Iowa Drug Control Strategy

&

Drug Use Profile



Iowa Department of Public Safety
Office of Drug Control Policy

2026

Stephan K. Bayens, Commissioner

Table of Contents

TABLE OF CONTENTS 2

INTRODUCTION 3

EXECUTIVE SUMMARY 4

2026 IOWA ACTION PLAN 5

PREVENTION 7

TREATMENT 10

ENFORCEMENT 13

DRUG USE PROFILE 15

- General Iowa Drug Use Trends 15
- Alcohol 19
- Methamphetamine 22
- Marijuana 24
- Consumable Hemp 25
- Opioids (Prescriptions, Organics, and Illicit Synthetics) 26
- Prescription Drugs 27
- Heroin 29
- Synthetic Opioids 29
- Cocaine/Crack Cocaine 32
- Kratom 33
- Synthetic Cannabinoids and Cathinones 33
- Other Substances of Concern 33
- Tobacco/Nicotine Products 33

FUNDING INFORMATION 35

Introduction

The mission of the Iowa Department of Public Safety (DPS) is to serve the people of Iowa by providing public safety services with leadership, integrity, and professionalism. As a bureau within DPS, the Iowa Office of Drug Control Policy (ODCP) coordinates criminal justice funding and drug-related policy development. Our collective vision is for Iowa to continue to be a safe, healthy, and prosperous place to live and visit.

The 2026 Iowa Drug Control Strategy is a flexible blueprint designed to achieve maximum effectiveness on multiple health and public safety fronts, including: preventing drug use, treating addictive behavior, helping Iowans get into recovery, interrupting illicit drug trafficking, and reducing overdose deaths. This report highlights drug trends, tactical responses, evidence-based practices and promising approaches, a thorough action plan for addressing current and emerging needs, and a summary of associated funding that flows through state agencies. Continued progress in these areas is essential to further improving the quality of life of all Iowans.

Thank you to the numerous agencies and individuals who collaborated with ODCP on this year's Iowa Drug Control Strategy. With the overarching goal of informing policymakers, government professionals, private sector partners, and citizens so we may work together toward a healthier and safer Iowa, this document provides data-driven support for identifying priorities and directing responses in the State. With our mission, vision, and goals in mind; the Office of Drug Control Policy presents the 2026 Iowa Drug Control Strategy.

2026 Iowa Action Plan

The following priority areas and action steps were developed with Iowa data indicators, research, lived experiences, and input from subject matter experts. Areas of emphasis include the evolution of dangerous opioids, rapid distribution of new synthetic drugs, increasing poly-substance use, and ways in which greater drug potency and access are increasing the risk of other substance use.

Priority Area 1: Prevent short and long-term drug use, and associated dangers.

- Provide timely public education, alerts, and resources on emerging drug threats.
- Secure and safely dispose of prescription drugs to mitigate drug diversion and misuse.
- Implement environmental safeguards to prevent youth access to alcohol and drugs.
- Empower family and key influencers to talk with children and prevent substance use.
- Support community coalitions to prevent substance misuse, particularly among youth.
- Equip schools and employers with training to prevent and respond to substance use.
- Protect children from physical or psychological harm from others' risky behaviors.

Priority Area 2: Strengthen substance use response, referral, and crisis intervention.

- Expand multisource opioid antagonist access and utilization to reverse opioid overdoses.
- Enhance multi-disciplinary data sharing for timely and effective prevention and responses.
- Increase utilization of the Good Samaritan Act to promote timely drug overdose reporting.
- Prioritize referrals to treatment in drug interventions for long-term recovery.
- Expand SUD treatment referrals via primary healthcare professionals, hospitals, and clinics, using "Screening, Brief Intervention, and Referral to Treatment."
- Appropriately divert more drug-affected Iowans to SUD treatment and recovery services via deflection and diversion programs, treatment courts, and co-response models.
- Reinforce training and deployment of responses such as Crisis Response Teams (CRTs).
- Raise awareness and use of the 988 Suicide and Crisis Lifeline and www.YourLifeIowa.org.

Priority Area 3: Enhance access to effective treatment and recovery pathways.

- Increase the utilization of regional Mental Health and Substance Use Access Centers, as community diversion portals for care coordination and treatment services.
- Develop more Certified Community Behavioral Health Clinics (CCBHCs) to reduce barriers.
- Expand the number of sites for Medication Assisted Treatment (MAT) for opioid addiction.
- Enlist peer recovery coaches for addiction and post-overdose outreach.
- Recruit, train, and retain SUD treatment professionals in the workforce.
- Seek approval for pre-release Medicaid insurance for SUD treatment of the incarcerated.
- Refine the role of expanded telehealth services for SUD treatment.
- Increase support systems like Recovery Community Centers, peer recovery coaches, and faith-based support groups to help more Iowans succeed in and out of treatment.
- Develop more recovery housing to help Iowans facing barriers to overcome addiction.
- Expand the caseloads of Specialty Courts to provide more long-term supervised SUD treatment for higher-risk Iowans, while also instilling accountability for public safety.

Priority Area 4: Interrupt illicit drug trafficking.

- Expand multi-disciplinary data sharing for timely and effective law enforcement responses.
- Support collaborative law enforcement efforts to intercept illicit drugs trafficked in Iowa through drug task forces and postal and parcel shipment drug interdiction.
- Conduct ongoing law enforcement training on evolving needs and tactics.
- Empower Iowans to recognize and promptly report suspicious activities and threats.
- Advance efforts to stem the import and smuggling of illicit drugs into the United States.
- Collaborate with law enforcement outside of Iowa to interrupt dangerous drug trafficking.
- Utilize newly enhanced criminal sanctions to deter fentanyl and other drug trafficking that involves large amounts, targets youth, or kills or seriously injures a user.
- Quickly and clearly identify emerging drugs and inform the public with timely facts, while enforcing applicable laws and regulations.

Priority Area 5: Collaborate to demonstrate the power of people and partnerships.

- Parents, Family, and Influencers: Talk with youth, starting at home, about positive choices.
- Educators: Teach drug resistance skills, social media literacy, and how to get help.
- Youth and Adult Mentors: Lead by example by making healthy and safe choices.
- Behavioral Health Professionals: Prevent substance use and treat substance use disorders.
- Coalitions: Assess needs, create partnerships, build awareness, coordinate responses.
- Volunteers: Support community responses at multiple levels.
- Faith Community: Help families and members in need with education and referrals.
- Medical Professionals: Assess, treat, refer, and inform patients about behavioral health.
- Patients: Take, store, and dispose of prescription drugs responsibly.
- Law Enforcement/Prosecutors: Uphold public safety while diverting people to treatment.
- First Responders: Intervene, treat, and refer patients and their families.
- Case Managers: Help Iowans navigate behavioral health and other community services.
- Neighbors: If you see something, say something – Immediately notify law enforcement.
- Media: Alert Iowans to new or emerging drug issues, and where to get help.
- Local Officials: Set priorities, build consensus, and tailor responses to community needs.
- State Officials: Create and sustain drug policies that prioritize health and safety, decrease the normalization of substance use, interrupt the cycle of addition, and deter trafficking.
- Federal Officials: Take reasonable and targeted action to stem the flow of illegal drugs into our country and subsequently into Iowa.

Prevention

Substance use prevention consists of programming customized for delivery in homes, schools, businesses, and communities to stop risky behavior before it starts and to help reduce the use of alcohol and drugs. Prevention is a vital part of a comprehensive drug control strategy, and an effective way to build safe and healthy communities.

Data indicates youth use of alcohol, tobacco or marijuana can increase the risk of other drug use. Delaying the onset of drug or alcohol use is crucial. By using evidence-based, comprehensive prevention strategies in schools and communities, particularly while children are young, Iowa youth should report less substance use over time. The cumulative effect of many prevention efforts has resulted in declines in youth alcohol and tobacco use and sustained low rates of youth drug use.

Current Iowa Approaches to Substance Abuse Prevention:

988: The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential support 24 hours a day, 7 days a week. Iowans who contact 988 will be connected to trained crisis counselors who provide crisis de-escalation and link individuals to the services and support they need when they need it. Counselors provide seamless coordination with community-based crisis services, including warm handoffs to mobile response teams. Increasing use of 988 will:

- Reduce the strain on law enforcement and emergency medical resources.
- Reduce confusion about how to access services and enhance mobile response efforts.
- Increase contact with those knowledgeable about local services and ensure quality.

Age to Purchase Mobile App: The Age to Purchase App is a free mobile app that allows users to access the Age to Purchase Calendar. This calendar will calculate the age of a customer attempting to purchase alcohol or tobacco products. The app also has a built-in ID scanning function that can scan the barcode on an ID to help quickly determine age and validity.

Alcohol Compliance Checks: Iowa DPS and the Iowa Department of Revenue, Alcohol & Tax Compliance Division, implemented an alcohol compliance check program that promotes increased adherence to alcohol regulations and reduces illegal alcohol sales to minors. By ensuring that alcohol is sold responsibly, compliance checks reduce underage drinking and its harm, improve community health and safety, and foster a culture of responsibility in the retail environment.

Community Coalitions: Effective community prevention coalitions work to improve systems and environments. Coalitions are effective at reducing alcohol and drug use among youth and adults. Collaborations between professionals and local volunteers work to build safe, healthy, and drug-free communities. The Iowa Alliance of Coalitions for Change (AC4C) helps promote greater networking and coordination among Iowa's community coalitions.

Drug Abuse Resistance Education (D.A.R.E.): Taught by veteran police officers, D.A.R.E. reaches nearly 20,000 Iowa students per year. D.A.R.E. students learn to understand self-image, recognize and

manage stress, evaluate risk-taking behavior, apply decision-making skills to make healthy choices and avoid risky behavior, improve communication, and understand consequences.

Drug Demand Reduction Outreach: The Iowa National Guard Drug Demand Reduction Outreach (DDRO) program is a specialized unit within the Iowa Counterdrug Task Force that focuses on preventing substance misuse before it starts. Its primary mission is to reduce substance misuse through community-based prevention, technical assistance, and education. DDRO personnel work directly within Iowa communities to support, train, and provide tools to community leaders, coalitions, and organizations to combat illicit drug demand.

Drug Disposal Kit Dispensing Project: The Prescription Monitoring Program (PMP), Iowa Board of Pharmacy, and Iowa HHS, launched the community pharmacy Drug Disposal Kit Dispensing Program. All Iowa community pharmacies are encouraged to participate in the disposal kit program.

Hidden in Plain Sight (HIPS): The ODCP partnered with AC4C to provide HIPS backpack to agencies who train parents, caregivers, and educators on youth substance use trends in Iowa. HIPS backpacks are filled with stash containers and paraphernalia that can easily be mistaken for common items. This educational tool is portable and includes video and printed materials. Adults learn about the products, signs of substance use, and how to start a conversation with youth.

Integrated Provider Network (IPN): The Iowa HHS IPN is a statewide, community-based, resiliency- and recovery-oriented system of care for substance use and problem gambling services (prevention, early intervention, treatment, and recovery support). The IPN brings together three previously separate service systems: Substance Abuse Prevention, Substance Use Disorder Treatment, and Problem Gambling Prevention and Treatment.

Iowa Students for Tobacco Education and Prevention (ISTEP): ISTEP is a movement made up of young people who want to step up and take action to prevent or stop tobacco use by Iowa youth. ISTEP students create resources to bring attention to the dangers of tobacco use.

Media Education, Digital Literacy & Wellness Campaigns: Media messages can influence knowledge, attitudes, and behavior, especially at an early age where high-risk digital activities correlate with future high-risk behaviors. From convincing teenagers to exercise healthy choices to reminding parents to talk with their kids about the dangers of drugs, alcohol and tobacco/vaping products; educational campaigns involving media partners are another prevention tool that can help raise awareness and reduce substance abuse. One promising school-based innovation is a digital literacy and wellness initiative aimed at helping young Iowans decode advertising, social media, and other internet information and entertainment experiences so they can make healthier choices.

Medical Practice: Primary health care providers are adopting new approaches recommended for improving patient care and preventing the misuse of medications. For example, revised guidelines issued by the U.S. Centers for Disease Control (CDC) reference the appropriate prescribing of opioid pain relievers are becoming the standard for Iowa prescribers, insurers, and health care regulators. The Iowa Healthcare Collaborative also continues to assist Iowa's rural hospitals and communities by deploying evidence-based

best practices to improve behavioral health outcomes by decreasing opioid misuse and the morbidity and mortality of SUD in high-risk, rural communities.

Mentoring and Youth Development: Many Iowa communities utilize evidence-based mentoring programs to reduce the risk of youth substance abuse and criminal behavior, and generally to improve the lives of young Iowans. The Iowa HHS, Iowa DPS, and Volunteer Iowa fund several mentoring programs across the State.

Overdose Data to Action in States (OD2A-S): In 2023, Iowa HHS was awarded $2,507,303 a year for five years from the CDC to enhance the ability of state health departments to track and prevent nonfatal and fatal overdoses while also identifying emerging drug threats. OD2A-S emphasizes surveillance strategies and the promotion of evidence-based and evidence-informed interventions that have an immediate impact on reducing overdose morbidity and mortality, with a focus on opioids, stimulants, and polysubstance use. OD2A-S is a data-to-action framework that builds on the previous 2019-2023 OD2A iteration that reinforces the use of surveillance and other data to inform and drive prevention efforts and policies, with an emphasis on addressing health disparities.

