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1993
Iowa
Substance
Abuse
Report

Governor's
Alliance on
Substance Abuse

Iowa Department
of Corrections

Iowa Department
of Education

Iowa Department
of Public Health

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Substance
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Report

Terry E. Branstad
Governor

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U.S. Department of Justice
National Institute of Justice

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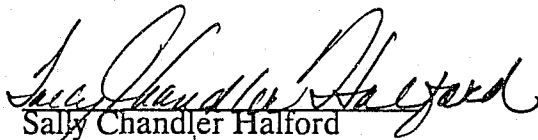
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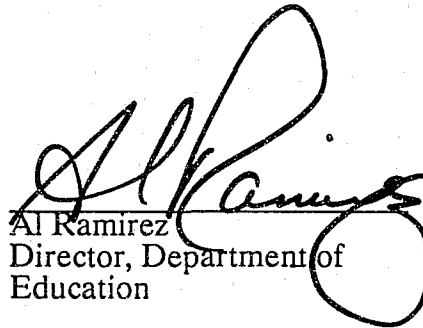
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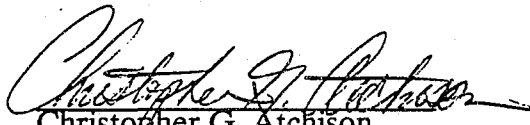
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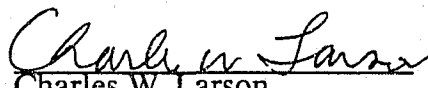
The departments of Corrections, Education, Public Health and the Governor's Alliance on Substance Abuse share the issue of substance abuse and its related harms. This document serves as an annual appraisal of how each office is working toward mutual goals, given separate missions, mandates, and restrictions. The document satisfies individual requirements placed upon the Department of Public Health and the Governor's Alliance on Substance Abuse by both state and federal law to annually report activities and data concerning the programs and funding administered by the offices to the Governor, General Assembly, and the public.

In 1992, the Department of Public Health and the Governor's Alliance on Substance Abuse jointly published the Iowa Substance Abuse Report. This publication is a continuation of that original document, with the addition of the Departments of Corrections and Education, and another step in the development of a comprehensive statewide strategy to reduce the harm to individuals, institutions, and communities that result from alcohol and illicit drug abuse and drug trafficking. By working together, our efforts to reduce the harms of substance abuse and promote protective factors in Iowa are more effective.


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INTRODUCTION

INTRODUCTION

The Departments of Corrections, Education, Public Health and the Governor's Alliance on Substance Abuse share the issue of substance abuse and its related harms. This document serves as an annual appraisal of how each office is working toward mutual goals, given separate missions, mandates, and restrictions. The document satisfies individual requirements placed upon the Department of Public Health and the Governor's Alliance on Substance Abuse by both state and federal law to annually report activities and data concerning the programs and funding administered by the office to the Governor, General Assembly, and the public.

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This state report is designed as a reference tool and can be used as a resource guide and planning document by state and local government agencies and community programs. The document provides the following information:

Section I - Summary of Substance Abuse Issues and Needs

This section summarizes the major substance abuse issues and the needs to be addressed within Iowa.

Section II - Iowa Substance Abuse Data Indicators

This section provides an overview of substance abuse in Iowa and needed services through a comprehensive review of the Iowa Substance Abuse Data Indicators.

Section III - Current Efforts and Resources

This section is a registry of state government substance abuse programs and selected other initiatives and provides an efficient method to identify resources available. Substance abuse funding in Iowa is detailed.

A brief description of the goals and substance abuse activities of each office follows.

The Department of Corrections has primary responsibility for corrections administration, corrections institutions, prison industries, and the development, funding, and monitoring of community-based corrections programs. Substance abuse activities include treatment programs in institutions, prevention programs aimed at the offender population, OWI programs in community-based residential facilities, and the coordination of the statewide Treatment Alternatives to Street Crime (TASC) program.

The Department of Education has primary responsibility for supervising public education at the elementary and secondary levels and for supervising the community colleges. Substance abuse activities include the administration of the federal Drug-Free Schools and Communities Block Grant Program, U.S. Department of Education, which is allocated to local school districts on a per capita basis, and the development and dissemination of substance abuse prevention programs and training.

The Department of Public Health has primary responsibility for supervision of public health programs, prevention and treatment of substance abuse, promotion of public hygiene and sanitation, and enforcement of related laws. The Division of Substance Abuse and Health Promotion administers prevention and treatment funds from the Alcohol and Drug Abuse and Mental Health Services federal block grant, U.S. Department of Health and Human Services, the Governor's discretionary portion of the Drug-Free Schools and Communities Block Grant and state appropriations for prevention and treatment. It also licenses all substance abuse treatment programs and approves drug testing laboratories in the state.

The Governor's Alliance on Substance Abuse is responsible for the coordination of all state substance abuse programs. The office is headed by the state Drug Enforcement and Abuse Prevention Coordinator who also chairs the Drug Abuse Prevention and Education Advisory Council and the Narcotics Enforcement Advisory Council. The office administers the federal Edward Byrne Program, U.S. Department of Justice, which is distributed to state and local governments on a competitive basis for criminal justice projects. The office also administers the Iowa SAFE (Substance Abuse Free Environment) Communities Program.

The programs and services identified in Section III, Current Efforts and Resources, are presented by department, and are grouped under the general headings of prevention, criminal justice, treatment, and research and data collection. Prevention activities include efforts to reduce the demand for alcohol and other drugs, which will in turn reduce the harms associated with substance use and abuse. Criminal Justice activities include efforts to protect the community and to habilitate or rehabilitate offenders. Substance abuse treatment efforts seek to habilitate or rehabilitate the substance abuser. Activities listed under research and data collection identify current research and data available.

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SECTION I.
SUMMARY OF SUBSTANCE ABUSE
ISSUES AND NEEDS

SUMMARY OF SUBSTANCE ABUSE ISSUES AND NEEDS

This section provides a summary of the major substance abuse issues and needs to be addressed in the areas of prevention, public safety/criminal justice, substance abuse treatment, and research and data collection. Mutual goals and areas for emphasis are identified. The conclusions and recommendations contained in this section are derived following assessment of the information presented in the other sections of the document: Iowa Substance Abuse Data Indicators and Current Efforts and Resources.

Prevention

Addiction to alcohol and other drugs is a major public health problem. The goal of prevention efforts is to reduce the demand for alcohol and other drugs, which will in turn reduce the harms associated with substance use and abuse. Efforts that prepare individuals, families and groups to make no-risk or low-risk choices in the use of alcohol and other drugs must be encouraged. Successful prevention efforts also incorporate the identification of risk factors and the promotion of healthy lifestyles.

Furthermore, community systems must be encouraged and assisted in accepting responsibility for reducing the incidence of alcohol and other drug abuse and associated problems. A comprehensive community approach, involving all segments of the community, is an effective, proven approach. The community must support values and social policies which allow individuals to make no-risk or low-risk choices concerning their use of alcohol and other drugs.

Needs identified in this area include the availability of prevention services to communities. The development of prevention programs designed for the workplace is needed, as that environment is not utilized to the fullest extent. Further, crime prevention activities need to be promoted and incorporated into community strategies. Data collection and evaluation measures are needed to identify effective prevention strategies.

Public Safety/Criminal Justice

The overall goals of public safety and criminal justice activities are first to protect the community and second to habilitate or rehabilitate offenders. Substance abuse goals are to reduce the supply of illegal drugs and to reduce the violence related to alcohol and other drug use and abuse.

The development and implementation of innovative sanctions for juvenile and adult offenders and the development and implementation of community-based programs for nonviolent offenders must be encouraged, as well as research to determine the most effective strategies. Aftercare must be included as a component of the programs in order to achieve the best possible results.

Continued cooperation between federal, state, and local law enforcement agencies is essential. The local multijurisdictional drug law enforcement task forces are an example of a coordinated strategy that has proven to be effective. The further growth and development of task forces, both in number and effectiveness, is encouraged.

Treatment

The goal of substance abuse treatment is to habilitate or rehabilitate the substance abuser. The important role of treatment in a comprehensive substance abuse continuum of care must be realized by all involved.

The proliferation of proven treatment strategies and the development of innovative approaches are encouraged. The importance and role of cultural and gender specific treatment programs is realized. The development and availability of perinatal treatment is particularly important. Further, there is a need for the treatment of dual diagnosis clients in the state, those with both substance abuse and mental health problems. Substance abuse treatment programs must include, whenever possible, services for the prevention and screening of tuberculosis and HIV/AIDS.

Outreach, intervention, aftercare and relapse prevention for all treatment clients is needed. Drug-free workplace policies are needed to provide referral and treatment services for those in need.

While treatment is acknowledged as an important solution, the need to verify the efficacy of various treatment approaches has become increasingly important. Research is needed in the area of treatment to determine the most effective treatment approaches for different client populations.

Research and Data Collection

Issues discussed in this document demonstrate the importance of, and need for, data collection, research, and evaluation in the substance abuse field. It is important to assess the specific state needs, and then evaluate the process and outcomes of the efforts made to address the needs.

Evaluation of new and innovative substance abuse and offender programs is needed. The interpretation of research data and its dissemination is essential in order to ensure a practical use of the information. Further, it is important that policy makers at all levels review past evaluations and needs assessment data in addressing planning decisions for future programs and strategies.

General

Effective public policy demands multiple strategies to reduce the harms associated with substance abuse. While the above areas of prevention, public safety/criminal justice, treatment, and research and data collection can be isolated, each area is interrelated and the programs must support each other for full effectiveness. Certain general themes are present in each of the areas.

Coordination

Coordination is the key to success in the reduction of the harms to individuals, institutions, and communities caused by alcohol and other drug abuse and drug trafficking. Coordination must exist within each discipline and between different levels of government as well as between the separate disciplines of prevention, public safety/criminal justice, and treatment. Iowa has witnessed much improvement in coordination and cooperation in recent years, but must work to continue to improve and enhance coordination in order to provide efficient and effective services to the citizens of Iowa.

Training

Training specific to substance abuse and related issues is needed for all professionals working in this area. Iowa has focused on this issue and provided an increased amount of training in recent years, but this is an ongoing need. The availability and continuing education of substance abuse professionals must continue to be emphasized.

Emergent Issues

Situations arise which demand immediate attention and action from public officials. This past year Iowans were faced with the floods of the Midwest - the worst natural disaster in Iowa's history. State government was called upon to respond in numerous ways, including substance abuse prevention and treatment outreach. While the floods called for immediate response, planning and appropriate flood related response will be ongoing throughout the next year as the full economic and emotional affects of the flood are realized.

Public concern and media attention have recently been focused on violence and juvenile crime. Both issues need to be addressed with immediacy by state officials in order to satisfy the public demand for response.

Goals

The future holds many opportunities for increased coordination and cooperation in the development of joint strategies. In times of limited public resources, our efforts and joint activities will become increasingly important in the delivery of substance abuse services.

The Departments of Corrections, Education, Public Health, and the Governor's Alliance on Substance Abuse pledge to work together for the following:

- * Availability of alcohol and other drug abuse prevention, treatment, and after care to all Iowans.
- * Inclusion of all segments of the community in prevention strategies.
- * Workplace programs that address substance abuse prevention and referral to treatment.

- * Research and evaluation to find the most effective form of prevention and treatment for different populations, including correctional clients, pregnant women, and juveniles.
- * Development and implementation of prevention and treatment approaches designed for different populations based on empirical evidence of effectiveness.
- * Coordination of federal, state and local law enforcement efforts.
- * Development and implementation of programs designed to prevent drug related violence.
- * Training of all professionals involved in working to reduce the incidence of substance abuse and its resulting harms.
- * Development of a strategic plan for substance abuse based on the results of the Iowa State Needs Assessment, the Iowa Substance Abuse Data Indicators, and other related data.

SECTION II.

IOWA SUBSTANCE ABUSE DATA INDICATORS

INTRODUCTION

The purpose of this section is to present findings from an ongoing effort to collect and study information on the status of substance abuse prevention and treatment needs of Iowa's population, and to provide historical trend data of relevance to evaluate the efforts to reduce both the use and prevalence of alcohol and other drugs in the state. Identified data is regularly submitted by departmental staff to the Division of Criminal and Juvenile Justice Planning and Statistical Analysis Center, Department of Human Rights.

