



Administration & Regulation
Appropriations Subcommittee Members

Update

Iowa Governor's Office of Drug Control Policy

Dale Woolery, Director

February 9, 2022



Iowa Governor's Office of Drug Control Policy (ODCP)

[Iowa Code Chapter 80E](#)

Table of Organization

February 2022



Vision:

Safe and healthy Iowans.

Mission:

To coordinate substance use related criminal justice resources and policy development.

[2022 Iowa Drug Control Strategy & Data Profile](#)

ODCP Financials

State funding:

FY16: \$241,134

FY17: \$239,892

FY18: \$226,247

FY19: \$226,247

FY20: \$238,147

FY21: \$239,271

FY22: \$239,271

FY23 request: \$239,271

ODCP's status quo total operational budget for FY21 includes \$239,271 in state appropriation, combined with \$280,844 in federal dollars, for a total operational budget of \$520,115.

ODCP Grants & Programs in 2022

ODCP currently administers the following federal grants:

Formula Grants

- Byrne Justice Assistance Grant (JAG): \$1,944,870
- JAG Sex Offender Registry and Notification Act (SORNA): \$105,966
- Residential Substance Abuse Treatment (RSAT): \$291,874
- Coverdell Forensic Science: \$296,966
- Project Safe Neighborhoods (PSN), Northern District: \$91,410
- Project Safe Neighborhoods (PSN), Southern District: \$116,986
- Coronavirus Emergency Supplemental Funding \$5,754,321
- John R. Justice (JRJ...loan repayment): \$36,956

Competitive Grants

- Upholding the Rule of Law and Preventing Wrongful Conviction: \$299,234
- COPS Anti-Meth Program (CAMP): \$231,526
- COPS Heroin Enforcement: \$90,000
- Drug Free Communities: \$125,000
- Comprehensive Opioid Abuse Program (COAP...data exchange): \$464,433
- Comprehensive Opioid, Stimulant, Substance Abuse Program (COSSAP...pre/post arrest diversion): \$1,737,192
- Partners For Success (Subaward from IDPH): \$88,000

SF21 Byrne JAG Project Performance at a Glance

All Projects (Drug/Crime Prevention, Treatment & Enforcement)	
Number of projects funded	25
Grant funds Invested	\$1,895,453
Number of positions supported	57
Drug Enforcement Task Force Projects Performance	
Number of firearms seized	908
Number accepted for federal felony charges	310
Number of trafficking organizations disrupted/dismantled	269
Number of youth referred to the Department of Human Services	232

Grant Programs in Brief

Byrne Justice Assistance Grant (JAG)

Byrne JAG is a general purpose criminal justice/substance abuse federal formula grant. Grant funds can be applied to state priorities with a great deal of flexibility, including innovations. In Iowa, the program primarily supports drug-related law enforcement, prosecution, corrections, substance use and mental health treatment and prevention programming. A portion of this funding is passed through directly to local jurisdictions for similar purposes. Also, 18 Iowa communities also receive direct Byrne JAG funding.

COPS Anti-Methamphetamine Program (CAMP)

This competitive grant is administered by the COPS Office. ODCP partners with the Division of Narcotics Enforcement (DNE) in applying for funding to support mid-level methamphetamine distribution investigations. Funding supports two DNE special agents and overtime funding is passed through to local law enforcement to encourage a multi-agency approach that includes coordinated information sharing through the Division of Intelligence.

ODCP Grant Programs in Brief, continued

Drug Free Communities

This competitive grant is designed to reduce substance use among youth and substance abuse among adults by addressing community factors that increase the risk of substance abuse. ODCP partners with the Iowa Alliance of Coalitions for Change (AC4C) to provide support and guidance to local substance abuse coalitions.

Sex Offender Registration & Notification Act (SORNA)

Funding is a result of a 10% setback on Byrne JAG funding for states that do not fully comply with national guidelines for Sex Offender Registration and Notification. States may use funding to address compliance deficiencies or to maintain and improve sex offender registration and monitoring. In recent years, this funding has been used to develop facial recognition within the sex offender database and to provide equipment to local sheriffs' offices to assist with sex offender registration.

