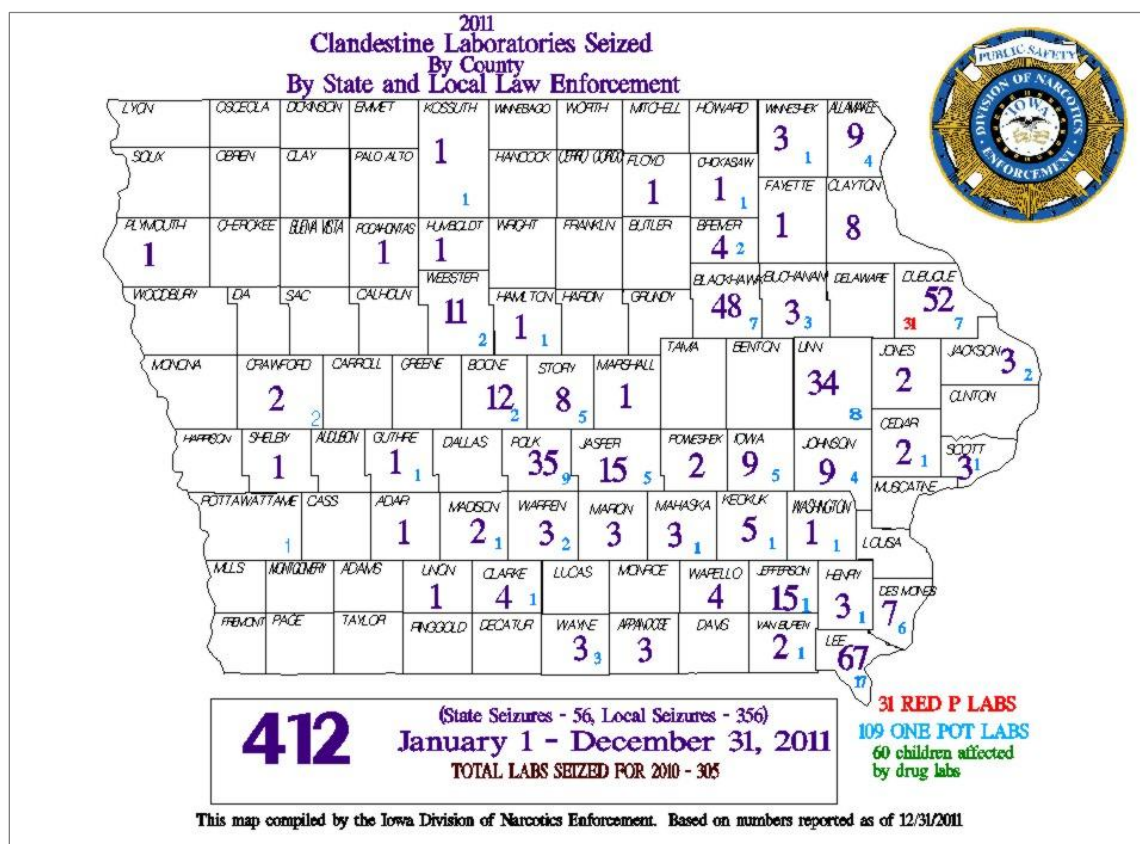
Due to their public safety threat, a substantial amount of time and resources is directed at responding to clandestine laboratories. In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. In 2009,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

State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 - 2012* YTD



*Calendar year 2012 through September 30

Source: [Iowa Department of Public Safety](http://www.iowa.gov/IDNE)



Appendix Two: Drug Use Profile

Beginning September 1, 2010, Iowa ODCP implemented an electronic Pseudoephedrine Tracking System called the National Precursor Log Exchange (NPLEx). NPLEx is a real-time tracking system, used by virtually all Iowa pharmacies as a stop-sale system. That is, transactions are immediately added to the system, directing the pharmacist to prevent a sale from taking place if the daily or monthly limits are exceeded. Blocking sales in real-time prevents smurfing and consequently the production of methamphetamine. In the two full years since implementing NPLEx, more than 48,000 illegal purchase attempts have been blocked, preventing the sale of over 281 pounds of pseudoephedrine, averting an estimated 1,000 additional meth labs.

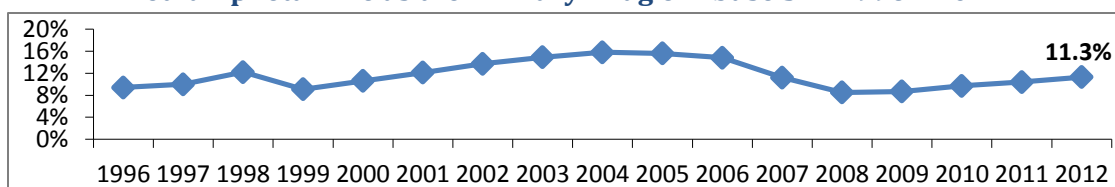
Iowa Division of Narcotics Enforcement Methamphetamine Seizure Price and Purity CY 1996 – 2012

	1996	1998	2000	2002	2004	2006	2008	2010	2012
Price	\$135	N/A	\$90	\$100	\$100	\$120	\$123	\$130	\$135
Purity	43%	14%	25%	16%	33%	40%	40%	79%	83%

Source: Iowa Counterdrug Task Force

Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. The price of methamphetamine per gram has fluctuated over many years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa seizures. Crystal methamphetamine smuggled into Iowa from Mexico and the Southwest U.S. has grown in recent years. The increase in crystal methamphetamine or “ice” is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute. The new one-pot and shake-n-bake methods are also reportedly producing purer methamphetamine. Methamphetamine purity was at an all-time high of 89% in 2011.