BACKGROUND

In the fall of 1991, the Governor's Alliance on Substance Abuse (GASA) with the Iowa Drug Abuse Prevention and Education Advisory Council, a statutory council staffed by the Governor's Alliance and chaired by the Drug Enforcement and Abuse Prevention Coordinator, began working to develop a series of data bases specifically devoted to the organization and retention of information describing a variety of alcohol and other substance abuse indicators. These data bases were to be used in a time-limited technical assistance project with the Criminal and Juvenile Justice Planning and Statistical Analysis Center (CJPSAC). Data is now regularly submitted by the designated agencies to CJPSAC.

The CJPSAC technical assistance project was specifically designed to provide data and analytical support to the Iowa Drug Abuse Prevention and Education Advisory Council. The Drug Abuse Prevention and Education Advisory Council is responsible for making policy recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention, and treatment. Council membership consists of representatives from the state departments of Corrections, Education, Human Services, Public Health, Public Safety, a licensed substance abuse treatment specialist, a prosecuting attorney, and a law enforcement officer.

DATA SOURCES

1. Department of Commerce, Division of Alcoholic Beverages

The Department of Commerce provides a monthly distribution list, along with gallonage figures for beer, low proof wine, low proof spirits, and statewide totals for the sale of alcoholic beverages.

2. Department of Education, Substance Education Program

In a survey called "The Alcohol and Drug Attitudes and Behaviors Among Youth" data is collected every three years from Iowa youth, grades 6, 8, 10, and 12. A random sample of public school districts participate. This survey does not include dropouts.

Information from both of the two forms used (long and short forms) allowed a review of substance abuse-related questions that were identically asked by both sets of surveys. Data includes student responses to survey questions about: age of onset for use of marijuana, alcohol, and other drugs; and frequency and amount of alcohol, marijuana, and other drug use. Information from selected survey questions from the two most recent surveys (1987 and 1990) was collected. This survey with added questions was again performed in the fall of 1993 with preliminary results available in the spring of 1994.

3. **Department of Public Health, Iowa Board of Pharmacy Examiners**

The Iowa Drug Abuse Warning Network (Mini-DAWN) collects drug abuse incidents from hospital emergency departments. A drug abuse incident is any emergency room admission that involves a non-medical drug use/abuse for the purpose of dependence, self-destruction, or psychic effects.

4. **Iowa Department of Transportation**

The Department of Transportation compiles data from accident reports provided to them by law enforcement agencies across the state. Included in this data is county-specific information describing the number of alcohol-related fatal crashes (incidents) and alcohol-related crash fatalities (persons). A traffic fatality is recorded as "alcohol-related" if a test shows any of the drivers involved in the accident had a blood alcohol concentration of .1 percent or above.

5. **Department of Corrections**

Unduplicated records of offenders admitted to prison and community-based facilities who have an identified substance abuse history are provided quarterly by the Department of Corrections. These admission records include the county, gender, and level of offense of each offender. Community-based corrections data describe the most serious offense (i.e., highest offense class and person vs. non person). Correctional institutions data, however, report offense severity on the lead offense, (i.e., the offense that keeps the offender incarcerated for the longest period of time).

6. **Department of Public Health, Division of Substance Abuse and Health Promotion**

A. Publicly funded substance abuse agencies provide the Department of Public Health with a variety of data describing admissions to their programs. Included in this information is data that describes the admissions of "user" clients who received intake/assessment, crisis, Level I or Level II services. Such admission records are compiled semi-annually and contain the following: date of admission; date of birth; county of residence; gender; race; primary substance of abuse; secondary substance of abuse; and type of service. The records are "unduplicated" by limiting one record to a client, regardless of the number of admission/evaluations experienced by the client during the time period of report.

B. The Department of Public Health annually receives findings from the federal Center for Disease Control and Prevention's "Behavioral Risk Factor Surveillance System" (BRFSS). The BRFSS is an ongoing telephone survey designed to collect a variety of data on health risk behaviors of residents over the age of eighteen. Included in this data is gender-specific information from a representative sample of Iowa adults that describes their use of alcohol. Four categories of users are reported including "current drinkers" (at least one drink a month) and "acute drinkers" (more than five drinks during an episode at least once a month).

7. **Department of Human Services, Division of Mental Health, Retardation and Developmental Disabilities**

Information provided from the State Mental Health Institutes (MHI) report the number of individuals admitted for substance abuse treatment, and indicate the number of admissions and readmissions, as well as the race, age, county of residence, and primary substance of abuse of the admitted patients (the latter is available only after FY1992 data). Fiscal years 1989 through 1993 are complete for all other information.

8. **Department of Public Safety, Plans, Training & Research Bureau**

In 1990 the Department of Public Safety changed crime reporting systems from Uniform Crime Reports (UCR) to Incident Based Reports (IBR). This change involves some 225 law enforcement agencies. The arrest data available through past Uniform Crime Report records include the sex, race, and age of arrestees as well the arresting agency county location. These past reports are available on a calendar year basis starting in 1976. Complete data from the new reporting system (IBR) is anticipated to be available for publication in 1994.

9. **Department of Public Safety, Division of Narcotics Enforcement**

Reports are submitted describing the price, purity, and amount of drugs seized during investigations in which the Division of Narcotics Enforcement has been involved. This data covers the past seven state fiscal years.

10. **Department of Human Rights, Division of Criminal and Juvenile Justice Planning**

Compiled are alcohol and drug charges, convictions, and those convictions that have been reduced to a lesser charge. Also included are conviction-based statistics including specific convictions, and the sentences imposed. These are available by county, sex, and severity of the offense. The reports are submitted by all 99 Iowa Clerks of the District Court. The data are compiled in six-month intervals.

IOWA SUBSTANCE ABUSE DATA INDICATORS -- OVERVIEW

Through the oversight and guidance provided by the Iowa Drug Abuse Prevention and Education Advisory Council, an outline of information displaying key items from each of the developed data sources was created. The purpose of this outline is to provide decision makers and others with an "at a glance" overview of: 1) the scope, type and evolution of substance abuse problems in the state; and 2) the changing performance of, or demands put upon, various systems' attempts to address these problems.

The data indicators are grouped within four categories:

1. Alcohol and Drug Usage
2. Treatment Program Admissions
3. Law Enforcement Activities
4. Drug and OWI Court Dispositions

Research files have been created to facilitate an ongoing interaction between data and the information needs of various state officials and planning groups. As more experience is gained from such interaction, it is anticipated that the use of the research files will be refined, and that they will be queried on an ongoing basis to help guide and/or answer policy or program specific questions.

It is important to realize that the outline was not designed as an attempt to answer all questions regarding Iowa's substance abuse problems. Instead, it is meant to identify several key indicators and to facilitate the tracking and study of these indicators over time. In the section that follows, highlights from the summary of findings are discussed. In a manner similar to that used to determine which key indicators to include in the outline, selected data items and analysis methods were chosen for this report based on their presumed helpfulness to the development of this document.

IOWA SUBSTANCE ABUSE DATA INDICATORS -- FINDINGS

ALCOHOL AND DRUG USAGE

This first category includes data which are meant to serve as indicators of the scope and nature of substance use in Iowa. Taken individually, or as a group of indicators, the items in this category can be examined to gain an understanding of the prevalence and nature of substance use in certain populations, and the extent to which such use has changed over time. The utility of these indicators will vary according to the issue at hand. They are meant to be useful as a measure of the need for certain types of prevention or treatment programs to bring about, or respond to, changes in usage. They also may prove helpful in the assessment of the impact of policies and programs now in place.

Table 1
ALCOHOL SALES BY GALLONS

Fiscal Year	1987	1988	1989	1990	1991	1992	1993
Beer	65,696,268	65,159,779	64,407,825	64,309,633	65,676,764	66,013,361	65,362,315
Low Proof Wine	1,727,748	1,657,295	1,509,527	1,388,649	1,289,719	826,914	250,044
Low Proof Spirits	174,874	191,712	125,736	124,881	304,400	189,116	198,231
Wine	2,340,654	1,888,767	1,819,243	1,772,261	1,706,706	1,761,084	1,784,606
Spirits	2,974,681	2,781,856	2,715,330	2,657,534	2,619,869	2,581,755	2,489,681
Total Alcohol Sales/ Gallons	72,914,225	71,679,409	70,577,661	70,252,958	71,597,458	71,372,230	70,084,877
Total Per-Capita Consumption/Gal.	26.35	25.89	25.47	25.30	25.61	25.49	24.92
Beer and Low Proof Per-Capita/Gal.	24.43	24.20	23.83	23.20	24.06	23.94	23.84
Wine Per-Capita/Gal.	0.85	0.68	0.66	0.64	0.61	0.63	0.63
Spirits Per-Capita/Gal.	1.08	1.01	0.98	0.96	0.94	0.92	0.92
Absolute Alcohol Per Capita Consumption/Gal.	1.5112	1.4536	1.4244	1.3888	1.4116	1.4012	1.3972

Data from Department of Commerce

Table I includes a variety of indicators on the sales of various alcoholic beverages and, by inference, the consumption of those beverages by Iowa residents. Of course, not all the alcohol purchased in Iowa is consumed by Iowa residents and some purchases may remain in the bottle for extended periods of time. Offsetting these overestimation problems, at least some Iowa residents make alcohol purchases in other states (cross border purchasing) and/or make and consume their own alcoholic beverages. How these and other offsetting overestimation and underestimation factors actually balance out is unknown, but it is generally assumed, though not proven, that cross border purchasing is large enough to make Iowa sales data an underestimation of Iowa's actual alcohol consumption.

However, even if we accept the assumption that Iowa sales data underestimate to some unknown extent the alcohol consumption of Iowa residents, the trends in Iowa sales can accurately reflect consumption trends if we can assume that cross border purchasing has been fairly constant, or in the case of the declining trend illustrated in Table 1, not increased substantially. There is some evidence to indicate that spirits sales have not increased substantially, at least since spirits sales were privatized on March 1, 1987. Despite a price increase in spirits products following the privatization, self-reports from adult (age 18+) Iowans collected in 1989 indicated that more respondents reported decreases in cross border purchases than increases. These self-report findings were corroborated by sales data analysis in the states bordering Iowa that indicated no significant increase in their sales after Iowa's privatization (see Fitzgerald & Mulford, 1993). These findings do lend credence to the validity of the sales (apparent consumption) downtrend illustrated in Table 1, without establishing how much cross border alcohol purchasing actually occurs.

The most consistent trends illustrated in Table 1 indicate a steady decline for spirits and low proof wine sales. Spirits sales declined some 16 percent over this time period, while low proof wine sales declined some 86 percent. Despite the high percentage decline in low proof wine sales, the low alcohol content and relatively low overall sales of these beverages makes their effect on total absolute alcohol sales much less significant than the spirits sales decline. Total gallons of absolute alcohol per capita controls for the different alcohol contents of the various beverage mediums and any changes in the Iowa population. The alcohol content by volume of the various beverage mediums is estimated as 4 percent for beer and low proof wine and spirits, 12 percent for wine and 40 percent for spirits. State population estimates are obtained from the state census bureau and indicate a declining population level in Iowa. It is important to remember that these estimates of Iowa's total population include Iowans of all ages. This, together with the knowledge that a large number of Iowans do not use any amount of alcohol, or use it very seldom, needs to be considered when examining the per-capita consumption indicator.

With these important caveats in mind, per capita absolute alcohol sales (apparent consumption) declined from 1987 through 1990, rose slightly from 1990 to 1991, and then declined through 1993. The following example is offered to illustrate the per-capita consumption indicator: In 1993, the average per-capita consumption of beer, low proof wine, and low proof spirits (e.g., wine coolers, etc.) was approximately 24 gallons. In other words, if every person living in Iowa was using this substance, they each would have to have consumed about 24 gallons of beer that year to account for all the beer that was purchased. Every person in the state would be drinking one 12 ounce can of beer every day from January 1 through September 12 or about 17 percent of all Iowans would be drinking a six-pack a day during the same time period.

This overall downward trend is significant, especially when the trend is placed in a longer historical perspective. Iowans more than doubled their per capita absolute alcohol sales (apparent consumption) between 1958 and the peak year of 1981. This was indicative of 23 years of uninterrupted growth in per capita alcohol consumption that averaged about 3 percent a year. Since 1981 absolute alcohol sales have generally trended down both in Iowa and the nation (see NIAAA Epidemiologic Report, Jan-Mar, 1993).