Residential Substance Abuse Treatment (RSAT)

The RSAT program provides evidence-based substance use disorder treatment to eligible offenders via a therapeutic community model. In Iowa this funding currently supports treatment programming for clients of the Bridges program in Polk County.

Coverdell Forensic Science Improvement Grant

This grant provides funding to states to improve the quality and timeliness of forensic science and medical examiner services. In recent years, this funding has supported training for state medical examiners, local medical investigators, equipment, and overtime to help reduce backlog in both the Medical Examiner's Office the Crime Lab. Funding also has assisted the Waterloo Police Department's lab to become accredited.

Upholding the Rule of Law & Preventing Wrongful Conviction DNA Testing

This is a competitive grant in which ODCP partners with the State Public Defender and Midwest Innocence Project to ensure due process for all, by reviewing cases of post-conviction and appeals claims of innocence with a focus on those at greatest risk for error.

COPS Anti-Heroin Task Force

This competitive grant is administered by the COPS Office. ODCP partners with the Division of Narcotics Enforcement to support mid-level heroin/opioid distribution investigations. Roughly two-thirds of the funding is passed through to local law enforcement to encourage a multi-agency approach that includes coordinated information sharing through the Division of Intelligence.

John R. Justice

This grant program offers student loan repayment for prosecutors and public defenders to encourage public service in these areas.

Comprehensive Opioid Abuse Program (COAP)

This is a competitive grant in which ODCP partnered with the Department of Public Safety, Department of Public Health, Pharmacy Board and others to bring stakeholders together to develop a data sharing tool to collect and share opioid/drug specific data from various sectors in a manner that allows for more timely data driven decision making.

Comprehensive Opioid, Stimulant Substance Abuse Program (COSSAP)

This is a competitive grant in which ODCP partnered with three diverse communities (Black Hawk, Jones, & Story Counties) to implement local pre-arrest/pre-conviction diversion to treatment projects, to prevent participants' formal involvement with the criminal justice system while disrupting the progression to more serious substance abuse and criminal behavior.

Project Safe Neighborhood (PSN)-Northern & Southern Districts of Iowa

This formula grant program is designed to address violent crime with an emphasis on gun and gang activity. The PSN program provides funding to US Attorney districts for a coordinated response to the most critical violent crime problems in each district.

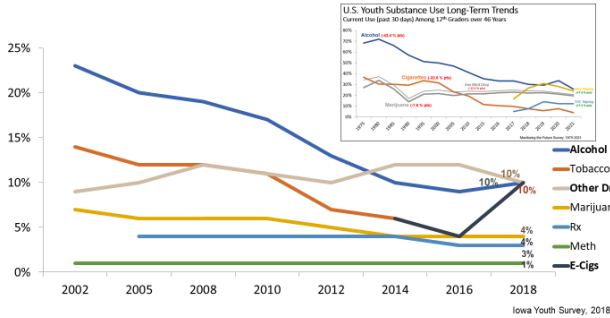
Coronavirus Emergency Supplemental Funding (CESF)

This targeted formula grant responds to the coronavirus pandemic. Funding supports state and local criminal justice responses to immediate and long term pandemic needs that include: social distancing, information systems and remote service/supervision delivery services. Thirty-six local communities also received direct CESF funding from the U.S. Department of Justice.

Iowa Drug Data Profile

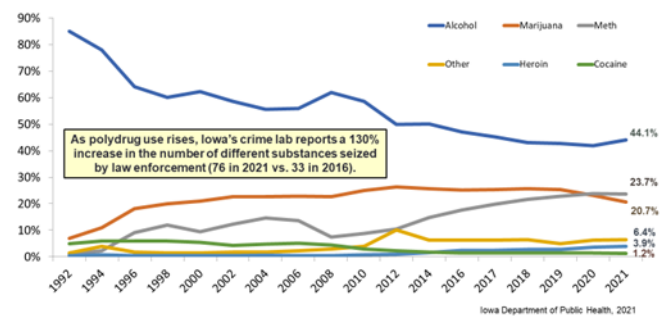
Iowa Youth Substance Abuse

6th, 8th & 11th Grade Users, Last 30-Days (current Iowa data delayed by pandemic)