Percentage of Adults Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2012

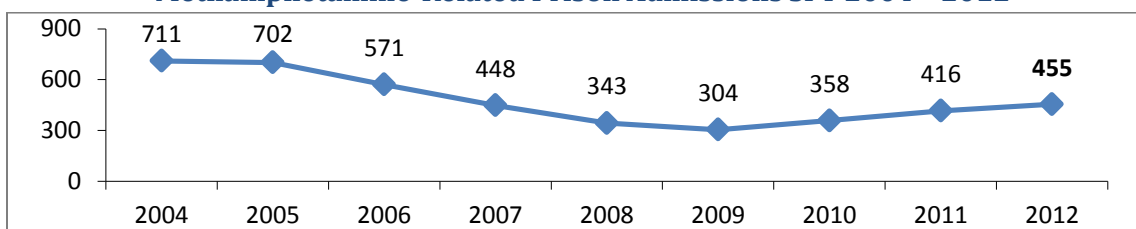


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Prior to the emergence of what has been referred to as Iowa’s “methamphetamine epidemic” in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the IDPH Division of Behavioral Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. As a percent of all screens/admissions, methamphetamine had diminished until 2008 when it reached its lowest point (8.5%) since the methamphetamine epidemic began. However, along with the recent increase in methamphetamine lab activity, the percentage has risen to 11.3%.

Appendix Two: Drug Use Profile

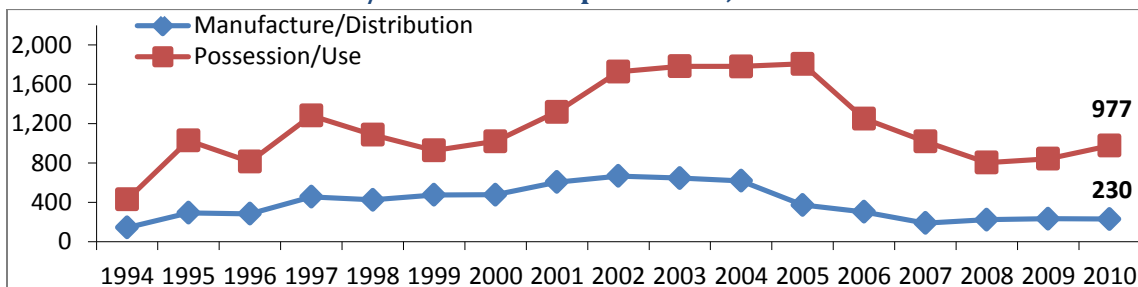
Methamphetamine-Related Prison Admissions SFY 2004 – 2012



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

From 2004 to 2009, methamphetamine-related prison admissions had decreased 57.9%. But, along with the rise in methamphetamine lab incidents, the number of methamphetamine related prison admissions has also increased.

Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 – 2010

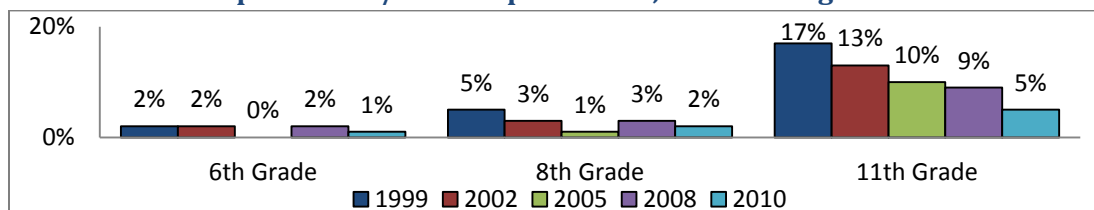


Source: [Iowa Department of Public Safety](#)

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

According to the 2010 Iowa Youth Survey amphetamine and methamphetamine use among the younger population has remained relatively stable. The percentage of eleventh grade students reporting “ever” using these drugs dropped from 17% to 5%.