Parent Partners: Iowa parents who overcome obstacles, such as addiction, and meet criteria established by Iowa HHS are trained to mentor other families navigating the child welfare system due to substance use disorders and other difficulties. Parent Partners collaborate with social workers and others to assist in family reunification, accountability, and keeping children safe.

Prescription Monitoring Program: The Iowa Pharmacy Board's Prescription Monitoring Program (PMP) allows prescribers, pharmacists, and other health care providers to improve patient care by coordinating the medicines that are prescribed for Iowans. As health care professionals' use of the PMP tool has risen in recent years, suspected prescription drug diversion or "doctor shopping" has decreased. Enhancements and changes in Iowa law have made the database more user-friendly and effective and ensure greater utilization of the PMP for patient care by health care professionals. Nearly all prescriptions are now sent electronically to pharmacies. Due to integrations with electronic health and medical records, the PMP has seen a dramatic increase in utilization.

Prescription Drug Take Backs: All Iowans can help prevent the illegal diversion and misuse of prescription drugs by safely disposing of unused medicines. There are nearly 400 permanent, year-round, authorized collection sites at Iowa law enforcement centers and community pharmacies in all 99 counties. In addition, the DEA hosts the National Prescription Drug Take Back Day every spring and fall. More information and a map of drop-off locations can be found on ODCP's website.

Strategic Prevention Framework for Prescription Drugs: In 2021, Iowa HHS was awarded $384,000 a year, for five years, to help reduce the misuse of prescription drugs for youth ages 12-17 and young adults 18-25 in three Iowa counties. The purpose is to raise community awareness about the dangers of sharing and misusing medications, as well as to work with pharmaceutical and medical communities to reduce overprescribing. These counties will use the data-driven Strategic Prevention Framework model to help increase the effectiveness of prevention outcomes.

Treatment

The use of alcohol and other drugs is associated with crime and delinquent behavior that disrupts family, neighborhood, and community life in fundamental and long-lasting ways. Effective substance use disorder (SUD) treatment has a long-term positive impact on the individual, their family, and their community. Treatment effectively works to reduce relapses and arrests, decrease hospitalizations, increase employment, and reduce costs associated with substance use disorders.

There are various proven and promising paths to recovery. For many, an arrest is the first step in a long process of rehabilitation and recovery. In Iowa, as many as 58% of the clients screened/admitted to SUD treatment are referred by the criminal justice system, and over 66% of all prison inmates have an identified substance use disorder. Studies have shown that SUD treatment reduces drug use and related crime. Iowans are safer when offenders have completed treatment.

Appropriate and effective SUD treatment is essential in breaking the cycle of addiction and promoting public safety. Treatment must be tailored, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change), and skills (how to change). Increasing treatment capacity is an important step in getting Iowans the help they need, when they need it. This requires an efficient alignment of resources to provide SUD treatment services with timely access, reliable assessments, proper types and levels of care, and follow-up.

Current Iowa Approaches to Substance Use Disorder Treatment:

Access Centers: The development of regional Mental Health and Substance Use Disorder Access Centers, as legislated in 2018, is providing for easier hand-offs and referrals to treatment. These centers provide immediate assessments for individuals with mental health or substance use issues. The centers are designed to immediately assess and treat and then refer to additional services if needed.

Crisis Intervention and Connection: Many Iowa law enforcement officers are receiving Crisis Intervention Team training (CIT) to better assist individuals with behavioral health disorders. Some law enforcement agencies are also working on pre-arrest or pre-trial diversion projects and co-response projects with behavioral health providers. Certain offenders who are assessed as low-risk and needing help are diverted from the justice system and into SUD treatment or other services.

Family First: The Family First Prevention Services Act restructured child services to improve outcomes. Key components include providing mental health services, SUD treatment services, parent education, and individual and family counseling. It also includes kinship navigator programs, designed to support relatives and fictive kin when a child cannot be safely kept in the home.

Iowa Opioid Help: The Iowa Attorney General's office developed IowaOpioidHelp.com to direct Iowans to treatment centers with an interactive map. The website also provides a pathway to recovery where visitors will learn about Medication Assisted Treatment (MAT), an FDA-approved method to reduce cravings and withdrawal symptoms for people with opioid use disorder.

Iowa Opioid Targeted Response Grants: The State Opioid Response 3 (SOR3) grant was awarded to Iowa HHS to support, increase, and improve the prevention, treatment, and recovery efforts that intend to reduce the negative impacts of the opioid and stimulant crises in the state. Iowa's SOR projects are consistent with the department's "recovery-oriented system of care" model that integrates substance use prevention, treatment, and recovery support services.

Iowa SUD Treatment: The Iowa HHS oversees more than 120 licensed SUD treatment programs. These agencies serve Iowans via a full continuum of care that includes all levels of outpatient services, halfway houses, residential treatment, detoxification, and medication assisted treatment. Tele-treatment has enhanced access to services and is being monitored for outcomes.

Medication Assisted Treatment: As an effective form of opioid treatment, efforts are underway to expand Medication Assisted Treatment (MAT) in Iowa. According to the SAMHSA Buprenorphine Treatment Practitioner Locator, Iowa has 182 prescribers listed with published information. More information can be found at Medications for Addiction Treatment (MAT) | Health & Human Services.

Opioid Settlement Funds: The Iowa Attorney General signed the opioid settlement in 2021. The settlement will bring $178 million to Iowa for opioid abatement over the next 18 years. Use of Iowa's funds is a work-in-progress and remains subject to the settlement's parameters, legislation enacted as of July 1, 2022, and forthcoming guidance. Both the Iowa Department of Health and Human Services and the Iowa Attorney General's Office are implementing processes to distribute these funds.

Opioid Overdose Reversal: Naloxone is an opioid overdose reversal drug available at nearly every pharmacy in Iowa. Facilitated by an Iowa HHS statewide standing prescription order, access to naloxone in Iowa has expanded significantly. Iowa businesses, organizations, and schools can request free naloxone for on-site use and Iowa HHS currently has two community-based naloxone distribution initiatives. More information can be found at naloxone.hhs.iowa.gov.

Overdose Intervention (Good Samaritan): Iowa's Good Samaritan program encourages Iowans to call for emergency help in the event of a possible drug overdose involving a controlled substance rather than fleeing the scene. In exchange for dialing 911 and remaining on the scene to cooperate with authorities, qualifying callers will not be charged with a crime. The program also provides limited immunity for people under 21 years old who seek help in the case of an alcohol overdose.

Pre/Post-Arrest Diversion to Treatment: Iowa has a mix of pre-arrest and post-arrest diversion, and deflection programs operating across the state. The programs enable law enforcement or prosecutors to connect people struggling with SUD to services. Communities formalize protocols to determine how low-level, low-risk individuals with a substance use disorder will be referred to a local care coordinator and directed to treatment or other services, rather than the justice system.

Recovery Community Centers: Four recovery community centers, run by people with lived experience, are currently operating in Iowa and more are scheduled to open in the next few years. Recovery coaches or peer support specialists help connect others to resources.

Second Chance Offender Reentry: A smooth transition from prison to a community environment prepares offenders to manage their lives in a pro-social, law-abiding manner, without correctional supervision. The Iowa Department of Corrections (IDOC) re-entry program addresses job training, employment assistance, education, mentoring, substance use disorder and mental health treatment, family-based services, literacy classes, and housing. The goal of Iowa's reentry programs is to improve public safety by reducing recidivism and lowering criminal justice system costs.

Smoking Cessation: Tobacco users who desire to quit may contact Quitline Iowa for tobacco cessation coaching services over the telephone or internet, 24 hours a day. Youth between the ages of 13-17 can use Iowa's free, new youth tobacco cessation program called My Life My Quit that also has a texting option. The program combines best practices for cessation of youth tobacco and vaping, including tailored resources and educational materials for quitting, and coaching services by phone, text, or online chat. Iowans over the age of 18 who are uninsured or on Medicare may also be eligible for eight (8) weeks of free nicotine replacement therapy in the form of gum, patches, or lozenges. Quit Coaches are trained and well versed in techniques helping e-cigarette users quit.

Specialty Courts: Iowa currently has 39 specialty courts that address the underlying problems driving an individual's contact with the justice system. These courts work intensively with community professionals to empower individuals to break free from substance use and mental health issues. Treatment teams include a judge, substance abuse treatment provider, attorneys, and private agency providers. Many of the specialty court programs located in one county also serve people from other counties in the judicial district.

State Pilot Program for Pregnant and Postpartum Women: The Iowa HHS was awarded a grant designed to: (1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, emphasizing the treatment of opioid use disorders; (2) help state substance use agencies address the continuum of care, including services provided to pregnant and postpartum women in non-residential based settings; and (3) promote a coordinated, effective and efficient statewide system, managed by state SUD agencies encouraging new approaches and models of service delivery.

Treatment for Individuals Experiencing Homelessness: The Iowa HHS was awarded a grant to provide case management and recovery support services to individuals experiencing different levels of homelessness who also have co-occurring SUD and SMI diagnoses. The program uses community outreach efforts, local partnerships for resources, and evidence-based practices to identify and overcome barriers to assist individuals find and maintain recovery.

YourLifeIowa.org: The Iowa HHS created and maintains YourLifeIowa.org for Iowans to get help for mental health concerns, thoughts of suicide, substance use, problem alcohol use, problem gambling, and more. Iowans can visit the website YourLifeIowa.org or call 855-581-8111 for 24/7 resources, intervention, and referrals.

Enforcement

Drug enforcement and supply reduction are essential public safety strategies that work alongside prevention and treatment as part of a comprehensive approach to reducing risky behavior and improving the health and safety of Iowans. Reducing the supply of illegal drugs in Iowa communities enhances public safety and helps break the cycle of addiction that compromises Iowans.

The primary role of law enforcement is to maintain public safety by stemming the flow of large quantities of dangerous drugs like methamphetamine and fentanyl into Iowa. One result of law enforcement efforts is that up to 58% of Iowans entering SUD treatment are referred via the justice system. This represents a significant pathway for drug-affected Iowans to get the help they need.

We have a data-informed understanding of the traffic safety impacts of drug-impaired driving. People who use alcohol or drugs may also be more inclined to commit crimes that threaten public safety.

Current Iowa Approaches to Drug Enforcement and Supply Reduction:

COPS Anti-Methamphetamine and Anti-Heroin Programs: The Iowa DPS received grants to advance public safety by providing funds to state and local law enforcement agencies with high rates of methamphetamine, heroin, and other opioid use. The funding is used to investigate illicit activities related to the distribution of methamphetamine and heroin, or unlawful diversion and distribution of prescription opioids, through statewide collaboration.

Interdiction: Drug interdiction by Iowa law enforcement can be a helpful tool in interrupting and deterring large shipments of dangerous illegal drugs into or through our state. In addition to various modes of transportation, drug interdiction efforts may also focus on shipping and mail services.

International Drug Trafficking: Increasingly large quantities of cheap, pure methamphetamine are being smuggled into the U.S. and states like Iowa and serve as a vivid reminder that cooperation among local, state, national and international partners is imperative. Illegal drug supply reduction efforts by Iowa law enforcement officers are often coordinated with other authorities working to disrupt the pipeline at or near the source of illegal drug importation, production, and distribution.

Methamphetamine Lab Reduction: Domestic methamphetamine labs in Iowa have nearly been eradicated, though methamphetamine produced and distributed by Mexican drug cartels remains plentiful. Through key ingredient regulation, public awareness, retailer engagement, proactive law enforcement, and environmental prevention strategies; Iowa has been successful in nearly eliminating methamphetamine labs.

Multi-Jurisdictional Drug Task Forces: Iowa has 16 drug task forces covering 58 counties. These task forces are often the first line of defense against drug-related threats. Local law enforcement works with the Iowa DPS and federal agencies. While the primary mission is public safety through drug enforcement, they also play a major role in protecting drug-endangered children, seizing illegally possessed weapons, and directing more drug-addicted offenders into SUD treatment.

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

State Crisis Intervention Program (SCIP): The Iowa DPS received a grant to implement state crisis intervention court proceedings and related programs or initiatives to reduce gun violence, including behavioral health deflection and treatment, mental health courts, and drug courts.

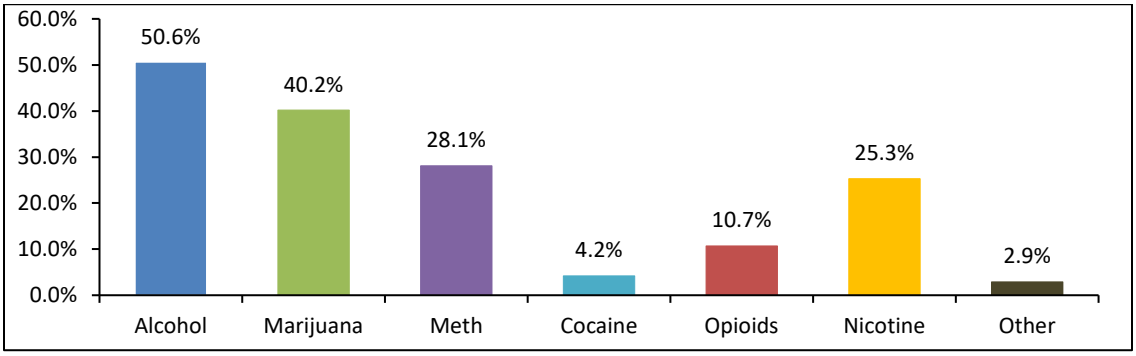
Traffic Safety Enforcement: The Iowa Drug Recognition Expert (DRE) Program aids in the statewide efforts of the Governor's Traffic Safety Bureau (GTSB) to reduce instances of impaired driving throughout Iowa. Advanced Roadside Impaired Driving Enforcement (A.R.I.D.E.) for law enforcement is also a valuable tool in training officers to identify and remove drug and alcohol-impaired drivers from Iowa's roadways.

