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# Iowa Drug Control Strategy & Drug Use Profile

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Iowa Department of Public Safety  
Office of Drug Control Policy  
2024





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# Introduction

In April, Governor Reynolds signed the [State Government Alignment bill](#) into law. Effective July 1, 2023, this measure created organizational efficiencies in state government to better serve Iowans. One element of the alignment law moved the Office of Drug Control Policy (ODCP) into the Iowa Department of Public Safety (DPS). ODCP's core mission and services remain the same, including our staff, grant administration, and work with the Iowa Drug Policy Advisory Council.

The vision of the Office of Drug Control Policy (ODCP) is safe and healthy Iowans. Our mission is to coordinate substance use related criminal justice resourcing and policy development. With that vision and mission, the ODCP, in cooperation with the Iowa Drug Policy Advisory Council (DPAC), presents the 2024 Iowa Drug Control Strategy.

This annual report is submitted in satisfaction of Chapter 80E.1 of the Code of Iowa, which requires the Director of the Office of Drug Control Policy to monitor and coordinate all substance misuse prevention and education programs, substance use disorder (SUD) treatment, and drug enforcement efforts in the State. Further, it requires the Director to submit an annual report to the Governor and Legislature concerning the activities and programs of all state departments with drug enforcement, SUD treatment and substance misuse prevention programs.

Chapter 80E.2 establishes the Drug Policy Advisory Council (DPAC), chaired by the Director, and consisting of a prosecuting attorney, SUD treatment providers, law enforcement, a substance misuse prevention specialist, a judge, and representatives from the state departments of corrections, education, health and human services, public safety, and public defender.

This report highlights drug trends within the State, outlines tactical responses that include evidence-based practices and promising approaches, and summarizes associated levels of funding that flow through state agencies. As a blueprint for comprehensively addressing a myriad of drug-related challenges, the 2024 Iowa Drug Control Strategy aims to provide data-driven support for identifying priorities and directing responses in the State.

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



# Executive Summary

The 2024 Iowa Drug Control Strategy addresses a myriad of health and safety issues associated with risky substances that have become more varied, potent, complex, and lethal. Thanks to the input from many, this annual report serves as a blueprint for coordinated health and public safety actions in the areas of prevention, intervention, treatment, recovery, and enforcement.

One rising threat is the spread of illicit synthetic opioids, such as fentanyl, appearing separately, in counterfeit pills, and mixed with other drugs. Tiny amounts of these drugs can be fatal, and growing numbers of unsuspecting young Iowans are among those abruptly dying from their use. Many others become addicted to opioids. As troublesome as illicit fentanyl is across Iowa and the U.S., other highly potent and addictive substances also lead to overdoses. This threat is accentuated by the ongoing introduction of new and powerful synthetic drugs, such as nitazenes. Contained within this year's comprehensive Iowa Drug Control Strategy is a targeted [2024 Iowa Action Plan](#).

Looking at substance use trends in a national context, reports show a mix of progress and challenge in Iowa. Iowa continues to have relatively low rates of illicit drug use and drug overdose deaths, and steady or lower rates of youth substance use. However, drug overdoses are rising, and Iowa has high rates of binge drinking and tobacco use. Alcohol misuse is associated with health ailments and deaths affecting increasingly large numbers of Iowans, including adults with related chronic diseases.

In real terms, too many Iowa families struggle with addiction, overdose, and other behavioral health issues. We must build on what works and respond more quickly to address drug supply and demand issues, to reduce these and future threats to life and quality of life in Iowa.

This annual report consists of updates on drug trends, responses, and a comprehensive action outline for addressing current and emerging needs. A quick summary of data indicators detailed elsewhere in this document includes:

- **Alcohol:** Alcohol-related deaths rose 58% from 2018 to 2022 to a record 868.
- **Nicotine/Tobacco/Vaping:** Among Iowa 11<sup>th</sup> graders, vaping dropped from 23% in 2018 to 13% in 2021. But e-cigarette use by Iowa high school students is still 6% higher than the national rate.
- **Marijuana/THC:** Iowa marijuana-related hospital emergency department visits reached an all-time high in Iowa – 6,799 in 2022. On the other hand, 8% of 11<sup>th</sup> graders said they used marijuana in the past 30 days during 2021, the lowest level in nearly 20 years.
- **Methamphetamine:** The volume and purity of methamphetamine smuggled from Mexico into Iowa remains at an all-time high, with over 527 pounds of law enforcement seizures

submitted to the Iowa crime lab in 2022. Stimulant-related overdose deaths rose to 210 in 2022 and the proportion of Iowans entering substance use disorder treatment primarily due to methamphetamine also are holding at or near record levels.

- **Cocaine:** The proportion of Iowans entering substance use disorder treatment primarily due to cocaine remains relatively low, but crime lab blood screens revealed a recent spike in cocaine-impaired driving. Though less prevalent than methamphetamine, law enforcement cocaine seizures submitted to the Iowa crime lab in 2022 surpassed 100 pounds.
- **Opioids:** Just as the Iowa Crime Lab reports more fentanyl and fentanyl-combination submissions, fentanyl was implicated in 86% of Iowa's opioid overdose deaths in 2022. Opioid-related overdose deaths remain high (237 in 2022). The lab also reports an explosion of counterfeit pills being seized in the state.
- **Polysubstance Use:** The Iowa HHS reports polysubstance use was cited by 51.3% of patients receiving SUD treatment in FY23. These accounts are also substantiated by a report on *Methamphetamine Use in Iowa*, indicating a 13% increase in meth-related polysubstance use over a recent eight-year period. Intentional or accidental polysubstance use raises concerns about elevated health risks.
- **Other:** New synthetic opioids, such as nitazenes, continue to emerge as part of a growing number of synthetic drugs generally. In 2020, the DEA reported identifying one new substance roughly every three weeks. Kratom (*Mitragyna speciosa*), an unregulated substance, is on the DEA "Drugs of Concern" list and continues to be monitored in Iowa.

Drug use is a preventable behavior and drug addiction is a treatable disease, fueled by a plentiful supply of potentially dangerous substances. Drug prevention, treatment and enforcement initiatives are interdependent, and each works best through coordinated efforts. Thus, the need for a comprehensive multi-faceted approach that enlists the assistance of parents and youth influencers, substance abuse prevention specialists and coalitions, substance use disorder treatment professionals, law enforcement officials, peer recovery coaches, and many others is crucial.

The issues facing Iowa are changing in size, shape, and speed and it is imperative we work together to reduce the threat posed by altered drug supplies and their use in Iowa. Today's drug-related risks require an "all hands on-deck" response that is agile enough to evolve with the elusive challenges. To be successful, the Iowa Drug Control Strategy requires action at every level. Examples that demonstrate the power of people and partnerships include:

- **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 community awareness, and 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 their behavioral health.
- Patients: Take, store, and dispose of prescription drugs responsibly.
- Law Enforcement and Prosecutors: Uphold public safety and divert eligible individuals to treatment.
- Emergency Medical Services (EMS) and other First Responders: Intervene, treat, and refer patients and their families in need.
- Case Managers: Help Iowans navigate behavioral health and other community services.
- Neighbors: If you see something, say something – Immediately notify local law enforcement.
- Media: Alert Iowans to new or emerging drug issues, and where to get help.
- Local Officials: Set priorities, build consensus, support the effort, and guide the response tailored to a community's needs.
- State Officials: Create and sustain drug policies that prioritize health and safety, decrease the normalization of substance use, interrupt the cycle of addiction, deter trafficking, and protect the citizens of Iowa.
- Federal Officials: Take reasonable and targeted action to stem the flow of illegal drugs into our country and subsequently into Iowa.

The 2024 Iowa Drug Control Strategy aims to be a comprehensive and flexible blueprint for coordinating mutually inclusive efforts that achieve maximum effectiveness on multiple health and public safety fronts. These include preventing drug use, intervening, and treating addictive behavior, helping Iowans in need get into recovery, interrupting illicit drug trafficking, and reducing overdose deaths. Progress in these areas is essential to save lives and improve the quality of life for all Iowans.

Respectfully submitted,



Susie Sher, Bureau Chief  
Iowa Department of Public Safety  
Office of Drug Control Policy



## Goals

The overarching aim of the 2024 Iowa Drug Control Strategy is to save and improve the quality of lives in our state, by reducing the use of risky addictive substances and mitigating the impact of those substances on our communities. To that end, the Office of Drug Control Policy sets the following goals for Iowa:

**Reduce substance-related injuries and deaths.** The ready availability and increasing potency of risky substances coupled with polysubstance use is contributing to a growing number of Iowa injuries and deaths. Whether impairment-related accidents and traffic crashes, drug overdoses and poisonings, or diseases due to chronic nicotine, alcohol, or other substance use; the trends are alarming. The opioid epidemic has evolved and is now fueled largely by illicit fentanyl and other emerging synthetic opioids. As polysubstance use becomes more common, societal stressors continue to exacerbate alcohol misuse, other substance use, and related mental health issues. Accomplishing this goal requires a stronger, timelier, and more fluid response focused on prevention, intervention, treatment, recovery, and public safety to include national and international drug supply interdiction.

**Prevent and reduce youth use of alcohol, nicotine, and marijuana (THC).** Research strongly suggests the longer a person avoids experimenting with addictive substances, the more likely they are to not use those or other drugs later in life. In other words, healthy choices as an adolescent can increase the odds of a healthier life in the future. Most Iowa youth do not use addictive or psychoactive substances, but among those who do use, alcohol, nicotine, and marijuana are most common. As Iowa youth grow into adolescence and different, more potent, and available forms of these substances appear, effective prevention and education—including at home—is essential. Preventing alcohol, nicotine, and marijuana use among Iowa teens today can make for a healthier tomorrow.

**Increase timely access to substance use disorder (SUD) services.** More help is required to support Iowans navigating services to effectively address substance use treatment and recovery needs. Family and justice system referrals are among the most common pathways to services today, but new doors are opening in Iowa. These include: the recently launched national 988 Crisis Lifeline; online help via [YourLifeIowa.org](https://www.yourlifelowa.org); Iowa's Mental Health and Substance Use Service Access Centers; Recovery Community Centers; a growing number of pre-jail diversion to treatment and law enforcement-mental health co-response team initiatives; and expanded telehealth options. As more Iowans in need are directed to SUD treatment services, treatment capacity must be reviewed for quantitative and qualitative sufficiency.

**Increase employment and quality of life for those in or completing substance use disorder (SUD) treatment.** A key for many Iowans remaining drug free or in post-treatment recovery is gainful employment. SUD treatment has proven effective in helping individuals achieve or maintain recovery and employment, while reducing arrests, thereby contributing to safer and healthier communities.

**Increase accountable alternatives to incarceration for eligible drug-related offenses and reduce disproportionate minority confinement.** As many as 63% of those serving prison sentences are assessed with a mental illness, which in many cases includes an untreated substance use disorder. Sheriffs tell similar stories about jails. Additionally, a disproportionate number of black Iowans are incarcerated. A small but growing number of Iowa communities have started formal pre-jail deflection/diversion to treatment and/or law enforcement-mental health co-response teams as an accountable alternative to incarceration, by diverting lower-risk, non-violent, drug-affected individuals to treatment. Problem-solving courts, such as Drug Treatment Courts, offer another—post-conviction—form of diversion to treatment that successfully balances rehabilitation with public safety. Finally, the preventative investment in families, mentoring programs, and educational programs designed to equip individuals with the necessary tools to avoid the trappings of problematic substance use and thereby limit exposure to the criminal justice system should continue to shape our primary strategies.



# 2024 Iowa Action Plan

The following priority areas and action steps were developed based on Iowa data indicators, research, field reports, lived experiences, and input from subject matter experts, to include members of the Iowa Drug Policy Advisory Council. Areas of emphasis focused on 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 (e.g., THC, youth alcohol use, etc.).

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

### **Action Steps**

- Provide timely public education and alerts on emerging drug threats or concerns, including prevention tips, crisis intervention information, and service referral resources.
- Secure and safely dispose of prescription drugs to mitigate drug diversion and misuse.
- Implement environmental safeguards to prevent youth access to alcohol and other potentially dangerous drugs.
- Empower family and key influencers to talk with children and prevent substance use.
- Support community coalitions to prevent substance misuse, particularly among Iowa youth.
- Equip schools and employers with training to prevent and respond to substance use.
- Protect children from direct and indirect physical or psychological harm created by the risky substance-related behaviors of others.

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

### **Action Steps**

- Expand multisource opioid antagonist access and utilization to reverse opioid overdoses.
- Enhance multi-disciplinary data/info sharing for timely and effective drug use prevention, response and follow ups.
- Increase utilization of the Good Samaritan Act for qualifying individuals to promote timely 911 drug overdose reporting.
- Prioritize referrals to treatment in drug use interventions for long-term drug use, overdose prevention, and recovery.
- Expand and enhance SUD treatment referrals via primary healthcare professionals, hospitals, and clinics, using “Screening, Brief Intervention, and Referral to Treatment” (SBIRT) and other tools.
- Appropriately deflect more low-risk, drug-affected Iowans to SUD treatment and recovery in lieu of incarceration, hospitalization, or inaction via first responders and others (e.g., pre-charge diversion, post-conviction treatment courts, co-response models, law enforcement liaisons, and other pathways).
- Reinforce training and deployment of quick responses such as Crisis Response Teams (CRTs).
- Increase awareness and use of the 988 Suicide and Crisis Lifeline and [www.YourLifelowa.org](http://www.YourLifelowa.org).

### **Priority Area 3: Enhance Iowans' access to effective substance use disorder (SUD) treatment services and allowable recovery pathways.**

#### **Action Steps**

- Increase the utilization of regional Mental Health and Substance Use Access Centers, as community diversion portals for care coordination and treatment services.
- Develop Certified Community Behavioral Health Clinics (CCBHCs) as one-stop service centers that reduce barriers for Iowans needing help.
- Expand the number of sites for Medication Assisted Treatment (MAT) for Iowans addicted to opioids, and support research into MAT options for other forms of substance use disorder (e.g., stimulants).
- Enlist more peer recovery coaches for addiction and post-overdose outreach, to boost referrals to SUD treatment and linkages to other resources.
- Recruit, train, and retain SUD treatment professionals in the workforce.
- Seek approval for pre-release Medicaid insurance coverage of SUD treatment of incarcerated Iowans.
- Refine the role of expanded telehealth services for SUD treatment, etc.
- Increase recovery pathways and support systems across the State to help more Iowans be successful in and out of treatment (e.g., Recovery Community Centers, recovery housing, peer recovery coaches, and faith-based support groups).
- Develop more recovery housing to help Iowans facing barriers to overcome addiction.
- Expand the caseloads of specialized Treatment Courts (e.g., Drug 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.**

#### **Action Steps**

- Enhance multi-disciplinary data sharing for timely and effective responses by law enforcement.
- Support collaborative law enforcement efforts to intercept illicit drugs trafficked in Iowa (e.g., multi-jurisdictional drug task forces, and postal and parcel shipment drug interdiction).
- Conduct ongoing training of law enforcement—in large and small agencies—on evolving needs and tactics.
- Empower Iowans to recognize and promptly report suspicious activities or public safety threats to local law enforcement.
- Support local enforcement and interdiction efforts of multi-jurisdictional drug and crime task forces.
- Encourage efforts to stem the import and smuggling of illicit drugs into the United States.
- Collaborate with law enforcement agencies outside of Iowa to intercept the trafficking of dangerous drugs.
- 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 related threats, inform the public with timely facts, and enforce applicable laws and regulations.



# Prevention

The misuse of drugs and alcohol has a devastating impact on the safety and well-being of all Iowans. Substance misuse prevention consists of a wide array of prevention programming customized for delivery in homes, schools, businesses, and communities to stop risky behavior by Iowa youth before it starts and to help reduce the misuse of drugs by adult Iowans. Prevention is a vital part of a comprehensive drug control strategy. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities.

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug use problems later in life. Data indicates youth use of alcohol, tobacco or marijuana can increase the risk of other drug use at a later age. Delaying the onset of illegal drug use or alcohol misuse is an important strategy for reducing the incidence and prevalence of youth substance use.

Traditionally, youth in sixth grade use less than students in 8<sup>th</sup> grade, who use less than students in 11<sup>th</sup> grade. 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 cumulative effect of many efforts, including substance use prevention, has resulted in significant declines in alcohol and tobacco use by Iowa youth, and the maintenance of relatively low rates of illicit drug use, as evidenced by responses to the Iowa HHS biennial Iowa Youth Survey.

## **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 emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States. Iowans who contact 988 will be directly connected to trained crisis counselors who provide crisis de-escalation and connect individuals to the services and supports they need, when they need it.

Iowa has two NSPL Centers, CommUnity and Foundation 2. Foundation 2 is staffed to answer the majority of 988 calls, and CommUnity is staffed to answer the majority of 988 chats and texts. Both centers will be equipped to answer calls, chats, and texts. Iowa's Lifeline Centers will provide follow-up to individuals contacting 988 who are at risk of suicide and consent to follow-up. Crisis counselors will provide seamless coordination with other community-based crisis services, including warm handoffs to mobile response teams throughout the state.

The easy to remember three-digit number not only makes it easier to coordinate support in crisis, but will also:

- Reduce the burden on law enforcement and emergency medical resources so they can better respond to other public safety needs.

- Provide access to mobile response through warm handoffs, reducing confusion on how to access services and enhance mobile response efforts statewide.
- Increase the number of contacts with those knowledgeable about local behavioral health services, which will provide a personalized experience during a time of crisis and allow for in-state quality assurance.

**Age to Purchase Mobile App:** The Iowa Alcoholic Beverages Division released a free mobile application that allows users to access the Age to Purchase Calendar with their smartphone. The Age to Purchase Calendar will help calculate the age of a customer attempting to purchase alcohol or tobacco products. The app also has a built-in ID scanning function. Using the camera feature on the device, the app can scan the barcode on an ID to help quickly determine age and validity. No personal information of the customer is stored on the device. The scanner is not a replacement for physically inspecting the ID and ensuring that the person presenting the ID is the person in the picture. Rather, it is a tool to assist the retailer in determining the age and validity of the ID.