Although the figures in Table 1 might not provide an exact indication of the extent of the apparent alcohol consumption decline in Iowa during the 1980s and early 1990s, there does appear to be a decline or at least a long term interruption in the previous decades' apparent increases. The sales figures provide no clues as to what kinds of drinkers might be accounting for the change in trends. Other indicators, in particular the BRFSS (Behavior Risk Factor Surveillance Survey) and public school student surveys, indicate that drinkers in general, heavy drinkers, and students are involved in the overall decline in alcohol sales.

The extent to which indicators of alcohol sales or consumption should guide policy and program development depend on the philosophical and political environments in which such decisions are made. Viewing of alcohol sales data as a possible indicator of alcohol use provides a continuous opportunity to develop and monitor measurable goals for future efforts to affect alcohol use in Iowa's general population.

Table 2
PUBLIC SCHOOL STUDENTS SELF-REPORTED ALCOHOL AND DRUG USE*

% Using More Than Once A Month						
Fiscal Year	1987	1988	1989	1990	1991	1992
<u>Alcohol</u>						
Grades 6 and 8	8.6	----	----	7.6	----	----
Grades 10 and 12	41.5	----	----	34.6	----	----
<u>Marijuana</u>						
Grades 6 and 8	1.4	----	----	0.8	----	----
Grades 10 and 12	7.8	----	----	5.2	----	----
<u>Other Drugs</u>						
Grades 6 and 8	0.3	----	----	0.4	----	----
Grades 10 and 12	0.8	----	----	1.8	----	----

* Survey is Done Every Three Years
Data from the Department of Education

Table 2 presents findings from "The Alcohol and Drug Attitudes and Behaviors Among Youth Triennial Survey" and identifies the percent of students who reportedly use alcohol or other drugs more often than once per month. This survey of public school students is conducted every three years and was conducted again in November of 1993 with data available in early 1994. The usefulness of the trend data reported through this survey should continue to grow as additional years of data become available. At the present time, however, it appears that during the late 1980s the use of alcohol and other drugs by youth attending public schools has generally declined.

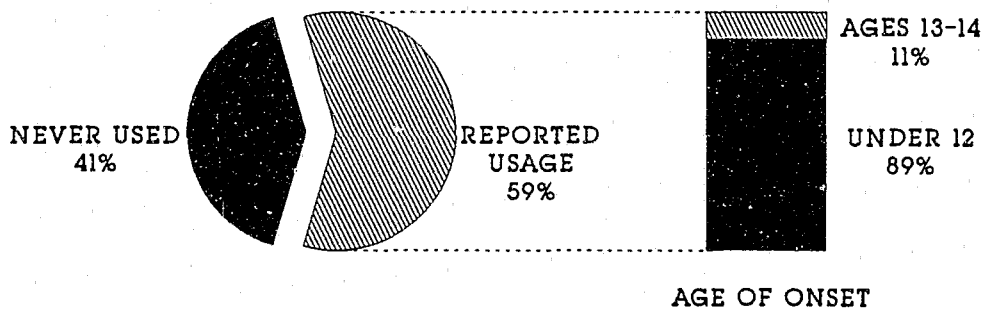
Information generated through the survey is self-reported. School districts and students within school districts are sampled so that the results are representative of the entire population of public school students. While the numbers in Table 2 actually represent only the self-reported responses of survey participants, it might be assumed that such percentages describe the substance use of the entire population of public school students in the grades studied.

Since it is against the law, under most circumstances, for any person of school age to use alcohol or other drugs, any amount of reported use may be of concern. As was true with the previously discussed alcohol use indicators, whether or not the number of students who report substance use should be seen as a demand for new policies and programs depends on how such information is perceived by parents, government officials, and other decision makers.

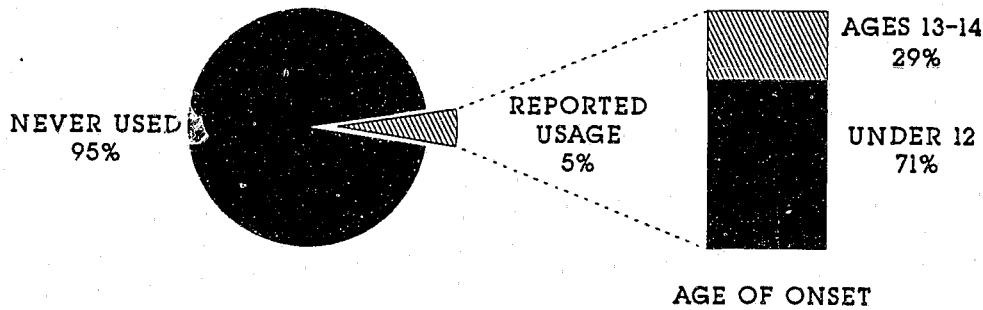
Data from the surveys clearly indicate that fewer students were using alcohol and other drugs regularly in 1990 than were using them in 1987. The status of this possible trend can be examined with future survey results. Should the trend continue, it might be assumed that past and current efforts to reduce the amount of substance use by students have either had their desired impact or have not impeded the impact of other factors that may account for the decline in use. On the other hand, since some might view the level of the reported decline as "not enough," the indicators may call for increasing or accelerating efforts to reduce use.

Table 3
REPORTED SUBSTANCE USE
GRADES 6 & 8
 Iowa Department of Education

1987 ALCOHOL USE



1987 MARIJUANA USE



1987 DRUG USE

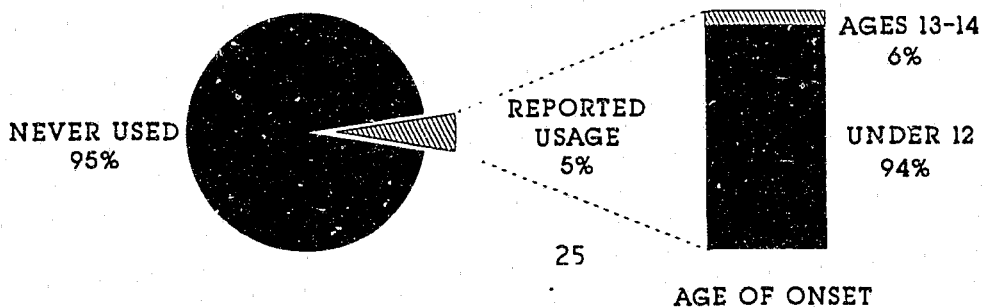
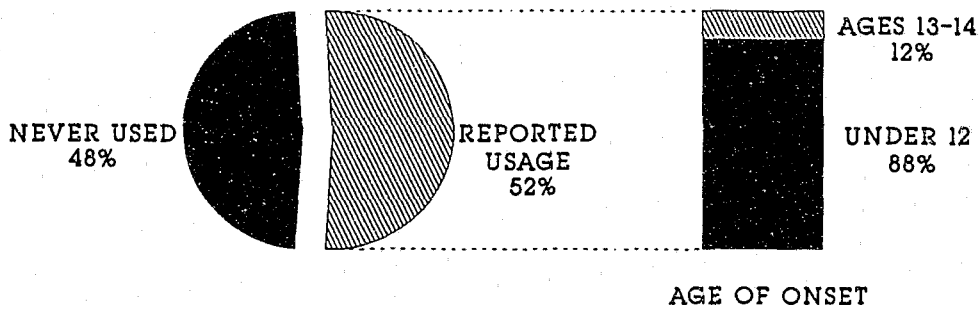
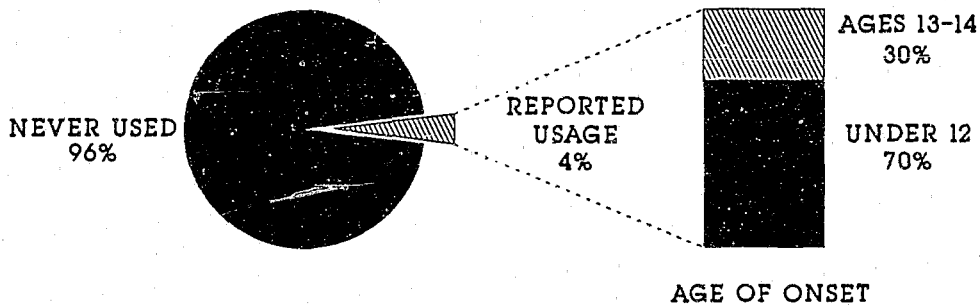


Table 4
REPORTED SUBSTANCE USE
Grades 6 & 8
 Iowa Department of Education

1990 ALCOHOL USE



1990 MARIJUANA USE



1990 DRUG USE

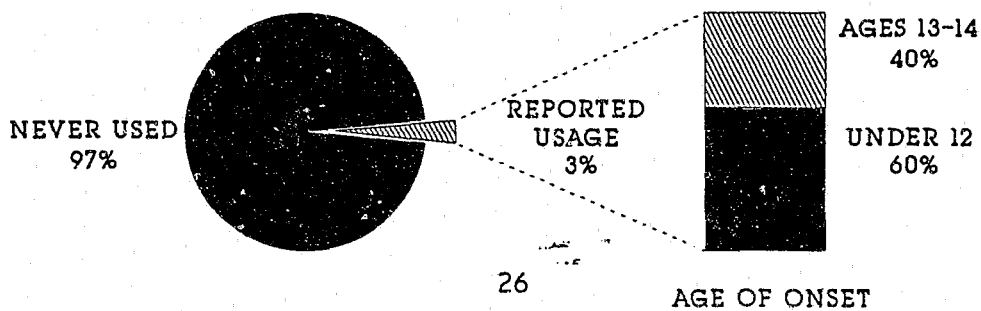
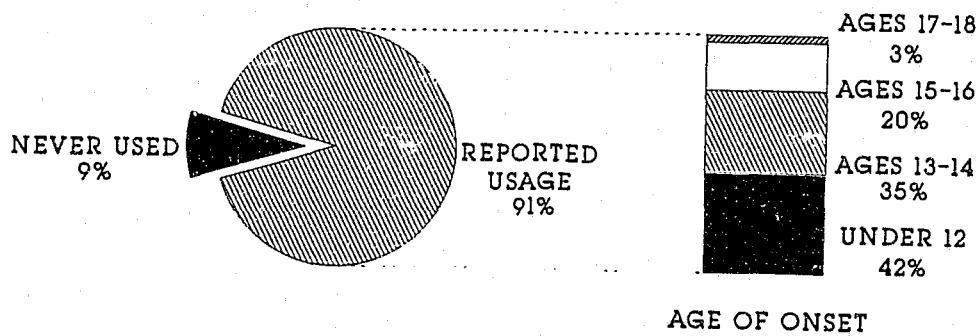
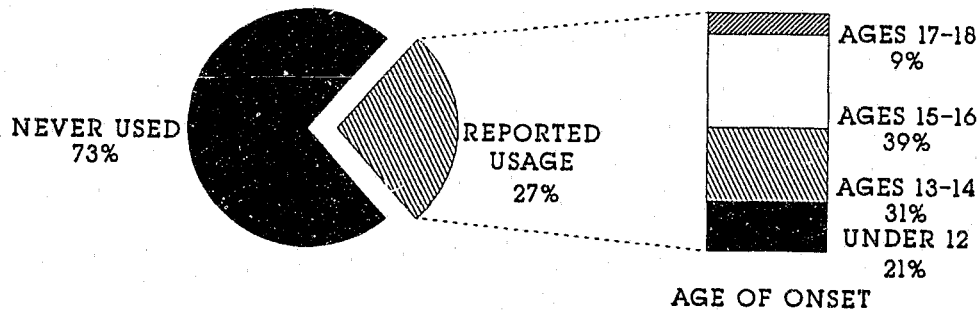