Drug Use Profile

General Iowa Drug Use Trends

This section focuses on the use and misuse of all substances in Iowa. The Iowa Department of Health and Human Services (Iowa HHS) utilizes the Iowa Behavioral Health Reporting System (IBHRS). Reports from both behavioral health and law enforcement professionals indicate more Iowans are using multiple substances together or in succession. Poly-substance use within the past 30 days was reported by 56.9% of patients receiving substance use disorder (SUD) treatment. Past 30-day marijuana use remains the most cited substance of use by juveniles and alcohol use was reported by 50.6% of patients screened.

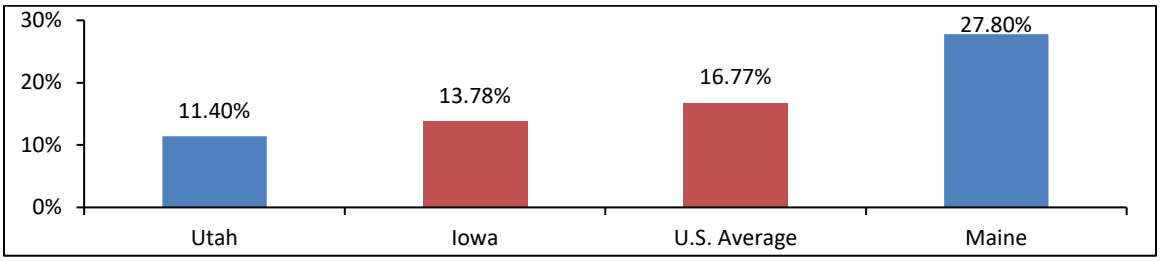
Past 30-Day Substance Use by Iowa Adult & Juvenile Clients Admitted to SUD Treatment



Source: SFY 2025, Iowa Department of Health and Human Services

According to the 2023-2024 National Survey on Drug Use and Heath, the prevalence of past-month illicit drug use among individuals aged 12 and older varies widely by state. The states with the lowest rates of past-month illicit drug use include Utah, Texas, Alabama, Nebraska, and Mississippi. Conversely, the states with the highest illicit drug use are Maine, Vermont, Montana, Oregon, and Colorado. Iowa ranks 41st in the rate of illicit drug use in the past month in the United States.

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

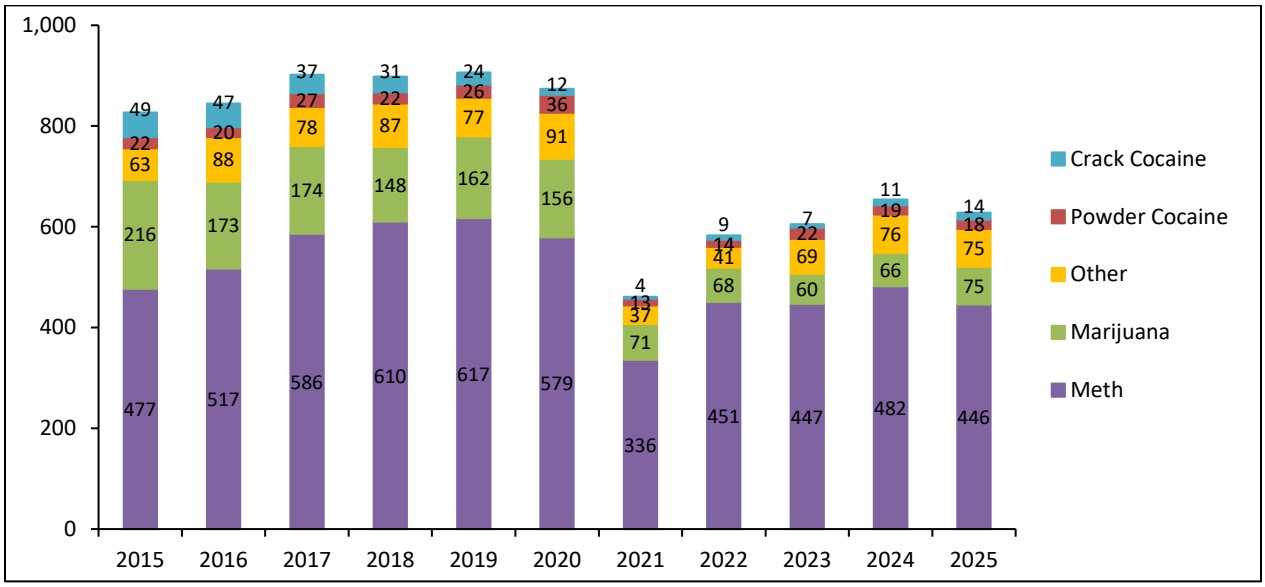


Source: 2023-2024 National Survey on Drug Use and Health

Drug-related prison admissions are another indicator of drug use in the state. Historically, methamphetamine has been the driver of drug-related prison admission trends. Iowa's drug-related prison admissions have remained relatively stable over time, until the pandemic. In FY25, offenders incarcerated on a new most serious marijuana drug offense was 11.9% of the population. However, offenders incarcerated on a new most serious methamphetamine drug offense remained the largest

portion at 71%. Heroin, crack, and powder cocaine each account for less than 3% of the total new drug admissions during FY25. Notably, for the seventh year in a row, the number of powder cocaine-related prison admissions outnumbered crack cocaine-related admissions (18 vs. 14).

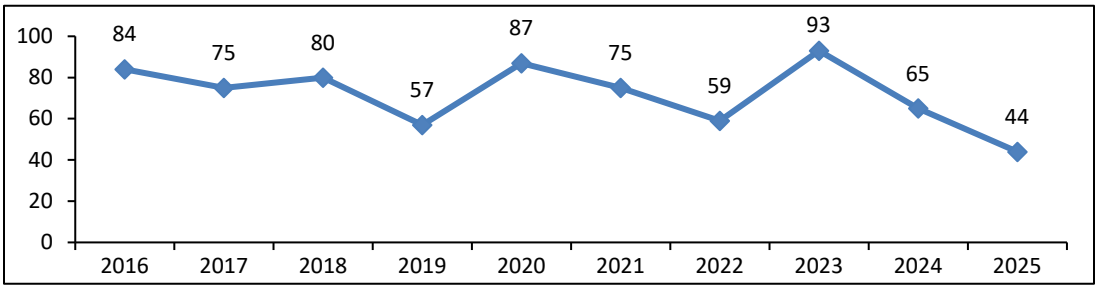
Iowa Drug-Related Prison Admissions



Source: FY, Iowa Department of Corrections

Impaired driving remains a significant factor in traffic-related injuries and fatalities. 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.

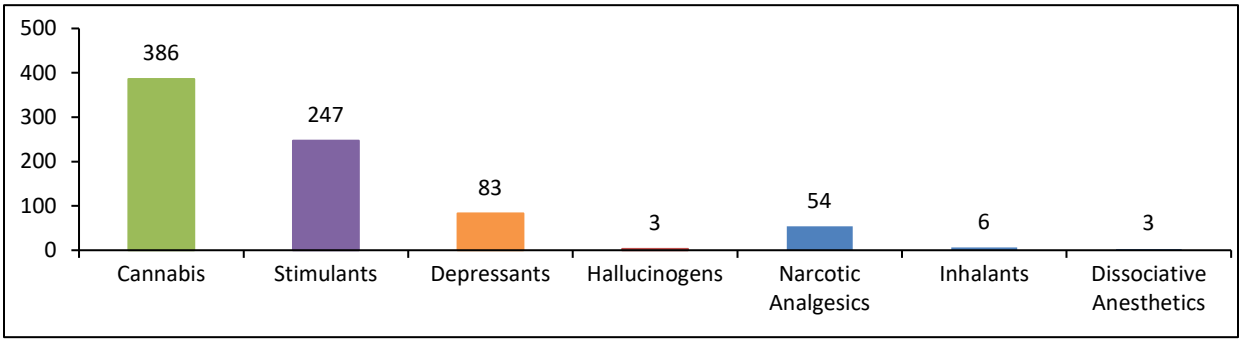
Iowa Drug-Related Traffic Fatalities



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

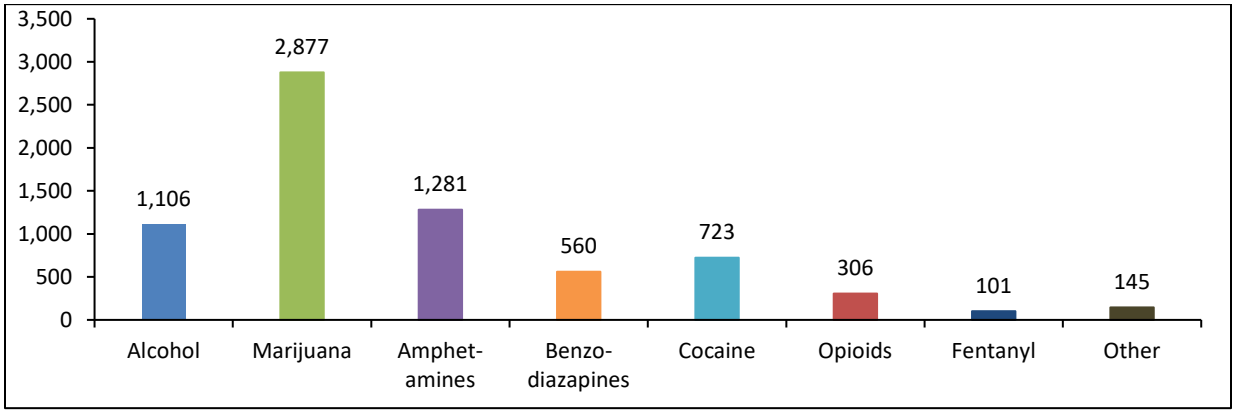
In 2025, Iowa Drug Recognition Experts (DREs) performed 837 evaluations, including 743 evaluations for impaired driving or other enforcement. Of the non-alcohol evaluations, 49% resulted in a finding of impairment from cannabis, 32% from stimulants, 11% from depressants, and 7% from narcotic analgesics. The Iowa Department of Public Safety Criminalistics Laboratory toxicology data shows similar patterns confirmed by blood and urine testing.

Non-Alcohol Evaluations by Iowa DREs



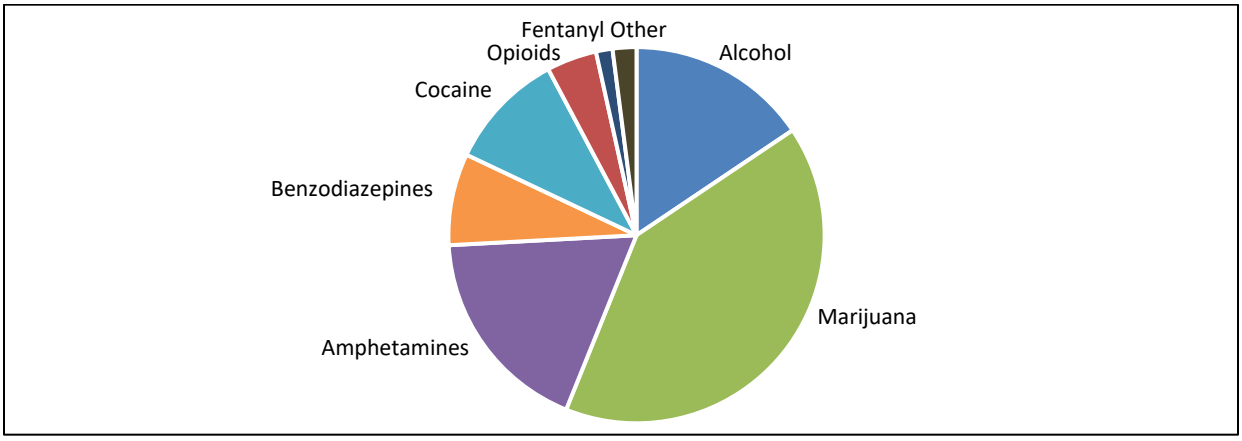
Source: CY 2025, Department of Public Safety, Governor's Traffic Safety Bureau