Most Common Drugs Used by All Iowans

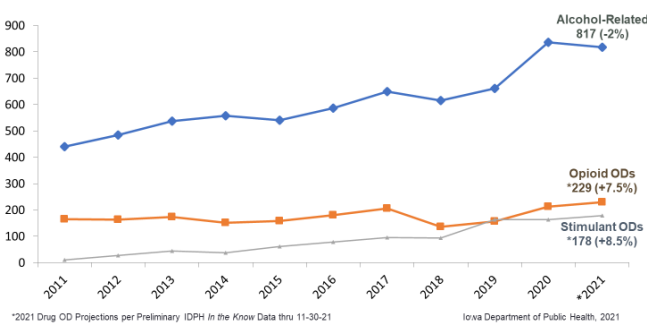
Primary Substance Cited by Iowans in Treatment (share of total)



- Iowa tobacco use, binge drinking & meth use rates top the U.S. average. Iowa overall illicit drug use & drug OD death rates are 6th lowest in the U.S.

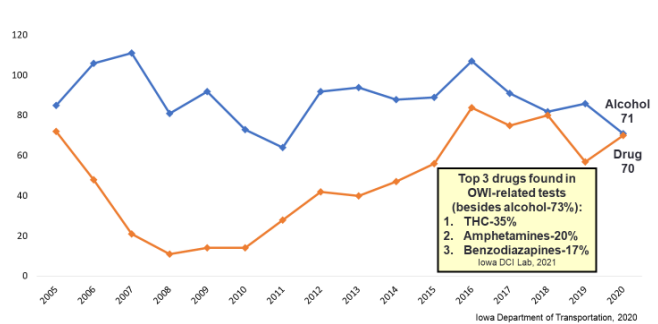
Substance-Involved Deaths in Iowa

Alcohol, Opioids (including powerful combos) & Psychostimulants (e.g., Meth)



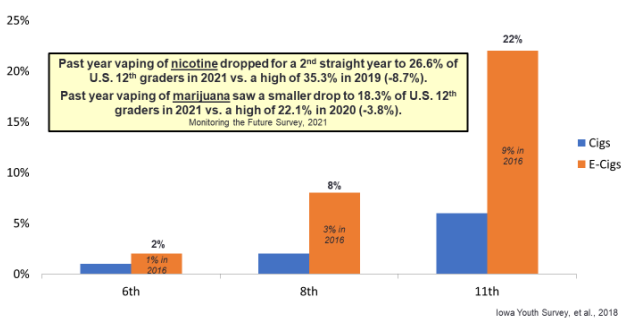
Iowa Alcohol & Drug-Related Traffic Fatalities

Drug = # Drivers + for 1 or More Drugs (Some with Alcohol) Out of 466 Total Drivers



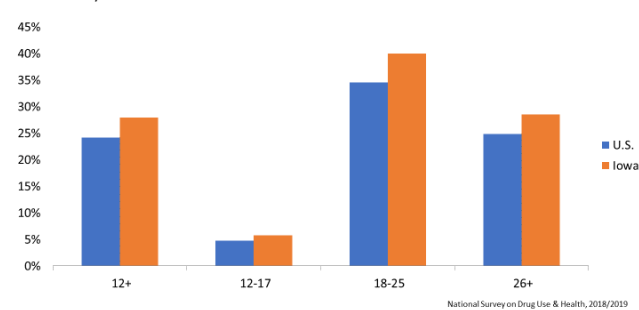
Iowa Youth Cigarette vs. E-Cigarette Use