**Alcohol-Related Deaths Workgroup:** Over the last ten years, Iowa's alcohol-involved death rate has nearly doubled, with 45 to 55-year-old men having the highest rate of death. Considering these data, the Iowa Department of Health and Human Services established a workgroup that included Iowa HHS staff and other state and community agency representatives to discuss collaborative efforts, policy efforts and next steps to reduce alcohol-involved deaths. A report, [Addressing Alcohol-Involved Deaths in Iowa](#), was issued by the workgroup.

**Community Coalitions:** Coalitions are shown to be effective in reducing alcohol and other drug use among youth and adults. These collaborations between professional and local volunteer representatives work toward a common goal of building a safe, healthy, and drug-free community. Effective community drug prevention coalitions work on improving systems and environments.

Iowa has several community coalitions, many of which receive federal Drug-Free Communities Support Program grants. The Iowa HHS also received a new grant in 2021 to support coalition development. The Iowa Alliance of Coalitions for Change (AC4C) is completing the ninth year of a statewide Drug-Free Communities grant to help promote greater networking and coordination among community coalitions.

**Drug Disposal Kit Dispensing Project:** In 2021, the Prescription Monitoring Program (PMP), in collaboration with the Iowa Board of Pharmacy and Iowa HHS, helped launch the community pharmacy Drug Disposal Kit Dispensing Program. The Disposal Kit program built upon relationships established with the Narcan™ program, in which naloxone was made available at any community pharmacy in Iowa at no cost to any patient in need. All Iowa community pharmacies were encouraged to participate in the disposal kit program. Over 22,000 disposal kits have been dispensed to over 16,000 unique patients under the program. In 2022, a total of 18,066 kits were dispensed.

**Integrated Provider Network:** The Iowa Department of Health and Human Services' Integrated Provider Network (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, as directed in legislation beginning in 2009. IPN services are funded by the State General Fund appropriation to Iowa HHS for substance use and problem gambling services and the SAMHSA Substance Abuse Prevention and Treatment Block Grant.

**Media Education, Digital Literacy & Wellness Campaigns:** Media messages can influence knowledge, attitudes and ultimately 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, to help 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 continue 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) for the appropriate prescribing of opioid pain relievers are becoming the standard for Iowa prescribers, insurers, and health care regulators. Additionally, the Iowa Healthcare Collaborative continues to assist Iowa rural hospitals and communities through Compass hospital quality improvement initiatives by deploying evidence-based best practices and fostering innovation to improve behavioral health outcomes with a focus on decreasing opioid misuse, as well as through the Rural Community Opioid Response Program (RCORP) to reduce the morbidity and mortality of substance use and opioid use disorders in high-risk rural communities.

**Mentoring and Youth Development:** Several communities utilize evidence-based mentoring programs to reduce the risk of youth substance abuse and criminal behavior, and generally to improve the lives of young Iowans. The Iowa HHS funds seven mentoring programs through the Youth Substance Abuse Prevention Services grant and supports the Youth Development Project and Prevention through Mentoring initiative. Programs follow the Elements of Effective Practice for Mentoring, as established by the National Mentoring Partnership, and obtain certification through the Iowa Mentoring Partnership.

The Iowa HHS AmeriCorps Substance Abuse Prevention Program focusses on providing education to Iowa community members on substance abuse, particularly opioid and prescription drug

abuse; building capacity of organizations to broaden understanding of opioid and prescription drug misuse; and forming coalitions and partners to address the crisis.

**Methamphetamine Workgroup:** The Iowa Department of Health and Human Services created a Methamphetamine Workgroup. It was developed to implement a collaborative, department-wide approach to address methamphetamine use in Iowa. The Methamphetamine Workgroup has established collaborative, department-wide activities to expand public awareness of methamphetamine. This Workgroup focused on expanding and improving data collection and analysis related to methamphetamine to inform decision making and strategy development. An [Iowa Substance Use Brief on Methamphetamine](#) was released in 2019 and updated in 2023.

**Overdose Data to Action in States (OD2A-S):** In 2023, the Iowa Department of Health and Human Services was awarded \$2,507,303 a year for five years from the Centers for Disease Control and Prevention 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 building 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.

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

**Parent Partners:** Iowa parents who overcome obstacles, such as recovery from addiction, and meet criteria established by the Iowa Department of Health and Human Services (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 other professionals to assist in family reunification, accountability and keeping children safe.

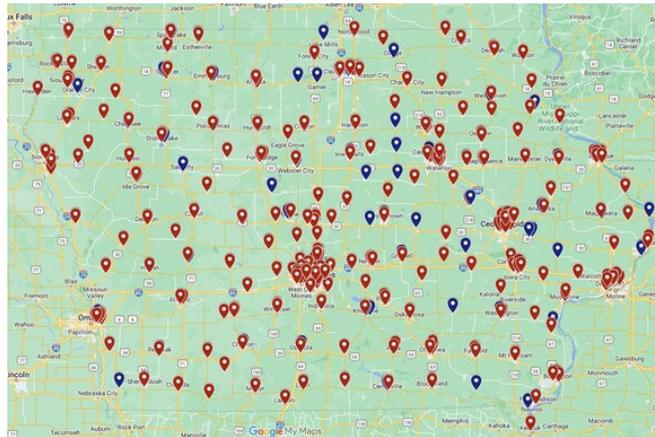
**Prescription Monitoring Program:** The Iowa Pharmacy Board's Prescription Monitoring Program (PMP) allows prescribers, pharmacists, and other health care providers to improve patient care by coordinating the fast-growing number of medicines that are prescribed for Iowans. As health care professionals' use of the PMP tool has gradually risen in recent years, suspected prescription drug diversion— "doctor shopping"—has decreased.

Several PMP enhancements in 2018 made the database more user-friendly and effective, including a new online dashboard and increasing integration with electronic health records systems. Additionally, an Iowa law enacted in 2018 makes several changes to ensure greater utilization of the PMP for patient care by health care professionals. Nearly all prescriptions are now sent electronically to pharmacies. The utilization by prescribers increased by more than 600%

from 847,905 inquires in 2018 to 6,245,996 inquires in 2021. The number of provider searches increased another 39.7% in 2022. This increase is in large part due to the rise in the number of integrations between the PMP and electronic health records, electronic medical records, and pharmacy dispensing systems.

**Prescription Drug Take Backs:** One way virtually all lowans can help prevent the illegal diversion and potentially dangerous misuse of prescription drugs is to safely dispose of unused household medicines. The number of permanent, year-round, authorized “Take Back” collection sites at Iowa law enforcement centers and community pharmacies has increased eight-fold since 2015, to nearly 400 in all 99 counties, and the number of “Take Back” locations continues to grow. This is in addition to the biannual National Prescription Drug Take Back Day events that have netted over 98 tons of leftover medicine in Iowa alone over the past thirteen years.

More information can be found at <https://odcp.iowa.gov/programs/prescription-drug-take-backs> and permanent drop-off locations can be found by clicking the map below.



**Promoting the Integration of Primary and Behavioral Health Care:** Iowa’s five-year grant awarded to the Iowa Department of Health and Human Services in 2019 will accomplish the following objectives through the utilization of a person-centered integrated care team approach to address the whole person’s health and wellness.

The purpose of this project is to:

- Promote full integration and collaboration in clinical practice between primary and behavioral health care;
- Support the improvement of integrated care models for primary and behavioral health care to improve overall wellness and physical health status of adults with serious mental illness (SMI) and adults with substance use disorders (SUD); and
- Promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

**Strategic Prevention Framework for Prescription Drugs:** In 2021, the Iowa Department of Health and Human Services was awarded \$384,000 a year for five years from SAMHSA to help reduce the misuse of prescription drugs for youth ages 12-17 and young adults 18-25. This is the second five-year iteration, and 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 address the risks of overprescribing. The three counties will use the data-driven Strategic Prevention Framework model to help increase the effectiveness of evidence-based prevention outcomes.

**Underage Alcohol Compliance Check Program:** The Iowa Alcoholic Beverage Division received a grant to administer an underage alcohol compliance check program. This program will be of a small scale within select cities and counties across the state. The cities and counties were selected using data from the Iowa Youth Survey, administered by the Iowa Department of Health and Human Services. The data indicated areas of the state that appeared to have the highest occurrence of underage drinking and alcohol sales to underage persons.

**Vaping Prevention:** In early 2020, the Iowa HHS Tobacco Use Prevention and Control Division developed a [Vape-Free School Tool Kit](#) that was made available to all schools in Iowa. The Division continues to provide technical assistance to schools across the state in implementing effective strategies for tobacco control and cessation in the school setting.

Iowa Students for Tobacco Education and Prevention (ISTEP) is a movement made up of young people who want to step up and take action against tobacco. ISTEP students create resources, such as [Hot Topics](#), to bring attention to the dangers of tobacco use.



# Treatment

Effective substance use disorder (SUD) treatment addresses addiction issues and has a long-term positive impact on the person using drugs, their family and the community-at-large. Treatment effectively works to reduce relapse and arrest, decrease hospitalizations, increase employment, and reduce costs associated with substance use disorders. Treatment must be comprehensive, tailored, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change).

Appropriate and effective SUD treatment is essential in breaking the cycle of addiction and promoting public safety. Few people enter SUD treatment without intervention from family members or sanctions from authority figures such as employers or criminal justice officials. For many, 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.

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. Over 66% of all prison inmates have an identified substance use disorder. Studies have shown that SUD treatment reduces not only drug use but related crime as well. Iowans are safer when offenders returning to their communities have completed treatment.

There are many proven and developing paths to recovery from substance use disorders, and specialized treatment (e.g., Drug Courts, other problem-solving courts, Jail-Based treatment, co-occurring substance use/mental health disorder programs, opioid-related Medication Assisted Treatment (MAT), and pre/post arrest diversion to treatment) can be effective. Tele-treatment has enhanced access to services and is being monitored for outcomes. The Iowa HHS oversees more than 120 licensed SUD treatment programs and many professionals affiliated with those agencies. 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.

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 needs and risks assessments, proper types, and levels of care, and follow up.

When the pandemic began impacting the state, access to in-patient and out-patient face-to-face treatment dropped precipitously. Treatment providers had to evolve very quickly to provide needed treatment to their clients. Proclamation changes allowed providers to offer services via telehealth, including video and audio only sessions. As a result, the Iowa HHS reports 82% of their providers switched to telehealth services, compared to only 10% pre-pandemic. They have also seen an increase in demand for both telehealth and MAT services since the pandemic began.

The pandemic also took a toll on the mental health of Iowans. SUD providers report increases in the number of clients with co-occurring mental health and substance use disorders. The increase in isolation and lack of pro-social supports during the pandemic may have contributed to this increase. A recent report by Iowa State University shows a severe impact on rural Iowans with nearly 40% reporting mental health and relationships suffering during the pandemic.

Additionally, the national workforce shortage has impacted Iowa's community-based substance use disorder treatment provider organizations, with some operations reporting a shortage of counselors.

### **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 – still evolving in number and form – provide immediate, short-term assessments for individuals with mental health or substance use issues. The centers are designed to be a place where a person can be assessed and treated right away and, if necessary, referred to additional services.

**Crisis Intervention and Connection:** More Iowa law enforcement officers are receiving Crisis Intervention Team training (CIT) to better assist individuals with behavioral health disorders (e.g., mental illness and/or substance use). Additionally, some local law enforcement agencies are beginning to work more closely with service providers on pre-arrest and/or pre-trial diversion projects, in which low-level offenders assessed as low risk and needing help are steered from the justice system and to SUD treatment and other service providers. Other agencies are working with local human service agencies to provide a co-response to certain situations.

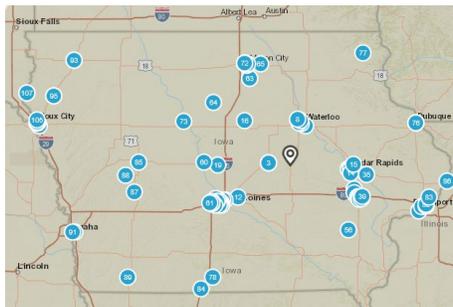
**Family First:** The Family First Prevention Services Act, simply referred to as 'Family First,' is federal legislation that restructured how the federal government spends money on child welfare to improve outcomes for children. Key components of Family First include services such as mental health, SUD treatment services, in-home, parent skill-based programs that include parent education, and individual and family counseling. It also includes kinship navigator programs, which are designed to provide support to relatives and fictive kin when the child cannot be safely maintained in the home.

**Iowa Opioid Help:** The Iowa Attorney General's office has developed a new website to provide information to Iowans about opioid use disorder treatment. [IowaOpioidHelp.com](http://IowaOpioidHelp.com) directs Iowans to treatment centers and other resources across the state. The website provides a pathway to recovery for Iowans with Opioid Use Disorder (OUD) and their loved ones. Visitors to the website will learn about Medication Assisted Treatment (MAT), a proven method of using FDA-approved drugs to reduce cravings and withdrawal symptoms for people with opioid use disorder. An interactive map on the website shows a list of MAT and OUD clinics contracted with the State of Iowa. The Integrated Provider Network (IPN) is funded by the Iowa Department of Health and Human Services.

**Iowa Opioid State Targeted Response Grants:** The State Opioid Response 3 (SOR3) is a 2-year grant awarded to the Iowa Department of Health and Human Services from 2022-2024 that will bring \$9,083,075 each year for two years. The goals include using evidence-based strategies to continue supporting, increasing, and improving the prevention, treatment, recovery, and harm reduction efforts that seek 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.

**Problem Solving Courts:** Iowa currently has 39 problem solving courts. Partnerships between courts and communities have spawned problem solving 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 the grip of substance abuse and mental health issues. Treatment teams include a judge, substance abuse treatment professionals, attorneys (county attorney and parents’ or defense attorney), and private agency providers. Many of the specialty court programs are located in one county, but also serve persons from one or more other counties in the district.

**Medication Assisted Treatment:** As the most effective form of opioid treatment, efforts are underway to expand Medication Assisted Treatment (MAT) in Iowa. According to the SAMHSA Buprenorphine Treatment Practitioner Locator website, Iowa has 188 prescribers listed with published information. However, there are an additional 357 practitioners that are waived in Iowa that have chosen not to have their information published. More information about MAT is located at <http://idph.iowa.gov/mat>. Locations of Medication Assisted Treatment organizations can be found by clicking the map below.



In October 2021, the Iowa Attorney General’s Office signed an agreement with University of Iowa Health Care to develop a comprehensive, statewide opioid treatment program using \$3.8 million in opioid settlement funds. The program will take a multi-faceted approach to making treatment for opioid use disorder available to Iowans. UI addiction specialists will conduct extensive outreach, train physicians and other healthcare providers across the state on how to treat opioid addiction using Medication for Addiction Treatment (MAT), and provide consultation and treatment for complex addiction cases.

**Opioid Abatement Projects (Opioid Settlement Funds):** In July 2021, the Attorney General officially signed the proposed opioid settlement. The \$26 billion agreement with opioid

distributors could bring up to \$170 million to Iowa and will be earmarked for treatment and prevention in addressing the opioid crisis. Use of Iowa's share of national Opioid Settlement funds received by the State and participating local jurisdictions, as a result of legal agreements with three major pharmaceutical distributors and Johnson & Johnson/Janssen, is a work-in-progress. The Iowa Attorney General's Office estimates Iowa will receive nearly \$178 million in settlement funds to be used for opioid abatement over the next 18 years. Settlement funds will be split evenly between the State and participating subdivisions pursuant to the State's Memorandum of Understanding.

While first-year funds have begun flowing into the State Treasurer's Office and participating counties, they remain subject to the settlement's parameters. Settlement funds flowing to the State Treasurer are additionally subject to legislation enacted as of July 1, 2022, as well as legislative appropriations or guidance to come. The plan for Opioid Settlement fund allocations at the State and local levels is expected to become clearer in 2024.

**Opioid Overdose Reversal:** Naloxone is one opioid overdose rescue drug that can reverse what would otherwise be a lethal situation. The use of naloxone, a prescription drug dispensed by pharmacies, is increasing in Iowa communities affected by opioid misuse and overdose. An Iowa law enacted in 2016, facilitated by an Iowa Health and Human Services statewide standing prescription order, significantly expanded access to naloxone, making the medication available at hundreds of pharmacies across the State. Beginning in 2022, Iowa businesses, organizations and schools can now request free naloxone to use for on-site purposes in case of an overdose emergency. Kloxxado is a newer, stronger opioid antagonist released in 2022. The need for a higher dose per administration is becoming more important because in many cases, multiple doses of naloxone are now being required to reverse an overdose. Iowa HHS has two community-based naloxone distribution initiatives that provide free opioid overdose reversal nasal spray to ensure communities are prepared for timely response to overdose events. More information can be found at [naloxone.hhs.iowa.gov](https://naloxone.hhs.iowa.gov).

In July 2020, the Prescription Monitoring Program (PMP), Iowa Board of Pharmacy, and Iowa HHS joined efforts to initiate the "Narcan™ program" to make naloxone (Narcan™) available at any community pharmacy in Iowa at no cost to any patient in need. The innovative program included collaboration with an Iowa-based pharmacy benefits management company, professional groups, and other organizations. The program continues to be a success and garnered additional regional and national recognition in 2022. Through 2022, a total of 5,163 kits were dispensed to 4,800 unique Iowa patients, with 3,055 kits being dispensed in 2022 alone. The program accounted for 44.1% of the total 6,920 Narcan™ dispensations reported to the Iowa PMP in 2022.

**Overdose Intervention (Good Samaritan):** An Iowa law enacted in 2018 establishes a Good Samaritan program in the State, for which Iowa HHS has prepared educational materials. This program encourages Iowans who may commit certain low-level criminal offenses (e.g., possession of a controlled substance) to call for emergency help in the event of a possible drug overdose involving a controlled substance, instead of fleeing the scene. In exchange for dialing 911 and

remaining on the scene to cooperate with authorities, qualifying callers will not be charged with a crime. In 2020, the Iowa Legislature expanded this program by enacting a law that also provides limited immunity for persons under 21 years old who seek help in the case of an alcohol overdose. Utilization of this incentive remains low, indicating a continued need to promote 911 calls.