Table 5
REPORTED SUBSTANCE USE
Grades 10 & 12
 Iowa Department of Education

1987 ALCOHOL USE



1987 MARIJUANA USE



1987 DRUG USE

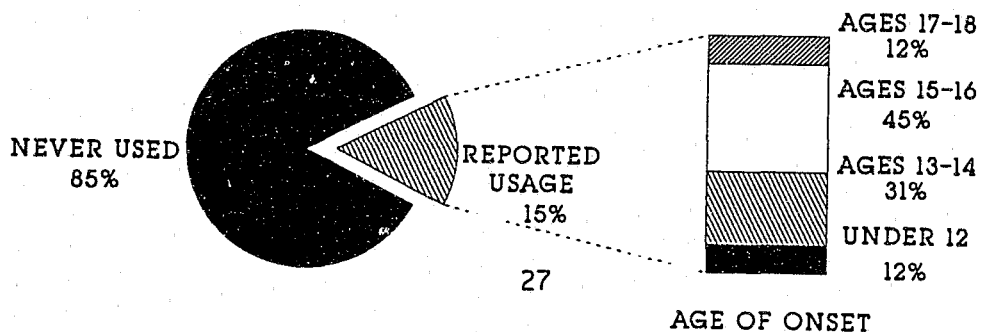
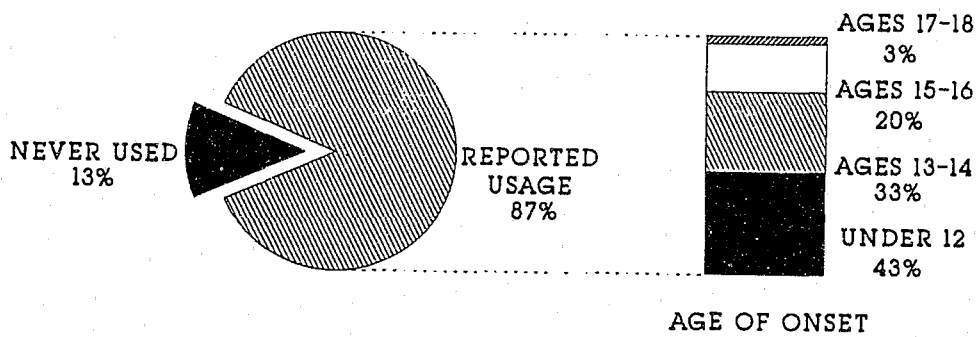
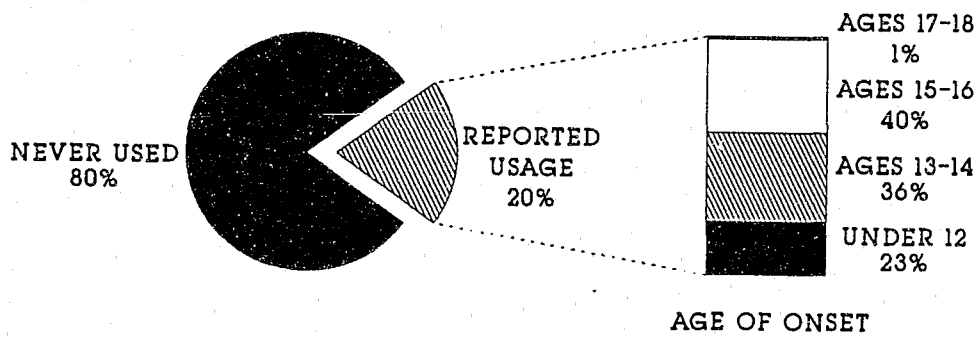


Table 6
REPORTED SUBSTANCE USE
Grades 10 & 12
 Iowa Department of Education

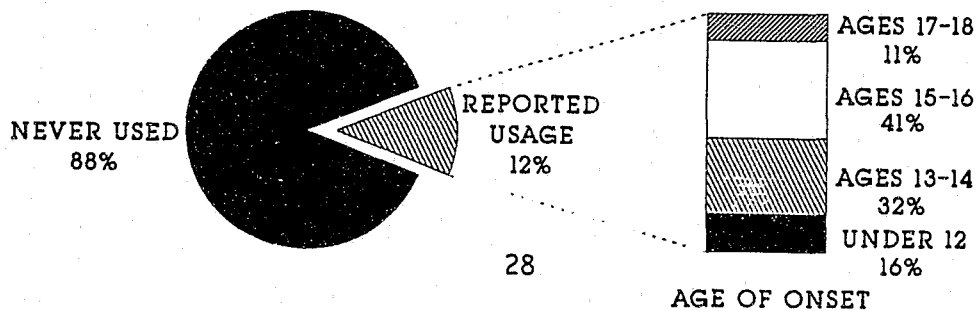
1990 ALCOHOL USE



1990 MARIJUANA USE



1990 DRUG USE



Tables 3 and 4 display both years of the study and the percent of 6th and 8th grade respondents who reported any amount of substance use. Consistent with Table 2 data which indicate a decline in regular use of all types of substances, general use also appears to have declined because the percent of students reporting they have never used substances has increased across all substance types.

Another way of analyzing Table 2 and Tables 3 and 4 together can be done by comparing the percentages of those who reported any use with those who reported regular use. For example, while 52 percent of the 1990 6th- and 8th-grade respondents reported some use of alcohol, 7.6 percent reported using alcohol more than once per month. In other words, about 15 percent of the 1990 students using alcohol did so on a somewhat regular basis. Of the 6th- and 8th-grade respondents in 1987 who indicated any use of alcohol, the same percentage (about 15 percent) also reported their use to be at least monthly. Although fewer are using alcohol or using it regularly, there was no change in the likelihood that those reporting any use are regular users.

Similar analyses of marijuana and other drug use for the 6th and 8th graders showed a reduction between 1987 and 1990 in the percentage of all who indicated any use that were reporting use of more than once a month (for marijuana, the percent changed from 16 percent to 13 percent; for other drugs, from 28 percent to 20 percent). In other words, and in contrast to alcohol use, not only was a smaller segment of the student population using marijuana and other drugs regularly, but there was also a reduced likelihood that students who reported usage were regular users.

While analysis of data regarding 6th and 8th graders' reported age of onset of alcohol and marijuana use does not indicate any meaningful change, a change can be noted in the reported age of onset for the use of "other drugs" by 6th and 8th graders. Students in 1987 were more likely to report an earlier age of initial use than were the same age students in 1990.

The above narrative analysis of Tables 3 and 4 has only addressed indicators of use among 6th and 8th grade survey respondents. As might be expected, the 10th and 12th grade students were less apt to have never tried any of the three categories of substances (see Tables 5 and 6). As was true for the younger students, however, 10th and 12th graders reported less general use and fewer students using more than once per month (see Tables 2, 5, and 6).

For all three categories of substances, an analysis of the percent of students reporting any use who also reported regular use (monthly or more) indicates that a smaller percentage of the 1990 students who have tried substances are using them regularly than were the 1987 students (alcohol: from 46 percent to 40 percent; marijuana: from 29 percent to 26 percent; other drugs: from 20 percent to 15 percent). There also seemed to be a small shift in the age of onset for 10th and 12th graders between the two study years in that the 1990 students were slightly more likely to report an earlier age for their initial use. It could be conjectured that this is consistent with the basic overall trend of reduced use; over the last several years, fewer students are using, and those who reported use were slightly more likely to have initiated their use prior to the influence of factors affecting the overall downward trend.

Table 7
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Alcohol Use in Iowa	1988	1989	1990	1991	1992	1993
% Current Male Drinkers	***	63.8	63.7	59.8	58.6	***
% Current Female Drinkers	***	45.0	41.0	44.1	40.0	***
% Total Current Drinkers	***	54.0	51.9	51.6	47.0	***
% Acute Male Drinkers	***	22.7	20.0	21.0	17.0	***
% Acute Female Drinkers	***	10.9	7.1	6.3	6.5	***
% Total Acute Drinkers	***	16.6	13.3	13.3	11.1	***

*** Data not Available

Data from Iowa Department of Public Health

In 1981, the Centers for Disease Control (CDC) began assisting states in conducting risk factor surveys. In 1988, Iowa began full participation in CDC's Behavioral Risk Factor Surveillance System. The Iowa Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone survey which is financially and technically supported by CDC. The BRFSS is designed to collect information on health risk behaviors of residents over the age of 18 and to monitor the prevalence of these behaviors over time. The risk factors surveyed are major contributors to illness, disability, and premature death.

Approximately 150 telephone interviews were conducted each month from January through December 1992 for a total sample size of 1,728. In 1991, 1,509 telephone interviews were conducted. The interviews were conducted by individuals at Iowa Agricultural Statistics, an office of the National Agricultural Statistical Service of the USDA, under contract with the Division of Substance Abuse and Health Promotion, Iowa Department of Public Health. Telephone numbers were randomly generated by the CDC.

Table 7 presents data from the BRFSS which relates to alcohol usage by adult Iowans. "Current Drinkers" are defined as respondents who report having had alcoholic beverages in the past month. "Acute Drinkers" are defined as respondents who report having five or more drinks on an occasion, one or more times in the past month.

Changes in these data indicate a small but consistent decrease in both current and acute male and female drinkers from 1989 through 1992. One exception is the 1990 13.3 percent of adult Iowans who were engaged in acute drinking (having five or more drinks on an occasion, one or more times in the past Month). This percentage remained at 13.3 percent again in 1991 before declining to 11.1 percent in 1992.

As a response to this and other national data, the minimum drinking age has been changed to 21 in all states, which limits consumption of alcoholic beverages, but does not address access to alcohol. Other studies show that higher prices on alcoholic beverages will reduce the number of young people (age 16-21) who drink, the incidence of heavy drinking and frequent drinking.

Further analysis of this data has led to strategic plans to limit alcohol consumption through promoting legislation and early education and intervention programs for youth.

Table 8
HOSPITAL EMERGENCY ROOM ADMISSIONS INVOLVING DRUGS*

Calendar Year	1987	1988	1989	1990	1991	1992
Total Number of Incidents	****	****	****	****	1,799	1,740
Number of Females	****	****	****	****	1,104	1,068
Number of Males	****	****	****	****	695	672
Number of Juveniles	****	****	****	****	408	367
Number of Incidents Involving Alcohol W/Another Drug	****	****	****	****	561	544
Percent Of Incidents Involving Unauthorized Drugs**	****	****	****	****	16%	16%

* Does not include alcohol alone

** Illegally obtained ****Data not available

Data from Iowa Board of Pharmacy Examiners

In 1990, the Iowa Board of Pharmacy Examiners received funding from the Drug Control and System Improvement Grant Program to develop a Mini-DAWN reporting system. Iowa's program is patterned after the federal Drug Abuse Warning Network (DAWN) which has been in operation in major U.S. cities since about 1973. Mini-DAWN is a voluntary reporting program which collects "drug abuse episode" information from participating Iowa hospital emergency departments. Since this is voluntary reporting, data does not include the total number of all emergency department admissions or admissions which involved a "drug abuse episode", but provides adequate data to analyze trends regarding the number and nature of such incidents. This data serves as another indicator of change in the level and nature of drug use in the state.

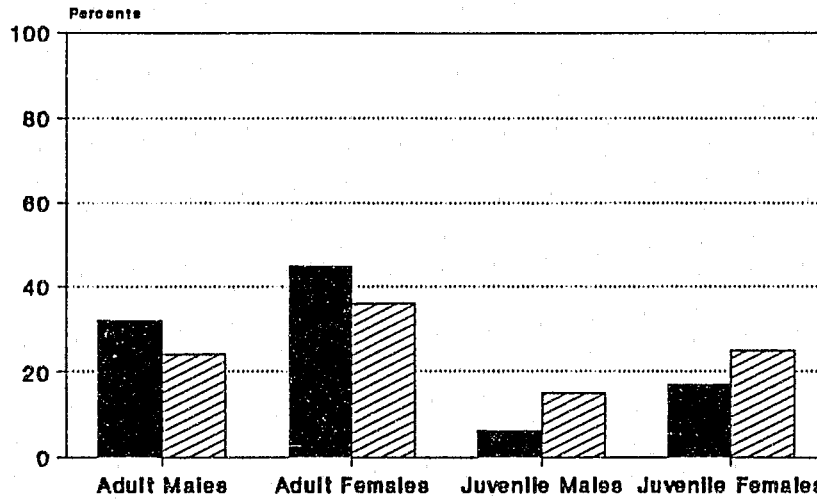
Analysis of the data in Table 8 indicates little change in trends from 1991 to 1992. The majority (61 percent for both years) of the drug related hospital emergency room incidents involved female patients, 39 percent involved male patients, and 21 percent involved juvenile patients. It is also known that about 16 percent of incidents involved unauthorized drugs (illegally obtained). The incidents being reported do not include emergency room admissions if the only drug involved is alcohol; consequently, it is not known how many of those incidents are occurring. However, if alcohol was involved in combination with another drug, the reporting system does collect this information. In both 1991 and 1992, about one third of all drug-related emergency room incidents involved alcohol in combination with one or more other drugs.

Table 9 illustrates comparisons of 1991 and 1992 statistics for the gender and age of drug-related hospital emergency room patients. It also presents additional information about the patients, reason for taking substances and the source of those substances that precipitated or were involved in the incident. In 1992, emergency room incidents for both male and female juveniles increased as incidents for adult males and females declined at about the same number.