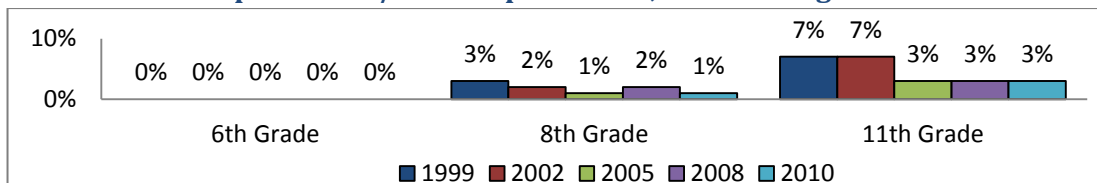
Percent of Students Self-Reporting Ever Having Used Amphetamine/Methamphetamine, 1999 through 2010



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

Appendix Two: Drug Use Profile

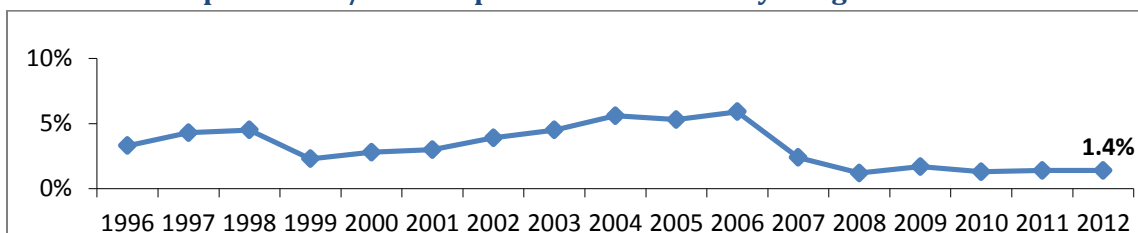
Percent of Students Self-Reporting the Current Use of Amphetamine/Methamphetamine, 1999 through 2010



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

Following several years of increasing youth screening/admissions for amphetamine or methamphetamine, the IDPH Division of Behavioral Health reported a significant reduction in SFY 2007, and the number has remained low since.

Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2012

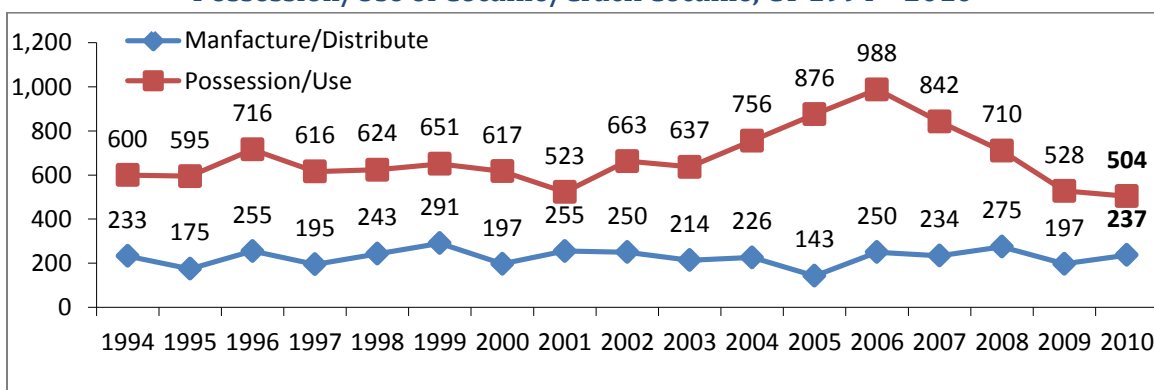


Source: [Iowa Department of Public Health Division of Behavioral Health – SARS/I-SMART](#)

Cocaine/Crack Cocaine

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

Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 – 2010



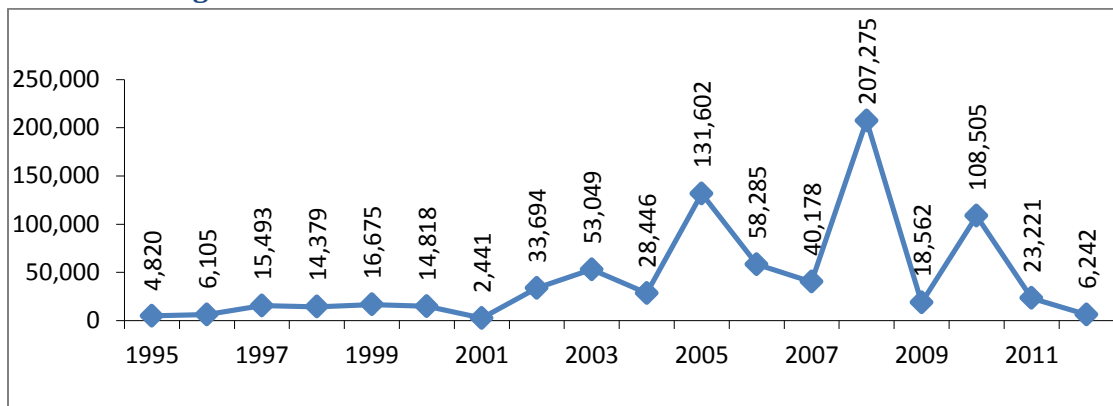
Source: [Iowa Department of Public Safety](#)

Appendix Two: Drug Use Profile

Cocaine possession/use offenses were at a fourteen year high in 2006 but have decreased over the past four years. In calendar year 2005, manufacture/distribution arrests posted a twelve year low of 143 per 100,000 in population.