**Pre/Post-Arrest Diversion to Treatment:** The Iowa Office of Drug Control Policy received a grant to implement a pre/post-arrest diversion to treatment pilot program in three Iowa communities. Blackhawk, Jones and Story Counties are participating in this initiative, in which each community will formalize protocols for law enforcement officers and/or prosecutors 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:** Recovery community centers are operating in Cedar Rapids, Des Moines, and Council Bluffs. More centers are scheduled to open in Iowa in the next few years. These centers are run by people with lived experience of substance use. Recovery coaches or peer support specialists help others find connection and resources. To learn more about recovery and find additional resources, visit [recovery-iowa.org](https://recovery-iowa.org).

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

**Smoking Cessation:** Tobacco users in Iowa that want to quit may contact Quitline Iowa for tobacco cessation coaching services over the telephone or internet, 24 hours a day. Youth between the ages of 13-17 can use Iowa's new youth tobacco cessation program called My Life My Quit that also has a texting option and is completely free. 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. Nicotine replacement therapies are approved by the FDA for tobacco use cessation. Quit Coaches are trained and well versed in techniques helping e-cigarette users quit, regardless of whether they are using just electronic cigarettes or both combusted tobacco and electronic cigarettes.

**State Pilot Program for Pregnant and Postpartum Women:** The Iowa Department of Health and Human Services was awarded \$900,000 per year from SAMHSA for 2023-2026. The purpose of this program is to enhance flexibility in the use of funds 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 substance use disorder agencies encouraging new approaches and models of service delivery.

**Treatment for Individuals Experiencing Homelessness (TIEH):** The Iowa Department of Health and Human Services was awarded a five-year grant for \$1,000,000 per year, ending in January 2025. The TIEH grant provides 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 Department of Health and Human Services 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](https://www.yourlifeiowa.org) or call 855-581-8111 for 24/7 resources, intervention, and referrals. In State Fiscal Year 2022, Your Life Iowa responded to 41,111 contacts that were received via phone text and chat. These numbers represent 185% increase since 2020.



## Enforcement and Supply Reduction

Reducing the supply of illegal drugs in Iowa communities enhances public safety and helps break the cycle of addiction that compromises the health and safety of Iowans. We are also gaining a better data-informed understanding of the potential traffic safety impacts of drug-impaired driving, even as new detection challenges emerge. People who misuse alcohol and other drugs may be more inclined to commit crimes that pose a public safety threat.

Criminal behaviors involving alcohol and other drugs are not all the same, and neither should the State's response. However, the process by which criminal and juvenile justice is served must be fair for all Iowans. One goal of the Iowa Drug Control Strategy is to reduce the number of Iowans incarcerated, including disproportionate minority incarceration, by making greater use of non-justice system responses for low-risk individuals with a substance use or mental health disorder.

There are several ways to accomplish this goal, and some involve law enforcement. Examples of alternative responses include prevention; treatment; and pre/post-arrest diversion to treatment, in which law enforcement officers or prosecutors direct qualified individuals to substance use disorder (SUD) or mental health treatment instead of the justice system.

The primary role of law enforcement is to maintain public safety for all Iowans by removing large quantities of dangerous drugs like methamphetamine and fentanyl. One current byproduct of law enforcement efforts directed at illegal drug activity is that up to 58% of Iowans entering state-licensed SUD treatment are referred there via the justice system. This represents one significant pathway for drug-affected Iowans who may otherwise struggle to get needed help.

Education is another function of some law enforcement officers, many of whom work with school-aged students and others on prevention techniques for making healthy choices when it comes to addictive substances.

Drug enforcement and supply reduction are essential public safety strategies that work with substance abuse prevention and SUD treatment as part of a comprehensive approach to reducing risky behavior and improving the health of Iowans. Enforcement also serves as a form of intervention or referral pathway for many Iowans and empowers adult influencers to educate youth on the risks of substance use.

### **Current Iowa Approaches to Drug Enforcement and Supply Reduction:**

**COPS Anti-Methamphetamine and Anti-Heroin Programs:** The Iowa Department of Public Safety received two grants from the U.S. Department of Justice (DOJ), Office of Community Oriented Policing Services (COPS Office). The Anti-Methamphetamine and Anti-Heroin programs are designed 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 allows for the payment of overtime to locate or investigate, through statewide collaboration, illicit

activities, including activities related to the distribution of heroin or unlawful diversion and distribution of prescription opioids.

**Drug Task Forces:** Multi-Jurisdictional Drug Enforcement Task Forces (DTFs) are often the first line of defense against drug-related threats in Iowa communities. Iowa has 16 DTFs covering 58 counties. Local police and sheriff's offices work in coordination with the Iowa Department of Public Safety and federal agencies. While the primary mission of DTFs is public safety through drug enforcement, they also play a major role in protecting drug-endangered children, removing weapons from drug scenes, and directing more drug-addicted offenders into SUD treatment for the help they need. Iowa has been successful in securing additional federal COPS grants to assist drug task forces with specialized methamphetamine and heroin enforcement.

**Interdiction:** Drug interdiction by Iowa law enforcement, performed within legal parameters set forth by laws and courts, can be a helpful tool for 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 and pure methamphetamine is being smuggled into the U.S. and states like Iowa and serves as a vivid reminder that cooperation among local, state, national and international stakeholders 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 nearer the source of illegal drug production and distribution.

**Iowa Opioid Data Exchange:** The Iowa Office of Drug Control Policy received a federal grant award to work with the Iowa Departments of Public Safety and Health and Human Services to create an Iowa Opioid Data Exchange dashboard, to facilitate timely information sharing between health care and public safety entities and improve local drug-related responses. The goal of this tech-based tool, when fully developed, is to make better cross-disciplinary use of shareable data that may otherwise reside solely in health surveillance or law enforcement intelligence systems. In addition to helping professional first responders, a public dashboard is planned to allow all Iowans to track emerging drug trends.

**Methamphetamine Lab Reduction:** Though methamphetamine produced and distributed by Mexican drug cartels and their agents remains plentiful in Iowa, domestic methamphetamine labs have nearly been eradicated. Combining education, retailer enforcement and environmental prevention strategies has proven successful in reducing Iowa methamphetamine labs by more than 99% since their peak (2023 vs. 2004). Legislation regulating key ingredients, Iowa's Pseudoephedrine Tracking System, better public awareness, and strong enforcement efforts have contributed to this public protection progress.

**Opioid Prescriber and Dispenser Education:** The Iowa Board of Medical Examiners, as part of its physician licensing function, requires certain doctors to obtain periodic continuing education on opioid prescribing. The Iowa Board of Pharmacy Examiners has provided education on use of

the Prescription Monitoring Program and related issues. Professional groups in Iowa also continue offering educational opportunities to their members that focus on preventing or reducing prescription drug misuse and abuse.

**Protecting Drug Endangered Children:** The Iowa Alliance for Drug Endangered Children (DEC) incorporates the principals of substance use disorder prevention, intervention, treatment, child protection, prosecution, and drug enforcement to protect children from drug users, dealers, and manufacturers. Through protocols, training, policy and other efforts, Iowa's DEC Alliance facilitates law enforcement officers working side-by-side with child welfare case workers, prosecutors, court officials and health care providers toward a common goal of protecting vulnerable children.

The DEC model, as adopted by some Iowa communities, helps interested stakeholders join as a safety net for children, and encourages custodial parents to address their addictions so that Iowa families can be reunited on a healthy trajectory.

**State Crisis Intervention Program:** The Iowa Office of Drug Control Policy received the Bureau of Justice Assistance FY22-23 Byrne State Crisis Intervention Program (SCIP) Grant in 2023. As authorized by the Bipartisan Safer Communities Act of 2022, SCIP provides formula funds to implement state crisis intervention court proceedings and related programs or initiatives, including, but not limited to: behavioral health deflection and treatment, mental health courts, drug courts, and veterans' treatment courts.

**Traffic Safety Enforcement:** The Iowa Drug Recognition Expert (DRE) Program aids in the statewide plan for the Governor's Traffic Safety Bureau (GTSB) of reducing 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. In 2022 alone, GTSB trained over 500 officers in ARIDE. In April 2022, GTSB conducted a DRE school certifying 14 new DRE officers and in November 2022 over 160 Iowa prosecutors were trained at the Prosecuting Attorney's Training Conference (PATC) hosted by the Iowa Attorney General's Office. These trainings are critical to safer roadways and reducing fatalities.



## Conclusion

Many positive trends are occurring in Iowa. However, we cannot escape the reality that some Iowans still engage in risky behaviors involving intoxicating and addictive substances. The demand for these substances can be addressed through effective prevention and treatment efforts. The supply of these substances into our communities must be reduced through effective drug enforcement and supply reduction efforts.

Iowa has one of the nation's lowest rates of illicit drug use, but alcohol and nicotine use is above the national average. Youth vaping has declined, but drug and alcohol-related deaths in Iowa are at record levels.

A record proportion of Iowans in substance use disorder (SUD) treatment are there primarily because of methamphetamine use, and the bulk of our drug-related prison admissions are driven by methamphetamine. We must do more to curb the trafficking of methamphetamine into Iowa and reduce the strong demand for the drug.

Marijuana continues to be the illicit drug most used by Iowa youth, and all too often holds dangerous consequences. Many mistakenly believe marijuana is not harmful or addictive. Clear messages must be communicated to our youth about the danger of all addictive substances, including marijuana and its increasing potency in vaping and other products.

Opioid misuse presents another threat to Iowans. Iowa's response to the national opioid epidemic includes several community actions, targeted state initiatives, additional federal funding and policy changes, and comprehensive state legislation. Preliminary signs indicate opioid overdose deaths in Iowa remain high, due in part to more powerful opioids like fentanyl. We must continue strengthening opioid misuse prevention, intervention, treatment and recovery and interdiction efforts.

Polysubstance use is an ongoing concern, involving a significant number of Iowans taking two or more substances together or within a short period. Polydrug activity can elevate risk levels.

Heightened awareness of racial disparities illustrates a need to promote safer and healthier communities for all Iowans. Working together in prevention, treatment, and enforcement; we can strengthen our efforts as we face current and emerging SUD issues in our state. Whether we are health care or law enforcement professionals, community coalition members, teachers, students, family members, or friends; everyone has the opportunity to make a difference in the lives of all Iowans.

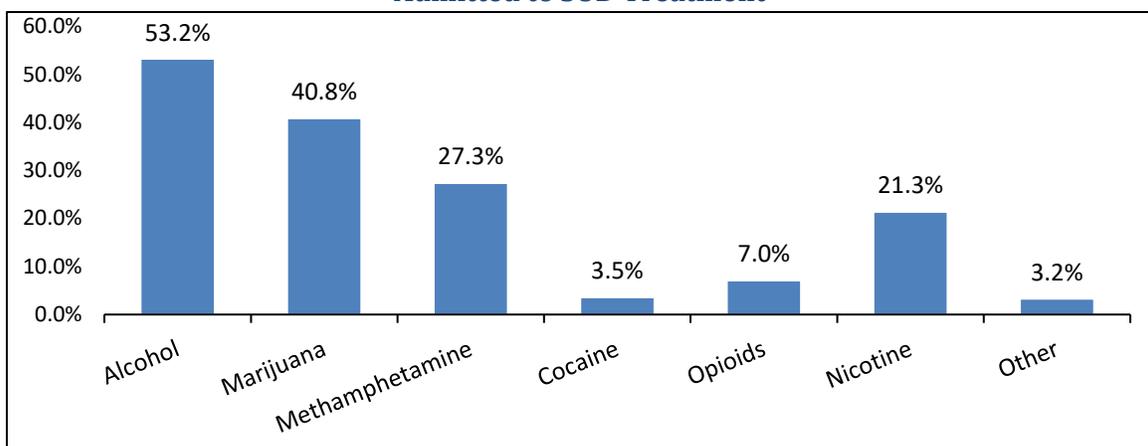


# Appendix One: Drug Use Profile

## General Indicators of the Trends in Drug Use

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. Recent (past 30 days) polysubstance use was reported by 51.3% of patients receiving substance use disorder (SUD) treatment. Recent alcohol use was reported by 53.2% of patients screened. Past 30-day marijuana use remains the most cited substance of use by juveniles under 18.

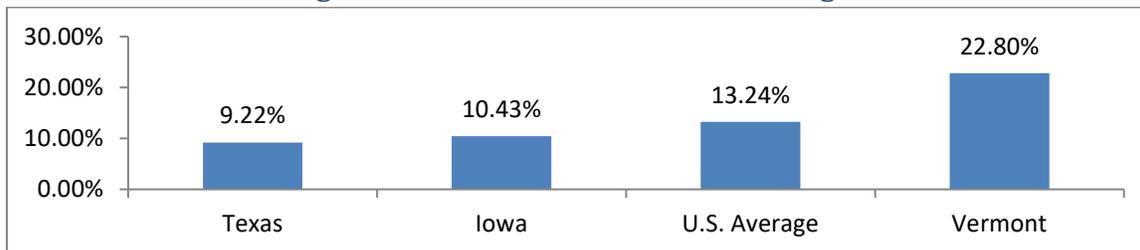
### Past 30-Day Substance Use Cited by Iowa Adult and Juvenile Clients Admitted to SUD Treatment



Source: SFY 2023, [Iowa Department of Health and Human Services](#)

According to the most recent National Survey on Drug Use and Health reports, Iowa ranks 39<sup>th</sup> in the rate of illicit drug use in the past month in the United States. The Centers for Disease Control and Prevention (CDC) ranks Iowa as having the fifth lowest rate of drug overdose deaths in the country. However, as in most of the U.S, drug overdose deaths are rising in Iowa.

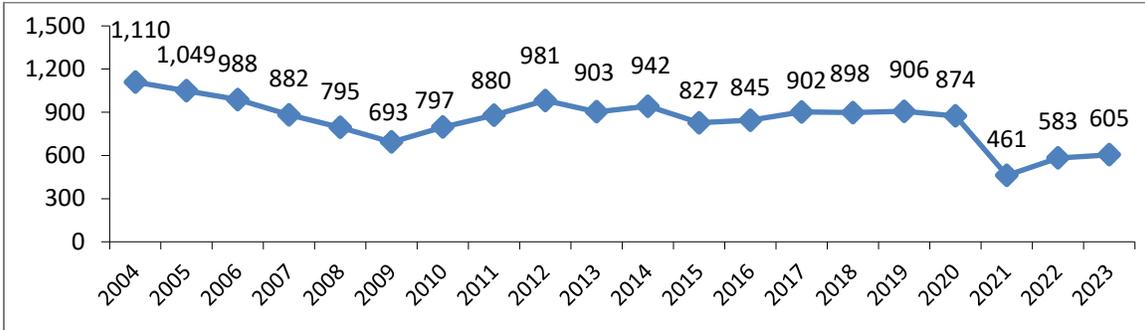
### 12+ Illicit Drug Use in the Past Month – Lowest to Highest in the U.S.



Source: [2019-2020 National Survey on Drug Use and Health](#)

Drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning are another indicator of drug use in the state. In 2005, a reduction in methamphetamine lab incidents helped lower drug-related prison admissions. Due, in part, to the increased availability of methamphetamine trafficked into the state, drug-related prison admissions rose from 2009 to 2012. Overall, Iowa’s drug-related prison admissions have remained relatively stable since then, until the pandemic. The figure below shows the offenders admitted to prison with a drug offense as their lead charge.

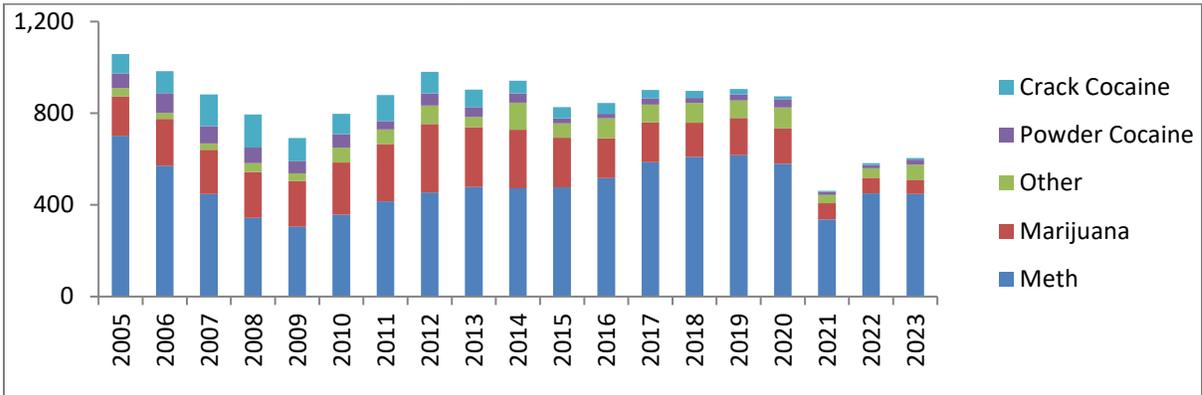
**Iowa Drug-Related Prison Admissions**



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

The Iowa Department of Corrections (DOC) reports fewer drug-related admissions in FY21, FY22, and FY23 due to the pandemic. In FY23, offenders incarcerated on a new most serious marijuana drug offense decreased to 9.9%, the lowest percentage since FY04. However, offenders incarcerated on a new most serious methamphetamine drug offense remained steady at 73.9%. Heroin continued to account for a low proportion of total new drug admissions during FY23, at 3.0%. The number of prison admissions for crack and powder cocaine remains very low. Notably, for the fifth year in a row, powder cocaine-related prison admissions outnumbered crack cocaine-related prison admissions (22 vs. 7).