Drugs Reported in Positive Blood and Urine Screens



Source: CY 2025, Iowa Department of Public Safety Criminalistics Lab

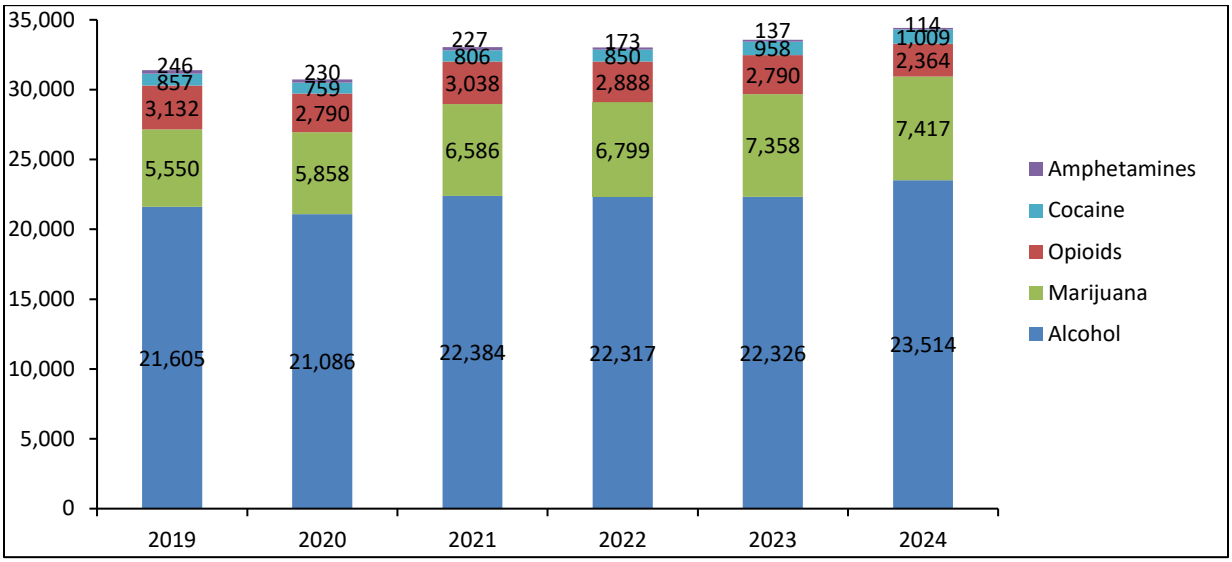
Iowa Positive Blood Screens by Drug Category



Source: CY 2025, Iowa Department of Public Safety Criminalistics Lab

The number of hospital emergency department visits related to alcohol and drug use remains significant. The numbers reported below represent substances as both a primary reason for the visit, as well as a contributing factor.

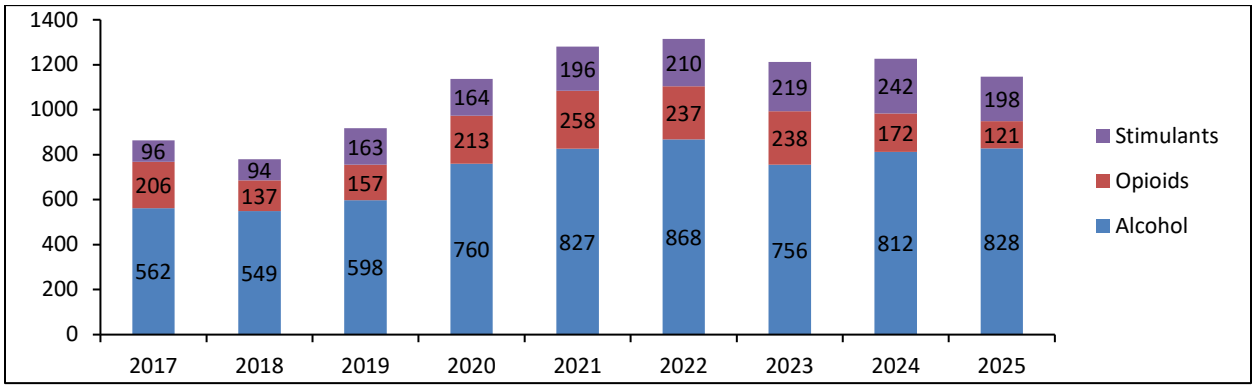
Iowa Drug and Alcohol-Related Emergency Department Visits



Source: CY, Iowa Department of Health and Human Services

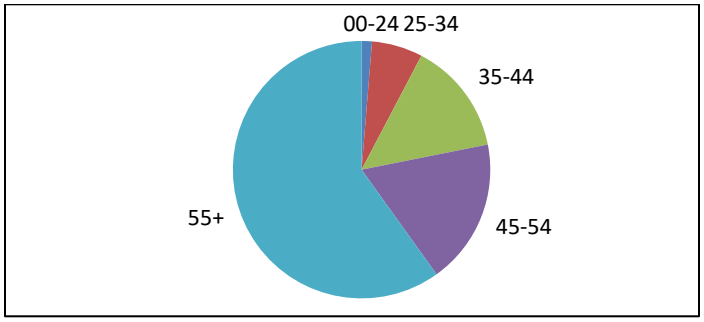
Substance-involved mortality reported by the Iowa HHS include the number of people who have died because they were exposed to drugs such as opioids, alcohol, and methamphetamine. Nearly one-third of Iowa's drug and alcohol-related deaths involve people aged 35 to 54.

Iowa Drug and Alcohol-Related Deaths



Source: CY, Iowa Department of Health and Human Services

Iowa Drug and Alcohol-Related Deaths by Age

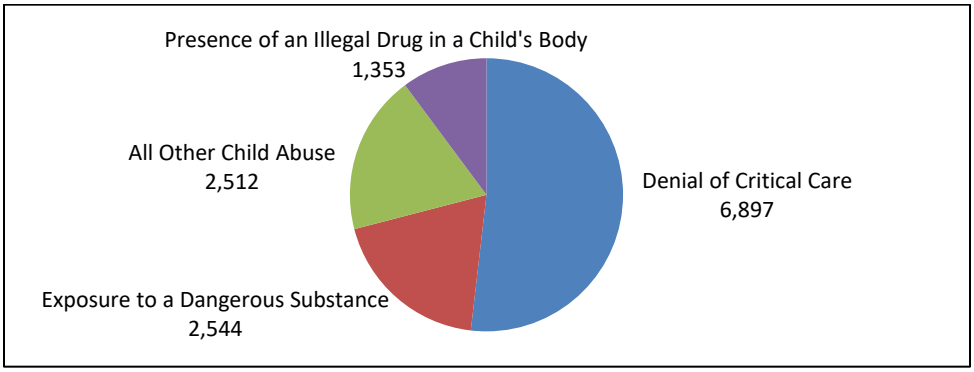


Source: CY, Iowa Department of Health and Human Services

In Iowa, denial of critical care (neglect) is the most frequent form of child abuse. While not all denial of critical care abuse is related to substance use, experts agree there is a high correlation between parental substance use and child abuse, and that addicted caregivers may not provide adequate care for their children. We must recognize the significant impact drug use has on child welfare.

The Iowa HHS reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child's body. The second is exposure to "dangerous substances" where it is alleged a caregiver uses or possess cocaine, heroin, opiates, or meth/amphetamines in the presence of a child or knowingly allows such activity by another person in the presence of a child. In 2025, there were 2,544 of these cases.

Iowa Confirmed or Founded Cases of Child Abuse



Source: CY 2025, Iowa Department of Health and Human Services

When all denial of critical care, presence of illegal drugs in a child's body, and exposure to dangerous substance cases are combined, they represent 81% of confirmed and founded child abuse in Iowa. Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides parents motivation to successfully complete the treatment protocol, in an effort to be reunited with their children. Treatment can also break the generational cycle of addiction and abuse, dramatically improving children's futures.

Alcohol

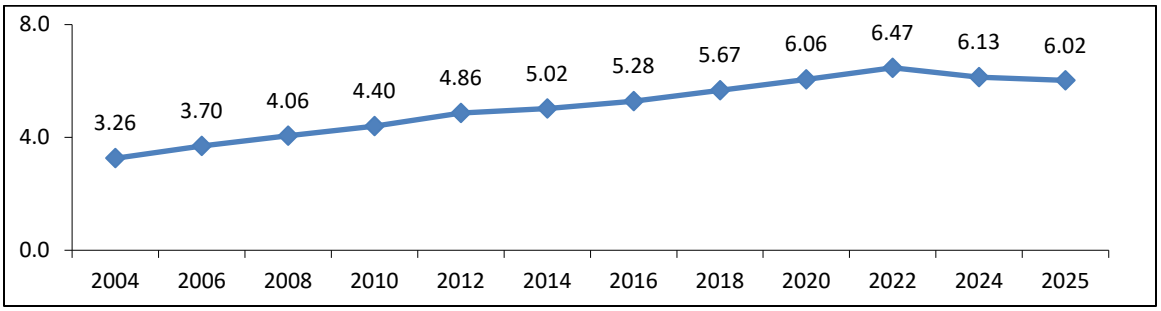
Alcohol is the most frequently misused substance in Iowa. Iowans drink with greater frequency and in greater quantities and put themselves at risk for a host of medical problems including cancer, cardiovascular events, and liver and kidney metabolic diseases. The Surgeon General warns that alcohol is a known carcinogen, yet Iowa ranks number one in the country for binge drinking. The Iowa Cancer Registry recently released its 2024 Cancer in Iowa report highlighting alcohol consumption as one of many risk factors associated with Iowa's high cancer rates.

Alcohol dependency, misuse and addiction are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault, and workplace

accidents. Amid the pandemic, behavioral health professionals report alcohol consumption by some Iowans increased significantly.

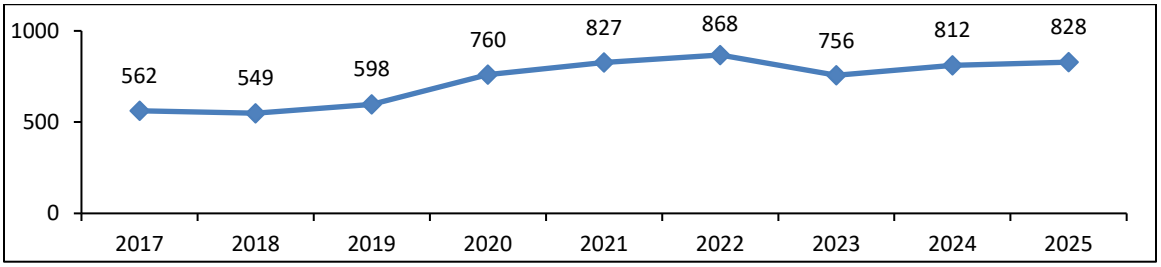
The Iowa Department of Revenue reports the sale of millions of gallons of distilled spirits to retailers within the State of Iowa. Alcohol sales to retailers have increased nearly 100% over the past two decades. Iowa's alcohol death numbers have also risen steadily and substantially in recent years.

Iowa Distilled Spirits Sales in Gallons (Millions)



Source: SFY, Iowa Department of Revenue

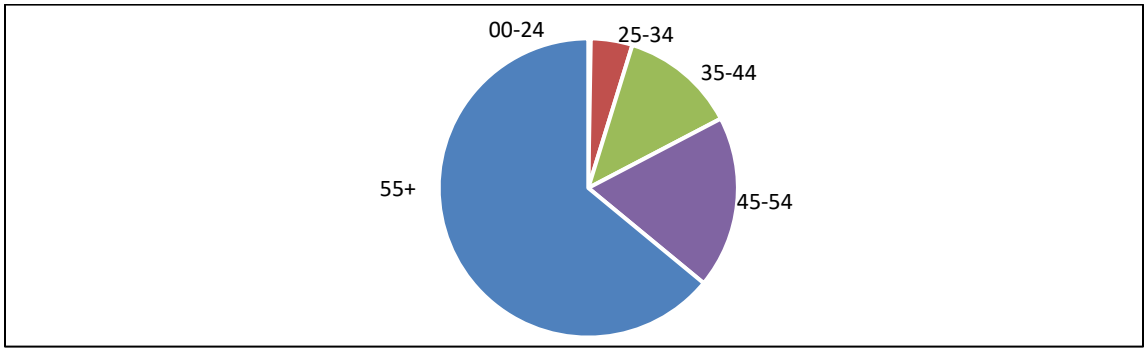
Iowa Alcohol-Related Deaths



Source: CY, Iowa Department of Health and Human Services

Older adults are more likely than people in other age groups to have chronic health conditions and to take prescription medication, which may further complicate adverse effects of alcohol. Deaths involving alcohol use among older Iowans, age 55+, account for over two-thirds of all alcohol-related deaths in Iowa.

Iowa Alcohol-Related Deaths by Age Group



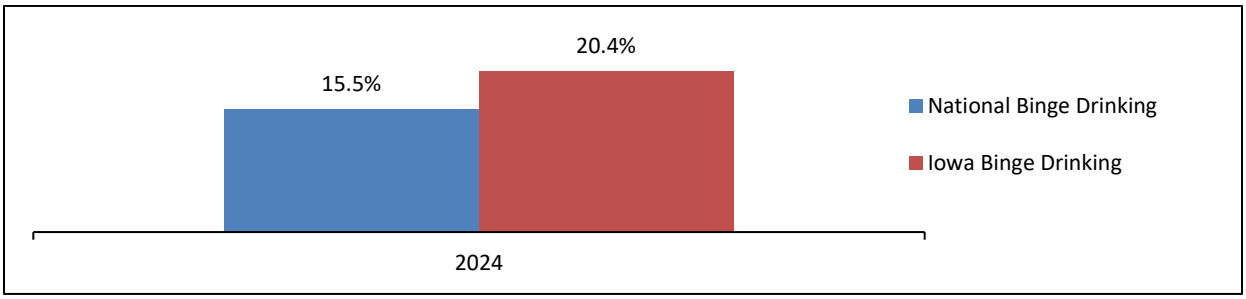
Source: CY, Iowa Department of Health and Human Services

Research from the Behavioral Risk Factor Surveillance System indicates that nearly 60% of adult Iowans are classified as current drinkers of alcoholic beverages. Furthermore, Iowa ranks number one in the

country for binge drinking, as one in five adult Iowans is classified as a binge drinker. Binge drinking is defined as consuming five or more drinks on an occasion for men or four or more drinks on an occasion for women. Heavy drinking is defined as consuming more than four drinks on any day or more than 14 drinks per week for men and consuming more than three drinks on any day or more than seven drinks per week for women.