In 2008 and 2010, the Iowa Division of Narcotics Enforcement reported having several large cases involving cocaine. So far in 2012, there have been fewer cases of cocaine/crack seizures.

**Cocaine/Crack Cocaine Seizures, in Grams,
Involving the Iowa Division of Narcotics Enforcement CY 1994 - *2012**



*Calendar year 2012 to date

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

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

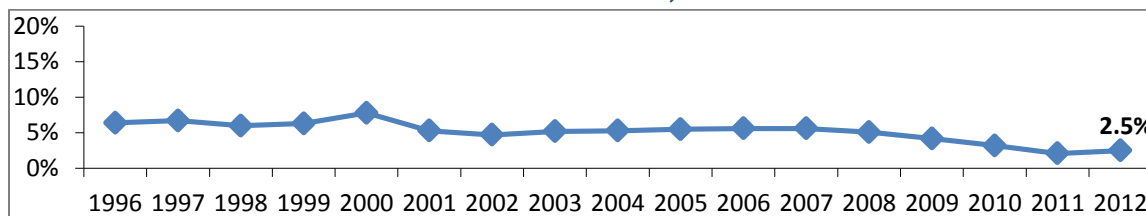
**Iowa Division of Narcotics Enforcement Cocaine Seizure Price
CY 1996 - 2012**

	1996	1998	2000	2002	2004	2006	2008	2010	2012
Price	\$130	\$130	\$150	\$150	\$100	\$110	\$80	\$125	\$130

Source: Iowa Counterdrug Task Force

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

**Percentage of Adults Entering Substance Abuse Treatment Programs with a Primary
Substance of Abuse of Cocaine, SFY 1996 - 2012**

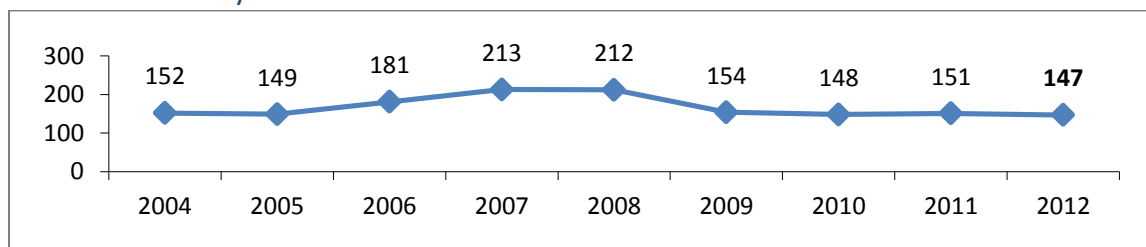


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Appendix Two: Drug Use Profile

Cocaine-related admissions to prison represented 15% of drug-related prison admissions in FY 2012. 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.

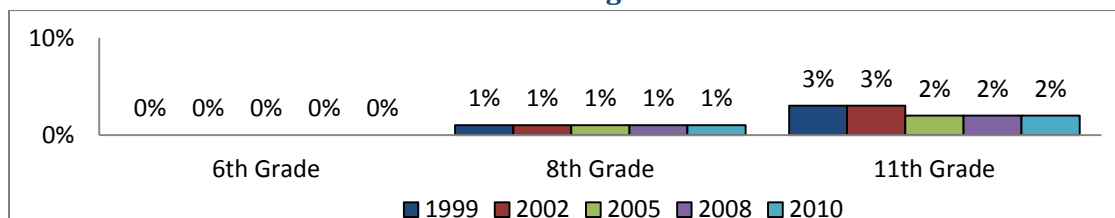
Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 – 2012



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

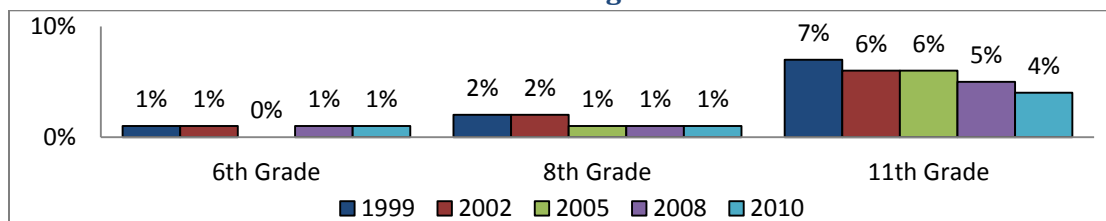
There is little reported use of cocaine/crack cocaine by Iowa youth. Overall there was little change in current cocaine usage between 1999 and 2008, but a large drop in reported lifetime usage occurred in 2010.