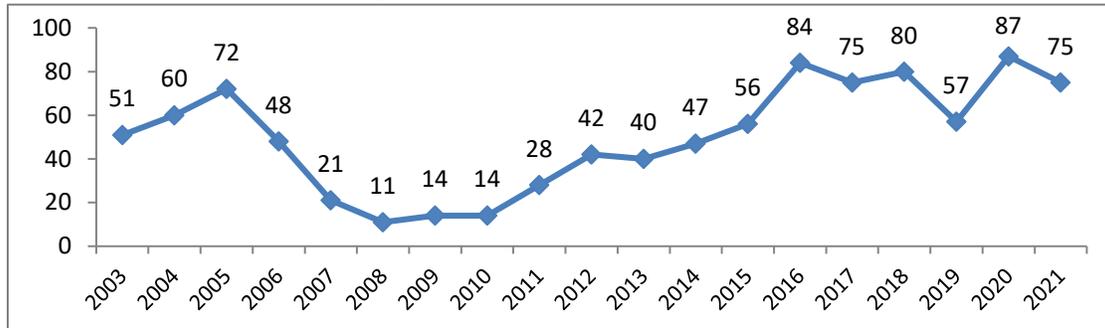
**Iowa Drug-Related Prison Admissions**



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

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

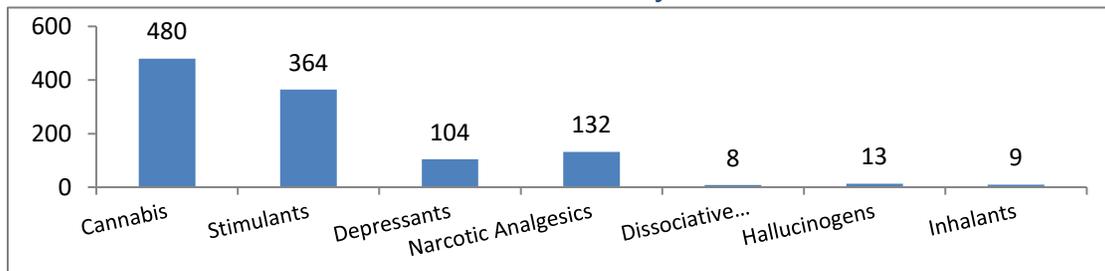
### Drug-Related Iowa Traffic Fatalities



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

In 2022, Iowa Drug Recognition Experts (DREs) performed 911 evaluations, including 660 evaluations for impaired driving. Of these evaluations, 53% resulted in a finding of impairment from cannabis, 40% from stimulants, 11% from depressants, and 14% from narcotic analgesics. Notable, 28% resulted in a finding of poly-substance use.

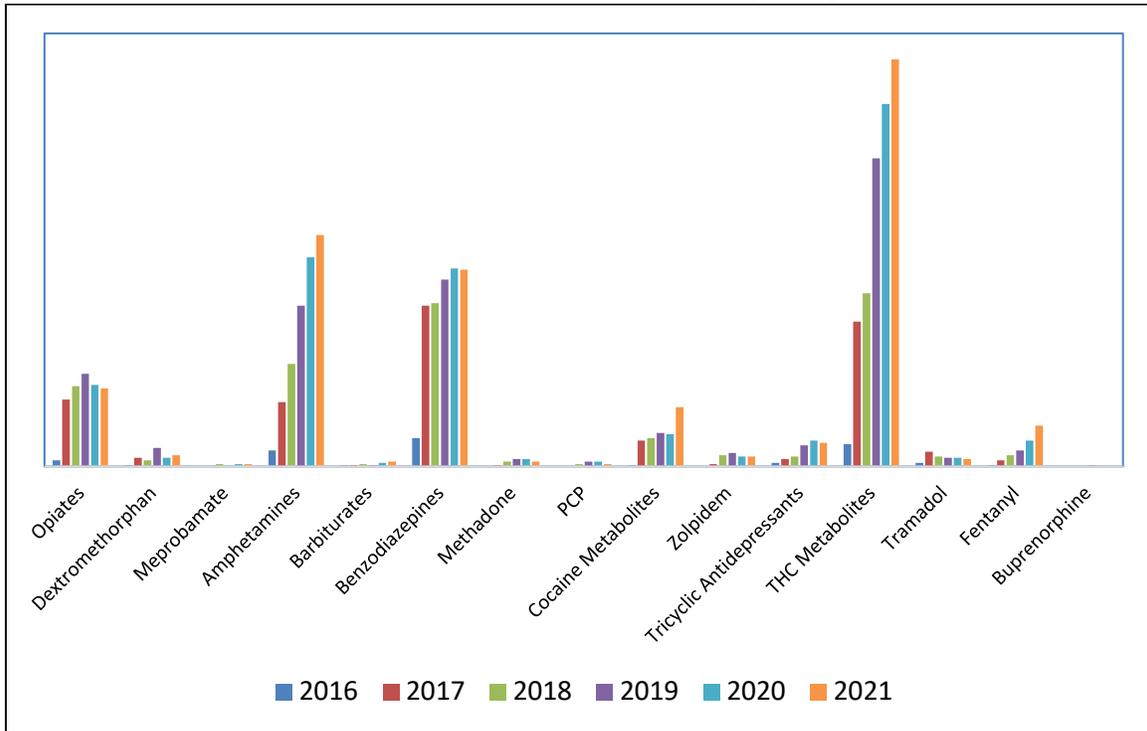
### Non-Alcohol Evaluations by Iowa DREs



Source: CY 2022, [Department of Public Safety, Governor's Traffic Safety Bureau](#)

Between August 2016 and December 2021, the Iowa Department of Public Safety Crime Lab ran 3,699 blood screens for drugs. Of those cases, 58% screened positive for at least one drug. Most of these cases were driving or OWI-related, but not all. In 2021, 329 cases screened positive for delta-9-tetrahydrocannabinol (THC), 159 cases screened positive for benzodiazepines, and 187 cases screened positive for amphetamines. A spike was also seen in positive screens for cocaine, up 85% over the prior year, and fentanyl, up 300% from three years prior.

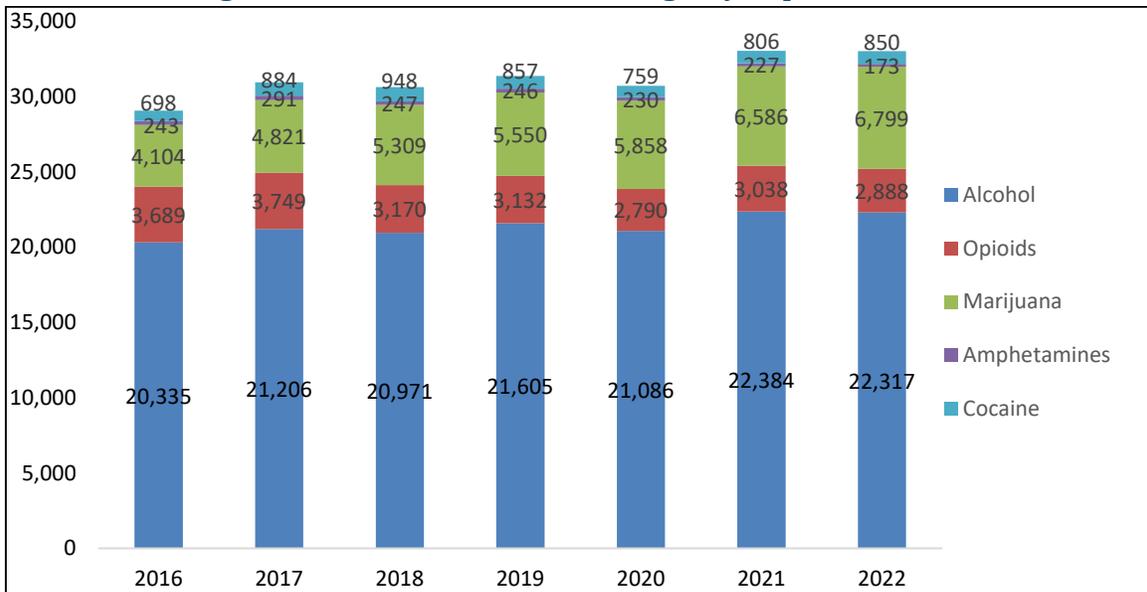
### Iowa Positive Blood Screens by Drug Category



Source: CY, [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 represents substances as both a primary reason for the visit, as well as a contributing factor.

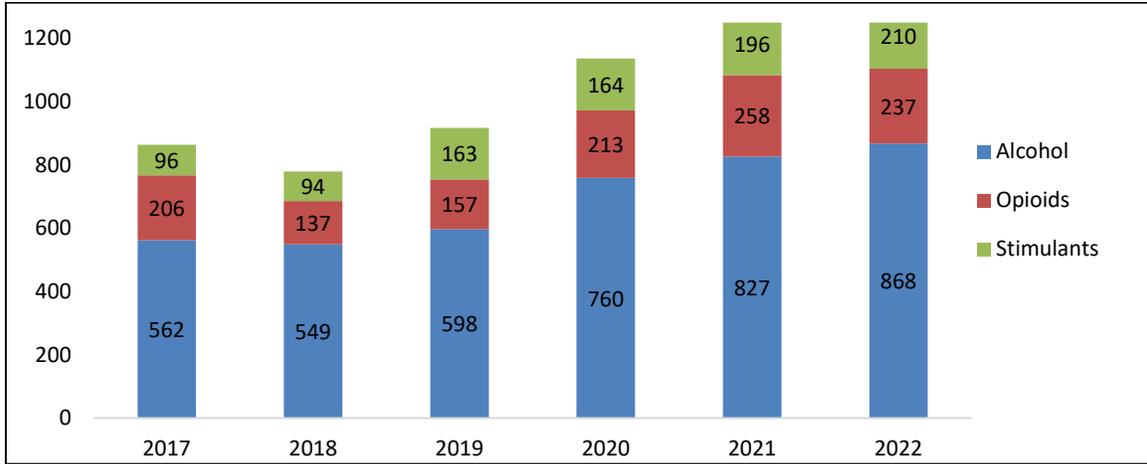
### Drug and Alcohol-Related Iowa Emergency Department Visits



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

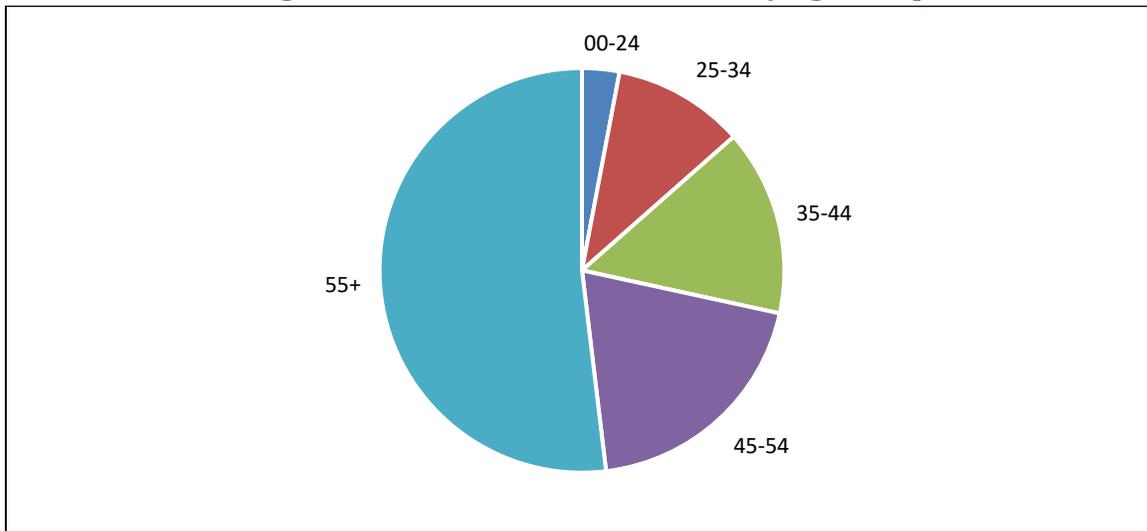
Substance-involved mortality reported by the Iowa HHS include the number of people who have died because they were exposed to drugs such as opioids, alcohol, and methamphetamine.

### Drug and Alcohol-Related Iowa Deaths



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

### Drug and Alcohol-Related Iowa Deaths by Age Group



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

Until recently, the Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Health and Human Services, conducted an annual outcomes evaluation of publicly funded drug treatment clients. As the data demonstrate, outcomes for all Iowans improve when clients have completed SUD treatment. Findings from the 2020 report include:

- 88% of clients reported no arrests in the six months post discharge from treatment.
- Full or part-time employment increased from 40% at treatment admission to 61% six months since discharge from treatment.
- There was a three-fold decrease in the number of patients reporting substance use-related hospitalizations at follow-up compared to admission (5% vs. 15%).

### Iowa SUD Treatment Clients Employed \*Full or Part-Time Six Months Post Treatment

Employment Status	Patients with Completed Follow-Up Interviews (n=446)		
	Admission	Follow-Up	Percentage Point Change
Employed Full-Time (≥35 hours/week)	30% (133)	43% (192)	+13
Employed Part-Time (<35 hours/week)	10% (45)	17% (75)	+7
Unemployed (Looking for Work in the Past 30 Days)	36% (161)	22% (97)	-14
Not in Labor Force	24% (107)	18% (82)	-6

Source: 2020 Outcomes Monitoring System

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

### Iowa SUD Treatment Clients Reporting Substance Use Six Months Post Treatment

All Substances Reported	Patients with Completed Follow-Up Interviews (n=446)*	
	Admission	Follow-Up
Alcohol	57% (255)	45% (202)
Marijuana	51% (229)	21% (92)
Methamphetamine	42% (187)	16% (71)
Opioids	13% (59)	3% (15)
Cocaine/Crack	6% (28)	2% (7)
Benzodiazepines	3% (13)	1% (4)
Other Substances	2% (11)	2% (7)

\*Column totals are not equal to the number of individuals since all substances reported by patients as primary, secondary, or tertiary substance are presented.

Source: 2020 Outcomes Monitoring System

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

### Iowa SUD Treatment Clients with No Arrests Six Months Post Treatment

Number of Arrests	Patients with Completed Follow-Up Interviews (n=446)	
	Admission	Follow-Up
None	43% (190)	89% (395)
One to Three Times	46% (205)	11% (49)
Four or More Times	11% (51)	<1% (2)

Note: Since the admission and follow-up questions cover different periods (12 months and approximately six months respectively), a direct comparison between the two is not recommended.

Source: 2020 Outcomes Monitoring System

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

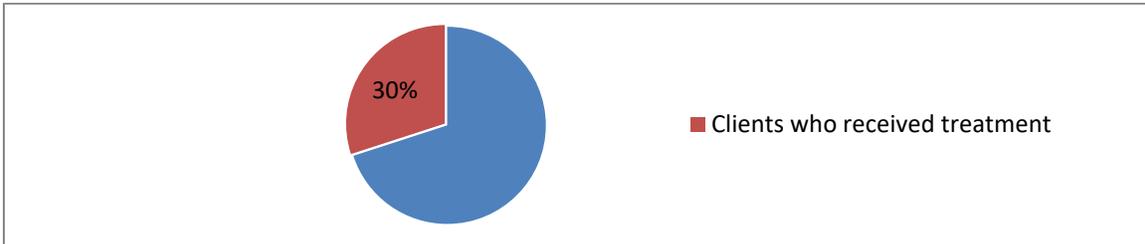
In 2022, the Department of Corrections provided SUD treatment to 39.1% of the addicted custodial inmates and 30.1% of the drug-addicted offenders in community corrections. Offenders are receiving SUD treatment under cognitive behavioral therapy models at higher rates than before. Therefore, there are fewer numbers of program participants specifically receiving substance abuse treatment.

#### Iowa Department of Corrections Institutional SUD Treatment



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

#### Iowa Department of Corrections Community-Based SUD Treatment

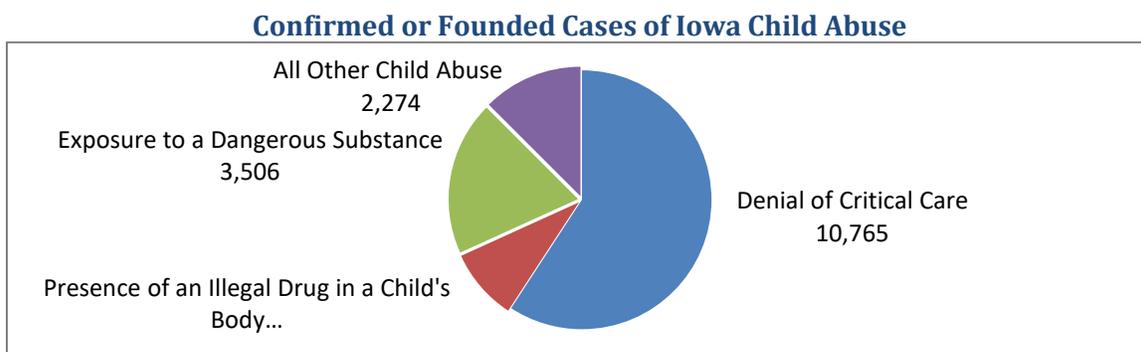


Source: FY, [Iowa Department of Corrections](#)

A significant portion of the drug using population in Iowa is in the child-rearing age group. Experts agree there is a high correlation between parental substance use/misuse and child abuse. In Iowa, denial of critical care (child neglect) is the most frequent form of child abuse. While not all denial

of critical care abuse is related to substance use, there is overwhelming evidence that addicted caregivers may 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.

The Iowa Department of Health Human Services (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" to include amphetamine, methamphetamine, cocaine, heroin, opium, and opiates. This category allows Iowa HHS intake workers to automatically assign certain cases to Child Abuse Assessment rather than Family Assessment. In these cases, it is alleged a caregiver uses or possess cocaine, heroin, opiates, or meth/amphetamines in the presence of a child or knowingly allows such activity by another person in the presence of a child. In 2022, there were 3,506 of these cases.



Source: CY 2022, [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 87% 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 the motivation to successfully complete the treatment protocol, in an effort to be reunited with their children. Treatment can also break the generational cycle of addiction and abuse, dramatically improving children's futures.

According to the Centers for Disease Control and Prevention (CDC), in the United States, injection drug use (IDU) is the primary risk factor for Hepatitis C Virus (HCV) infection and accounts for 68% of all new HCV infections in the United States. Roughly 32% of people who inject drugs become infected with HCV within the first year of injecting, and 53% become infected within five years.

According to the Iowa Department of Health and Human Services (Iowa HHS), increases in HCV infection related to IDU among people 30 years of age and younger is a trend that has been reported by the CDC in many areas of the country, including the Midwest.