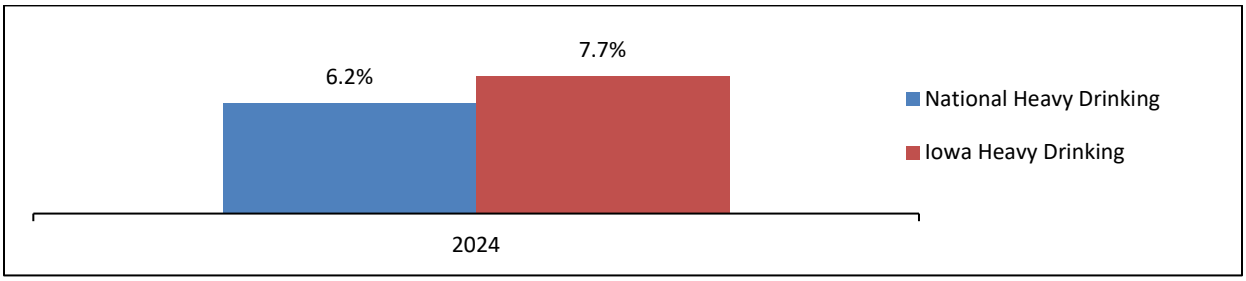
Reducing heavy and binge drinking in Iowa will improve the health and safety of Iowans while reducing health care costs. According to the CDC, the percentage of adult Iowans who report heavy and binge drinking remain steadily higher than national averages.

National Binge Drinking vs. Iowa Binge Drinking Rates



Source: CDC Behavioral Risk Factor Surveillance Surveys

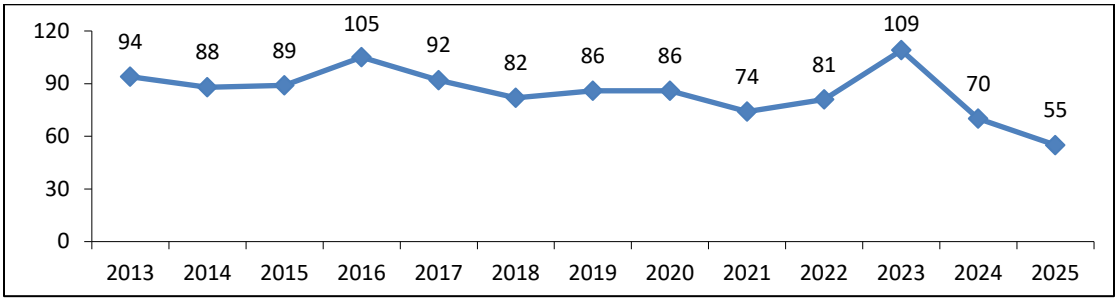
National Heavy Drinking vs. Iowa Heavy Drinking Rates



Source: CDC Behavioral Risk Factor Surveillance Surveys

Alcohol-related motor vehicle fatalities reported by the Iowa Department of Transportation and the Governor's Traffic Safety Bureau (GTSB) have varied in recent years. In 2023, 109 people died in alcohol-related motor vehicle crashes. That number dropped to only 70 in 2024. In Iowa, alcohol is second only to excessive speed as a contributing factor in all traffic crashes.

Iowa Alcohol-Related Traffic Fatalities

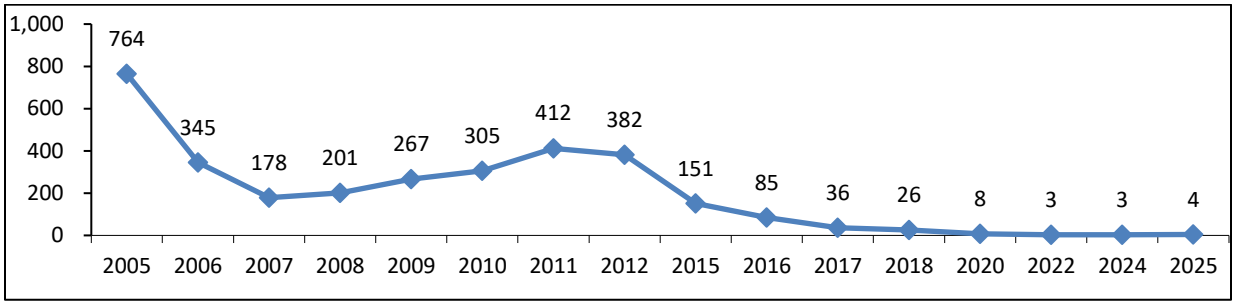


Source: CY, Iowa Department of Transportation

Methamphetamine

Methamphetamine labs and the public safety threats associated with them have nearly been eradicated in Iowa. Methamphetamine lab incidents are holding at their lowest point dating back to 1997, due to two key pieces of legislation. In 2005, legislation was passed limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. And in 2009, legislation passed requiring all Iowa pharmacies that sell non-prescription pseudoephedrine products to participate in an electronic pseudoephedrine tracking system managed by the ODCP.

Iowa Methamphetamine Clandestine Laboratory Responses

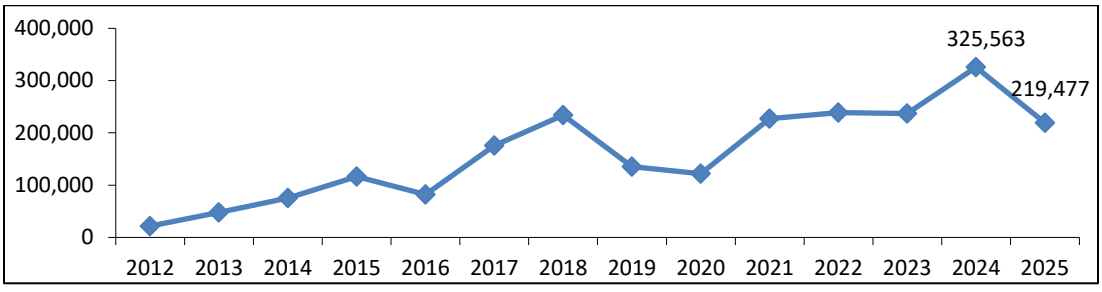


Source: CY, Iowa Department of Public Safety

Following a decline in domestic methamphetamine production, Iowa has seen an influx of high-grade methamphetamine produced outside the United States. According to Iowa law enforcement officials, one reason for the surge in methamphetamine seizures in recent years is an increase in the quantity and purity of methamphetamine being smuggled into Iowa from Mexico and other states. They report intercepting large shipments of high purity methamphetamine with increasing frequency.

It is important to note that due to the coronavirus pandemic, the supply of methamphetamine and other drugs into the U.S. decreased temporarily. Law enforcement reports the supply of drugs trafficked into the country quickly returned to more than pre-pandemic levels. This trend highlights the importance of enacting measures nationally and internationally to prevent the influx of these deadly drugs into our state.

Iowa Methamphetamine Seizures in Grams

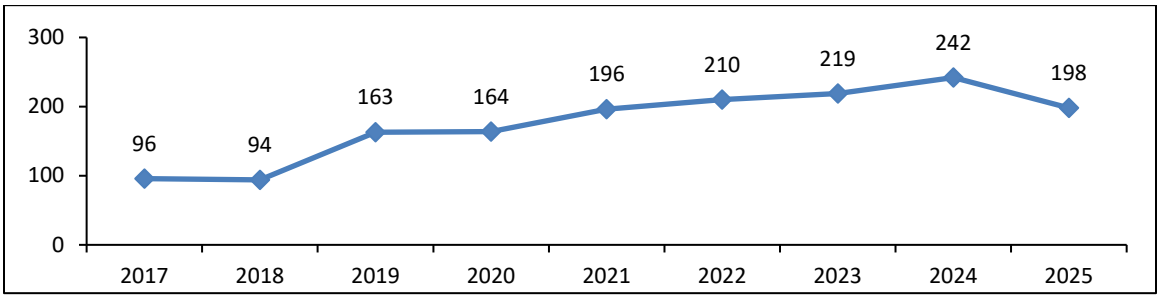


Source: CY, Iowa Department of Public Safety Criminalistics Lab

May not include all seizures. Larger cases may be sent to DEA lab.

While the supply source may have changed, demand for the addictive stimulant remains strong. Psychostimulant-related deaths, largely due to methamphetamine, rose from 11 deaths in 2011 to 242 deaths in 2024.

Iowa Psychostimulant-Related Deaths



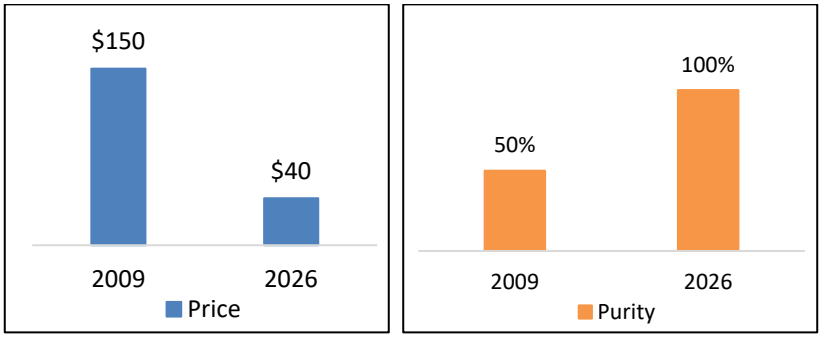
Source: CY, Iowa Department of Health and Human Services

In addition to the increase in methamphetamine-related prison admissions in recent years, methamphetamine-related treatment admissions are also at an all-time high. In 2020, methamphetamine surpassed marijuana as the most often reported primary drug of use for adults. According to a study conducted for Iowa HHS by the Public Science Collaborative at Iowa State University, 84% of people who seek treatment for methamphetamine report using a combination of substances (polysubstance use).

The source of a referral to treatment matters, as people who were referred by someone in healthcare had higher odds of success than those who self-refer or who are referred to treatment by another individual such as a family member or friend. This report also acknowledges that substantial changes in production and distribution of methamphetamine make it more addictive, more accessible, more affordable, and consequently, more frequently used.

Another indicator of the availability of methamphetamine is the price and purity of law enforcement seizures. The price of methamphetamine is at an all-time low, indicating significant availability. The average purity level of methamphetamine seized by law enforcement is above 98%. That compares with an average purity level ranging from 14% to 40% fifteen years ago. Some law enforcement and behavioral health professionals around the country point to a change in the way cartels now produce methamphetamine, to make a purer product, and suggest the "new meth" is contributing to more severe psychosis in long-term users.

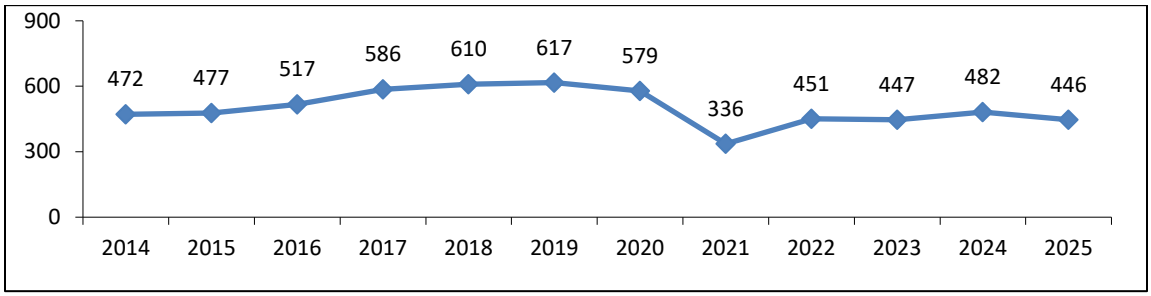
Iowa Methamphetamine Average Price per Gram and Purity



Source: Iowa Counterdrug Task Force

Iowa methamphetamine-related prison admissions steadily increased from 2009 until the start of the pandemic. Methamphetamine remains the primary driver of drug-related prison admission trends.