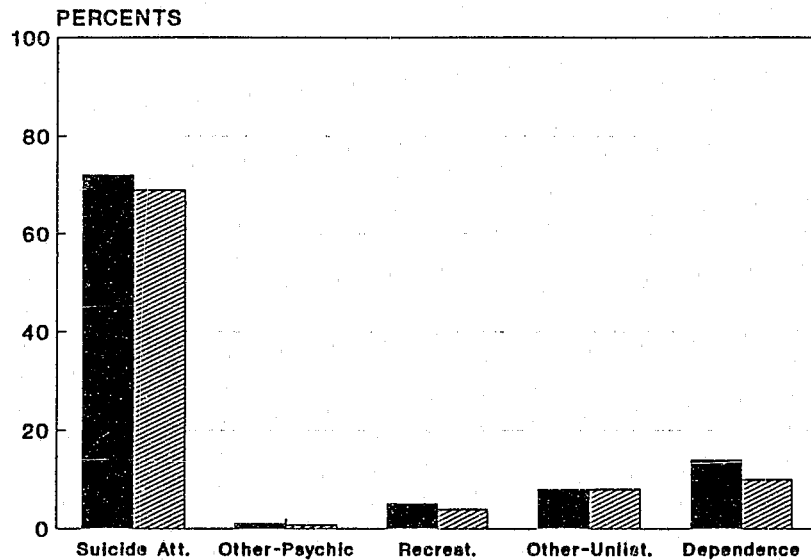
TABLE 9

EMERGENCY ROOM INCIDENTS 1991-92 MINI-DAWN

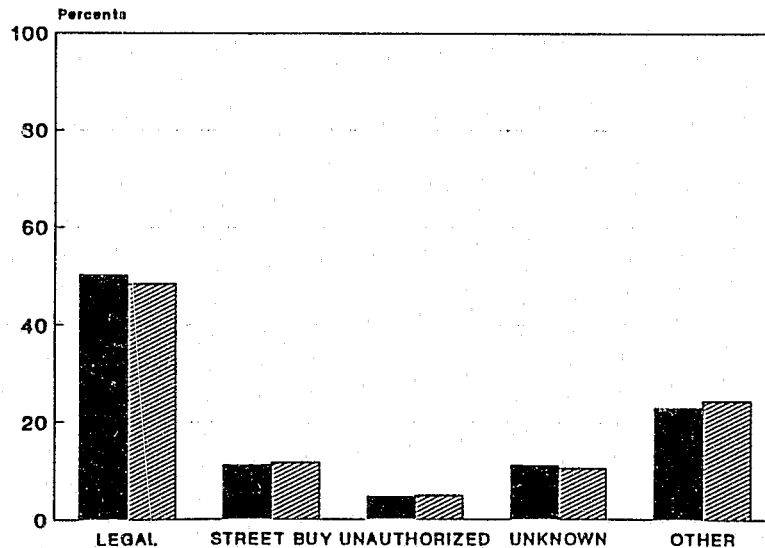
SEX AND AGE



REASON FOR TAKING SUBSTANCE



SOURCE OF SUBSTANCE



The reporting system in place to collect this information attempts to ascertain the reasons behind the use of drugs that led to the emergency room incident. Clearly, suicide attempts as illustrated in Table 9 are the main reason cited for drug-related emergency room incidents. Other reasons include dependence and recreational use. Data for 1992 illustrates a slight decline in drug dependence as a reason for taking a substance.

During the two years for which data are available, it is clear that, by far, substances associated with emergency room visits are largely obtained through legal means, including over-the-counter drugs. Of those drugs that were obtained through an unauthorized access, it was reported that about three-fourths were through a street buy. The other types of unauthorized access include forged prescriptions and theft.

Knowing and monitoring the extent to which the number and prevalence of the various population groups change over time, as well as the reasons for the emergency intervention could help direct the assessment or development of prevention, education, and treatment policies and practices whose goals include a measurable reduction in the number of such incidents. These indicators might also be examined to assess their usefulness in the development or assessment of efforts to respond to actual emergency room incidents with follow-up treatment services.

Table 10
ALCOHOL RELATED TRAFFIC FATALITIES

Calendar Year	1987	1988	1989	1990	1991	1992
Alcohol Related Traffic Fatalities	***	251	213	210	186	151

*** Data not available
Data from Department of Transportation

Table 10 indicates a continual decline in reported alcohol related traffic fatalities from 1987 through 1992. It is important to note that the only traffic fatalities filed under alcohol related are those in which there was a blood alcohol test performed. Reporting law enforcement officers can order a blood alcohol test whenever there is reasonable cause to believe alcohol was related to the fatality.

Other factors which may play a role in reducing alcohol related traffic fatalities or traffic fatalities in general are increased seat belt usage, increased availability and response of trauma teams (eg., life flight), and increased medical knowledge of emergency medical personnel.

Future analysis of alcohol related traffic fatalities may need to include alcohol related injuries and property damage to provide a more encompassing data picture of the traffic injuries and fatalities related to alcohol use.

**Table 11
SUBSTANCE ABUSE HISTORIES OF CORRECTIONS ADMISSION**

Fiscal Year	1987	1988	1989	1990	1991	1992	1993
<u>Community-Based Corrections Clients</u>							
Males W/Substance Abuse Needs	****	****	****	****	6,994	7,385	7,749
Females W/Substance Abuse Needs	****	****	****	****	1,126	1,211	1,244
Total Community Admits With Substance Abuse Needs	****	****	****	****	8,583	9,057	9,545
<u>Correctional Institution Admits</u>							
Males W\Substance Abuse Needs	****	****	2,297	2,542	2,252	2,568	2,649
Females W\Substance Abuse Needs	****	****	173	211	206	215	240
Total Correctional Admits With Substance Abuse Needs	****	****	2,470	2,753	2,458	2,783	2,889

****Data Not Available in this Format
Data from Department of Corrections

Table 11 describes the prevalence of alcohol and other drug abuse histories among persons under the supervision of Iowa's correctional system. In both the community-based and the institutional populations, it is clear that the number of offenders who are considered to have a history of substance abuse has grown in recent years. However, it should also be noted that the overall number of persons under correctional supervision has also grown during this same time period. Data available for this analysis do not permit conclusions to be made whether or not the noted increase indicates that a greater percentage of all offenders have a substance abuse history.

Despite the shortcomings of the available data, knowledge of the number of offenders with a history of substance abuse can be used to assess the extent to which current policies and programs are, or should be, in place to address prevention and treatment needs of this select population of Iowa residents. The group of people whose conditions these data describe are under correctional supervision for a wide variety of reasons ranging from first time offenders under probationary supervision for minor offenses to career criminals and those serving life sentences.

As can be seen in Table 11, the reporting system that produces indicators for the community-based corrections population is relatively new. The determination of whether or not these offenders have substance abuse histories is made by correctional staff and is largely a subjective opinion, often based on information that is self-reported by the offenders. Last year, each of the eight judicial district departments of correctional services began participating in an effort to provide uniform data on community-based offenders who have been assessed through the Treatment Alternatives to Street Crime (TASC) program. Although this information can only describe TASC participants, it should provide more useful information with which to describe the nature of offenders' substance abuse problems and how these change over time.

Table 12
 NUMBER OF OFFENDERS WITH HISTORY OF SUBSTANCE ABUSE IN
 CORRECTIONAL INSTITUTIONS BY JUDICIAL DISTRICT

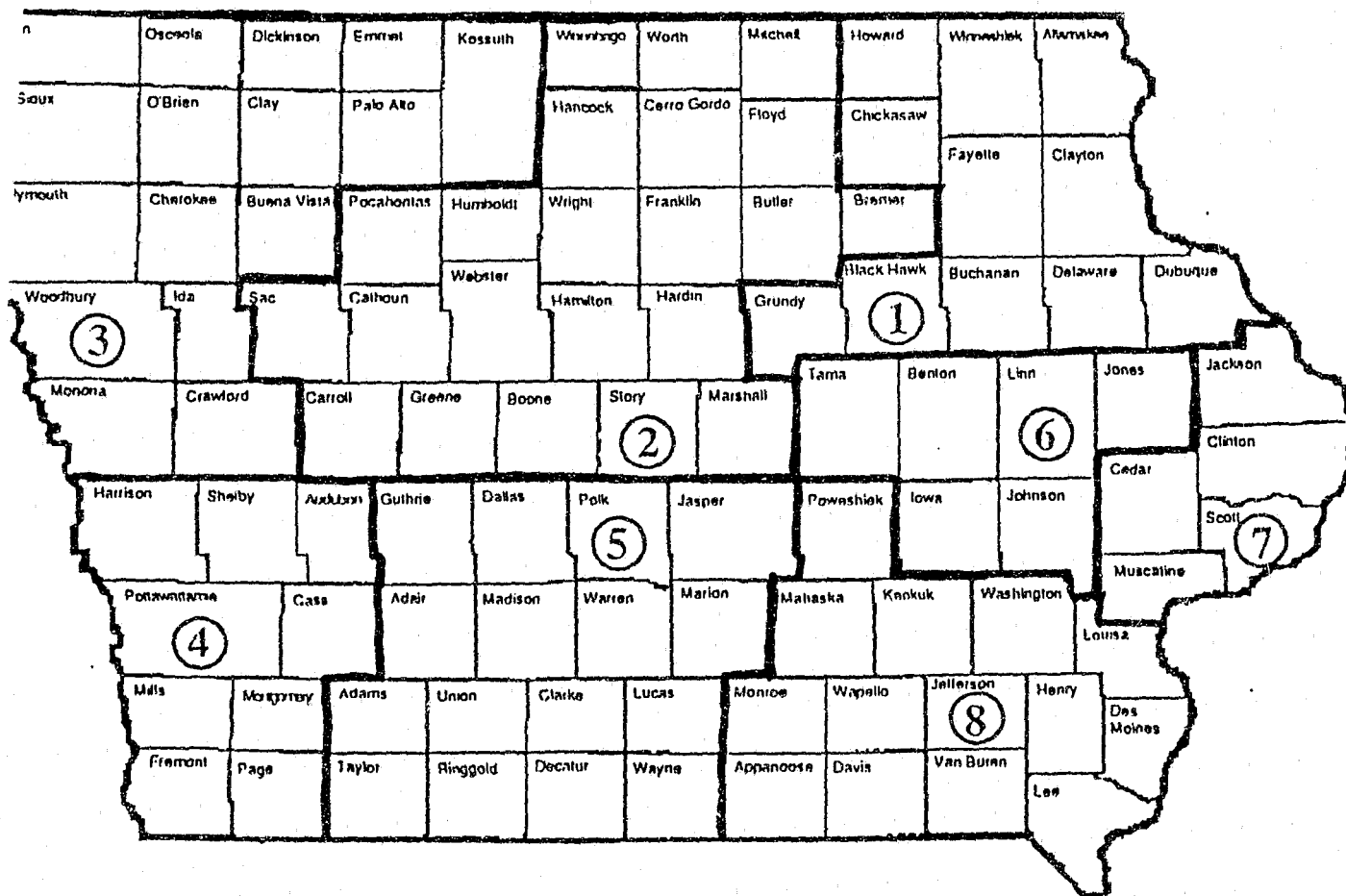
Judicial District	FY89	FY90	FY91	FY92	FY93
1	304	308	281	349	372
2	274	300	256	327	331
3	181	254	265	246	261
4	138	166	133	151	175
5	627	681	600	728	708
6	322	357	274	303	307
7	386	418	362	411	443
8	218	252	265	255	265
Unknown	20	17	22	13	27
Total	2,470	2,753	2,580	2,783	2,889

Data From Department of Corrections

Table 12A
 NUMBER OF OFFENDERS WITH HISTORY OF SUBSTANCE ABUSE IN
 COMMUNITY BASED CORRECTIONS BY JUDICIAL DISTRICT

Judicial District	FY91	FY92	FY93
1	1,285	1,304	1,458
2	1,041	1,136	1,224
3	1,097	1,331	1,357
4	431	485	456
5	1,692	1,801	1,730
6	1,188	1,165	1,221
7	678	650	671
8	393	433	542
Unknown	315	291	338
Total	8,120	8,596	8,993

Data from Department of Corrections



IOWA JUDICIAL DISTRICTS

Future analyses of the community-based offender indicators should allow for inclusion of TASC data and a description of judicial district-specific trend data. Currently available data, however, do allow for analysis of the correctional institution population indicators by the judicial district in which the offenders resided prior to incarceration.

