



IOWA DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Iowa.

Iowa At-a-Glance:

- The number of meth lab seizure incidents in the state of Iowa increased 48%, from 181 incidents in 2007 to 267 incidents in 2009, according to data from the El Paso Intelligence Center's National Seizure System (EPIC-NSS). Meth lab seizures are still dramatically lower in Iowa than their peak of 1,437 in 2004, prior to the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA).
- Approximately 4 percent of Iowa residents reported past-month use of illicit drugs; the national average was 8 percent.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Iowa.

Drug Use Trends in Iowa

Drug Use in Iowa: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. In the most recent Survey, 4.08 percent of Iowa residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 1.81 percent of Iowa residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007–2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 211 persons died in Iowa in 2007. This can be compared to the number of persons who died from motor vehicle accidents (459) and firearms (157) in the same year. Iowa drug-induced deaths (7.1 per 100,000 population) were lower than the national rate (12.7 per 100,000).

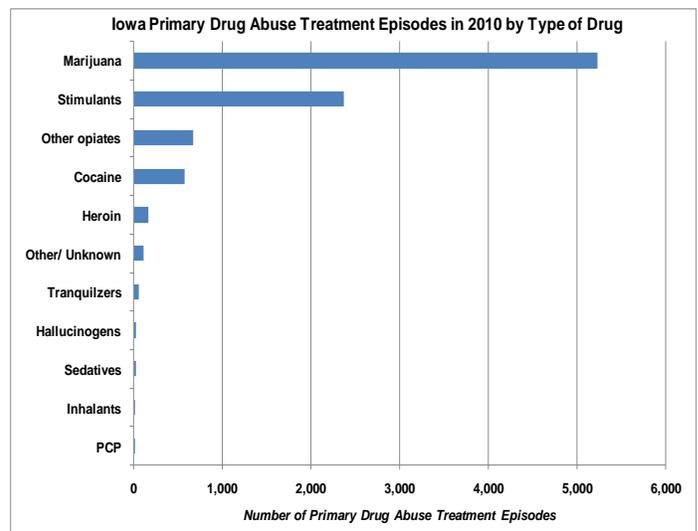
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: [http://www.cdc.gov/nchs/data/nvsr/nvsr58_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf)

Substance Abuse Treatment Admissions Data

Iowa Primary Treatment Admissions:

The graph at right depicts substance abuse primary treatment admissions in Iowa in 2010. The data show that marijuana, followed by stimulants (including methamphetamine), is the most commonly cited drug among primary drug treatment admissions in the state.

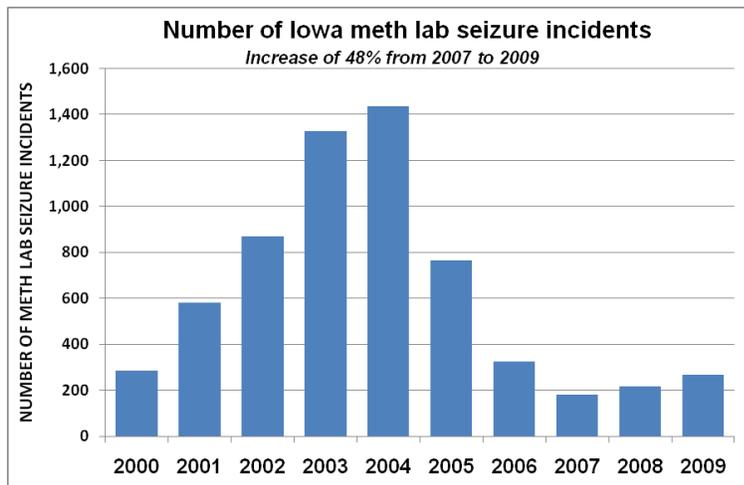
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration : <http://oas.samhsa.gov/dasis.htm>



Methamphetamine Lab Seizure Data

Methamphetamine Seizures: Nationwide, methamphetamine lab seizures declined drastically following the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA) and similar state laws to control the sale of pseudoephedrine (PSE). Recently, the number of meth labs seized has risen due to “smurfing,” which is the bulk purchase of PSE for non-therapeutic reasons, and due to smaller, more mobile “one-pot” labs. Nationwide, meth lab seizures rose 76% between 2007 and 2009. Meth lab seizures in Iowa have followed this overall trend, rising 48% from 2007 to 2009.