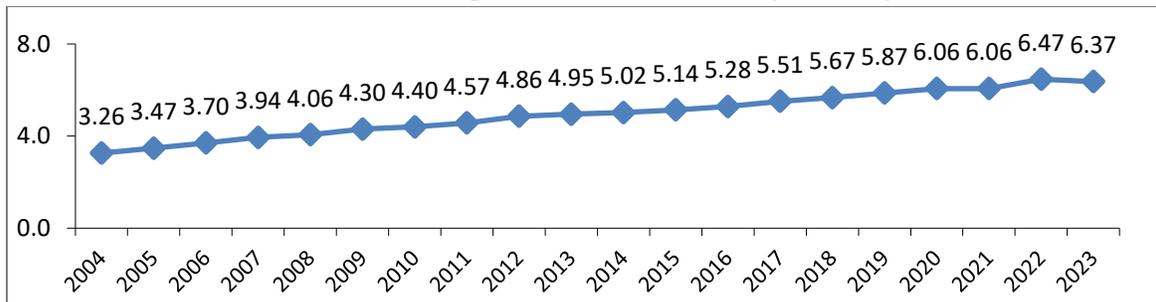
## Alcohol

Alcohol is the most frequently misused 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, 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. Also, a law enacted in response to access limits generated by the pandemic now permits the sale of cocktails on a to-go basis.

This figure displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of millions of gallons of distilled spirits to retailers within the State of Iowa. Alcohol sales to retailers have steadily increased nearly 100% over the past two decades.

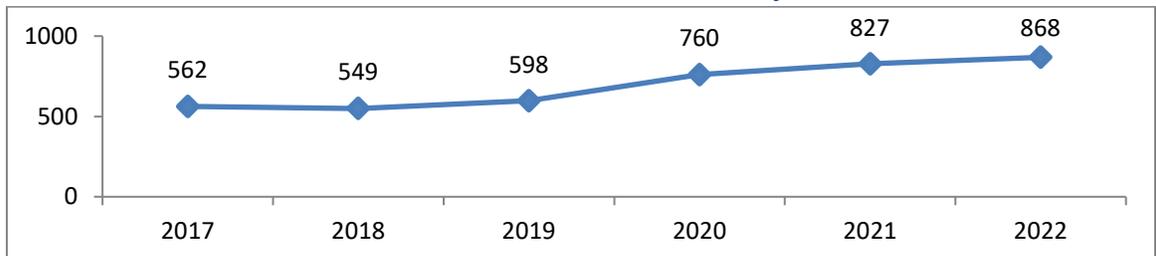
**Iowa Distilled Spirits Sales in Gallons (Millions)**



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

Iowa's alcohol death numbers have also risen steadily and substantially in recent years to an all-time high level, according to the most recent data available from the Iowa Department of Health and Human Services (Iowa HHS).

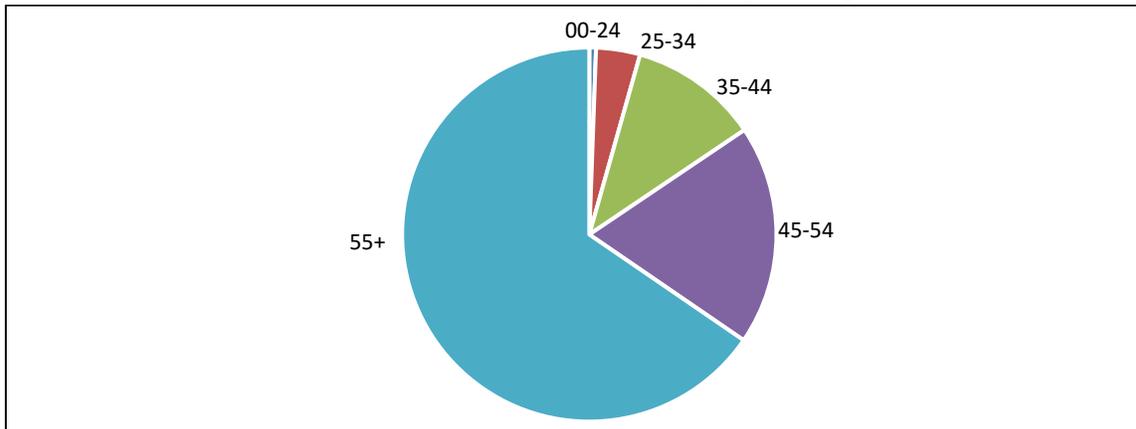
**Iowa Alcohol-Related Mortality**



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

The Iowa Department of Health and Human Services’ Alcohol-Related Deaths Workgroup recently issued a report detailing the concerning trend of excessive alcohol use among older adults. Excessive alcohol use has both short and long-term effects. Over time, excessive alcohol use can lead to the development of chronic diseases and other serious health concerns. 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 substance use. Deaths involving alcohol use among older lowans, age 55+, account for over two-thirds of all alcohol-related deaths in Iowa.

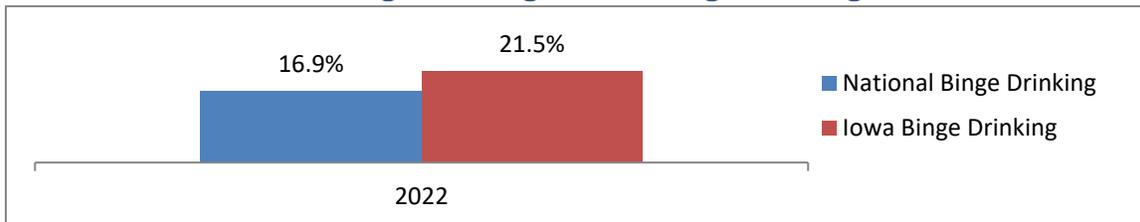
**Iowa Alcohol-Related Deaths by Age Group**



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

Research from the Behavioral Risk Factor Surveillance System compiled by the federal Centers for Disease Control and Prevention indicates that almost six of every ten adult lowans are classified as current drinkers of alcoholic beverages. Further, one in five adult lowans is classified as a binge drinker. Binge drinking is defined as consuming 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women. Heavy drinking is defined as consuming more than 4 drinks on any day or more than 14 drinks per week for men and consuming more than 3 drinks on any day or more than 7 drinks per week for women. To better understand some of the social implications resulting from the widespread use and abuse of alcohol, data indicators are presented below.

**National Binge Drinking vs. Iowa Binge Drinking Rates**

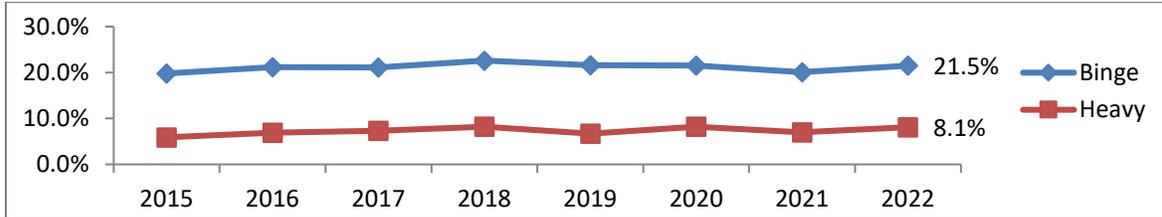


Source: [CDC Behavioral Risk Factor Surveillance Surveys](#)

Reducing heavy and binge drinking in Iowa will improve the health and safety of lowans while reducing health care costs. According to the data below, percentages of adult lowans who report

heavy and binge drinking have remained steadily higher than national averages. Nationally, 16.9% of Americans report binge drinking while 21.5% of lowans report binge drinking. Nationally 6.8% report heavy drinking while 8.1% of lowans report heavy drinking.

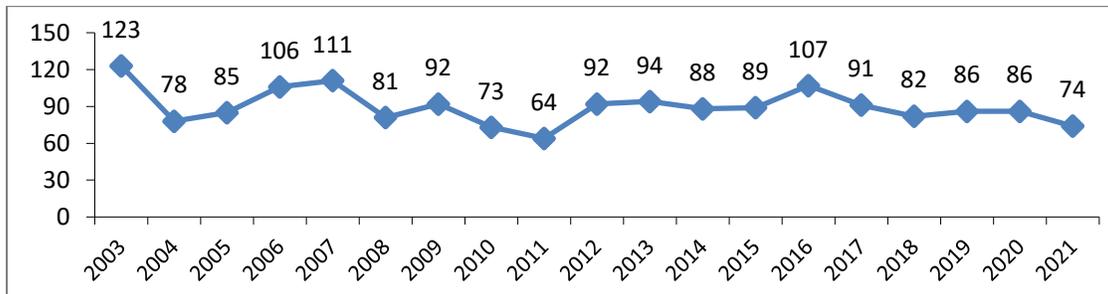
### Adult lowans (18 and over) Reporting Heavy or Binge Drinking



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

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 2021, 74 people died in alcohol-related motor vehicle crashes. In Iowa, alcohol is second only to excessive speed as a contributing factor in all traffic crashes.

### Alcohol-Related Motor Vehicle Fatalities in Iowa

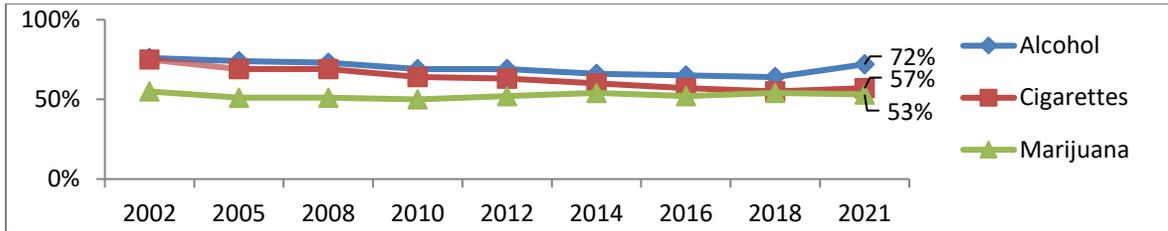


Source: CY, [Iowa Department of Transportation](#)

Youth who use substances not only put themselves at risk for health problems and addiction, but they also often wind up in the juvenile justice system for crimes related to their SUD. The adolescent brain is especially vulnerable to addiction. The Iowa Youth Survey (IYS) is a self-reporting survey conducted every two years by the Iowa Department of Health and Human Services. Due to the pandemic, the 2020 IYS was postponed until 2021. Iowa HHS released results from the 2021 survey in the spring of 2022. The IYS compiles data regarding the use of alcohol and other drugs from youth in grades 6, 8, and 11 in public and non-public schools. Students answer questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of peers, family, schools, and community environments.

The Iowa Youth Survey has shown an increase in how easy students in grade 11 think it would be to obtain alcohol, cigarettes, and marijuana. In 2021, 72% of 11<sup>th</sup> graders thought it would be “easy” or “very easy” to get alcohol. Ease of access is a key factor in youth substance abuse.

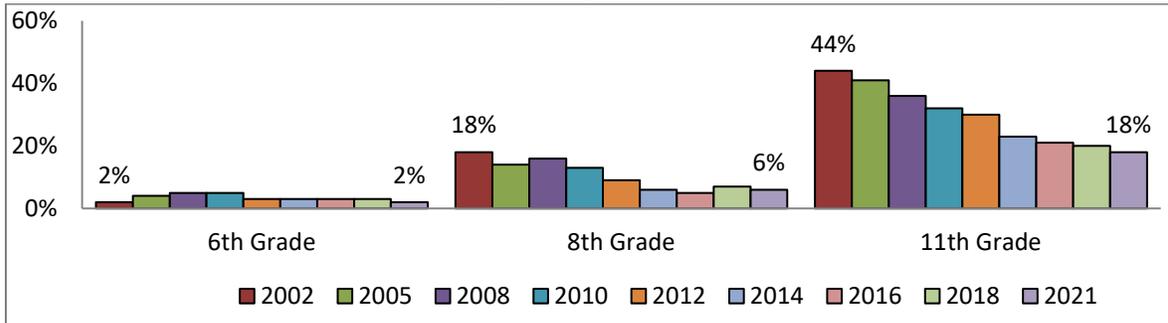
### Ease of Access to Cigarettes, Alcohol, and Marijuana in Iowa Communities As Perceived by Iowa 11<sup>th</sup> Graders



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

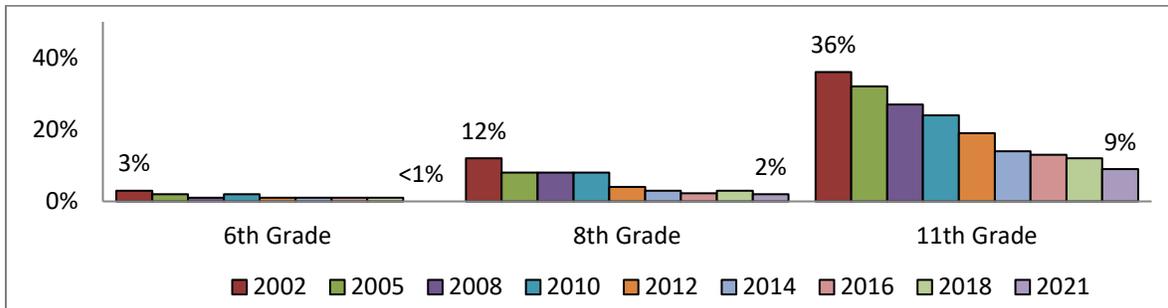
While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2021, 18% of 11<sup>th</sup> graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall, however, is that both current and past alcohol use by students in all three of the grades continues to decline.

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



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

### Iowa Students Self-Reporting Current Binge Drinking



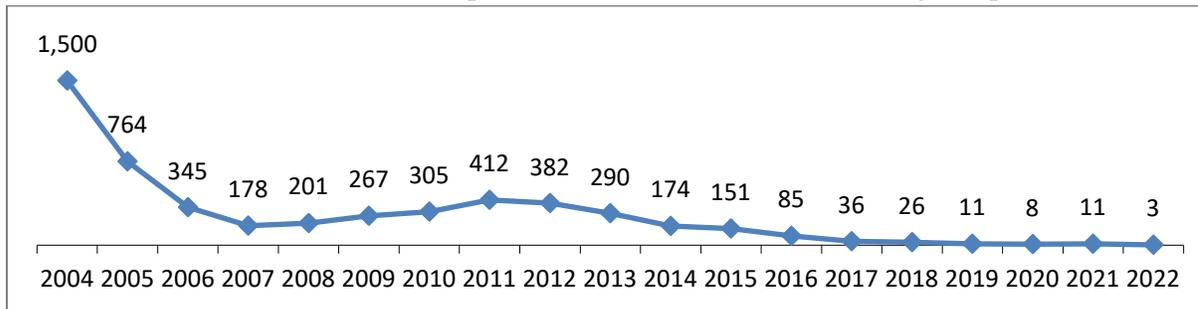
Source: CY, [Iowa Youth Survey](#)

## Amphetamine/Methamphetamine

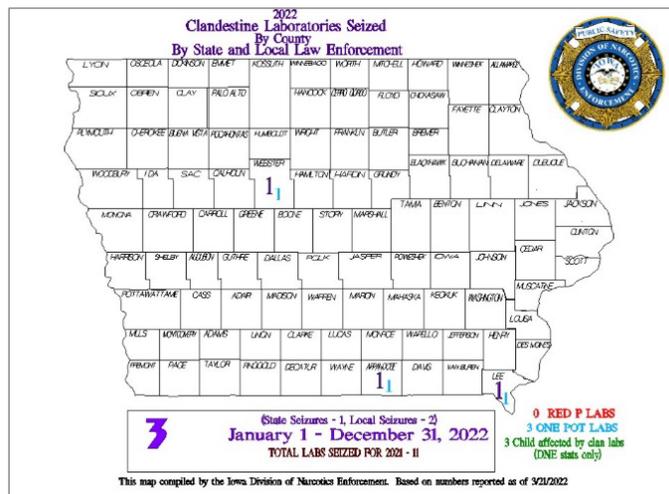
In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. Additional legislation passed in 2009, required all Iowa pharmacies that sell non-prescription pseudoephedrine products over-the-counter to participate in an electronic pseudoephedrine tracking system managed by Iowa's Office of Drug Control Policy.

Due to these and other actions, methamphetamine labs and the public safety threats associated with them reached their lowest point in 25 years in Iowa, dating back to 1997.

### State and Local Iowa Methamphetamine Clandestine Laboratory Responses



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

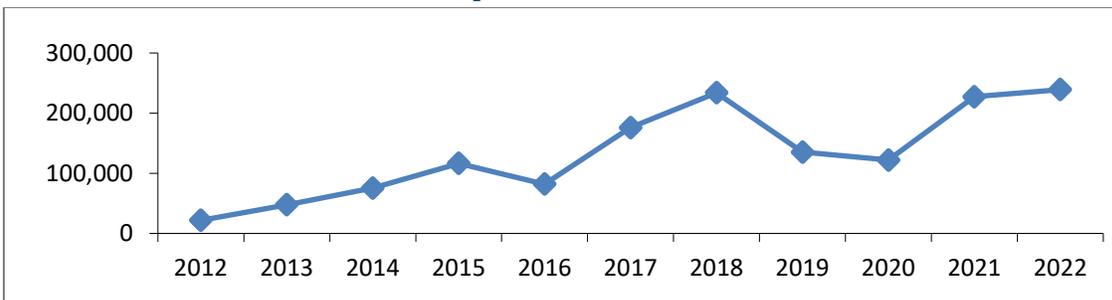


Following a decline in methamphetamine production in Iowa, methamphetamine seizures by Iowa law enforcement agencies dropped off for several years. However, seizures are rising with the influx of high-grade methamphetamine produced outside the United States. According to Iowa law enforcement officials, 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 also 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.

It is also worth noting that the data provided by the Iowa Division of Criminal Investigation laboratory does not include all seizures. Large seizures may be submitted to the U.S. Drug Enforcement Administration’s laboratory for federal prosecution and are not included in these figures. Despite this, methamphetamine seizures submitted to Iowa’s lab are at an all-time high.

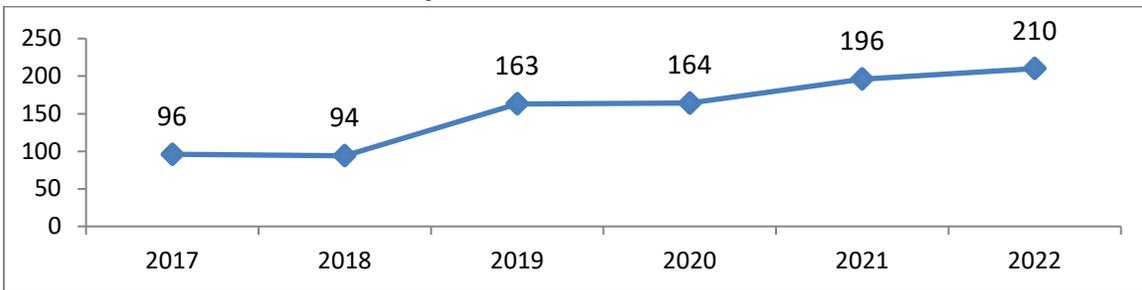
### Iowa Methamphetamine Seizures in Grams



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

Psychostimulant-related deaths, largely due to methamphetamine, rose from 11 deaths in 2011 to 210 deaths in 2022. While the supply source may have changed for some in Iowa, demand for the addictive stimulant remains strong.