Table 12 displays the numbers of incarcerated offenders with reported substance abuse histories according to the offenders' judicial districts of residence. In comparison, Table 12A displays the numbers of offenders reported with substance abuse histories within the community based corrections jurisdictions. Illustrating the usage indicators for the correctional population in this manner is meant to be helpful as prevention and treatment programs, practices and policies affecting this population are assessed or developed. Such programs and policies may be worth examining to assess the existence of, or progress toward, goals of preventing or treating substance abuse that may be related to the types of criminal behavior that lead to prison sentences. They may also be worth examining to help in the assessment and development of policies and programs for the handling or treatment of offenders returning to their home communities upon their release from prison.

As is true for the community-based corrections data, the indicators describing the substance abuse histories of incarcerated offenders are often based on the subjective opinions of correctional staff. CJJPSAC, in cooperation with the Departments of Corrections and Public Health, has just completed a research and demonstration project that involved certified substance abuse counselors conducting assessments of offenders admitted to all of the state's correctional institutions. The goal of this project is to provide information that better describes the substance abuse histories and treatment needs of offenders being incarcerated in the state's prisons. Data from this project is expected to be available during the first quarter of 1994.

Alcohol and Drug Usage--Summary

As is true with the other indicators to be discussed in the following sections, it may be premature to make general statements about whether the data described in this section indicate progress, success or failure of existing policies, practices, and programs designed to affect the use of alcohol and drugs within the state's population. To do so would have required the implementation of policies, practices, and programs with clearly stated goals consistent with the actual phenomena being measured through these indicators. It is left to the collective wisdom of relevant policy makers, practitioners and others to determine if the indicators of alcohol and drug usage presented above are currently of use in assessing the effectiveness of any or all of the various strategies now in place.

The information in the previous paragraph is presented as a caveat to those looking for definitive answers to "what works?" questions. It is also meant to encourage an examination of existing policies, practices, and programs to review and revise their stated goals in ways that strengthen the usefulness of currently available and potentially obtainable data indicators.

Through its role of overseeing the selection and organization of the indicators presented in this report, the Iowa Drug Abuse Prevention and Education Advisory Council and other knowledgeable sources recognize the indicators' shortcomings. Since the data began to be collected, numerous activities have commenced which should provide data to improve the usefulness of the existing usage indicators and allow new indicators to be collected and monitored. The beginning of the hospital emergency room reporting network, the new TASC information system, and the research and demonstration project involving incarcerated offenders are examples of progress already discussed.

With special funding from the federal Center for Substance Abuse Treatment, the Iowa Department of Public Health is embarking on a major initiative with the Iowa Consortium for Substance Abuse Research and Evaluation to collect and study data that could provide a number of key indicators of the use of alcohol and other drugs within Iowa population. Included within their study plans is a statewide adult household survey which will likely provide adult usage indicators comparable to the public school student usage data currently collected. What is not known at this time is the likelihood that these studies will be replicated in the future to allow the type of tracking and trend analyses that is possible with the indicators now included in this report.

TREATMENT PROGRAM ADMISSIONS

At this time, only two types of treatment program admissions are being tracked: admissions to publicly funded, community-based substance abuse treatment agencies which include admissions for assessment, treatment and crisis services involving what is referred to as the "user" category of client; and admissions to the state's mental health institutions' substance abuse treatment programs which include admissions for assessments and treatment. Not available at this time are complete data describing admissions to certain hospitals and other agencies that provide substance abuse services but are not a part of the Department of Public Health's substance abuse service's payment and automated service reporting system.

Taken individually, or as a group of indicators, the items in this category may be examined to gain an understanding of the number and characteristics of people receiving substance abuse services, and the extent to which such numbers and characteristics are changing over time.

The utility of these indicators will vary according to the issue at hand. Because the numbers of admissions are, in a large part, an indication of the amount of funding available for services, these data, alone, are probably not appropriate to use as indicators of demand for services; rather, they are meant to provide information helpful in understanding how the level of service delivery and the service client population may be changing. By considering these data with other indicators, conclusions may be drawn to help understand the extent to which changes in service levels are responding to changes in usage, court activities, funding, and other elements. Noting changes in the nature of the service population may also be of help as prevention and treatment programs and policies are developed or assessed.

Table 13
TREATMENT PROGRAM ADMISSIONS--PUBLIC FUNDED AGENCIES

Fiscal Year	1987	1988	1989	1990	1991	1992	1993
Adult Admissions	****	****	****	****	18,369	18,301	18,988
Admitted Adults With Prior Treatment History	****	****	****	****	6,099	6,297	6,918
Juvenile Admissions	****	****	****	****	3,024	3,083	2,742
Admitted Juveniles With Prior Treatment History	****	****	****	****	551	559	512
Unknown Age Admissions	****	****	****	****	909	966	1,065
Unknown Age Admits With Prior Treatment History	****	****	****	****	3	0	0
Total Admissions*	****	****	****	****	22,302	22,350	22,795
Total Admissions With Prior Treatment History*	****	****	****	****	6,653	6,856	7,430
Total Admissions-Alcohol Only*	****	****	****	****	12,250	12,355	11,911

*This data only includes clients who are in the "user" category

**** Data not available in this format

Data from Iowa Department of Public Health

TABLE 14
TREATMENT PROGRAM ADMISSIONS TO PUBLIC FUNDED
AGENCIES BY JUDICIAL DISTRICT *

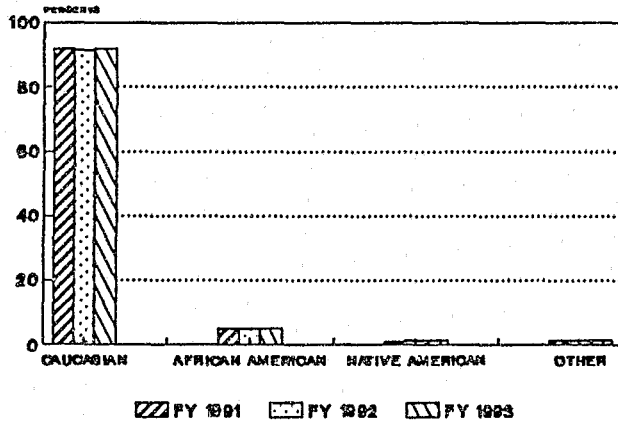
FY91			
<u>Judicial District</u>	<u>Total %</u>	<u>Male %</u>	<u>Female %</u>
1	12.72	70.71	29.29
2	15.87	72.14	27.86
3	11.11	71.07	28.93
4	4.79	80.15	19.85
5	18.07	74.63	25.37
6	13.31	71.77	28.23
7	13.73	78.35	21.65
8	7.85	77.38	22.62
<u>Out of State</u>	2.56	73.16	26.84
Total	100.00	73.91	26.09
FY92			
<u>Judicial District</u>	<u>Total %</u>	<u>Male %</u>	<u>Female %</u>
1	12.80	71.47	28.53
2	14.80	74.15	25.85
3	10.28	72.44	27.56
4	4.84	79.46	20.54
5	18.56	74.84	25.16
6	14.91	72.91	27.09
7	12.60	76.28	23.72
8	8.12	78.18	21.82
<u>Out of State</u>	3.10	75.00	25.00
Total	100.0	74.45	25.55
FY93			
<u>Judicial District</u>	<u>Total %</u>	<u>Male %</u>	<u>Female %</u>
1	12.09	70.91	29.09
2	14.29	72.77	27.23
3	11.26	71.70	28.30
4	5.50	80.61	19.39
5	17.81	75.44	24.56
6	15.65	70.82	29.18
7	11.78	75.20	24.80
8	9.14	78.40	21.60
<u>Out of State</u>	2.48	74.11	25.89
Total	100.00	73.86	26.14

* Admission information is collected from all clients; general population, correctional referrals, and court ordered. Data includes county of residence for all clients.

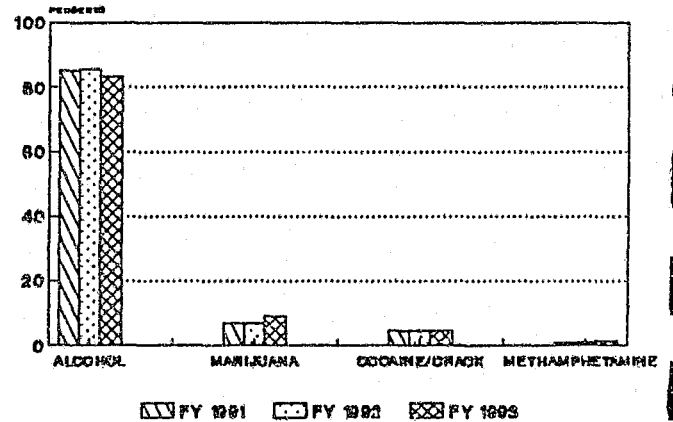
TABLE 15

TABLE 15 TREATMENT ADMISSIONS FY91-93 PUBLIC FUNDED AGENCIES

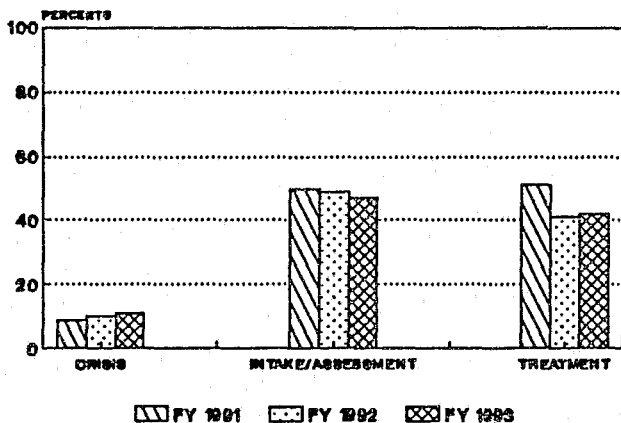
RACE



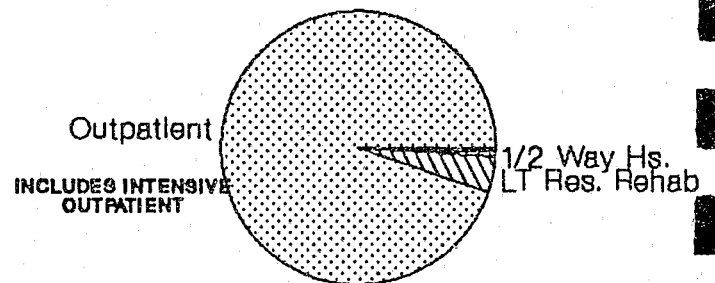
PRIMARY SUBSTANCE



TYPE OF SERVICE



SERVICE ENVIRONMENT FY93



The Department of Public Health has maintained a client-specific information system for many years. However, because of recent system changes, data cannot be accurately compared between summary data from the old and new systems. The indicators displayed in Table 13 are data from three years under the revised system and are comparable. Changes in these data from 1991 to 1993 (Table 13) indicate that the number of people receiving services from publicly funded agencies remained constant from 1991 through 1992, then increased in 1993.

Between the years 1992 and 1993 there was a significant change in the amount of fees a client could afford to pay. In accordance with a sliding fee, 11 percent more clients had no charge for payment in 1993, and only 8 percent of the clients were covered under insurance, a 1 percent drop between the years. There was virtually no change between the employed versus unemployed rate or the monthly taxable income of the client. This change may reflect that programs are using more realistic sliding fee scales or clients in Iowa have experienced economic changes.

Table 13 illustrates a 9.5 percent loss in juvenile clients during the past year. Most adolescents were referred to programs through the Department of Human Services and most adolescent programs were cofunded by the Department of Public Health and foster care funding through the Department of Human Services. The loss of juvenile services appears to be attributed to the foster care cap and change of placement criteria by the Department of Human Services.

Table 14 presents statewide admission trends of public funded agencies by judicial district of residence of the client. From 1992 to 1993 six of the eight judicial districts recorded a slight increase in female clients, yet very few female clients or single parent females sought treatment. Part of the issue appears to be child care during treatment. In response to this indicator, a residential program for pregnant women and women with children was funded effective October 1, 1993, which should address some of the barriers for this population group.

Male admissions by residence of judicial district for 1991 through 1993 has shown less deviation and trend. Continued monitoring of these indicators by these geographically designed regions may be helpful in future analyses and as trend information from other indicators is considered. It is important to note that admissions by judicial district (Table 14) includes all clients admitted to publicly funded treatment agencies, and should not be interpreted as only correctional clients.