Last 30-Days

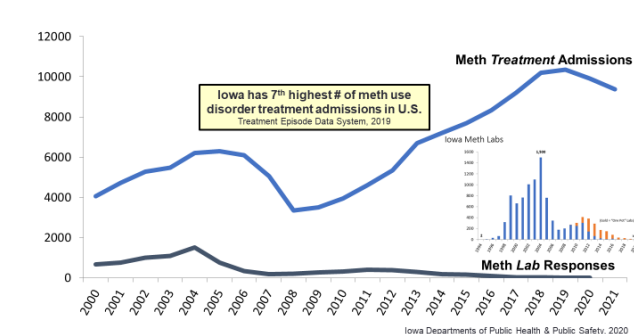


Current Binge Drinking

Last 30-Days

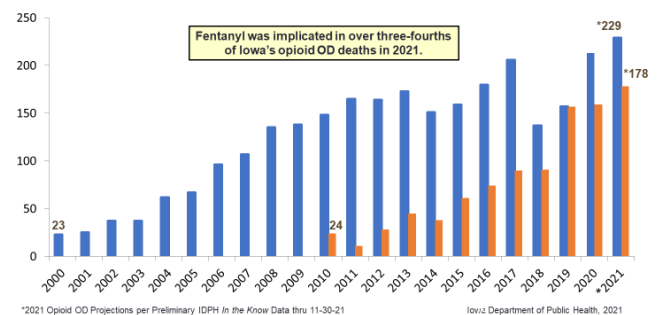


Iowa Meth Trends: Use vs. Production



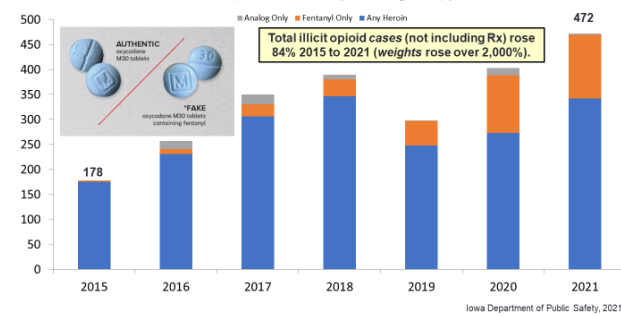
Iowa Opioid & Psychostimulant OD Deaths

Primary Cause of Deaths vs. Contributing Factor (Related) Deaths



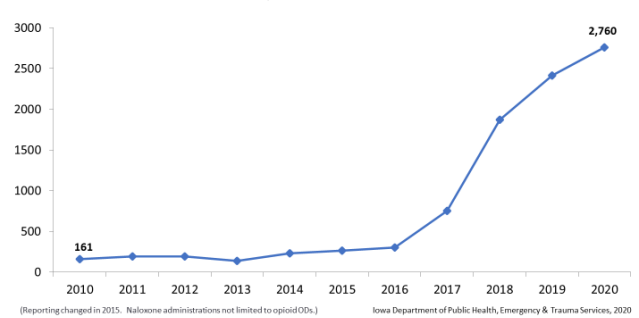
Heroin, Fentanyl & Illicit Opioid Mixtures

Law Enforcement Seizure Cases (heroin, fentanyl, analog, etc.) per Iowa's Crime Lab



Iowa Opioid OD Response

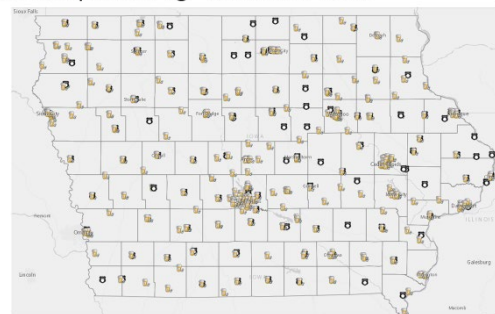
Naloxone Administrations (Doses) by EMS to Reverse OD