### 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 the Iowa Department of Health and Human Services by the Public Science Collaborative at Iowa State University, 84% of people who seek treatment for methamphetamine in Iowa report using a combination of substances (polysubstance use).

The Methamphetamine Use in Iowa Report notes that the source of the treatment referral matters, as people who were referred to treatment by someone in healthcare had higher odds of successful treatment than those who self-refer or are referred to treatment by another individual such as a friend or family member. 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 the availability of vast quantities of the drug in Iowa. In recent months, the Iowa Department of Public Safety’s Division of Narcotics Enforcement has experienced a significant increase in major cases involving large quantities of high purity methamphetamine. These cases generally involve methamphetamine smuggled into Iowa from Mexico and other states. 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% ten years ago. Some law enforcement and behavioral health professionals around the U.S. 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.

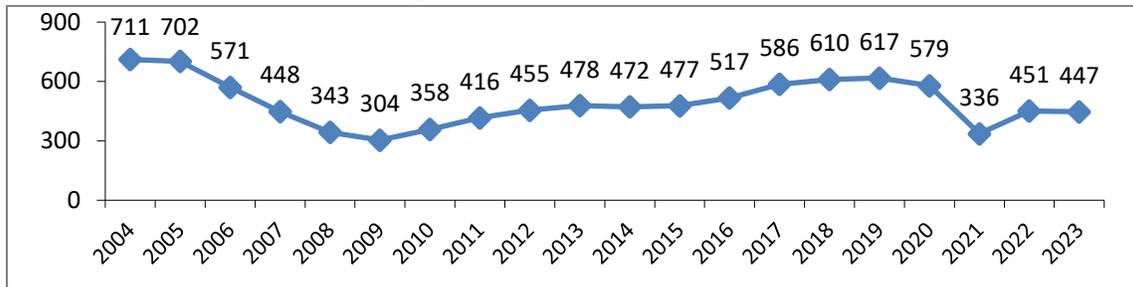
**Iowa Average Methamphetamine Price per Gram and Purity**

	2010	2012	2014	2016	2018	2020	2023
<b>Price</b>	\$130	\$135	\$125	\$105	\$105	\$89	<b>\$43</b>
<b>Purity</b>	79%	87%	95%	97%	97%	97%	<b>98%</b>

Source: [Iowa Counterdrug Task Force](#)

While Iowa experienced a significant reduction in methamphetamine-related prison admissions (down 57.9%) from 2004-2009, admissions steadily increased since that point, until the start of the pandemic. Methamphetamine remains the driver of most drug-related prison admissions.

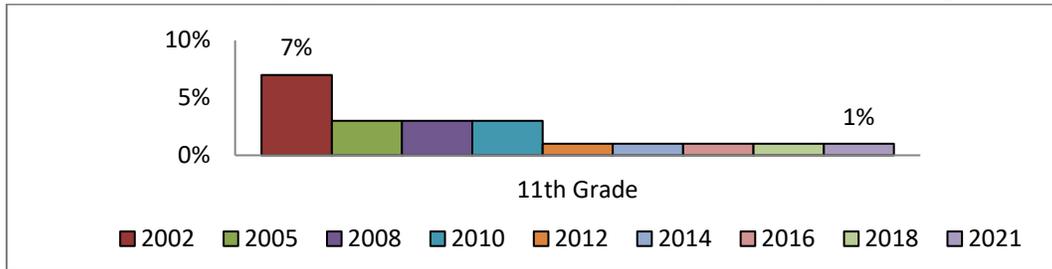
**Iowa Methamphetamine-Related Prison Admissions**



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

While the demand for methamphetamine among the Iowa’s adult population remains high, young Iowans use it at a relatively low level. Zero to 1% of Iowa 6<sup>th</sup> and 8<sup>th</sup> graders consistently report current use of methamphetamine. Use by Iowa 11<sup>th</sup> graders has also declined to only 1%.

## Iowa Students Self-Reporting the Current Use of Amphetamine/Methamphetamine



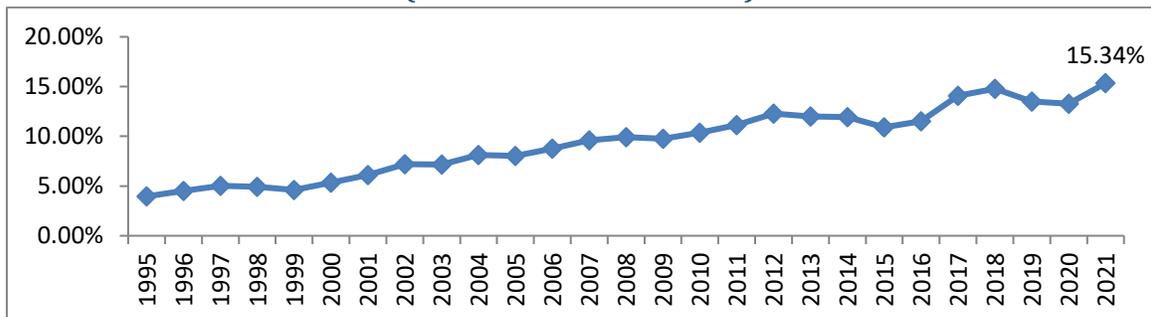
Source: CY, [Iowa Youth Survey](#)

## Marijuana

Iowa substance use disorder (SUD) treatment data indicate marijuana is one of Iowa's most used intoxicating or addictive substances. Although marijuana use is prevalent in Iowa, only 9.17% of Iowans say they currently use the drug according to the 2019-2020 National Survey on Drug Use and Health (NSDUH).

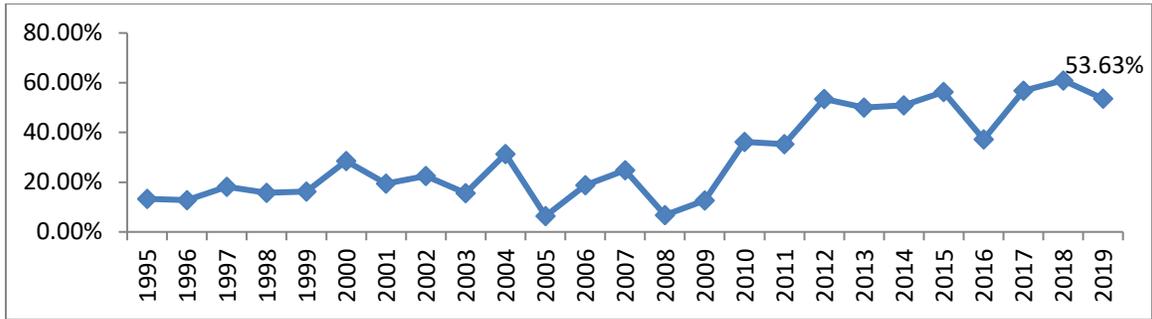
Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Laboratory reports that most of the marijuana it currently sees is made primarily of the buds of the female plants, versus marijuana of the past, which also contained inactive particles such as leaves and stems. The buds contain the delta-9-tetrahydrocannabinol (THC), which is the primary psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug, which is expected to have more acute personal and societal consequences. THC levels for the plant form of marijuana in the U.S. averaged less than 1% in 1972, compared to over 15% in 2021. 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](#)

### Increasing THC Potency of Marijuana (Concentrated Marijuana in the U.S.)

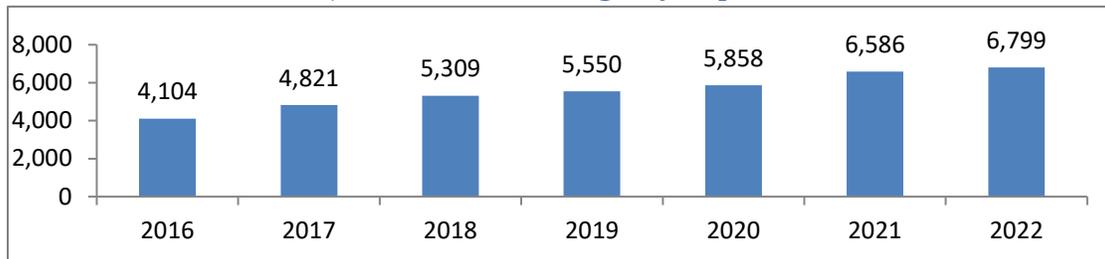


Source: [DEA National Drug Threat Assessment](#)

The prevalence of marijuana use is further demonstrated by admissions to substance use disorder (SUD) treatment programs in Iowa, as well as emergency department visits due to marijuana use. In data collected, marijuana was the most often reported primary drug of use, other than alcohol, for adults. Marijuana is often the most cited substance of use by Iowa juveniles.

Hospital emergency department visits have risen dramatically. This data reinforces the fact that despite misconceptions by some, marijuana can be a harmful and addictive drug. The increase in potency and availability of marijuana products may also be contributing to the increase in visits to hospital emergency departments.

### Iowa Marijuana-Related Emergency Department Visits

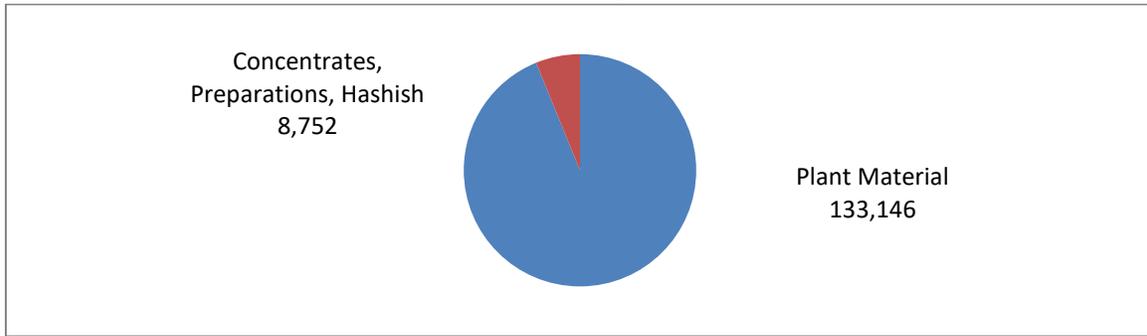


Source: CY, [Iowa Department of Health and Human Services](#)

Due to the influx of marijuana from states where marijuana use has been legalized, a significant number of the marijuana sample submissions tested by the Iowa crime lab in 2021 involved high-potency marijuana preparations or concentrates such as oils, waxes, and marijuana-infused edibles, such as gummy bears and other candies.



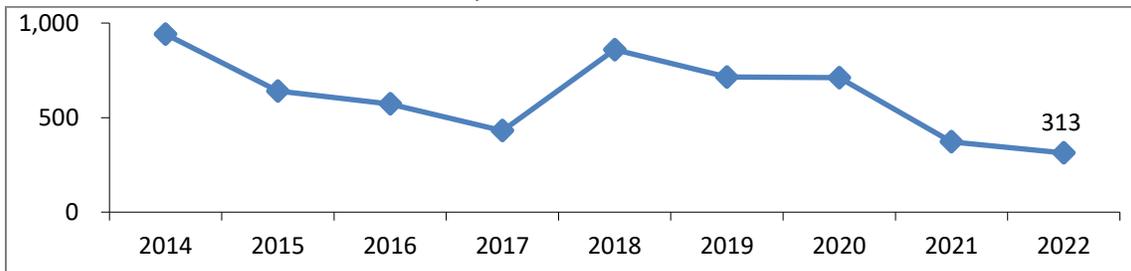
### Grams of Marijuana Samples Tested in Iowa



Source: CY 2022, [Iowa Department of Public Safety](#)

Marijuana seizures reported by the Iowa Department of Public Safety (DPS) have fluctuated in recent years. According to the DPS, 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.

### Iowa Marijuana Seizures, in Pounds



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

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

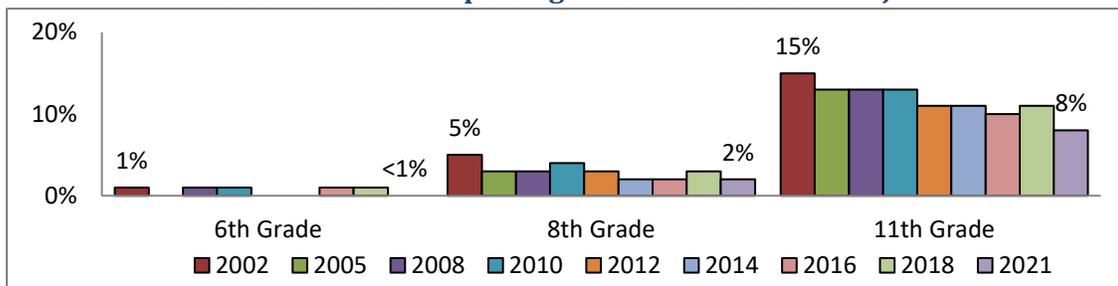
Many of the marijuana concentrates found in Iowa are produced in Colorado, where high THC products are legal. According to the 2021 Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) report, Colorado marijuana seized during interdiction stops was destined for 21 different states.

Just as CBD is the marijuana compound garnering the most attention for potential therapeutic benefits, delta-9 THC (a.k.a. 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.

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. In 2021, 8% of 11<sup>th</sup> graders reported current use. Again, attitude drives behavior. Nearly one quarter of Iowa 11<sup>th</sup> graders and 27% of 6<sup>th</sup> graders perceive little or no risk in smoking marijuana once or more per week. This number has remained steady or risen in the past fifteen years, coinciding with an increase in “medical marijuana” discussions and laws, and the legalization of marijuana for general use in some states.

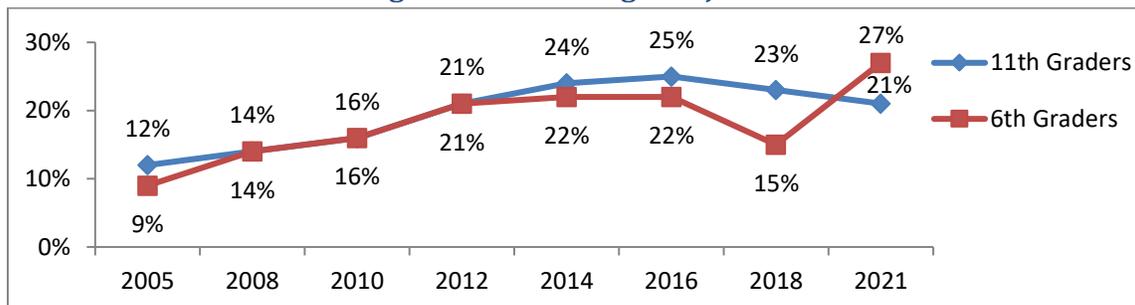
The National Institute on Drug Abuse (NIDA) estimates 30% of users have some degree of marijuana use disorder (MUD), about nine percent will become dependent on the drug, and up to 17% of marijuana users who start using in their teens will become dependent. According to a study led by researchers at Columbia University using data from Monitoring the Future surveys, cannabis use by vaping is accelerating while cannabis use without vaping appears to be declining among adolescents in the U.S.

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



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

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



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

## 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, producers and distributors began to sell products with high levels of THC that can still comply with the law. The federal definition of hemp allows for a wide variety of intoxicating products with little regulation. Because the 0.3% THC by weight limit applies to all products, not just plant or flower products, the Iowa Hemp Act effectively “legalizes” high potency edible and drink products. These products frequently contain more THC than what is available in

adult-use programs in other states. The table below demonstrates the wide variety of products and potential THC content, which is often many times that of a typical adult dose. A standard “adult-use” THC dose is approximately 10mg of THC per serving.

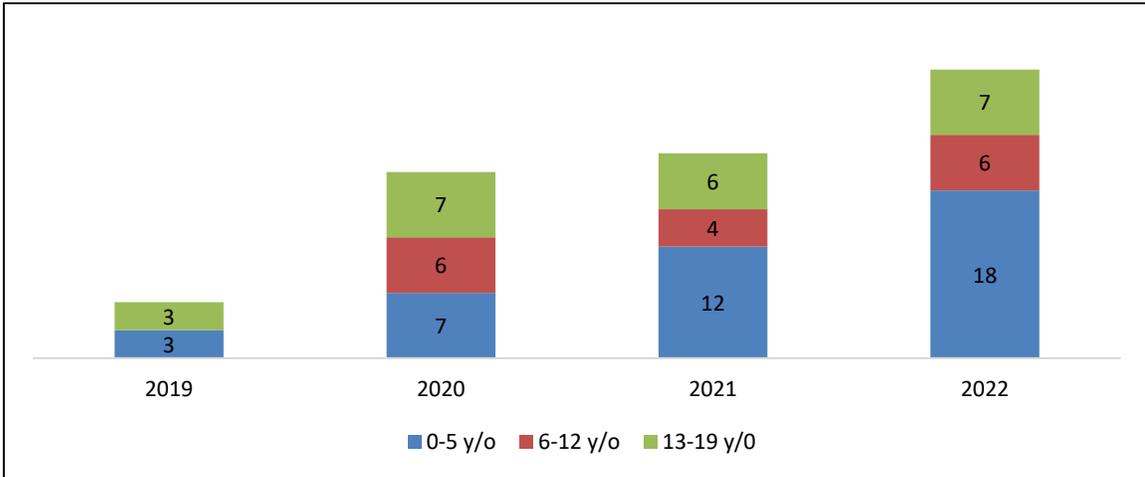
**Potential THC Concentration in Consumable Hemp Products**

Product	Potential amount of THC
1 - 5g gummy	15mg THC
20g pack of gummies	60mg THC
50g chocolate bar	255mg THC
20 oz package of cookies	1,700mg THC
12 oz beverage	>1,000mg THC

Source: [Iowa HHS, Cannabis Regulation](#)

The Iowa Department of Health and Human Services (HHS) manages the state’s consumable hemp program but has no authority to determine doses or legal quantities, no authority over unregistered businesses, and no authority to seize illegal products. Data on THC edible poisoning cases among children show an alarming rise, especially among Iowa’s pre-K age group who often cannot distinguish these products from candy or other treats.