Three charts in Table 15 summarize three years of data of the characteristics provided by admitted clients on race, primary substance of abuse, and type of service provided. One chart provides one year of data to illustrate the service environment, whether it be outpatient which includes intensive outpatient, half-way house, or long term residential rehabilitation.

The ability to distinguish among such variables for any given year, however, may raise questions for further analysis. For example, a comparison of the African American percent of admission compared to their percent in the general population may indicate that African Americans are more likely to be admitted for substance abuse services. However, a similar analysis of admissions to privately funded agencies would need to be completed prior to reaching such a conclusion. Also, it is known that an increasingly large percentage of admissions to the publicly funded agencies are by referral from the criminal justice system. Given recent examinations of the overrepresentation of African Americans in the criminal justice system, one might assume that persons of this race would make up even more than the reported 5.27 percent to 5.31 percent of publicly funded agency admissions.

Additional questions also may be raised by comparing the percentage of students who report monthly or more frequent use of alcohol or other drugs, and the approximately 3,000 or so juvenile admissions reported by publicly funded substance abuse agencies. That only 25 percent to 26 percent of all such admissions involve females may also be an indication of the need for further analyses using the general population alcohol and drug usage indicators that are expected to be available from the previously mentioned, household adult survey that will be conducted in Iowa.

Table 15 also includes a chart describing the number of admissions for the different types of services provided by publicly funded agencies. The indicators in Tables 13, 14, and 15 are unduplicated counts--one person may have been admitted to one or more types of service during a given year, but would only be reported once. To provide unduplicated admission indicators, the highest level type of services was chosen when clients had multiple admissions. All levels of treatment services were included under treatment. In other words, persons admitted for both an intake/assessment and a Level II service would be reported as a treatment service admission; and most of the intake/assessment admission counts would represent persons admitted for only that service during a given year.

It should also be pointed out that these indicators count only "user" clients--people who have been assessed as having a need for substance abuse treatment services or who are being assessed to determine the need for such services. Other persons classified as "concerned clients" also receive publicly funded substance abuse agency services. Such service recipients would include family members and other concerned individuals. Services to such concerned-others may be preventative in nature such as to high-risk siblings, etc., or might be supportive and related to the treatment intervention designed for the user-client's spouse or other relative.

Table 15 indicates the number of persons admitted for crisis services increased by about six percent during the three year period, the number of assessment and intake clients declined by about the same percentage, and the number of clients receiving treatment services decreased in 1992 and then increased in 1993. In examining the service environment for 1993, it is apparent that over 90 percent of all admissions to publicly funded agencies received either outpatient or intensive outpatient services.

Although not represented in the data displayed in the tables accompanying this report, it is known that publicly funded treatment agencies continue to see an increase in the number of clients that have completed treatment, 57 percent in 1993 compared to 49 percent in 1992. Clients are also receiving more treatment services, which generally has a positive effect on treatment outcome.

Often times it is thought that there are many "revolving door" clients that come through substance abuse treatment. In 1993, 67 percent of the clients had not received prior treatment.

Table 15 also identifies a small decline in alcohol as the primary substance and a slight increase in marijuana. Not identified on the graph but reported by treatment agencies in 1993 is a slight increase in heroin addicted clients. Over the past several years there have been data to indicate a decline in crack/cocaine addiction. In 1993 the number admitted for a primary cocaine addiction was the same as in 1992. Clients admitted into treatment for multiple addictions increased 13% from 1992 to 1993. This increase may be in part reflective of statewide counselor training for recognition of these issues.

Table 16
 SUBSTANCE ABUSE TREATMENT PROGRAM ADMISSIONS--MENTAL HEALTH INSTITUTIONS

Fiscal Year	1987	1988	1989	1990	1991	1992	1993
Types of Admissions							
Initial Admissions	****	****	968	904	815	706	814
Readmissions	****	****	608	527	466	200	126
Age at Admissions (Initial/Readmission)							
18 and Under	****	****	55	60	43	16	15
Over 18	****	****	1,521	1,371	1,238	890	925
Total Admissions and Readmissions	****	****	1,576	1,431	1,281	906	940

**** Data Not Available

Data from Iowa Department of Human Services

Historically the Department of Human Services has offered substance abuse treatment services in all four of the state mental health institutes. At the beginning of fiscal year 1992, the department had 150 total beds available. In response to a state budget reduction, the over-all level of services available at the mental health institutes was reduced. By specializing some treatment programs at one institution, it was possible to implement the required reductions and maintain the highest number of beds available. One treatment program specialized on one campus was substance abuse treatment. That program was reduced from 150 beds to 92 beds and is located on the Mount Pleasant campus.

This realignment of mental health institute programs occurred during fiscal year 1992. To implement the changes that occurred at all four institutes, it was necessary to close down the operation of all substance abuse treatment beds at Cherokee, Clarinda, and Independence before the additional beds could be brought to Mount Pleasant. This impacted the number of substance abuse admissions substantially. As expected, the number of admissions in fiscal year 1993 increased over fiscal year 1992.

Table 16 presents data describing substance abuse treatment admissions to the mental health institutes (MHIs), and clearly portrays the effect of program changes. As a result of the decrease and consolidation of substance abuse treatment beds, the number of admissions decreased dramatically between 1991 and 1992. Table 17 further illustrates this development and its impact on the number of both male and female admissions.

Table 16 data also indicates that the number of readmissions decreased at a higher rate than total admissions. Between 1989 and 1991, readmissions were 19 percent of the total. Assuming that the MHIs have historically served the more "chronic" substance abusers, it may be of interest to note that, at least in 1992, they served fewer such clients and proportionately, served fewer with previous admissions. Caution needs to be used in making interpretations from this data, however, because of the significant programmatic change that took place. There is no doubt the number of admissions did decrease significantly. Other interpretations from the data can be skewed by the changes. The Department of Human Services does not know yet all the impacts the changes had on its data collection system.

TABLE 17
 MENTAL HEALTH INSTITUTION ADMITS
 AND READMITS BY SEX FY89-93
 Iowa Department of Human Services

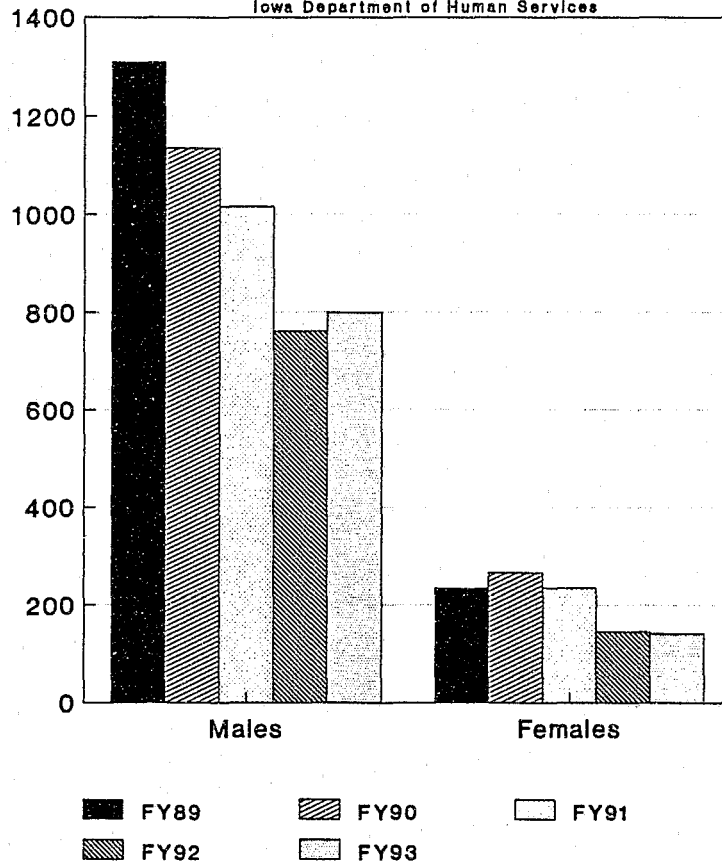


Table 18
 STATE MENTAL HEALTH SUBSTANCE ABUSE ADMISSIONS
 BY JUDICIAL DISTRICT

Judicial District	FY89	FY90	FY91	FY92	FY93
1	354	309	288	113	132
2	138	139	88	54	30
3	214	184	180	76	63
4	104	93	74	54	54
5	171	138	168	147	202
6	146	115	121	85	96
7	65	58	40	71	48
8	189	199	160	175	173
Out of State	195	196	162	131	142

Data Provided by Department of Human Services

Data available do not provide any answers as to what alternative residential or outpatient (substance abuse and other) services were available to the repeat, chronic clients who were previously served at the MHIs. Information describing the judicial residency of MHI substance abuse admissions is described in Figure 18.

Treatment Program Admissions--Summary

The number of people counted more than once in the MHI admissions or in the publicly funded agency admissions is unknown. Due to the unduplicated nature of the indicators, the small growth in admissions to publicly funded agencies does not mean that there was not a larger growth in the number of interventions provided by these agencies. An examination of any changes in the duration of service interventions and in the number of people who are admitted, discharged and readmitted during a given year would facilitate a greater understanding of the indicators in this section.

Given the above caveats, a consideration of the MHI indicators together with the publicly funded agency data suggest that more people received substance abuse treatment services in 1993 than in 1992. A similar comparison of 1992 to 1991 data indicate a decrease in number of clients receiving treatment services. When comparing 1991 data to 1993 data, a decrease of 341 clients in the MHI admissions is identified compared to an increase of 519 clients in the publicly funded agencies. Given the lack of privately funded agency admissions data, it is not known if these agencies experienced an increase in admissions and if so, to what extent such an increase might have related to the MHI reduction of beds and combining of MHI substance abuse beds into one location.

Effective January 1, 1994, with a targeted full implementation date of July 1, 1994, all programs licensed by the Department of Public Health will be required to be a part of the statewide reporting system. Therefore, after July 1, 1994, 97 percent of all substance abuse treatment programs should be reporting required data.

Privately funded hospitals have reported to the Division of Substance Abuse and Health Promotion that they have seen an increase in the number of indigent patients admitted for detoxification. It should also be noted that the change in the MHI substance abuse admission criteria that no longer allows dual diagnosis clients has also created increased requests for admission to privately-funded hospitals. This increase has created a financial problem for hospitals because they are required to treat patients in emergency situations (detox) and because they have a limited number of beds designated for indigent patients.

Data from both the Department of Human Services and Department of Public Health indicate a decrease in the number of juveniles receiving substance abuse treatment. In 1994, the Department of Human Services will implement "CAC" teams (Clinical Assessment and Consultation teams) throughout the state. The CAC teams will serve in a "gate-keeper" capacity. CAC team assessment data should be followed carefully for possible trends in juvenile use and other criteria useful in planning and developing appropriate substance abuse treatment programs.

All of the Iowa substance abuse indicators are relevant in the planning and delivery of substance abuse treatment, with the other substance abuse related services within this state. Trends in drug and/or alcohol related arrests and convictions have an obvious and significant impact upon law enforcement and court utilization, correction populations and activities, both institutional and community based. Less obvious, but nonetheless important, is the impact of these trends upon substance abuse treatment in the areas of demand type, frequency, duration; and potential outcome of services.

LAW ENFORCEMENT ACTIVITIES

A major emphasis in efforts to affect the prevalence of drug use in the state has involved increasing law enforcement capabilities, improving drug-crime control practices, and developing new legal policies to strengthen interdiction efforts and to enhance penalties for drug-related offenses. The indicators in this and the following "Drug and OWI Court Dispositions" section are being collected and maintained to assist in assessment of the effectiveness of such efforts, to describe how these efforts may be impacting on other developments, and to help in any planning designed to improve or otherwise alter existing law enforcement initiatives and legal policies related to the control of alcohol and other drug use. Taken alone, the data discussed below should not be considered adequate indicators of the amount of illegal drug and alcohol behavior that is occurring in Iowa. Policy and practice decisions, including law enforcement funding levels and resource allocation priorities, can have a major influence on the number and types of investigations and arrests.