Iowa Methamphetamine-Related Prison Admissions

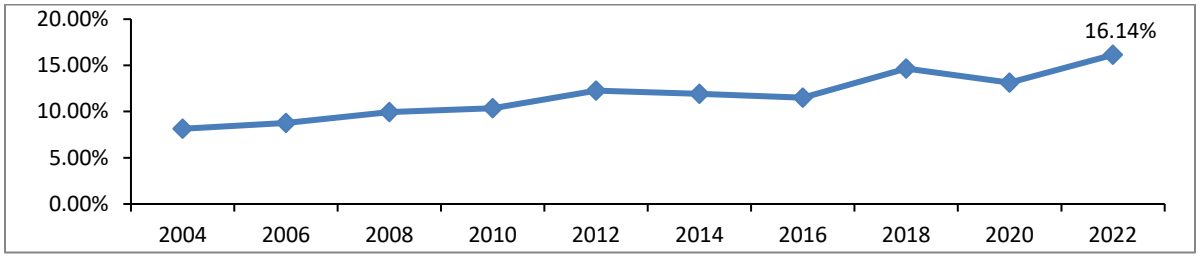


Source: FY, Iowa Department of Corrections

Marijuana

Iowa substance use disorder (SUD) treatment data indicate marijuana is one of Iowa's most used intoxicating and addictive substances. Treatment and law enforcement officials report that the potency of marijuana has increased in recent years. This significant increase is expected to have more acute personal and societal consequences. THC levels for the plant form of marijuana in the U.S. averaged less than 1% in 1972, compared to over 16% in 2022. New marijuana concentrates including hash oils, waxes, and marijuana-infused edibles may contain THC levels in excess of 95%.

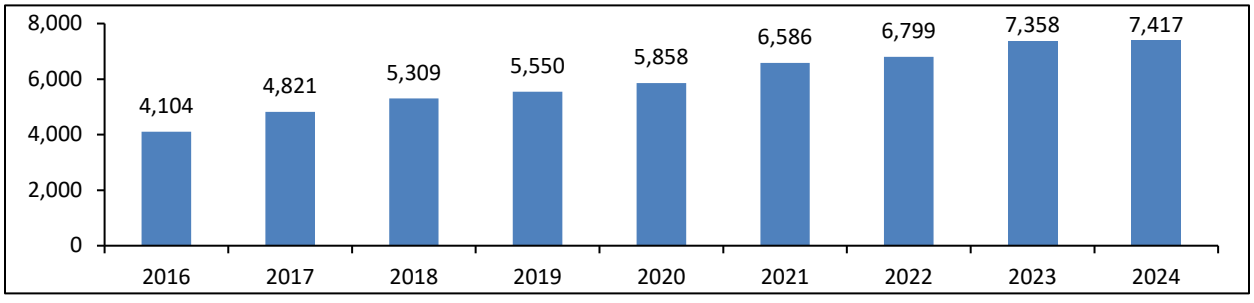
Increasing THC Potency of Marijuana (Plant Material in the U.S.)



Source: U Miss, Potency Monitoring Project

The prevalence of marijuana use, as well as the increase in potency and availability of THC products, is further demonstrated by admissions to substance use disorder (SUD) treatment programs in Iowa, as well as emergency department visits due to marijuana use. This data reinforces the fact that despite misconceptions by some, marijuana can be a harmful and addictive drug.

Iowa Marijuana-Related Emergency Department Visits



Source: CY, Iowa Department of Health and Human Services

According to the DCI Laboratory, marijuana submission rates remain steady, but there have been fewer cases involving large amounts of the drug. This may be due, at least in part, to the rise of marijuana concentrates, which typically involve smaller amounts of more potent marijuana.

Just as CBD is the marijuana compound garnering the most attention for potential therapeutic benefits, delta-9 THC remains the primary psychoactive ingredient identified in the cannabis plant. However, other compounds are also being synthesized and sold for consumption. These include THC-A, delta-8 THC, delta-10 THC, THCO-Acetate, THCP, THCV, HHC, CBN, CBG and CBG-A. These newer compounds raise questions about their potential harm or benefit, as well as their legal status in some jurisdictions. Experts estimate there may be a total of more than 100 compounds in it, all primed for additional research.

Consumable Hemp

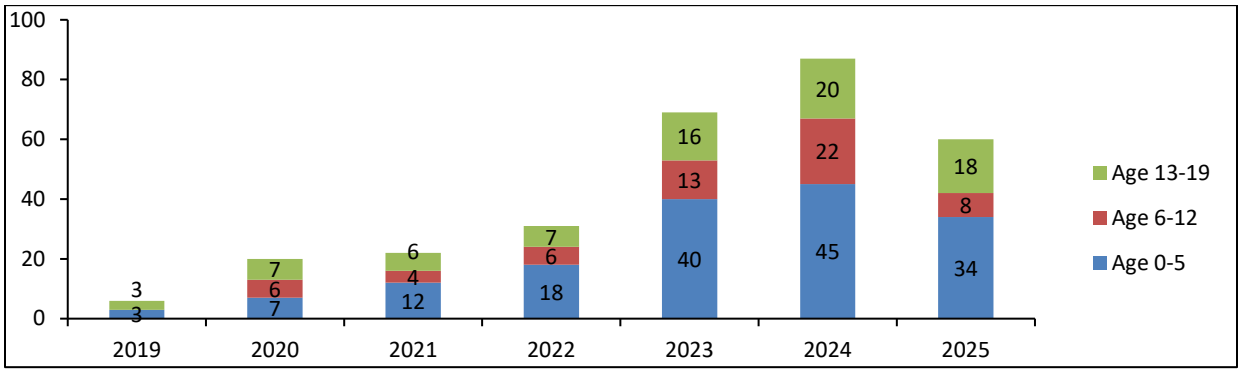
In 2019, Iowa passed the Iowa Hemp Act, which provided for the establishment of a consumable hemp program designed to regulate non-intoxicating CBD or hemp products under the 0.3% THC limit in federal law. However, the federal definition of hemp allowed for a wide variety of intoxicating products with little regulation. Because the 0.3% THC by weight limit applied to all products, the Iowa Hemp Act effectively legalized high potency edible and drink products in Iowa. Producers and distributors began to sell products with high levels of THC that still complied with the law. These products often contained more than a standard “adult-use” THC dose of 10mg per serving.

Iowa HHS is responsible for the regulation of consumable hemp products. Between 2019 and 2024, HHS had limited authority over unregistered businesses and to determine doses or legal quantities, and no authority to seize illegal products. In addition, there were no age restrictions in place, so Iowa youth were easily able to access these high THC products.

The passage of legislation in 2024 ensured that Iowa’s Consumable Hemp program is now one of the most tightly regulated programs in the country, allowing the sale of only low potency products, prohibiting the sale of synthetic cannabinoids, and requiring lab testing. Key provisions include caps on THC content, limiting the products to 4mg per serving and 10mg per package, and an age restriction. Consumers must now be 21 or older to purchase consumable hemp products. Additionally, the law requires clear labeling and warnings on all products.

Before the implementation of these restrictions, calls to the Iowa Poison Control Center reporting THC edible poisoning showed an alarming and rapid rise, especially among Iowa’s Pre-K age group who often cannot distinguish these products from candy or other treats. After implementing these restrictions, Iowa immediately saw a 31% decrease in calls for exposure to marijuana edibles in 2025.

THC Edible Cases Reported to the Iowa Poison Control Center



Source: Iowa Poison Control Center

Opioids (Prescriptions, Organics, and Illicit Synthetics)

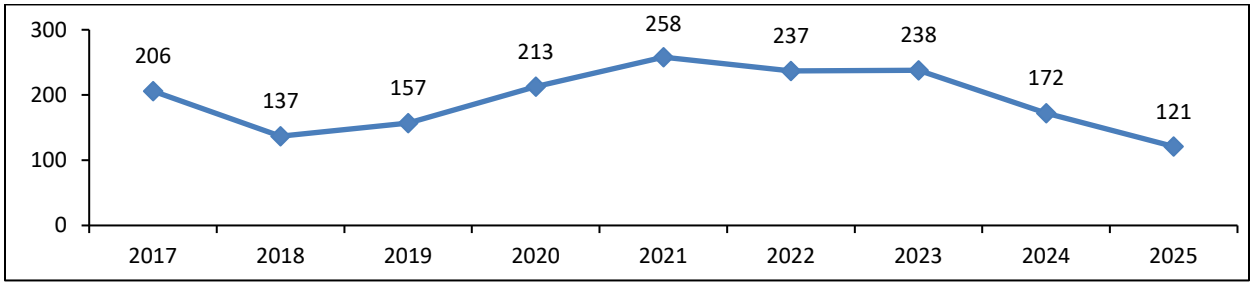
Due to their vast availability, potency, and addictive qualities; opioids are a category of drugs fueling additional substance abuse and overdoses among Iowans. Opioids encompass:

- Opioid analgesics or prescription pain medicines, such as hydrocodone, oxycodone, methadone, morphine, and fentanyl.
- Organic substances, such as heroin.
- Non-medical synthetic opioids that may, or may not, be regulated such as fentanyl analogs clandestinely produced in other countries and smuggled into the U.S. for use with or without heroin, nitazenes, and counterfeit pills laced with synthetic opioids.

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, that using a medicine without a prescription is not harmful, or that misusing prescription painkillers will not cause addiction. These substances are widely available and are often obtained within the home. Many adults do not understand the behavior of intentionally misusing medicine to get high and are not discussing the risks of this behavior with their children.

Prescription opioids can be very effective for treating pain, but prolonged use or misuse may lead to addiction. Opioid misuse is a complex challenge requiring a balanced response to allow for proper medical treatment, while preventing substance abuse that can ultimately result in lethal overdose.

Iowa Opioid-Related Deaths

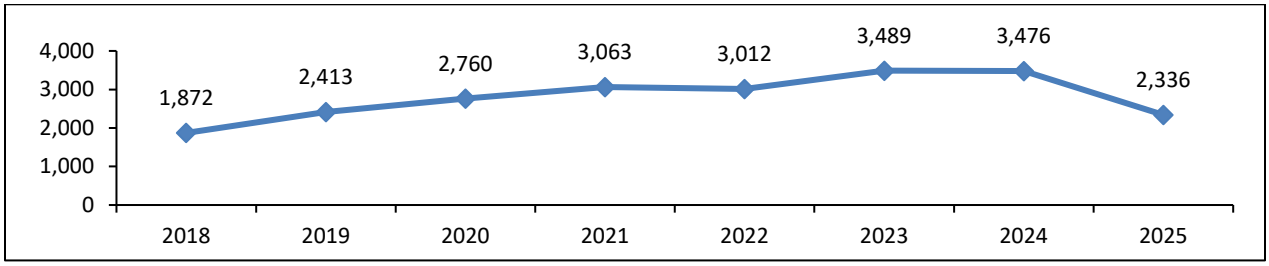


Source: CY, Iowa Department of Health and Human Services

Iowa's opioid overdose deaths may be even greater in number, if not for interventions including naloxone. Naloxone is a medication called an "opioid antagonist" and is used to counter the effects of opioid overdose. Naloxone is used to counteract life-threatening effects of opioids, such as depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. It is often referred to as an opioid overdose reversal drug but requires emergency medical care after its use. Naloxone only works if a person has opioids in their system.

In July 2018, hospitals began reporting all known administrations of naloxone to help track the number of non-lethal overdoses. The number of naloxone administrations by Emergency Medical Services (EMS) personnel in an overdose situation may be another indicator of the prevalence of prescription opioids and heroin in Iowa.

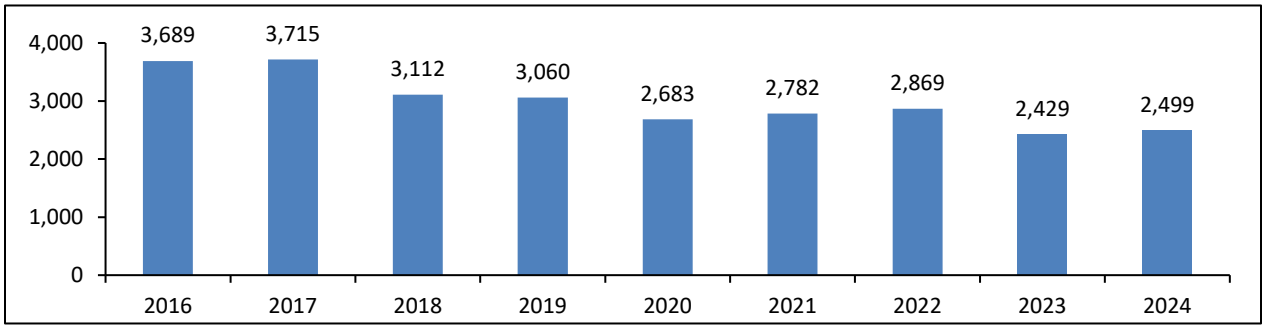
Iowa EMS Naloxone Administrations



Source: CY, Iowa Department of Health and Human Services

Opioid-related emergency department visits remain at a concerningly high level. This number includes all opioids including heroin and instances involving opioids and other drugs.