Iowa Medication Assisted Treatment (MAT) Sites

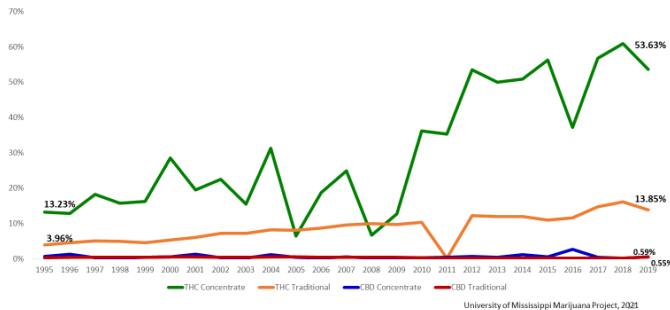


Iowa Prescription Drug "Take Back" Sites



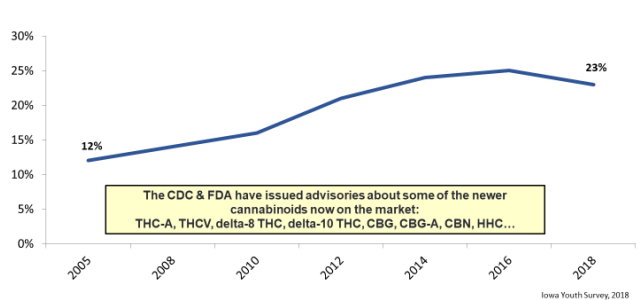
Marijuana's Increasing Potency

Average THC & CBD Levels in U.S. Marijuana Samples



Iowa Youth Attitudes about Marijuana

Lower Perceived Risk Coincides with Higher U.S. Rates of Use



- Amid more polysubstance use, Iowa law enforcement agencies are seizing **larger amounts of illicit meth and opioids**. Heroin/fentanyl (and analog) mixtures totaled 1,028 grams in 2021, up 5,721% from 18 grams in 2016. Meth seizures totaled 227,164 grams in 2021, up 177% from 81,899 grams in 2016.
Source: 2021 Iowa Department of Public Safety, DCI Lab
- Substance use disorder (SUD) treatment works.** A study of Iowans 6 months after completing SUD treatment found: relapse rates dropped across all substances, including a 26% decline for those with a meth use disorder; a 46-point drop in re-arrests; and a 13-point improvement in employment.
Source: 2021 Iowa Department of Public Health
- Nearly 40% of rural Iowans report their relationships with close friends/family and **mental health became much worse off during the pandemic**. Nationally, nearly 26 million past users of alcohol and 11 million past drug users report using those substances "a little or much more" than before the pandemic.
Source: 2021 Iowa State University: Impact of COVID-19 in Iowa's Small Towns & 2021 National Survey on Drug Use and Health



STATE OF IOWA

KIM REYNOLDS
GOVERNOR
ADAM GREGG
LT. GOVERNOR

OFFICE OF DRUG CONTROL POLICY
DALE R. WOOLERY, DIRECTOR

For Immediate Release
Tuesday, November 9, 2021

Contact: Susie Sher 515-725-0308

Report: Iowa Substance Use Trends and Response Efforts Impacted by Pandemic

The 2022 Iowa Drug Control Strategy builds on challenges and achievements for addressing substance use issues over the next year. The Strategy calls for a comprehensive range of substance abuse prevention, substance use disorder treatment and drug enforcement responses.

According to recent federal studies, Iowa ranks 6th lowest in the nation in the rate of total illicit drug use, and 5th lowest in the rate of drug overdose deaths. However, amid the pandemic and more potent substances and substance combinations, the new annual report says alcohol-related and drug overdose deaths have risen to record levels.

“Iowans face a growing threat from psychoactive substances that are increasing in variety and strength, and doing so with quickening speed,” said Dale Woolery, Director of the Governor’s Office of Drug Control Policy. “The types of substances available to Iowans is expanding, polysubstance use involving mixtures of lethal drugs is becoming more common, potencies are rising in many products, and for many these risks are being exacerbated by pandemic stressors.”

The 2022 Iowa Drug Control Strategy contains an array of the most recent data indicators available for monitoring current and emerging developments. Some of the key findings include:

Alcohol

- Sales of alcoholic beverages remained strong in 2020, as alcohol-related deaths rose 26% to a record 836.

Nicotine/Tobacco/Vaping

- In 2020, Iowa joined the federal government in raising the legal smoking/vaping age to 21.
- Though recent state data are unavailable due to pandemic-related delays, national data show that after displacing much of youth smoking in recent years, teen vaping of nicotine declined sharply over the last two years, from 27.5% of U.S. high school students in 2019 to 11.3% in 2021.