**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:

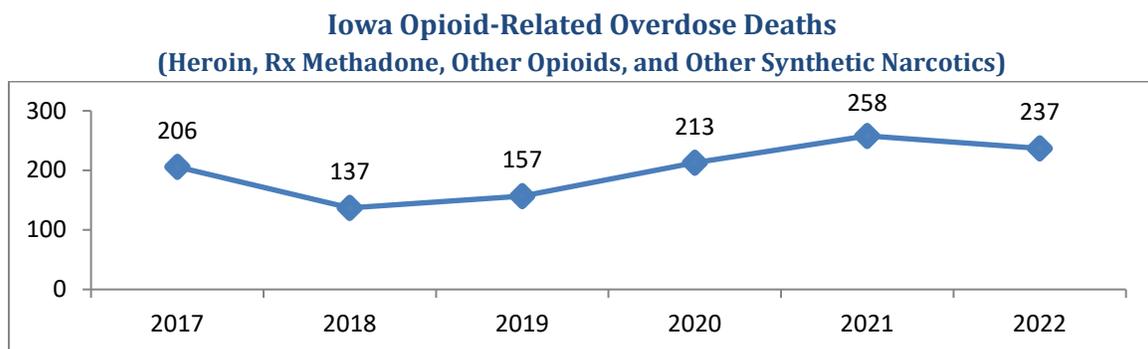
- Opioid analgesics, or prescription pain medicines, such as hydrocodone, oxycodone, methadone, morphine, and fentanyl;
- Organic substances, such as heroin; and

- 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.

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

Prescription opioids can be very effective for treating pain, but prolonged use or misuse may lead to addiction. In fact, three out of four new heroin users started their addiction with prescription painkillers. Opioid misuse is a complex challenge requiring a balanced response to allow for proper medical treatment, while preventing substance abuse that can ultimately result in lethal overdose.

In just the past two years, Iowa opioid-related overdose deaths increased 64%, to 258 deaths in 2021. Death rates remained high in 2022 – 237 in Iowa. According to preliminary 2023 mid-year data from the Iowa Department of Health and Human Services, 83% involved fentanyl vs. 31% five years ago.

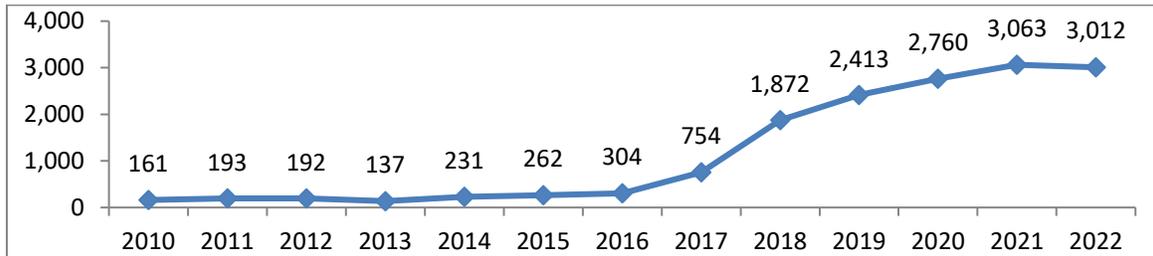


Source: CY, [Iowa Department of Health and Human Services](#)

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.

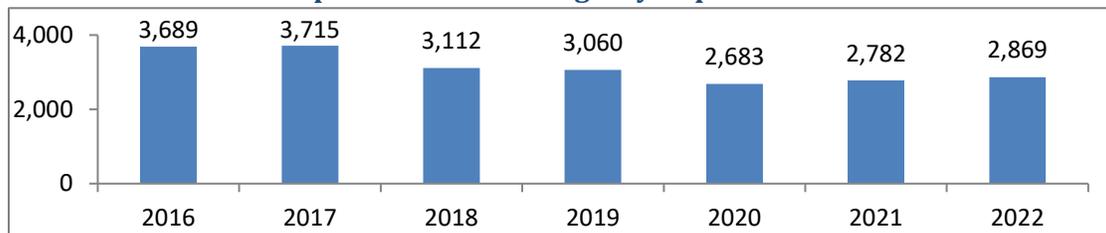
**Iowa EMS Naloxone Administrations**



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

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

**Iowa Opioid-Related Emergency Department Visits**



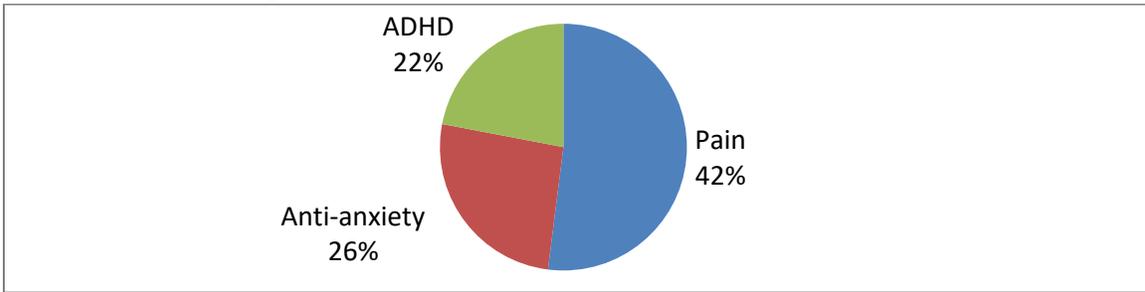
Source: CY, [Iowa Department of Health and Human Services](#)

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

### **Opioids: Prescriptions (e.g. pain medicines)**

The U.S. Drug Enforcement Administration notes that hydrocodone is the most diverted and abused controlled pharmaceutical in the country. The United States consumes 80% of the world's opioids and 99% of the world's hydrocodone. According to data from the Prescription Drug Monitoring Program, the top 10 controlled substances prescribed in Iowa include painkillers such as hydrocodone, anti-anxiety medication such as Xanax, and Attention Deficit Hyperactivity Disorder (ADHD) medications such as Adderall.

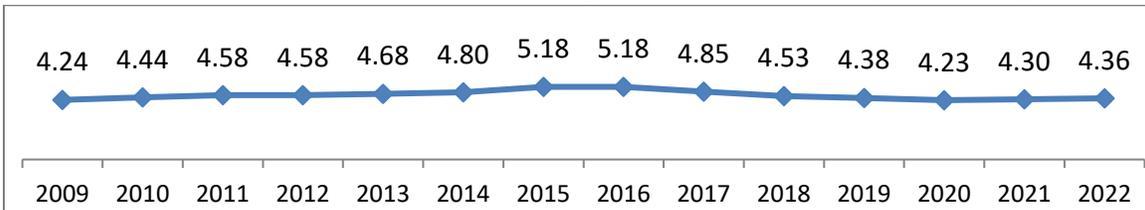
### Top 10 Controlled Substances Prescribed to Iowans



Source: CY 2022, [Iowa Board of Pharmacy](#)

Several enhancements to Iowa's Prescription Monitoring Program (PMP) are making the database faster, more effective, and generally more user-friendly for health care professionals concerned with patient care. These upgrades include an online dashboard featuring patient overdose risk ratings and increasing integration with electronic health record systems. According to the PMP, the total number of Schedule II, III, and IV controlled prescription drugs filled in 2022 was up slightly from 2021.

### Iowa Schedule II, III, and IV Prescriptions Filled in Iowa (in Millions)



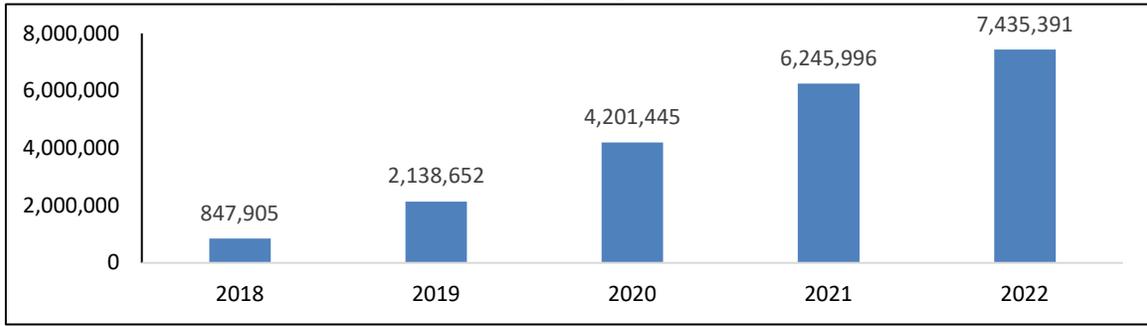
Source: CY, [Iowa Board of Pharmacy](#)

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 controlled substance use by one of their patients is suspected,
- Prescriber report cards are available in the PMP, and
- And nearly all Iowa prescriptions must be delivered to Iowa pharmacies electronically.

Because prescribers must now query the PMP before prescribing opioids to a patient, the number of inquiries in the PMP have increased over 770%.

### Iowa Prescription Monitoring Program Queries by Prescribers

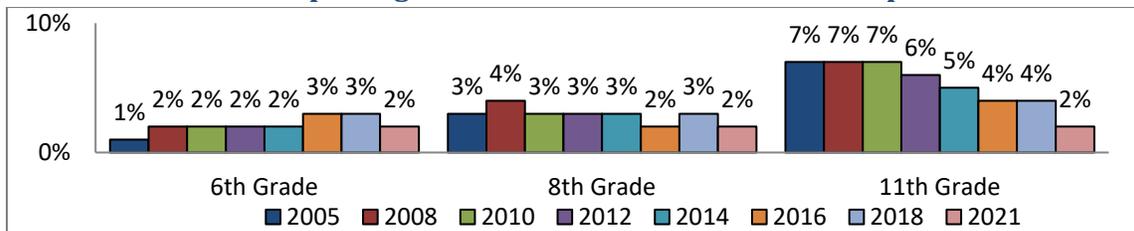


Source: CY, [Iowa Board of Pharmacy](#)

One way virtually all Iowans can help prevent the illegal diversion and potentially dangerous misuse of prescription drugs is to safely dispose of unused household medicines. The number of permanent, year-round, authorized “Take Back” collection sites at Iowa law enforcement centers and community pharmacies has increased eight-fold since 2015, to nearly 400 in all 99 counties, and the number of “Take Back” locations continues to grow. This is in addition to the biannual National Prescription Drug Take Back Day events that have netted over 98 tons of leftover medicine in Iowa alone over the past thirteen years.

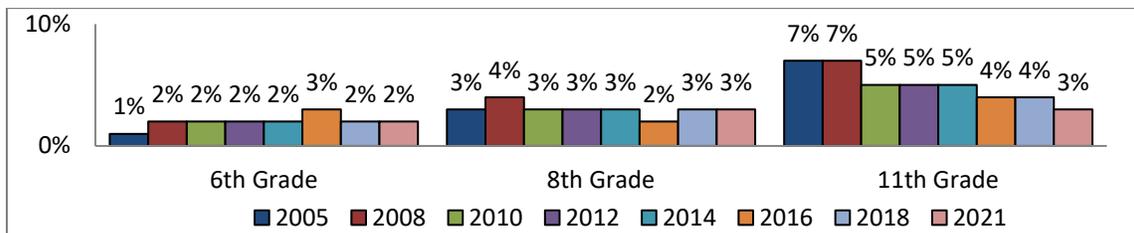
The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 132 pharmaceutical diversion cases and seized 43,030 dosage units over the past eleven fiscal years. In FY23, DNE opened seven new cases and seized 2,489 dosage units. According to the 2021 Iowa Youth Survey, 2% of Iowa 11<sup>th</sup> graders have used prescription drugs that were not prescribed for them in the past 30 days.

### Iowa Students Self-Reporting Current Non-Medical Use of Prescription Medications



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

### Iowa Students Self-Reporting Current Non-Medical Use of Over-the-Counter Medications



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

## Opioids: Organics (e.g. heroin)

Heroin has become more prevalent in Iowa in recent years. As more people become addicted to prescription opioids, more end up turning to heroin. Because prescription opioids and heroin affect the brain in a similar fashion, some users addicted to pain medicine may transition to heroin. This is especially true when pain medicines become difficult to obtain, or cheaper heroin becomes available in a community. The CDC reports three out of four new heroin users reported previous prescription opioid misuse.

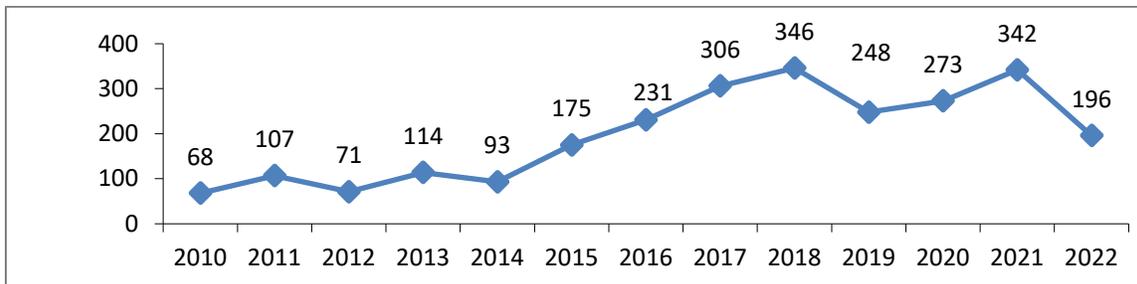
**Iowa Average Heroin Price per Gram**

	2010	2012	2014	2016	2018	2020	2023
Price	\$215	\$250	\$250	\$200	\$170	\$129	<b>\$151</b>

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. In 2023, those numbers increased to 22 heroin cases and 2,355 grams seized. Seizure amounts for any drug may vary greatly from year to year, especially when you have one or two large seizures, and represent only a partial picture. However, the Iowa crime lab reports a marked increase in heroin cases submitted in recent years, including heroin-fentanyl mixtures.

**Heroin Seizure Cases Submitted to Iowa's Crime Lab**



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

## Opioids: Synthetics (e.g. fentanyl, counterfeit pills, et. al.)

Fentanyl is a synthetic and short-acting opioid analgesic that is 50-100 times more potent than morphine and approved for managing acute or chronic pain associated with advanced cancer. Although pharmaceutical fentanyl is at times diverted for misuse, most cases of fentanyl-related morbidity and mortality have been linked to illicitly manufactured fentanyl and fentanyl analogs, collectively referred to 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 other opioid counterparts. While fentanyl-related overdoses can be reversed with

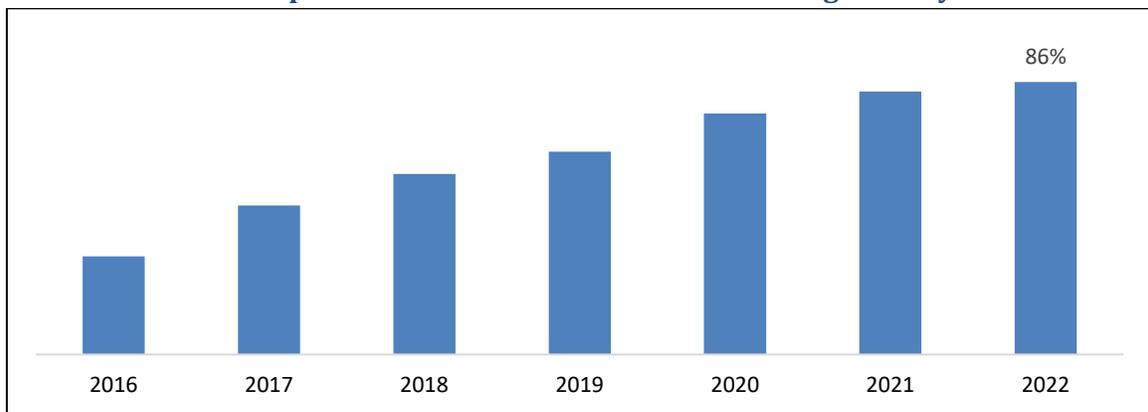
naloxone, a higher dose or multiple-number of doses per overdose event may be required to revive a patient due to the high potency of fentanyl.

In the fall of 2015, the CDC issued a fentanyl “Health Advisory” to put health care professionals on alert, due to increases in fentanyl drug confiscations and fentanyl-related overdose fatalities in the United States. In September 2021, the DEA issued an alert warning Americans of the alarming increase in the lethality and availability of fake prescription pills containing fentanyl and methamphetamine. The alert was meant to raise public awareness of a nationwide surge in counterfeit pills that are being mass-produced by criminal drug networks in labs, deceptively marketed as legitimate prescription pills, and killing unsuspecting Americans.

According to a Quest Diagnostics Health Trends study released in October 2020, nationally 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.

The Iowa Department of Health and Human Services reports 86% of the opioid-related deaths in 2022 involved synthetic narcotics, like fentanyl.

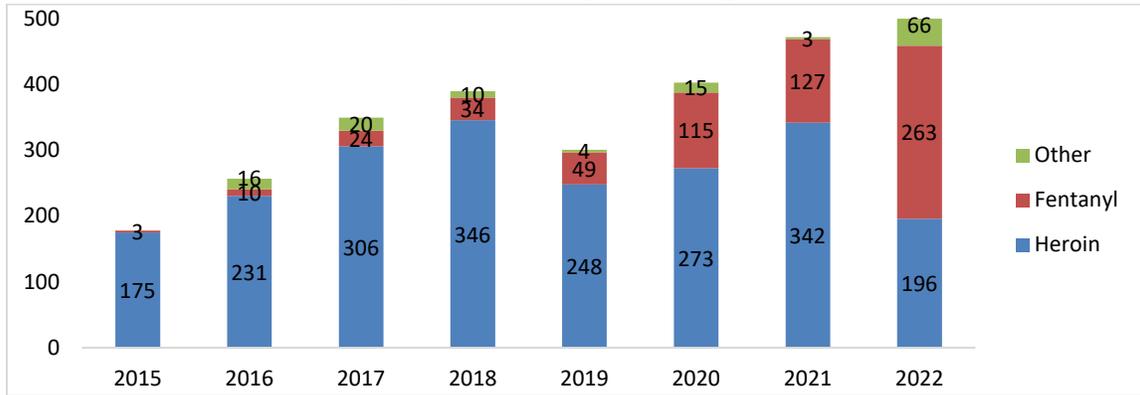
### Iowa Opioid-Related Overdose Deaths Involving Fentanyl



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

The DCI laboratory also reported 263 cases containing fentanyl and 196 cases involving heroin in 2022. Notably, this is the first time the number of fentanyl cases outnumbered heroin cases. The lab reports 237 fentanyl cases and 124 heroin cases so far this year (through September). The lab also reports cases containing fentanyl and other synthetic opioid analogs (non-pharmaceutical fentanyl or other synthetic opioids) such as acetyl fentanyl, furanyl fentanyl, U-47700, isotonitazene, and buprenorphine. Combinations of these substances are becoming more common and dangerous.