Source: EPIC, NSS, extracted



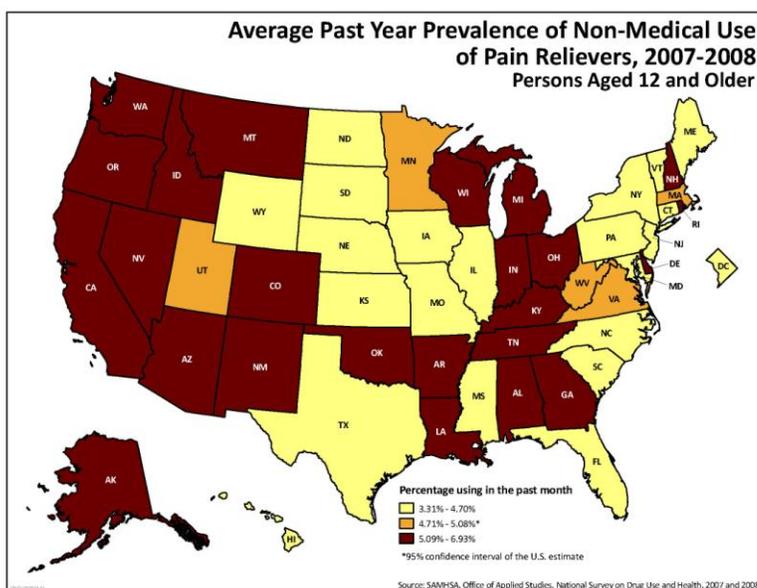
Example of State-Level Action: Return pseudoephedrine to prescription-drug status

Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon officials reporting a virtual “eradication” of smurfing and meth labs. Experiencing a similar rise in meth lab production and trafficking, Mississippi enacted similar legislation, which took effect on July 1, 2010. Mississippi reports that after six months, there has been a nearly 70 percent reduction in meth-related cases statewide.

Prescription Drug Abuse

ONDCP’s Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration’s Prescription Drug Abuse Prevention Plan, entitled, “**Epidemic: Responding to America’s Prescription Drug Abuse Crisis,**” provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug

epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

In Iowa, authorized healthcare practitioners (prescribers and pharmacists) are able to access information regarding their patients' use of controlled substances through the **Iowa Prescription Monitoring Program (PMP)**, which became operational in 2009. All Iowa pharmacies that dispense outpatient prescriptions for Schedule II, III, or IV controlled substances are required to report those prescriptions to the PMP. The program helps practitioners identify potential diversion, misuse, or abuse of controlled substances by their patients, while facilitating the most appropriate and effective medical use of those substances.

Source: Iowa Board of Pharmacy: http://www.state.ia.us/ibpe/pmp/pmp_info.html

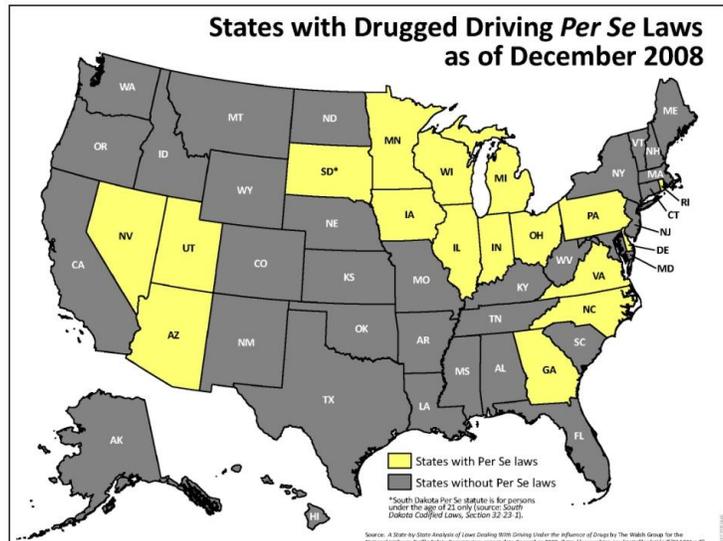
State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



State-Level Action: Enacting Per Se Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to consider *Per Se* standards for impairment that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states, including Iowa.

Iowa has an operating *Per Se* standard. Section 321J.2 of Iowa law states that a person commits the offense of operating while intoxicated if the person operates a motor vehicle in the state while any amount of a controlled substance is present in the person, as measured in the person's blood or urine.

ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Iowa coalitions received grants from ONDCP:

- Benton County Under the Influence Coalition
- Boone County Project SAFE
- Building a Better Community (Ottumwa)
- Carter Lake Prevention Coalition
- Clinton Substance Abuse Council
- Dubuque Safe Youth Coalition
- Garner Asset Project Coalition
- Hamilton County Power UP YOUTH Coalition
- Helping Services for Northeast Iowa
- Henry Healthy County Communities
- Jones County Safe and Healthy Youth Coalition
- Kossuth Connections: Making the Connection
- Lake Mills Community Task Force Against Substance Abuse
- Positively Spencer Youth, Inc
- Rural Communities Rising Above the Influence in Linn (RC RAIL) Coalition
- SATUCI Youth Partners (Marshalltown)
- Story County Prevention Policy Board
- Van Buren County Safe Coalition
- Washington County
- Washington County ACCT/SAFE Coalition

Source: http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

Midwest HIDTA Iowa: Black Hawk, Linn, Marshall, Muscatine, Polk, Pottawattamie, Scott, and Woodbury counties. Projects and task forces:

- *Des Moines DEA Task Force* - targets major manufacturing, importation, and distribution organizations in the Des Moines area.
- *Muscatine Task Force* — targets distribution organizations in eastern Iowa.
- *Tri-State Sioux City DEA Task Force* — targets the importation, manufacturing, and distribution organizations in the region.
- *Cedar Rapids DEA Task Force* — targets major manufacturing, importation, and distribution organizations in the Cedar Rapids DEA Regional Operations area of responsibility.
- *Quad Cities Metropolitan Enforcement Group* — targets trafficking and distribution organizations in the Rock Island, Moline IL, and Davenport, Bettendorf IA metro area.
- *Iowa Interdiction Support* — operational support for interdiction activities on pre-identified trafficking routes.
- *Special Assistant United States Attorney* — enhances the resources of Southern and Northern District United States Attorney's Offices to aggressively prosecute narcotics trafficking cases at the Federal level, and to cross-designate state prosecutors when appropriate.