Iowa Opioid-Related Emergency Department Visits



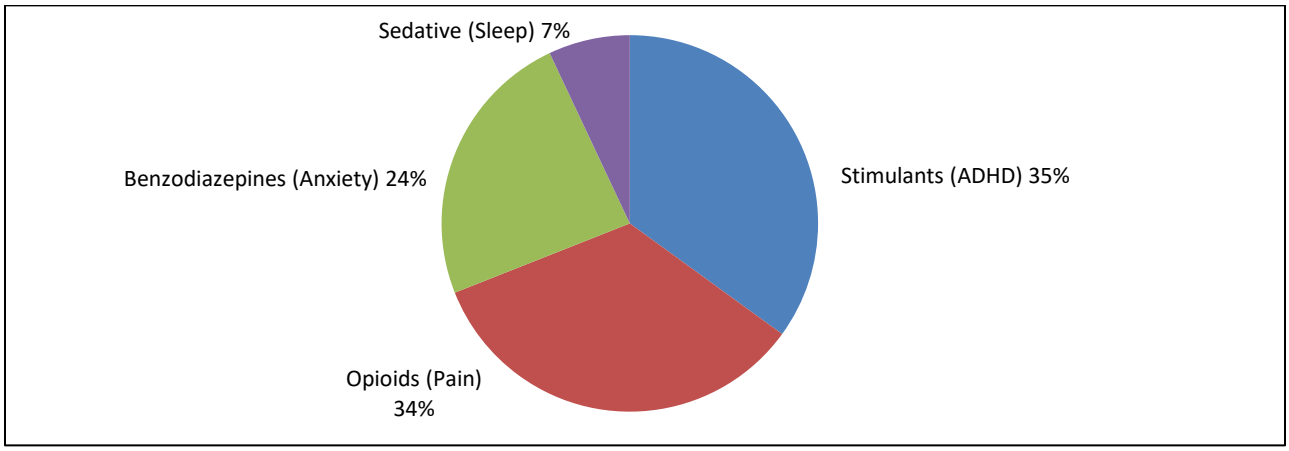
Source: CY, Iowa Department of Health and Human Services

Prescription Drugs

Prescription opioids, stimulants, and central nervous system depressants are the three main broad categories of medications with abuse potential. According to data from the PMP, the top ten controlled substances prescribed in Iowa include stimulants often prescribed for Attention Deficit Hyperactivity Disorder (ADHD) such as Adderall, opioid pain medications such as hydrocodone, anti-anxiety medication such as Xanax, and the sleep medication zolpidem, known as Ambien.

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 149 pharmaceutical diversion cases and seized 91,940 dosage units over the past thirteen fiscal years. In FY25, DNE opened eleven new cases and seized 1,667 dosage units.

Top 10 Controlled Substances Prescribed to Iowans



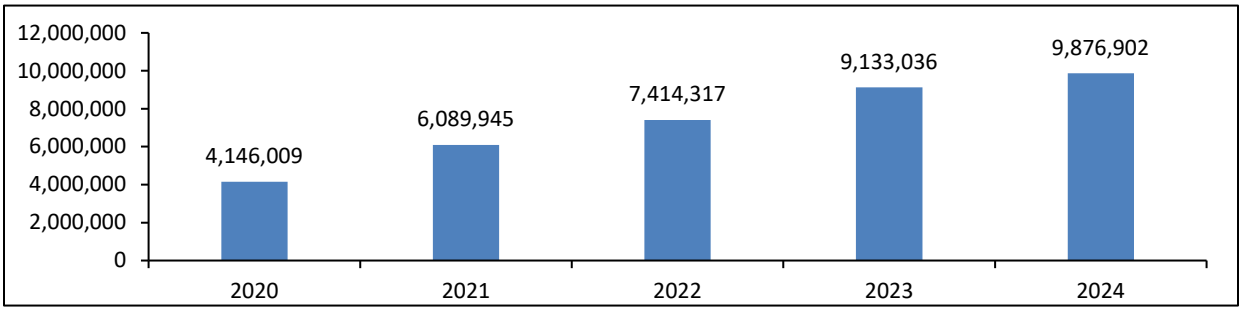
Source: CY 2024, Iowa Board of Pharmacy

Several enhancements to Iowa's PMP have made the database faster, more effective, and more user-friendly for health care professionals. These upgrades include an online dashboard featuring patients' overdose risk ratings and increasing integration with electronic health record systems.

Additionally, an Iowa law enacted in 2018 made the following changes to reduce opioid misuse:

- Prescribers issued or renewing a controlled substance application are required to enroll and maintain an active account with the Iowa PMP,
- Prescribers must query the PMP before prescribing opioids for a patient,
- The PMP will proactively send automatic alerts to health care professionals when inappropriate use of a controlled substance by one of their patients is suspected,
- Prescriber report cards are available in the PMP, and
- Nearly all Iowa prescriptions must be delivered to Iowa pharmacies electronically.

Iowa Prescription Monitoring Program Queries by Prescribers



Source: CY, Iowa Board of Pharmacy

Heroin

The prevalence of heroin has fluctuated in Iowa in recent years. Because prescription opioids and heroin affect the brain in a similar fashion, some who become addicted to pain medicine may transition to heroin. This is especially true when pain medicines become difficult to obtain, or cheaper heroin becomes available. According to the CDC, 75-80% of new heroin users report previous prescription opioid misuse.

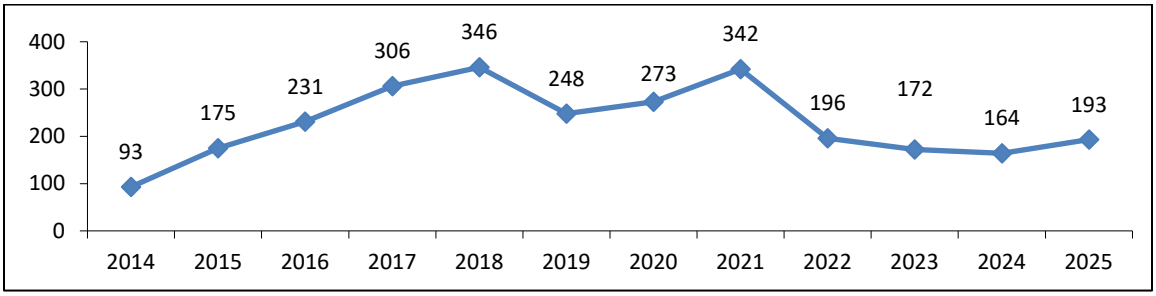
Iowa Heroin Average Price per Gram

	2010	2012	2014	2016	2018	2020	2023
Price	$215	$250	$250	$200	$170	$129	**$151**

Source: Iowa Counterdrug Task Force

The Iowa Department of Public Safety's Division of Narcotics Enforcement (DNE) opened one heroin case and seized 112 grams of heroin in 2011. Since then, amounts of heroin seized vary greatly from year to year and represent only a partial picture. However, the Division of Criminal Investigation's (DCI) Criminalistics Laboratory reports a marked increase in heroin cases submitted in recent years, including heroin-fentanyl mixtures.

Iowa Heroin Seizure Cases



Source: CY, Iowa Department of Public Safety Criminalistics Lab

May not include all seizures – larger cases may be sent to DEA lab.

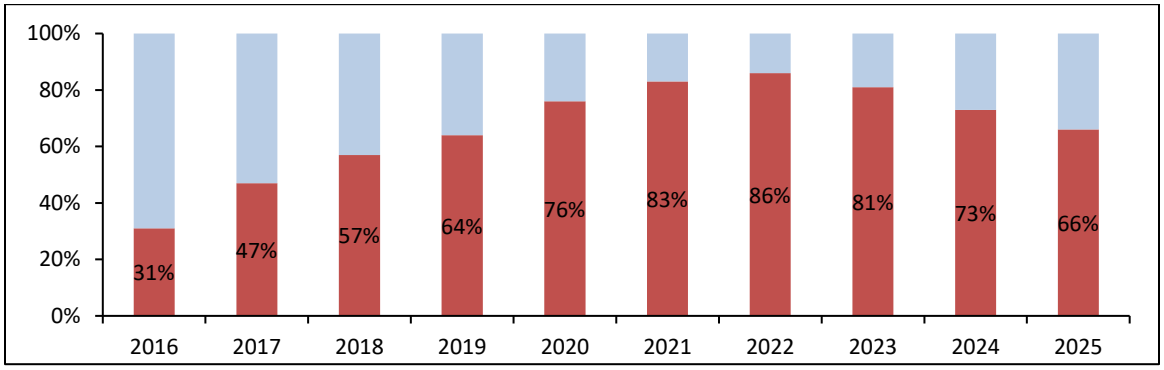
Synthetic Opioids

Fentanyl is a synthetic and short-acting opioid analgesic that is 50-100 times more potent than morphine and approved for managing acute or chronic pain associated with advanced cancer. Although pharmaceutical fentanyl is occasionally diverted for misuse, most cases of fentanyl-related morbidity and mortality have been linked to illicitly manufactured fentanyl and fentanyl analogs, collectively referred to here as fentanyl. Fentanyl is sold via illicit drug markets for its heroin-like effect and often mixed with heroin and/or cocaine as a combination product—with or without the user's knowledge—to increase its euphoric effects. Fentanyl is also more lethal than many of its opioid counterparts. While fentanyl-related overdoses can be reversed with naloxone, a higher dose or multiple-number of doses per overdose event may be required to revive a patient due to the high potency of fentanyl.

According to a national Quest Diagnostics Health Trends study released in October 2020, the misuse of fentanyl, heroin and nonprescribed opioids is on the rise, potentially due to the pandemic's impact on healthcare access and support for individuals most at-risk for substance use disorder. The study suggests fentanyl is increasingly likely to be found in, or taken with, other drugs, resulting in dangerous drug combinations, often without the user's knowledge. Because fentanyl is so potent, this can often have

devastating consequences. Iowa HHS reports 66% of the opioid-related deaths in 2025 involved synthetic narcotics, like fentanyl as comparted to 31% in 2016.

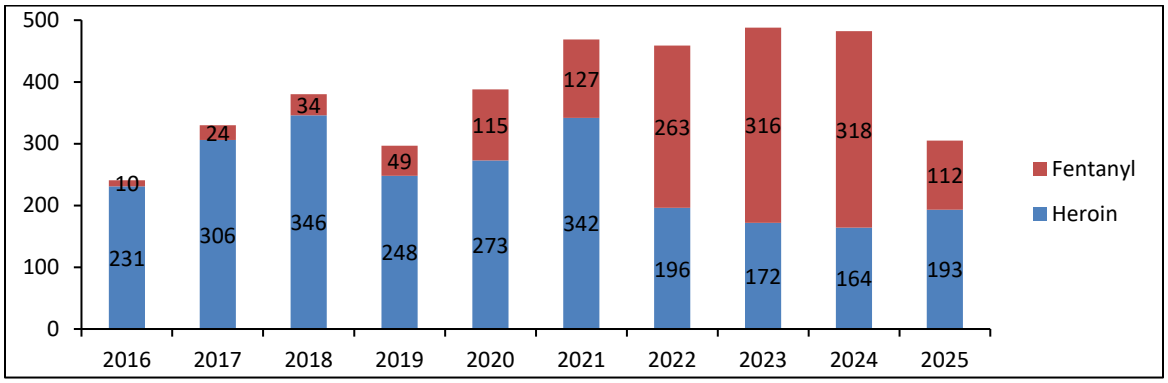
Iowa Opioid-Related Deaths Involving Fentanyl



Source: CY, Iowa Department of Health and Human Services

The number of Iowa fentanyl cases outnumbered heroin cases for the first time in 2022. The DCI Criminalistics Laboratory reported 318 cases containing fentanyl and 164 cases involving heroin in 2024. The lab also reported cases containing fentanyl and other synthetic opioid analogs such as acetyl fentanyl, furanyl fentanyl, U-47700, isotonitazene, and brorphine. Combinations of these substances are becoming more common and dangerous.

Iowa Heroin and Fentanyl Seizure Cases

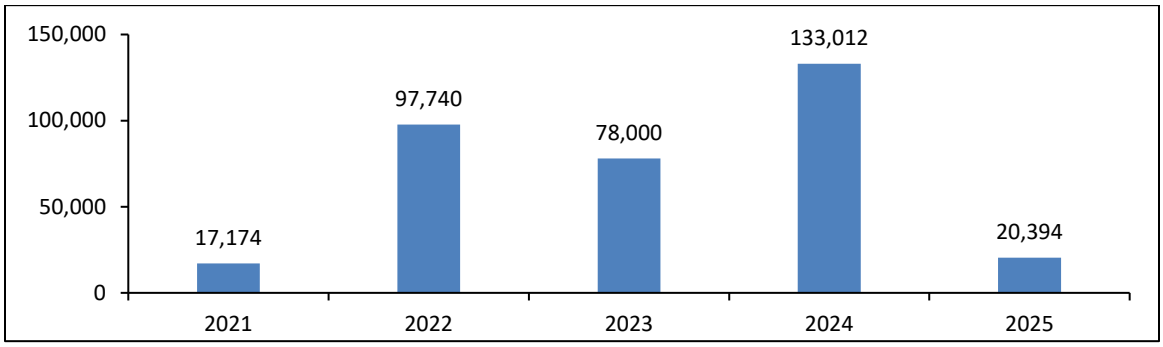


Source: CY, Iowa Department of Public Safety Criminalistics Lab

May not include all seizures – larger cases may be sent to DEA lab.

For several years, Iowa also saw an influx of counterfeit pills. Fake pills are formed when powder, such as fentanyl, is pressed into pills and designed to look like prescription medications such as hydrocodone or Xanax. They are easily accessible and regularly sold on social media. They often contain lethal doses of fentanyl. After no reports in 2020, over 17,000 fake pills were seized by Iowa law enforcement in 2021. That number exploded to nearly 100,000 pills in 2022. In 2024, 133,012 counterfeit pills were submitted to the DCI Criminalistics Laboratory for analysis, the majority of which were found to contain fentanyl. In 2025, the number of counterfeit pills seized dropped significantly.