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



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

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

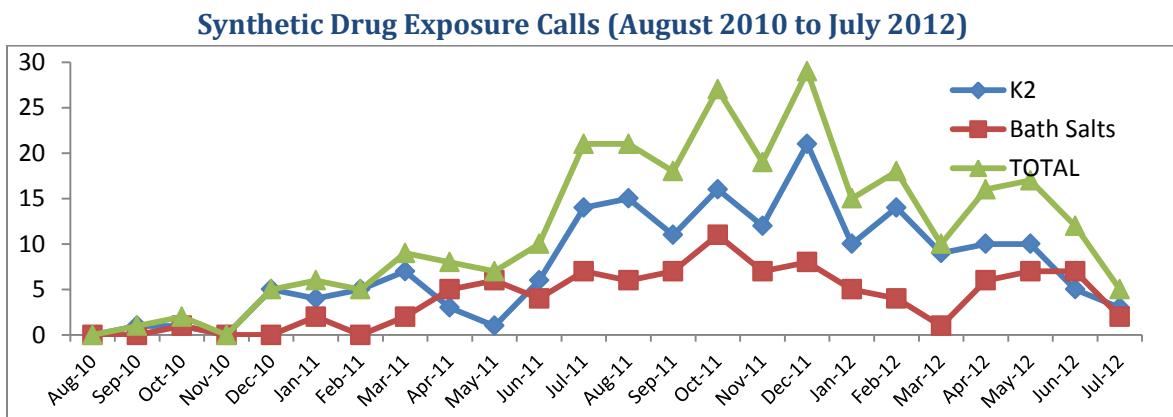


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Data regarding the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs while remaining constant for the past 15 years is also very low. In 2012 only .2% of the youth admitted to treatment cited Cocaine/Crack Cocaine as the primary substance of abuse.

Synthetic Cannabinoids and Cathinones

Another emerging threat to the health and safety of Iowans is the use of synthetic drugs. These substances, also known as synthetic cannabinoids and synthetic cathinones, are marketed as K2, Spice, and bath salts. The cannabinoids are herbal substances that are sprayed with one or more chemical compounds. They are marketed as incense and not for human consumption, but are often used by Iowa youth and at times produce dangerous hallucinogenic effects. The effects of Bath Salts mimic cocaine.

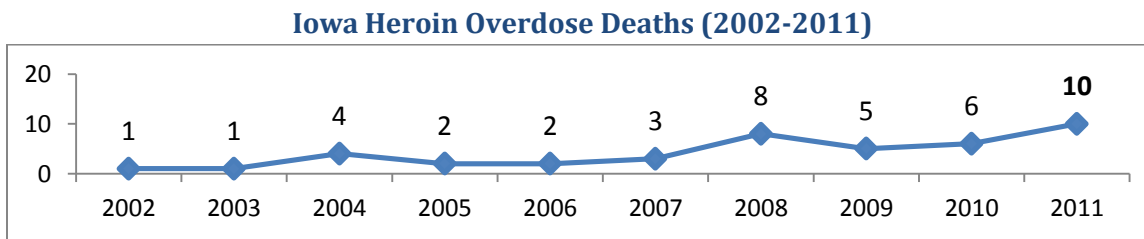


Source: [Iowa Statewide Poison Control Center](#)

For the first time, the number of cases submitted to the Iowa Crime Lab that contained one of the new synthetic compounds (50 cases) was higher than the number of cases submitted for cocaine (37 cases). In 2012 the Iowa Legislature passed, and Governor Branstad signed into law, perhaps the strongest legislation in the nation combating synthetic drugs. Our state law has become a model for others and was also adopted in part on the national level.

Heroin

Anecdotally, heroin use is on the rise in Iowa. According to Iowa Department of Public Health treatment data, heroin screening/admissions for treatment remain at an all-time high of nearly 1% of all treatment admissions. Although small, this number has more than doubled in just the past four years. As more and more people become hooked on prescription opioids, more end up turning to heroin. Heroin overdose deaths are up 900% from 2002 to 2011, from 1 death to 10.



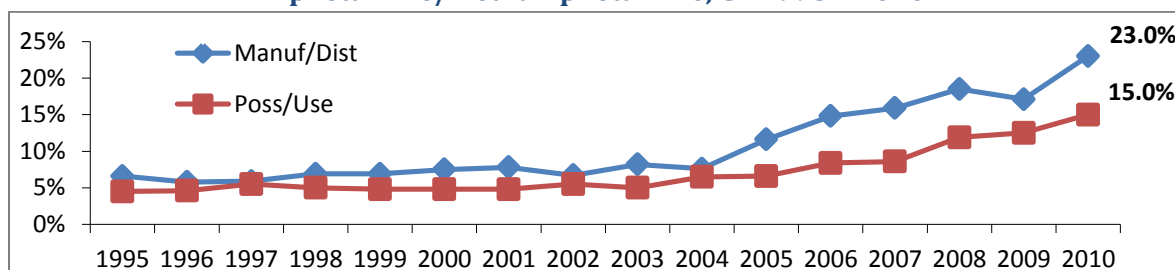
Source: [Iowa Department of Public Health, Division of Behavioral Health](#)

Appendix Two: Drug Use Profile

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, but their usage by drug abusers is currently relatively low.