Marijuana/THC

- Iowans’ past month use of marijuana ranks 3rd lowest in the U.S. among those 12+ (6.7%), and 9th lowest among youth 12-17 (5.71%).
- Nationally, the average level of THC—marijuana’s main psychoactive ingredient—in concentrates (e.g., oils, waxes and edibles) was 53.63%, more than four times the level of a decade ago.
- A recent U.S.-Canada study showed teen lifetime vaping of THC doubled in the last seven years, and there was a seven-fold increase in past 30-day THC vaping.

Methamphetamine

- Iowa meth labs numbered eight in 2020, the lowest level in over 20 years.
- Meanwhile, the volume and purity of meth smuggled from Mexico into Iowa remains at or near all-time highs, with law enforcement seizure amounts submitted to Iowa’s crime lab on pace to exceed 231,000 grams (513 pounds) in 2021.
- Stimulant-related overdose deaths (159 in 2020) and the proportion of Iowans entering substance use disorder treatment primarily due to meth (23.7% in 2021) remain at or near record levels.

Cocaine

- The proportion of Iowans entering substance use disorder treatment primarily due to cocaine remains relatively low (1.2% in 2021).
- Though much less prevalent than meth, law enforcement cocaine seizure amounts submitted to the Iowa crime lab are on track to reach their highest level in six years (over 14,000 grams projected for 2021).

Opioids

- Even as the number of prescription opioids dispensed to Iowans decreased for the fourth straight year, opioid-related overdose deaths increased 35% to 210 in 2020 vs. 2019.
- And, just as the Iowa crime lab reports more fentanyl and fentanyl-combination submissions, fentanyl was implicated in 87% of Iowa's opioid overdose deaths in the first half of 2021.
- Life-saving naloxone administrations by Iowa EMS personnel rose 808%, from 304 in 2016 to 2,760 in 2020.

Polysubstance Use

- Reports from behavioral health and law enforcement professionals indicate more Iowans are using multiple substances together or in succession (e.g., fentanyl and heroin). These accounts are substantiated by a new 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 continue to emerge, as do additional synthetic cannabinoids and cathinones. In 2020, the DEA reported identifying one new substance about every three weeks.
- The organic substance Kratom (*Mitragyna speciosa*), sold as an uncontrolled substance in Iowa, is on the DEA "Drugs of Concern" list. Amid conflicting claims about therapeutic benefits versus misuse or addiction, kratom can have opioid or stimulant effects, depending on its usage. Though relatively few, the number of Iowa hospital human exposure calls about patients using kratom is projected to exceed 20, the highest level in six years of record-keeping. Additionally, two Iowa overdose deaths in the last five years reportedly involved the use of kratom.

Iowa's comprehensive Drug Control Strategy identifies trends and prioritizes responses, including promising approaches for reducing substance misuse in Iowa. The report sets several broad goals for future progress:

- Reduce deaths related to the use of alcohol, tobacco and other drugs;
- Reduce injuries associated with the use of drugs, including from drug-impaired driving;
- Reduce youth use alcohol, nicotine and marijuana (THC);
- Increase access to substance use disorder (SUD) services;
- Increase employment among those in or completing substance use disorder (SUD) treatment; and
- Reduce incarcerations for drug-related offenses, and the disproportionate number of minorities referred to the justice system.

"New ways of connecting those needing help with substance use disorder treatment services has been a focus during the pandemic," said Woolery. "Iowans now have additional telehealth and diversion-to-treatment options, with even more being considered in a growing number of communities."

A recent survey of the *Impact of COVID-19 in Iowa's Small Towns* by Iowa State University found nearly 40% of rural residents reported their mental health and relationships with close friends and family became much worse off during the pandemic. About 20% said signs of depression were evident, and 15% reported signs of anxiety. A new 2020 National Survey on Drug Use and Health reports a continued pandemic-effect on substance use and mental health across the U.S., finding 25.9 million past users of alcohol and 10.9 million past year users of other drugs reported they used those substances "a little more or much more" than they did before the beginning of the pandemic.