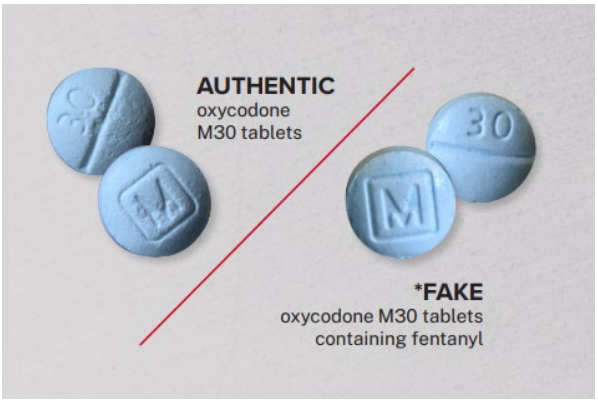
Iowa Counterfeit Pills Seized



Source: CY, Iowa Department of Public Safety Criminalistics Lab

May not include all seizures – larger cases may be sent to DEA lab.

Illicit drug manufacturers are increasing their profit and ensnaring more individuals in addiction by engineering cheaper, highly potent, profoundly addictive drugs. These drug mixtures often contain opioids, methamphetamine, and an assortment of other additives. Drug trafficking organizations are marketing these drug mixtures as pure heroin, fentanyl, or even counterfeit pills sold as oxycodone or Xanax. Even more concerning than the deceptive nature of these drugs, is the marketing of them to young people, often through social media. Law enforcement in Iowa recently seized what appeared to be ecstasy pills, that instead contained methamphetamine and fentanyl.



Source: US Drug Enforcement Administration

Another emerging synthetic opioid found in Iowa is nitazenes. Nitazenes were originally created as a pain reliever but never gained approval for use in the United States. These compounds, or their precursors, are often sourced from China and subsequently used by Mexican drug cartels to create highly potent opioid mixtures. These dangerous drugs are then brought into the U.S. through the southern border, posing a grave public health and safety concern to our citizens.

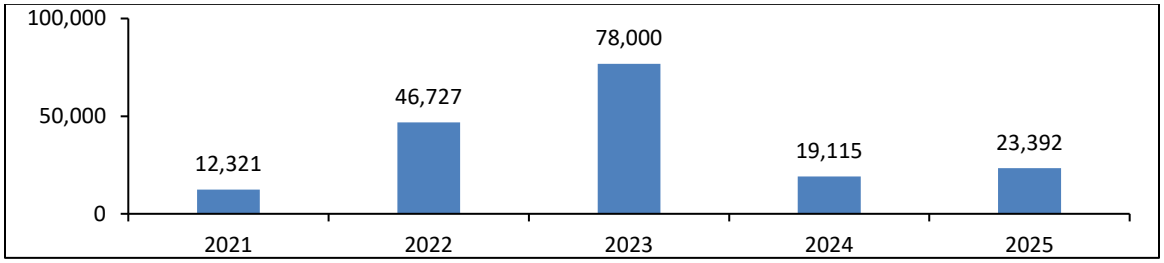
Nitazenes represent just one facet of the expanding array of synthetic drugs, considered emerging threats due to the ability to modify molecules and create novel analogs. In addition to these analogs, drug makers are using available synthetic opioids such as Xylazine, Medetomidine, Tianeptine. Manufacturers of these drugs are adept at creating and trafficking ever-more potent, addictive, and cost-effective variations. These various compounds are frequently detected in mixtures including heroin, fentanyl, and other drugs.

Iowa has seen an increase in the number of synthetic opioid analogs detected, as well as an increase in the volume of these drugs seized.

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 remains a lesser problem in Iowa. In 2023, Iowa law enforcement saw a spike in cocaine and submitted nearly 170 pounds of cocaine to the DCI Criminalistics Laboratory for analysis. According to the Iowa HHS, cocaine is also being detected in a larger number of private sector workplace drug tests of employees.

Iowa Cocaine Seized in Grams



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

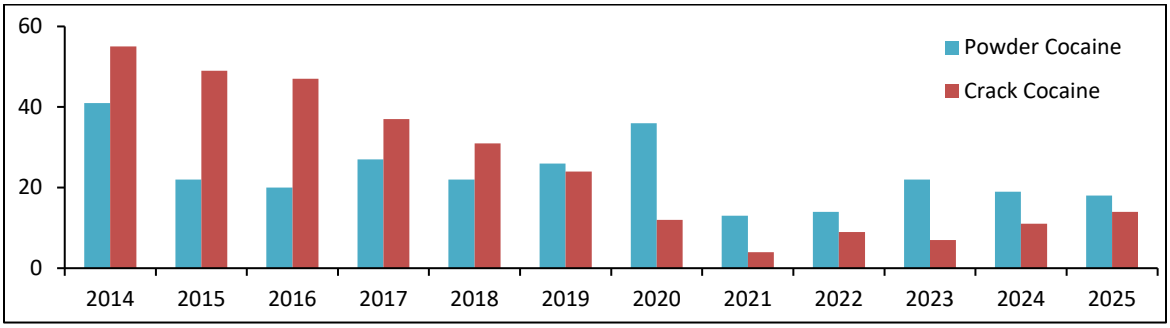
Iowa Cocaine Average Price per Gram

	2010	2012	2014	2016	2018	2020	2025
Price	$125	$130	$100	$100	$100	$85	**$80**

Source: Iowa Counterdrug Task Force

Cocaine-related prison admissions represented 8% of drug-related admissions in FY25. For the seventh year in a row, the number of powder cocaine-related prison admissions outnumbered crack cocaine-related prison admissions (18 vs. 14). Based on the data available, cocaine/crack cocaine represents a less significant issue among the drug using population in Iowa compared to other drugs. There is little reported use of cocaine/crack cocaine by Iowa youth.

Iowa Cocaine/Crack Cocaine-Related Prison Admissions



Source: FY, Iowa Department of Corrections

Kratom

Kratom is a plant native to Asia, marketed as an herbal supplement, being sold in Iowa. Kratom is not regulated in most states or federally. Kratom can have stimulant and sedative effects in different doses. In 2019, the FDA warned consumers not to use Kratom due to concerns of addiction, abuse, and dependence on the substance. Additionally, the National Institute on Drug Abuse has found kratom use can lead to dependence and/or addiction.

Several cases of psychosis resulting from kratom use have been reported nationwide, where individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion. Since 2015, Iowa has seen 92 cases where the active compound in kratom was mentioned on a death certificate as a contributory cause of death. Kratom exposure calls to the Iowa Poison Control Center increased from 24 cases in both 2023 and 2024 to 53 cases in 2025.

Synthetic Cannabinoids and Cathinones

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

The retail availability of synthetic drugs appears to have decreased in recent years. There have been few synthetic cathinones submitted to the crime lab in the past few years, and most of those submitted are controlled substances under current Iowa law. A law enacted in 2017 may also provide prosecutors with a stronger tool to take legal action against sellers of new, previously unidentified, synthetic drugs that have not yet been regulated under state or federal law.

Other Substances of Concern

Other drugs such as LSD and PCP also play a role in the overall problem of substance and drug abuse within the state, but their current usage is relatively low. The percentage of Iowa adults admitted to a substance use disorder treatment program whose primary drug of abuse is “unknown or other” has dropped dramatically. As the landscape of intoxicating and addictive drugs expands, most of the growth involves “synthetic” substances. Synthetics are easier, cheaper, and faster to produce and market, but they can also cause great harm.

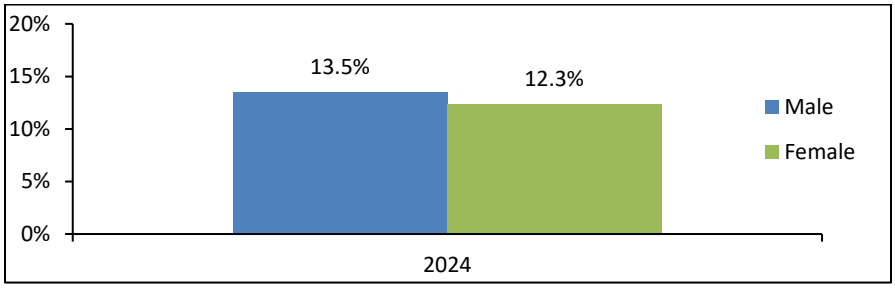
Emerging on the market are mushroom-infused products such as chocolate bars and gummies. Amanita muscaria is a highly poisonous mushroom that contains the psychoactive alkaloids muscarine, ibotenic acid, and muscimol. In 2024, the FDA restricted the use of Aamanita muscaria because of safety concerns after a string of adverse effects were reported among users, including hallucinations, overdose, and even death.

Tobacco/Nicotine Products

Tobacco use is the single largest cause of preventable premature mortality in the United States. It represents an enormous financial burden on healthcare, costing an estimated $1.285 billion annually in

Iowa alone. The use of tobacco and other nicotine products and exposure to secondhand smoke continue to be major public health problems. Having fewer nicotine users of all ages in Iowa and creating smoke-free environments for all Iowans are keys to reducing tobacco-related illnesses and costs. Nationally, 11.6% of adults report smoking, while in Iowa that rate is 12.9%.

Iowa Adult Iowans Reporting Current Smoking



Source: CY, CDC Behavioral Risk Factor Surveillance Surveys

State and federal organizations continue to inform the public of the dire consequences of using tobacco products. These officials estimate that annually more than 5,100 Iowans die because of smoking.

The American Lung Association's 2025 State of Tobacco Control report grades states in five areas that have been proven to prevent and reduce tobacco use and save lives. Iowa received the following grades:

1. Funding for State Tobacco Prevention Programs – **Grade F**
2. Strength of Smokefree Workplace Laws – **Grade B**
3. Level of State Tobacco Taxes – **Grade F**
4. Coverage and Access to Services to Quit Tobacco – **Grade D**
5. Ending the Sale of All Flavored Tobacco Products – **Grade F**

On December 20, 2019, the federal minimum age for the purchase of tobacco products was raised from 18 to 21. The Iowa Legislature followed suit during the 2020 session, raising the minimum age for tobacco sales at the state level. Iowa HHS advises that youth should be discouraged from using vaping products as the long-term health impacts for youth using these products are unknown.

There is insufficient evidence to support the belief that e-cigarettes or other electronic smoking devices are effective in quitting tobacco use. In one 2018 study, researchers found 39.5% of vape product users had also used their device to vape other drugs including cannabis, cocaine powder, crack cocaine, synthetic cathinones, synthetic cannabinoids, opioids, heroin, fentanyl, etc. Finally, e-cigarette aerosol is not harmless water vapor and should not be considered as clean air.

Funding Information

Substance use prevention, treatment, and enforcement are broad categories that 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 local direct federal funds.

Total Estimated FY 2026 Funding by Agency

Agency	Prevention	Treatment	Enforcement	FY 2026 Total
Dept. of Education	$0	$30,000	$0	**$30,000**
DOC, Community Based	$0	$475,397	$3,562,055	**$4,037,452**
DOC, Institutional Programs	$0	$2,365,218	$0	**$2,365,218**
HHS, CJJP	$1,033,216	$0	$0	**$1,033,216**
HHS, Child & Family Services	$0	$2,829,474	$0	**$2,829,474**
HHS, Medical Services	$0	$91,581,142	$0	**$91,581,142**
HHS, Mental Health/Disability	$0	$381,015	$0	**$381,015**
HHS, Behavioral Health (Substance Use)	$19,490,484	$37,567,134	$0	**$57,057,618**
HHS, Behavioral Health (Tobacco)	$4,545,704	$157,841	$228,500	**$4,932,045**
DPS, DCI	$0	$0	$9,418,208	**$9,418,208**
DPS, DNE	$0	$0	$8,299,842	**$8,299,842**
DPS, GTSB	$0	$0	$869,299	**$869,299**
DPS, Intel	$0	$0	$3,635,539	**$3,635,539**
DPS, CMVU	$0	$0	$22,077,143	**$22,077,143**
DPS, ISP	$0	$0	$63,285,488	**$63,285,488**
DPS, ODCP	$671,606	$672,986	$3,007,291	**$4,351,883**
Iowa Judicial Branch	$0	$0	$1,083,901	**$1,083,901**
Iowa National Guard	$779,845	$0	$6,354,287	**$7,134,132**
Iowa Veterans Home	$99,172	$0	$0	**$99,172**
Regents: ISU	$247,246	$622,456	$162,550	**$1,032,252**
Regents: U of I	$1,400,144	$4,175,205	$0	**$5,575,349**
Regents: UNI	$224,410	$0	$95,331	**$319,741**
Total	**$28,491,827**	**$140,857,868**	**$122,079,434**	**$291,429,129**

Total Estimated FY 2026 Funding by Source

Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	$6,688,887	$46,210,877	$97,479,302	**$150,379,066**
Federal	$18,786,618	$93,360,769	$23,609,855	**$135,757,242**
Other	$3,016,322	$1,286,222	$990,277	**$5,292,821**
Total	**$28,491,827**	**$140,857,868**	**$122,079,434**	**$291,429,129**