### Iowa Heroin, Fentanyl, and other Synthetic Opioid Crime Lab Cases



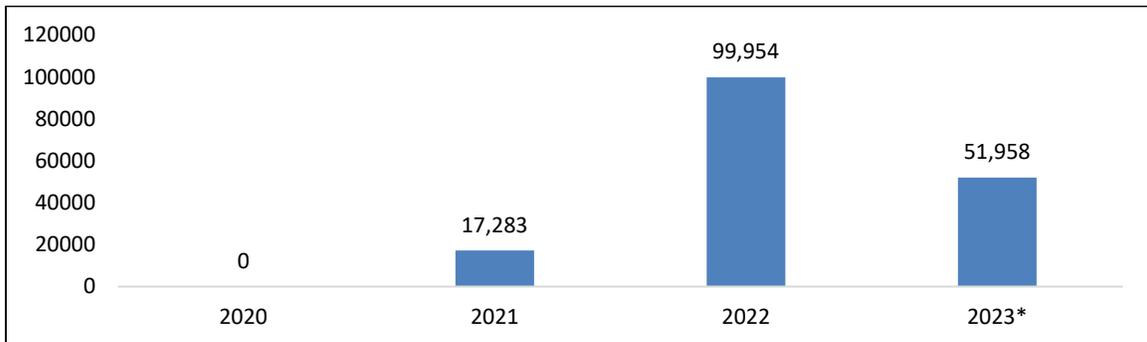
Source: CY, [Iowa Department of Public Safety Criminalistics Lab](#)  
 May not include all seizures – larger cases may be sent to DEA lab.

The newest form of fentanyl seen in Iowa is in counterfeit pills. Fake pills are powder, such as fentanyl, pressed into pills and made to look like prescription medications such as hydrocodone or Xanax. They are easily accessible and often 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. So far in 2023, over 51,900 counterfeit pills have been submitted to the crime lab for analyzation, the majority containing fentanyl.



Source: [DEA](#)

### Iowa Crime Lab Counterfeit Pills Submissions



Source: CY (2023 YTD through September), [Iowa Department of Public Safety Criminalistics Lab](#)  
 May not include all seizures – larger cases may be sent to DEA lab.

Another emerging synthetic opioid found in Iowa is nitazenes. Nitazenes were originally created as a pain reliever, but never approved 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. Like other synthetic opioids, there are a growing number of analogs continually emerging. The illicit use of these compounds poses a threat due to their potency, reaching up to 40 times that of fentanyl.

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 has seized what appear to be ecstasy pills, that actually contained methamphetamine and fentanyl.

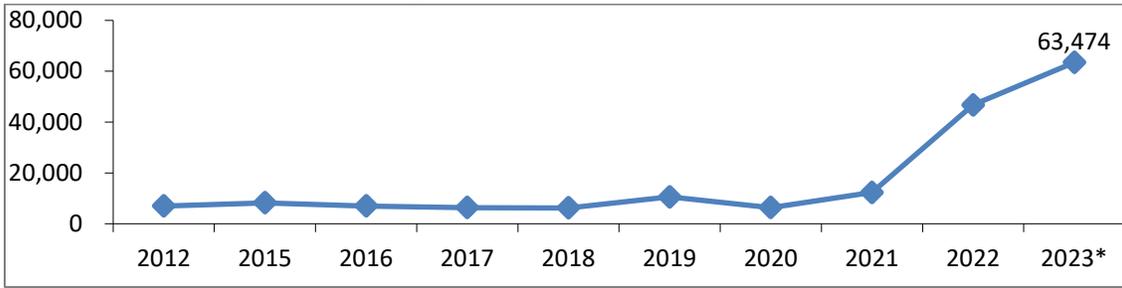
Manufacturers of these drugs are adept at creating and trafficking ever-more potent, addictive, and cost-effective variations. Nitazenes are frequently detected in mixtures including heroin, fentanyl, and other drugs, often compressed into counterfeit tablets. The State of Iowa has seen an increase in the number of nitazene analogs detected, as well as an increase in the volume of these drugs seized. It is important to note that, thus far, pure nitazene has not been detected in Iowa; instead, it is being mixed into many other drugs to create powerfully addictive substances.

Standard toxicology panels may not include nitazenes, so we are unsure of the number of overdose deaths attributed to its use.

## **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 resurging problem in Iowa. So far in 2023, Iowa law enforcement has submitted nearly 140 pounds of cocaine to the DCI crime lab for analysis. According to the Iowa Department of Health and Human Services, cocaine is also being detected in a larger number of private sector workplace drug tests of employees.

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



Source: CY 2023 YTD through September, [Iowa Department of Public Safety Criminalistics Lab](#)  
 May not include all seizures. Larger cases may be sent to DEA lab.

### Iowa Average Cocaine Price per Gram

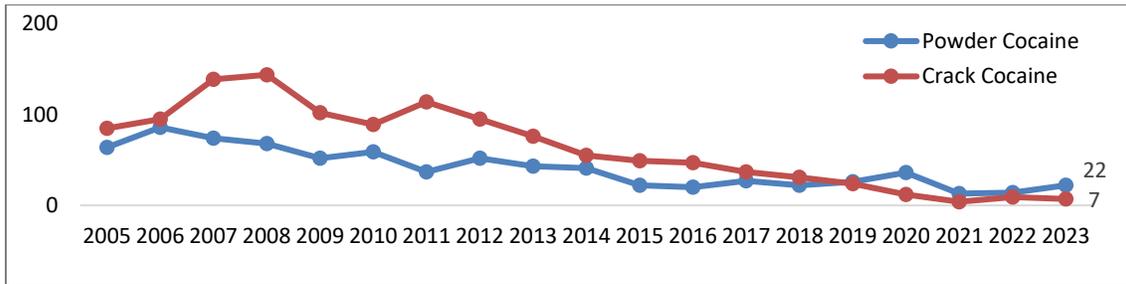
	2010	2012	2014	2016	2018	2020
Price	\$125	\$130	\$100	\$100	\$100	<b>\$85</b>

Source: [Iowa Counterdrug Task Force](#)

Cocaine-related admissions to prison represented 5% of drug-related prison admissions in FY 2023. For the fifth year in a row, powder cocaine-related prison admissions outnumbered crack cocaine-related prison admissions (22 vs. 7).

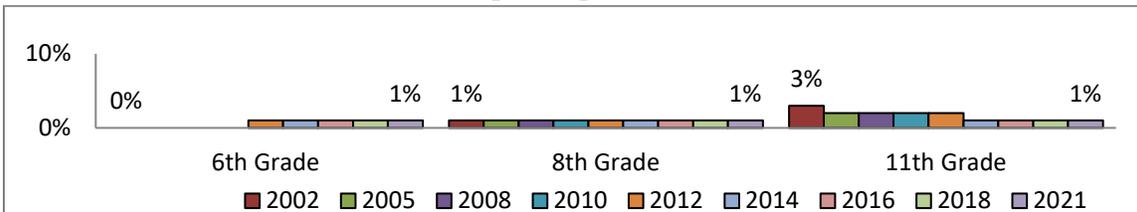
Based on the data indicators illustrated here, cocaine/crack cocaine represents a less significant substance among the drug using population in Iowa compared to other drugs, but there has been an increase. There is little reported use of cocaine/crack cocaine by Iowa youth.

### Iowa Cocaine/Crack Cocaine-Related Prison Admissions



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

### Iowa Students Self-Reporting the Current Use of Cocaine



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

Data regarding the prevalence of cocaine/crack cocaine as the primary substance among juveniles screened/admitted to substance use disorder treatment programs while remaining constant for the past 10 years is also very low.

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

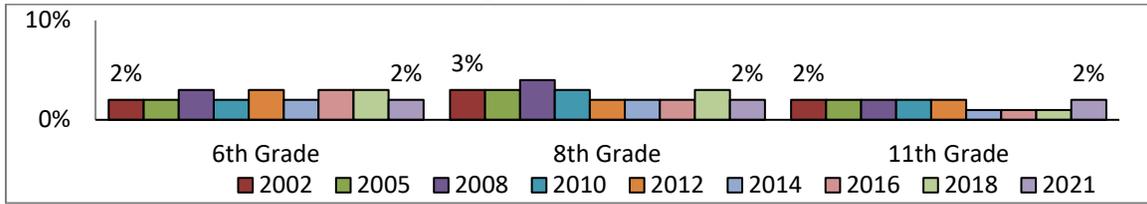
An organic substance called Kratom is being sold in Iowa. Kratom is not regulated in most states or federally. It is a plant from Asia that is being marketed as an herbal supplement and sometimes used as a medication. Kratom can have stimulant and sedative effects in different doses. In 2019, the FDA warned consumers not to use Kratom due to concerns of addiction, abuse, and dependence on the substance.

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.

### **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.

### Iowa Students Self-Reporting the Current Use of Inhalants

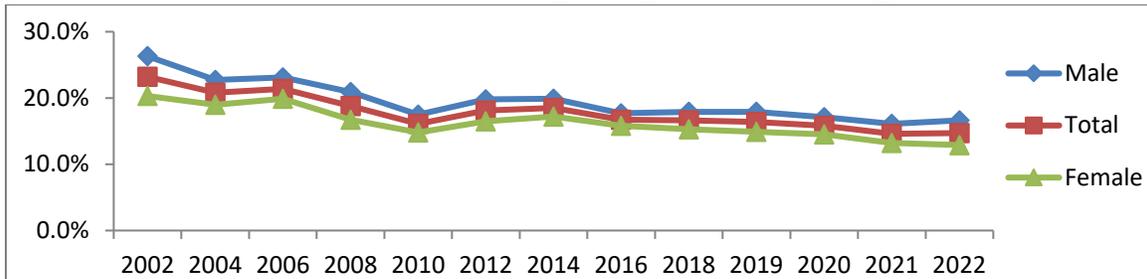


Source: CY, [Iowa Youth Survey](#)

### Tobacco/Nicotine Products (includes electronic smoking or vaping devices and e-cigarettes)

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 (e.g. e-cigarettes and vaping) among Iowans and exposure to secondhand smoke continue to be major public health problems. Having fewer nicotine users of all ages in Iowa and creating smoke-free environments for all Iowans are keys to reducing tobacco-related illnesses and costs. Nationally, 13.5% of adults report smoking, while in Iowa that rate is 14.7%.

### Iowa Adult Iowans Reporting Current Smoking



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

Much data and information are published by the federal Centers for Disease Control and Prevention, Iowa Tobacco Use and Prevention Commission, and other organizations to inform the public of the dire consequences of using tobacco products. These organizations estimate that annually 5,100 Iowans die as a result of smoking.

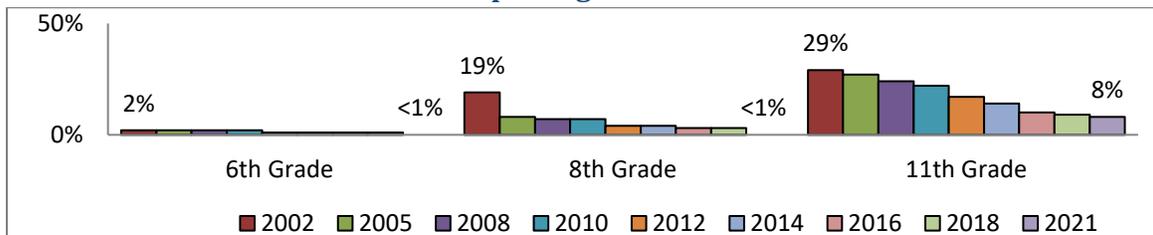
On December 20, 2019, the federal minimum age for the purchase of tobacco products was raised from 18 to 21. The Iowa Legislature followed suit during the 2020 session, raising the minimum age for tobacco sales at the state level. The Iowa Department of Health and Human Services advises that youth should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

In October 2021, the FDA approved one vaping product for cessation. The FDA noted the manufacturer’s data demonstrates its tobacco-flavored products could benefit addicted adult

smokers who switch to these products, either completely or with a significant reduction in cigarette consumption, by reducing their exposure to harmful chemicals.

However, some data suggests that the use of electronic devices may keep people smoking more traditional tobacco products and any smoking is dangerous to health. 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.

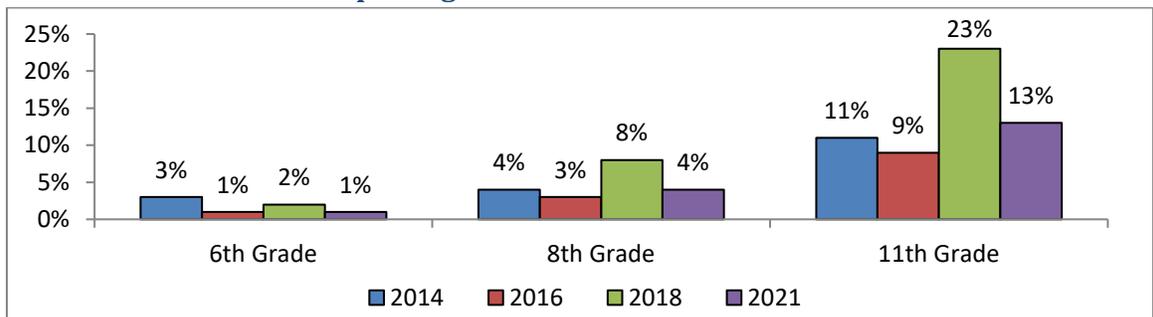
### Iowa Students Self-Reporting the Current Use of Tobacco



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

Iowa students were asked about electronic cigarette (e-cigarette or vaping device) use for the first time in the 2014 Iowa Youth Survey. E-nicotine product use among 11<sup>th</sup> graders more than doubled from 9% in 2016 to 23% in 2018. However, there was a dramatic decrease in use reported in the 2021 survey.

### Iowa Students Self-Reporting the Current Use of Electronic Nicotine Products



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



## Appendix Two: Funding Information

Funding listed herein focuses on substance abuse and associated issues. 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 2024 Prevention, Treatment & Enforcement Funding (By Agency)

Agency	Prevention	Treatment	Enforcement	FY 2024 Total
Attorney General	\$776,740	\$1,151,599	\$0	\$1,928,339
Dept. of Education	\$78,130	\$0	\$0	\$78,130
DOC, Community Based	\$0	\$552,990	\$4,399,250	\$4,952,240
DOC, Institutional Programs	\$0	\$2,205,739	\$0	\$2,205,739
HHS, CJJP	\$732,509	\$0	\$0	\$732,509
HHS, Child & Family Services	\$0	\$1,942,487	\$0	\$1,942,487
HHS, Medical Services	\$0	\$63,286,098	\$0	\$63,286,098
HHS, Mental Health/Disability	\$0	\$399,653	\$0	\$399,653
HHS, Behavioral Health	\$17,456,136	\$45,749,822	\$0	\$63,205,958
HHS, Tobacco	\$4,511,167	\$418,506	\$228,468	\$5,158,141
DPS, DCI	\$0	\$0	\$9,133,994	\$9,133,994
DPS, DNE	\$0	\$0	\$8,174,095	\$8,174,095
DPS, GTSB	\$0	\$0	\$846,385	\$846,385
DPS, Intel	\$0	\$0	\$2,610,969	\$2,610,969
DPS, CMVU	\$0	\$0	\$9,535,041	\$9,535,041
DPS, ODCP	\$681,000	\$1,376,710	\$2,866,875	\$4,924,585
Iowa Judicial Branch	\$0	\$0	\$10,087,683	\$10,087,683
Iowa National Guard	\$403,700	\$0	\$5,900,437	\$6,304,137
Iowa Veterans Home	\$102,292	\$0	\$0	\$102,292
Regents: ISU	\$222,371	\$528,572	\$119,562	\$870,505
Regents: U of I	\$1,294,165	\$6,536,420	\$0	\$7,830,585
Regents: UNI	\$206,307	\$9,865	\$71,242	\$287,414
<b>Total</b>	<b>\$26,464,517</b>	<b>\$124,158,461</b>	<b>\$53,974,001</b>	<b>\$204,596,979</b>

### Total Estimated FY 2024 (By Source)

Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$6,800,600	\$38,744,699	\$22,820,546	\$68,365,845
Federal	\$16,257,276	\$82,092,297	\$29,868,097	\$128,217,670
Other	\$3,406,641	\$3,321,465	\$1,285,358	\$8,013,464
<b>Total</b>	<b>\$26,464,517</b>	<b>\$124,158,461</b>	<b>\$53,974,001</b>	<b>\$204,596,979</b>



# 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

**Susie Sher**

*ODCP Bureau Chief*

**Kelly Cunningham**

*County Attorney's Association*

**Katrina Carter**

*Department of Corrections*

**Barb Anderson**

*Department of Education*

**Kevin Gabbert**

*Department of Health and Human Services*

**Ryan Moore**

*Department of Public Safety*

**Terra Kinney**

*Iowa Peace Officers Association*

**Dave McDaniel**

*Iowa State Sheriffs and Deputies Association*

**Jason Feaker**

*Iowa State Police Association*

**Nicole George**

*Substance Abuse Treatment Director*

**Patrick Coughlin**

*Substance Abuse Treatment Specialist*

**Christina Wilson**

*Substance Abuse Prevention Specialist*

**Honorable Sharon Greer**

*Judicial Branch*

**Rex Mueller**

*Iowa Police Chiefs Association*

**Jeff Wright**

*State Public Defender*

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