Substance use disorder treatment works, as demonstrated in the annual Iowa Outcomes Monitoring System Study by the University of Iowa's Consortium for Substance Abuse Research and Evaluation. Six months after Iowans completed substance use disorder treatment, the study shows: a decrease in substance use relapse for all substances, including a 26-point decline for those with a meth use disorder; 46-point drop in re-arrests; and a 13-point improvement in employment.

The Iowa Department of Public Health's Your Life Iowa program provides information, resources, crisis support, and referrals for problem gambling, substance use, and mental health. Your Life Iowa is free and confidential and can be accessed 24/7 at YourLifeIowa.org or 855-581-8111.

In satisfaction of Iowa Code 80E, requiring an Annual Report by the Drug Policy Coordinator, the 2022 Iowa Drug Control Strategy has been submitted to Governor Kim Reynolds and members of the Iowa Legislature. The full report is available at: <https://odcp.iowa.gov/publications/iowa-drug-control-strategy>.

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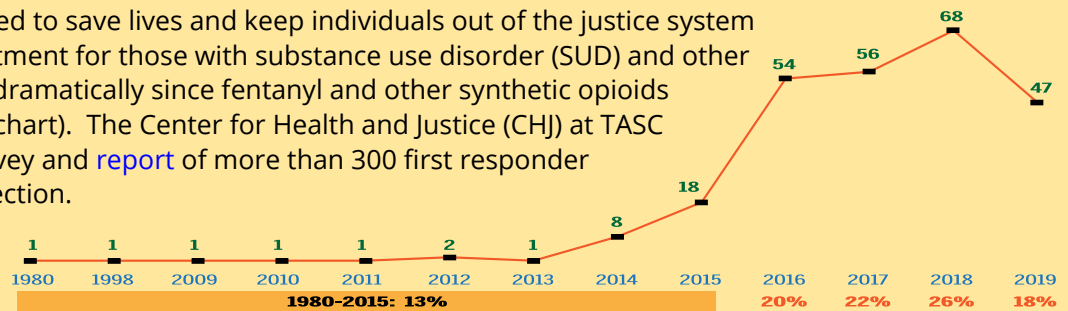


REPORT OF THE NATIONAL SURVEY TO ASSESS First Responder Deflection Programs IN RESPONSE TO THE OPIOID CRISIS



Deflection is a strategy designed to save lives and keep individuals out of the justice system by providing **pathways** to treatment for those with substance use disorder (SUD) and other conditions. Its use has grown dramatically since fentanyl and other synthetic opioids became more accessible (see chart). The Center for Health and Justice (CHJ) at TASC and NORC partnered on a survey and **report** of more than 300 first responder agencies and their use of deflection.

% DEFLECTION PROGRAMS
INITIATED BY YEAR (N=259)



KEY FINDINGS FROM THE SURVEY AND REPORT:

Characteristics of lead agency and community served by agency

- **More than 85%** of programs responding to the survey have launched since 2016.
- About **three-quarters** of these programs have been created and are led by law enforcement agencies, though fire and EMS agencies are also active.
- They are most common in suburban (56% of respondents) and urban (48%) areas; about 40% of respondents classify themselves as rural.*

*Some programs classify themselves as urban/suburban or rural/suburban.

WHAT YOU CAN DO

If you do not have a deflection program in place, consider the extent of the drug use problem in your community — overdoses, behavioral health crisis calls for service, or associated incidents — and learn more about deflection's role in addressing the problem.



Deflection program types

Common elements define many deflection programs:

- About **80%** give all frontline staff deflection authority, suggesting deflection is being adopted as a broader practice in these agencies.
- About **90%** of deflection teams conduct outreach in the community to the location where the individual was initially encountered by the first responder.
- **More than half** provide a personal introduction (or "warm handoff") to treatment case managers to assist in linking clients to treatment and services.
- About **two-thirds** provide transportation to clients' first treatment appointment.

About half involve co-responders (peer support specialists/recovery coaches, clinical SUD treatment staff, case managers, and social workers) in their deflection efforts.

Of those programs that offer training in deflection, **91%** offer training in naloxone administration and **74%** in crisis intervention.

- Yet only about a third have a full training curriculum, and relatively few offer training in key deflection skills like the neuroscience of addiction, motivational interviewing, implicit bias, and trauma informed care.