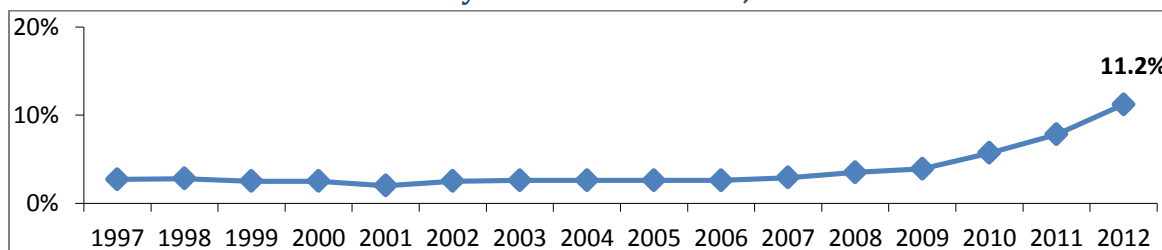
Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1995 - 2010



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

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

Percentage of Adult Substance Abuse Treatment Screening/Admissions with an Other or Unknown Primary Substance of Abuse, SFY 1997 - 2012



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

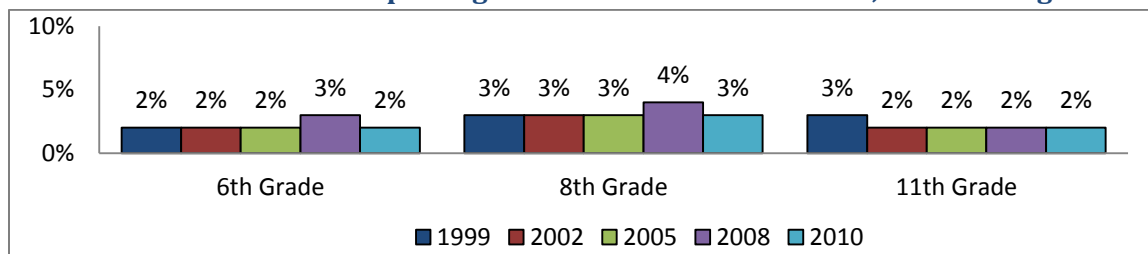
The figure above indicates the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is “unknown or other” has risen 331% in the past six years. This category could include prescription drugs, heroin, synthetic drugs, over-the-counter drugs, and/or inhalants.

Appendix Two: Drug Use Profile

Inhalants

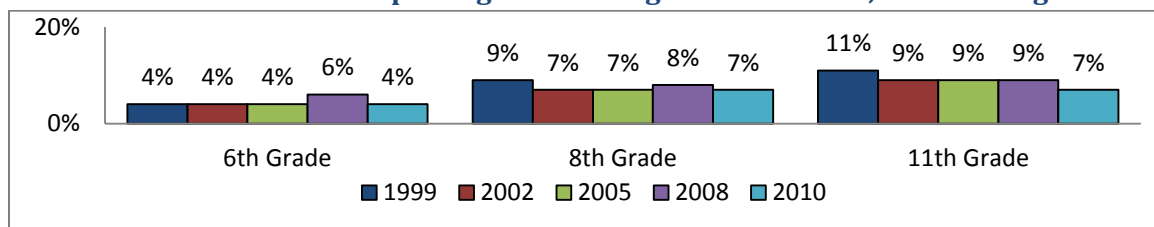
Inhalant use more often starts at younger ages and continues to be of concern. The perception of risk related to inhalant use is dropping. As attitudes weaken, abuse is more likely to increase.

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



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

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

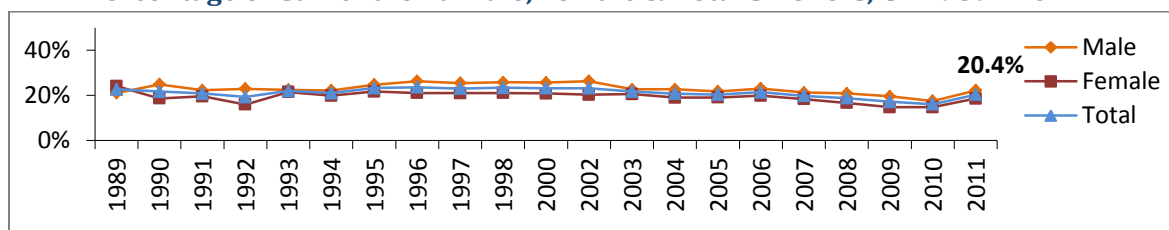


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Tobacco

Much data and information has been published by the federal Centers for Disease Control and Prevention and other organizations to inform the general public of the dire consequences of using tobacco products. These organizations estimate that annually 4,600 Iowans die as a result of smoking, and that smoking results in the loss of 13.4 years of potential life.