Federal Grant Awards Available To Reduce Drug Use in the State of Iowa

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

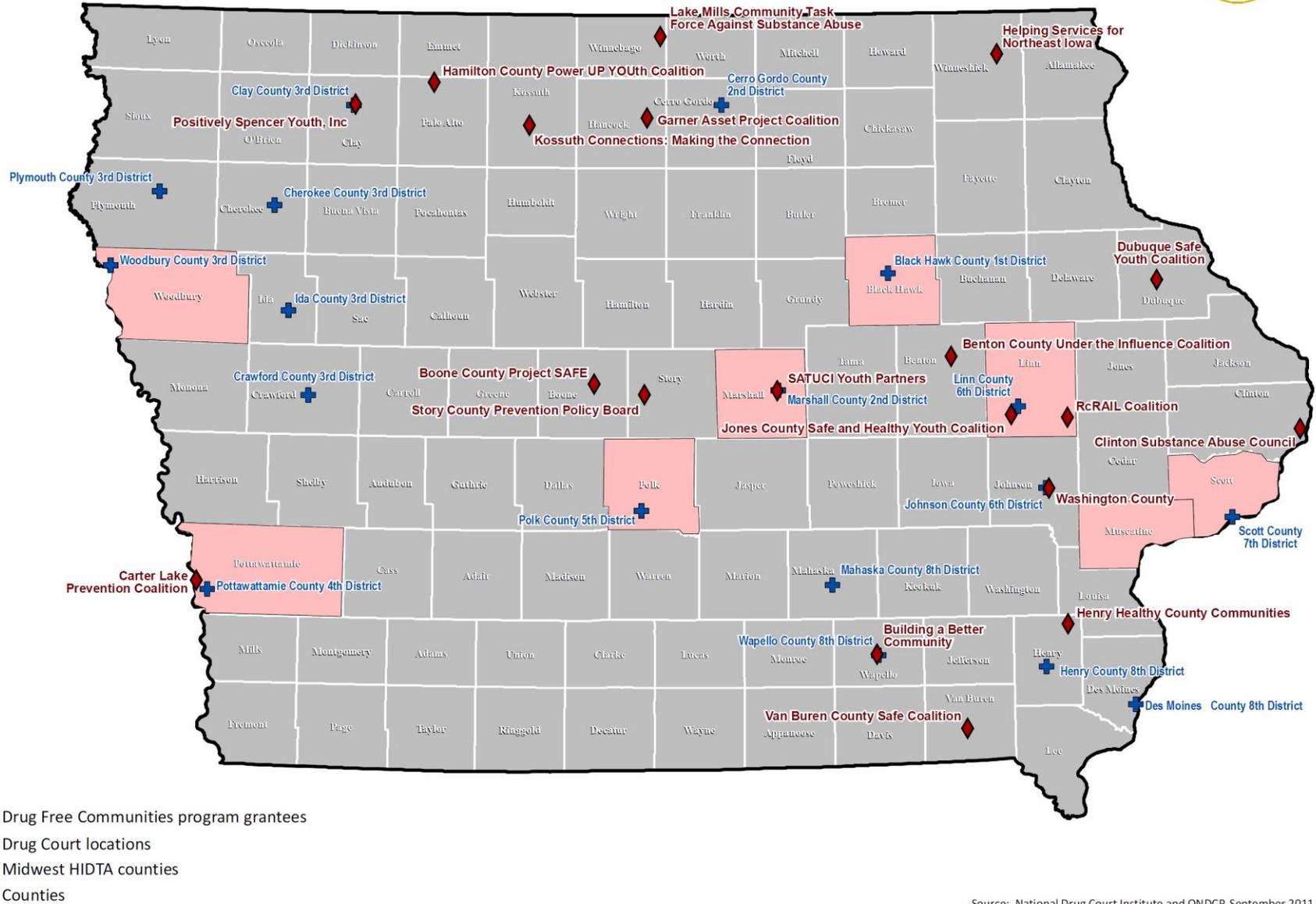
Federal Grant Awards		2010
Department of Education		
Safe and Drug-Free Schools and Communities_National Programs		7,486,791
Alcohol Abuse Reduction Grants		1,006,873
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		125,000
Improving The Climate For Learning		3,627,965
Safe Schools/Healthy Students Grants		2,726,953
Department of Health and Human Services		
Administration for Children and Families		3,983,136
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse		1,000,000
Mentoring Children of Prisoners		100,000
Promoting Safe and Stable Families		2,883,136
Health Resources and Services Administration		900,000
Healthy Start Initiative		900,000
National Institutes of Health		5,700,079
Discovery and Applied Research for Technological Innovations to Improve Human Health		1,348,391
Drug Abuse and Addiction Research Programs		4,351,688
Substance Abuse and Mental Health Services Administration		21,999,726
Block Grants for Prevention and Treatment of Substance Abuse		13,571,229
Projects for Assistance in Transition from Homelessness (PATH)		338,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		4,738,497
Substance Abuse and Mental Health Services-Access to Recovery		3,352,000
Department of Housing and Urban Development		
Assistant Secretary for Community Planning and Development		100,056
Shelter Plus Care		100,056
Assistant Secretary for Housing--Federal Housing Commissioner		1,056,012
Shelter Plus Care		1,056,012
Department of Justice		
Office of Justice Programs		12,709,749
Community Capacity Development Office		157,000
Congressionally Recommended Awards		3,050,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		286,621
Edward Byrne Memorial Justice Assistance Grant Program		4,791,441
Enforcing Underage Drinking Laws Program		356,400
Indian Country Alcohol and Drug Prevention		350,000
Juvenile Accountability Block Grants		551,600
National Institute of Justice Research Evaluation and Development Project Grants		2,391,519
Residential Substance Abuse Treatment for State Prisoners		246,826
Second Chance Act Prisoner Reentry Initiative		528,342
Department of Labor		
Employment and Training Administration		500,000
Reintegration of Ex-Offenders		500,000
Executive Office of the President		
Office of National Drug Control Policy		2,104,654
High Intensity Drug Trafficking Area Program		2,104,654
Substance Abuse and Mental Health Services Administration		2,421,982
Drug-Free Communities Support Program Grants		2,421,982
Grand Total		58,962,185

Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. Updated 06/07/2011.

Office of National Drug Control Policy Programs in Iowa and Drug Court Locations



ONDCP/0028/54



Source: National Drug Court Institute and ONDCP, September 2011