WHAT YOU CAN DO

1. Assess whether your deflection program already fulfills these common elements.
2. Review your training program (if you have one), and determine how you can tailor it to enhance your deflection activities.



Deflection program partnerships



Having multiple community-based service partners — from across the justice system and recovery community — is a key element in the operation of deflection programs.

Treatment/services partners providing community-based detoxification, SUD treatment, case management, recovery support, housing, education, and job training are critical to the operation of deflection programs.

More than 95% of programs that responded have at least two collaborative service partners; nearly half have at least three. More than a quarter have four to six.

Most programs employ a framework to govern planning and implementation.

- **Two-thirds** of those surveyed maintain a dedicated program coordinator responsible for day-to-day operations.

- All programs surveyed conduct meetings at least annually with the stakeholder-partners who provide governance; most do so monthly.
- Still, while more than half of programs maintain agreements with partners around services provided, these often are oral, not formal, agreements that often do not include certain critical expectations for these services.

WHAT YOU CAN DO

Address program governance: is a coordinator responsible for daily operations and activities? Are all stakeholders included in governance and regular meetings? Are program partnerships formalized to set expectations and promote accountability?

Treatment, services and recovery

The primary service deflection programs facilitate is SUD treatment, including Medication Assisted Treatment (MAT): buprenorphine, methadone, and naltrexone.

- Fully **90%** of respondents offer linkages to SUD treatment, important because of the range of SUD to which they must respond.
- Nearly three-quarters (**73%**) offer linkages to MAT.

Most use recovery support specialists (e.g., peer coaches) to provide initial outreach.

- **Nearly 80%** provide access to recovery support specialists or peer recovery coaches.
- Yet many ancillary social services needed to facilitate recovery/reentry — like employment, education, and food support — are often not provided or facilitated by deflection programs; only about 30% offer these services.

90% of survey respondents are located in states that have expanded Medicaid/access to healthcare insurance through the Affordable Care Act.

- Slightly more than half of programs receive revenues through Medicare or Medicaid; 46% use private insurance.



WHAT YOU CAN DO

1. Inventory all available treatment providers in your community to determine where deflection partnership opportunities and gaps exist, including recovery support services.
2. Analyze all potential funding sources and assess how to maximize access and funding for services and clients in the community.

Funding, data collection, performance measures, and formal evaluations associated with deflection programs

Deflection programs, developed to meet specific local public safety and public health needs, tend to rely on local funding for startup and continued operation.

- While funding of programs covers a range of local, state, national, and private sources, about 40% of programs have dedicated budgets; about a third used local funds to start up, and nearly half use local funds to maintain programs.

While some deflection programs collect and maintain important data, many do not maintain standardized metrics sufficient to gauge success and protect against racial, ethnic, or gender bias.

- Data points collected/tracked by programs include fatal/nonfatal overdose (52%) and client participation (53%).
- Fewer than half of programs collect data on clients' race/ethnicity. In addition to collecting data on individuals who are deflected, agencies must analyze better why clients are *not* deflected or accepted into treatment/services, or are removed for noncompliance.
- Those collecting race data deflect Blacks proportionate to their population. But Blacks comprise a far higher share of arrests (27% [FBI Uniform Crime Report]). This presents an opportunity for programs to heighten focus on deflection for Blacks, who typi-

cally have less access to SUD treatment that can keep people out of the justice system.

Relatively few conduct formal evaluations to accurately gauge and replicate program performance and outcomes.

- Only about one in six programs has conducted an independent, third-party evaluation to assess performance/outcomes and prescribe program improvement.



WHAT YOU CAN DO

1. Assess the data your program currently tracks/analyzes and determine if more data points should be covered, particularly **around race/ethnicity**, client participation, and treatment/recovery services completion.
2. Strengthen your existing community-based treatment/service partnerships (like access to SUD treatment) to reduce disparities some groups face in the justice system.
3. Contract with a partner - such as a local college or university - to conduct an independent program evaluation to validate and improve performance and outcomes.

BJA's

Comprehensive
Opioid, Stimulant,
and Substance Abuse

Program