Percentage of Current Iowa Male, Female & Total Smokers, CY 1989 - 2011



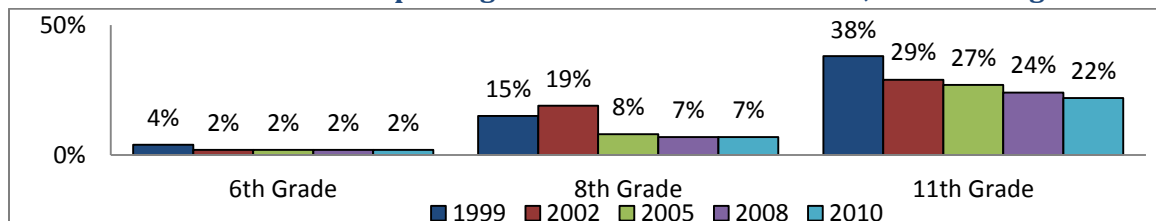
Source: [Centers for Disease Control](#)

The levels of tobacco use among Iowa Adults are published as part of the Behavioral Risk Factor Surveillance System (BRFSS). In 2010 the total percentage of smokers in Iowa reached its lowest point in twenty-one years, however, in 2011 this number rose.

Appendix Two: Drug Use Profile

The Department of Public health reports a new program with “Quit Coaches” was launched in 2012. Using principles based on 25 years of research and experience, a “quit Coach” assists a person in becoming an expert at living tobacco free.

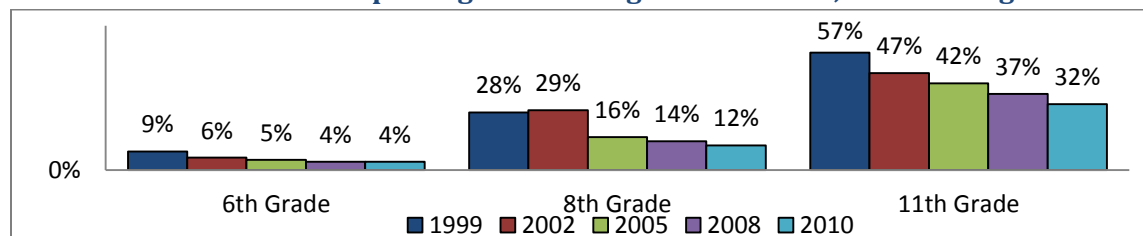
Percent of Students Self-Reporting the Current Use of Tobacco, 1999 through 2010



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

In 2010, less than one quarter of eleventh graders reported current use of tobacco. The most significant changes in both current and past use of tobacco occurred among students in grade 8. In 2010, 7% of 8th graders reported current tobacco use, a decline of 63% from 2002.

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



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



Appendix Three: Funding Information

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

Total Estimated FY 2013 Substance Abuse & Drug Enforcement Funding (By Agency)

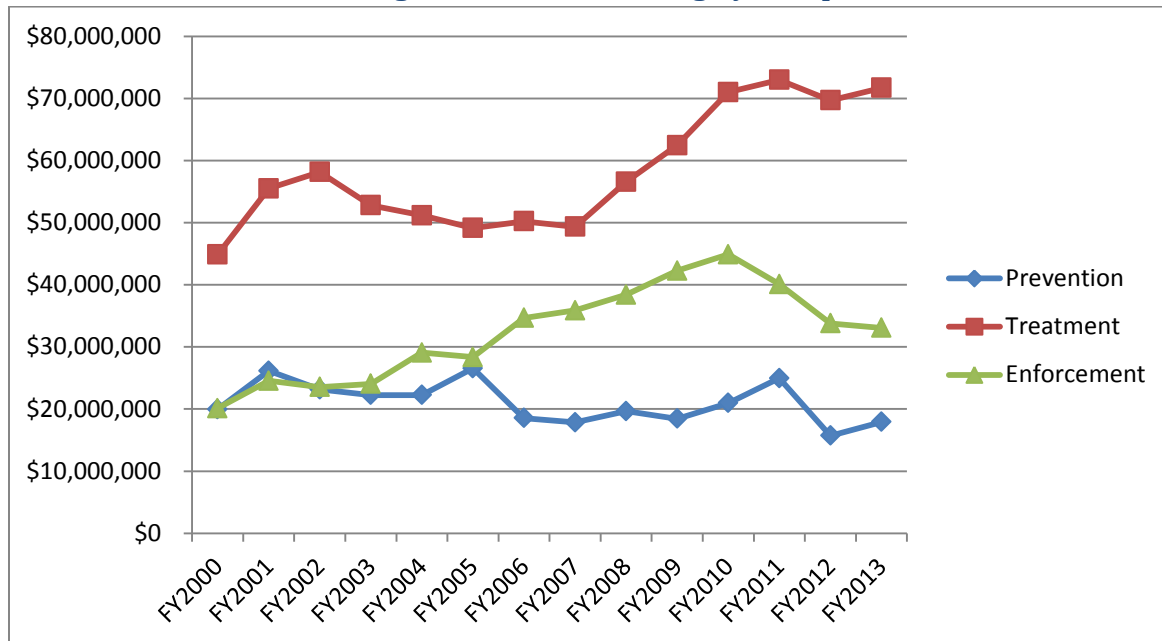
Agency	Prevention	Treatment	Enforcement	Total
DPH, Behavioral Health	\$7,847,177	\$30,834,112		\$38,681,289
DHS, Medical Services		\$26,085,787		\$26,085,787
DPS, DNE			\$15,314,343	\$15,314,343
DOC, Community Based		\$2,331,645	\$4,415,120	\$6,746,765
DPS, DCI			\$6,162,945	\$6,162,945
Office of Drug Control Policy	\$1,365,000	\$890,755	\$3,341,513	\$5,597,268
DPH, Tobacco	\$3,251,968	\$1,587,946	\$453,067	\$5,292,981
Dept. of Education	\$3,477,752			\$3,477,752
DOC, Institutional Programs		\$3,318,416		\$3,318,416
DHS, Child & Family Services		\$2,796,758		\$2,796,758
Iowa National Guard	\$198,680		\$2,295,020	\$2,493,700
Regents: U of I	\$693,859	\$1,757,116		\$2,450,975
DHS, Deputy Dir. of Field Ops		\$2,056,705		\$2,056,705
DHR, CJJP	\$165,000		\$638,199	\$803,199
Regents: UNI	\$299,756	\$48,240	\$96,701	\$444,697
DPS, GTSB	\$85,000		\$339,500	\$424,500
Regents: ISU	\$275,492			\$275,492
Iowa Veterans Home	\$269,881			\$269,881
Law Enforcement Academy			\$20,000	\$20,000
Total	\$17,929,565	\$71,707,480	\$33,076,408	\$122,713,453

Total Estimated FY 2013 Substance Abuse & Drug Enforcement Funding (By Source)

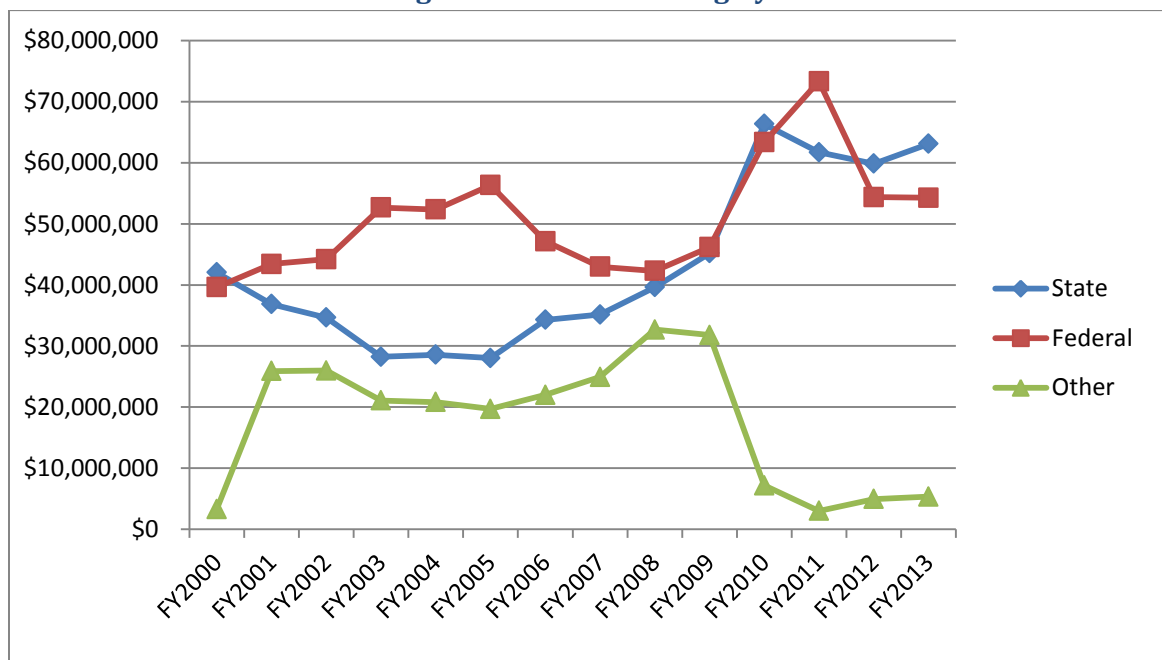
Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$4,152,329	\$35,598,876	\$23,341,017	\$63,092,222
Federal	\$11,506,288	\$33,528,339	\$9,241,406	\$54,276,033
Other	\$2,270,948	\$2,580,265	\$493,985	\$5,345,198
Total	\$17,929,565	\$71,707,480	\$33,076,408	\$122,713,453

Appendix Three: Funding Information

Iowa Substance Abuse & Drug Enforcement Funding By Discipline – FY 2000 - FY 2013



Iowa Substance Abuse & Drug Enforcement Funding By Source – FY 2000 - FY 2013



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

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

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

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

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

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

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



Acknowledgements

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

Iowa Drug Policy Advisory Council

Steven F. Lukan

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Department of Public Safety

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Iowa State Sheriffs and

Deputies Association

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Iowa State Police Association

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Judicial Branch

Non-Voting Members

Stephan Arndt

Iowa Consortium for Substance Abuse

Research and Evaluation

Col. Thomas Staton

Iowa National Guard

Steve Larson

Alcohol Beverage Division

Chief Mike Lashbrook

Iowa Police Chiefs Association

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