Table 19
IOWA DRUG AND OWI ARRESTS

Calendar Year	1987	1988	1989	1990	1991	1992	1993
Drug Arrests by Age							
Under 18	****	205	215	163	*Computer		
18 and Older	****	2,282	3,155	3,100	Transformation		
Total Drug Arrests	****	2,487	3,370	3,263	Information Incomplete		
OWI Arrests by Age							
Under 18	****	301	308	317	*Computer		
18 and Older	****	15,738	16,951	17,967	Transformation		
Total OWI Arrests	****	16,039	17,259	18,284	Information Incomplete		
GASA Funded Task Force							
Individual Arrests	****	****	****	****	****	1,444	1,673

**** Data Not Available

Data from Iowa Department of Public Safety

*As can be seen in Table 19, data from the Department of Public Safety describing the number of arrests for possession and sale of drugs and for operating a motor vehicle while intoxicated (OWI) are not available for 1991 through 1993. The method now in place to collect this information is in the process of being changed from a summary-based system to an incident-based system of reporting crime data pursuant to federal law. Due to the adjustments necessary at the local, state, and national levels, the ability to produce complete and accurate statewide data has been delayed. Data comparable with past years along with new indications of drug- and alcohol-related crime will give a more complete picture of these problems.

Despite these limitations, the data from Table 19 does clearly indicate a substantial increase in the number of total arrests for possession, sale and manufacture of drugs for the years 1987 through 1989 (48 percent) while declining slightly in 1990 (three percent). Arrests for OWI (drunk driving) have experienced a significant increase during each of the years examined from 1987 through 1990 for a total increase of 15 percent. It is not known whether this increase in arrests has continued since 1990, although court activity indicators (see next section) would suggest that they have.

The arrest reporting system changes underway are partly in response to deficiencies in the former summary-based system. One such problem has been the limited specific information concerning certain crimes and arrests. Specifically, information related to the "Condition of Arrestee," whether drunk, drinking, sober, or in a narcotic effect could not be captured. Also, no provisions in the previous system existed to capture any information concerning hate/bias crime. The department anticipates that the incident-based reporting system will improve these reported data elements.

As presented in Table 19, the number of individuals arrested by grant funded task forces increased by 16 percent between 1992 and 1993. The number of task forces funded through the grant program has steadily grown from two in FY 1988 to a high of 23 in FY 1992. The 23 grant funded task forces covered 66 counties, about three quarters of the state's population, and involved over 200 law enforcement agencies. In FY 1993, the number of grant funded task forces was reduced to 22 and covered 62 counties and 72 percent of the state's population. Thus, "Task Force" arrests increased despite the reduction in number of projects funded and a slight decrease in population covered.

It should be noted that not all controlled substance arrests made in areas covered by multijurisdictional task forces are reported to GASA. In many instances, individual law enforcement agencies investigate narcotics cases separate from those conducted by the task force and those arrests are not reported to the Governor's Alliance. Without Uniform Crime Report arrest data from the Department of Public Safety, it is not possible to determine the total number of controlled substance arrests made in jurisdictions with or without task forces. However, it appears that jurisdictions involved in drug task forces are experiencing an increase in controlled substance arrests.

Table 20
DRUG SEIZURES

Fiscal Year	1987	1988	1989	1990	1991	1992	1993
Cocaine/gm	7,045.00	21,194.60	22,914.50	5,154.80	8,622.00	7,929.20	14,359.70
Average Price/gm	\$100	\$100	\$100	\$100	\$100	\$100	\$125
Purity	65.6%	63.7%	72.1%	53.2%	65.9%	67.2%	84.2%
Crack/Cocaine/gm	NONE	NONE	53.50	418.20	327.60	548.4	366.90
Average Price/gm	---	---	\$100	\$100	\$100	\$100	\$105
Methamphetamine/gm	431.10	684.50	1,821.00	1,220.95	4,325.10	17,391.50	22,436.30
Average Price/gm	---	\$100	\$100	\$100	\$100	\$100	\$130
Purity	---	25.0%	40.0%	20.0%	17.5%	42.1%	88.8%
Heroin/gm	1.30	2.00	91.60	0.05	64.80	12.30	560.00
Average Price/gm	\$170	\$170	\$200	\$250	\$300	\$200	\$300
Marijuana/gm	3,320.00	278.1	148.00	148.00	155.20	798.20	929.31
Average Price/lb	\$900	\$1200	\$1600	\$1900	\$1000	\$1200	\$2720
LSD/Dosage Unit	11,140.00	979.00	12,239.00	3,563.00	1,725.00	8,128.00	3,018.00
Average Price/each	\$2.25-3.00	\$2.25-3.00	\$2.25-3.00	\$2.25-3.00	\$3.50	\$2.25	\$3.00

--- Data Not Available

Data from Department of Public Safety

Table 20 displays information describing the amount and nature of drugs seized through law enforcement efforts in which the Department of Public Safety's Division of Narcotics Enforcement (DNE) was involved. Many of these seizures also involved other law enforcement agencies working in conjunction with DNE. However, seizures made by other law enforcement agencies not working with DNE agents will not be reflected in Table 20.

While it is of interest to note the amounts of drugs seized, these amounts will vary considerably from one year to the next based on the number of cases and the amount of drugs seized. Similarly, drug law enforcement initiatives, while sensitive to the benefits of removing existing illegal drugs from the streets, may result in the successful shut-down of major drug trafficking operations but not involve large drug seizures.

Comparing the volume of the different types of drugs seized does give an indication of the nature of illicit drug use in the state. For example, the methamphetamine seizures have steadily increased over the years, while cocaine has remained fairly consistent. The use of drug seizure indicators, while best limited to general planning discussions, could be enhanced should statewide initiatives be implemented that target specific drugs. Then this information, along with other indicators, such as arrests, could be used to track the outcomes of those initiatives.

Also included in Table 20 are price and purity. It should be noted that for price, an average for all the buys made during the year are used. Price of the same drug may vary greatly from one location to another within the state. There are several factors that affect the price of a drug: availability of the drug; demand for the drug; close proximity to the source of a drug; and, drug purity. Purity will vary for several reasons, including closeness to the source. However, an overall trend of increased purity over the years may just be the result of increased production of the drug. When a drug is plentiful the purity increases and the price remains constant.

Law Enforcement Activities--Summary

One of the most reliable conclusions to be drawn from the indicators in this section is that data available from currently existing statewide reporting systems do not provide much assistance in the assessment and planning of drug control strategies. This may be disturbing because of the level of recent, current, or planned efforts to enhance law enforcement capabilities, and because there would seem to be a great potential for identifying and monitoring law enforcement activity indicators that would be helpful in the planning and review of comprehensive drug and alcohol control strategies.

In its report to the Drug Abuse Prevention and Education Advisory Council, CJJPSAC reported that the arrest reporting system changes underway are partly in response to problems in the old system. One such problem noted in the report is the likely under-reporting of certain types of offenses. It is believed, for example, that the actual number of drug arrests, particularly those involving juveniles, was significantly greater than the number reported. As analysis of data from the new system becomes usable, it is expected that its validity will have been improved.

Another concern pointed out by CJJPSAC is that, because of the numerous problems related to the collection and verification of the new crime and arrest reports, the availability of data for comparison to past years is being delayed. It is likely that the ability to monitor such indicators over time will be delayed another year or so, and that when the new data are available, there may be gaps in the data of several years' worth of indicators of law enforcement activities.

Hopefully, efforts now underway will provide more useful information in the future. Efforts to improve crime and arrest reporting have already been mentioned. The Department of Public Safety is also moving forward with an effort involving the courts, the Department of Corrections, and CJJPSAC to significantly improve the usefulness of the state's computerized criminal history records. A major impetus of this effort is to improve the accuracy and completeness of individual offender records for use in specific criminal background checks and to otherwise assist officials as they make decisions regarding the processing of a specific offender. Another benefit of the improved computerized criminal history record system, however, may be its ability to provide statewide planning information similar in scope to the planned incident-based crime reporting system and other similar resources.

The Governor's Alliance on Substance Abuse has been providing financial and other forms of assistance to a large number of multijurisdictional drug law enforcement task forces throughout the state over the last several years. These task forces, GASA and CJJPSAC, have worked to develop uniform performance measures, other data indicators, and reporting procedures that are helpful in improving how such task forces operate. With two years of data reported, information from these task forces may prove helpful in meeting otherwise unmet needs for statewide planning information.

Over time, particular attention should be paid to trends indicated by DNE drug seizure data. Historically, significant upward trends in seizures of a particular drug or category of drug have been followed by upward trends in demand for treatment related to that drug or drug category. An obvious, fairly recent example, is cocaine. Trends to watch currently are those related to heroin and methamphetamine seizures, which appear to be increasing upward. Should this trend continue, the data may have implications for substance abuse treatment, along with law enforcement, the courts, and the correctional system.

DRUG AND OWI COURT DISPOSITION

The final category of substance abuse data indicators maintained describe drug-related and OWI charges filed against adults in the Iowa District Court, and the dispositions and sentences that resulted from these convictions. The purpose of monitoring these indicators is similar to the reasons stated previously for keeping track of law enforcement activities. What makes them different, however, is that they describe the number and outcome of charges formally brought before the court. Arrest information does not attempt to describe what happens to the offender or offenses after the arrest. Also, decisions subsequently made by the arresting agency or the prosecutor may result in a non-drug (non-OWI) offense charge following a drug (or OWI) arrest, and vice versa.

Table 21
DRUG AND OWI COURT DISPOSITIONS (Iowa District Court)

Fiscal Year	1987	1988	1989	1990	1991	1992*	1993
Statewide Drug Offenses							
Drug Charges	2,849	2,553	3,252	4,243	4,471	5,681	
Drug Convictions	1,755	1,648	2,189	2,927	2,990	3,801	
Percent of All Convictions	5.70	5.39	6.84	8.31	7.51	8.03	
Statewide OWI Offenses							
OWI Charges	14,840	13,560	15,010	15,557	18,169	18,253	
OWI Convictions	13,490	12,377	13,725	14,378	16,420	16,775	
Percent of All Convictions	43.83	40.48	42.97	40.82	41.02	35.46	
GASA Funded Task Forces							
** Drug Charges	****	****	****	****	****	1,478	1,756
** Drug Convictions	****	****	****	****	****	910	1,120

* Estimated Data--This information is from partial data

** Cases may be in Federal or State Court

**** Data not Available

Data from Division of Criminal and Juvenile Justice Planning

The data indicators in Table 21 are charge- or conviction-based. That is, a single offender may account for more than one charge and/or conviction.

Table 21 clearly indicates that the numbers of both drug-related and OWI charges and convictions have increased dramatically since the late 1980s. As was pointed out previously, this does not necessarily mean that there has been an increase in drug-related or OWI crimes. It does mean, however, that the criminal justice system has been handling a growing number of such crimes. Such an increase is likely due to a number of factors, including the possibility of increased criminal behavior, past and current public awareness campaigns, increased law enforcement attention to these offenses, and any number of public policy changes that have served to enhance support and enforcement of prohibitions against drug- and alcohol-related behavior.

Table 21 indicates that in the late 1980s, while the volume of drug convictions increased, so did the percent of all convictions accounted for by drug convictions. In other words, the number of drug convictions increased at a faster rate than did the number of convictions for other indictable misdemeanor and felony offenses. While the growth in drug convictions as a percent of all convictions is worth noting, such a development may be overshadowed by the consistently large percentage of all convictions regularly accounted for by convictions for OWI offenses. Between 1987 and 1991, OWI convictions accounted for 40 percent or more of all conviction types. During 1992, preliminary data show that the total number of OWI charges and convictions continued to increase, but not as much as in past years. Also, for the first time in several years, OWI offenses accounted for less than forty percent of all convictions.

The number of charges and convictions represented in Table 21 for grant funded task forces includes the dispositions of task force cases both in the state and federal court system. The number of individuals charged by grant funded task forces between 1992 and 1993 increased by 18 percent, and the number of individuals convicted increased by 23 percent.

Data not included in Table 21 are available to describe the sentences handed down in response to both drug and OWI convictions. Table 23 shows changes over time in the types of sentences handed down for OWI convictions. Table 24 provides the same information for drug convictions. These indicators are conviction-based; that is, the sentences ordered for offenders convicted on more than one offense are reported for each conviction. For example, if an offender is convicted on both OWI and robbery charges, both convictions are reported. It should be noted that it is not unusual to charge an offender with a drug charge, but through plea agreements or other developments, such an offender may be convicted of a non-drug offense and not be reported as a "drug conviction".

Sentences often involve a combination of sanctions, such as probation and a fine, or jail (time served) and a suspended prison sentence with probation, etc. Tables 23 and 24 include the numbers of all sanctions associated with reported convictions (sentencing-categories are not mutually exclusive for specific convictions).

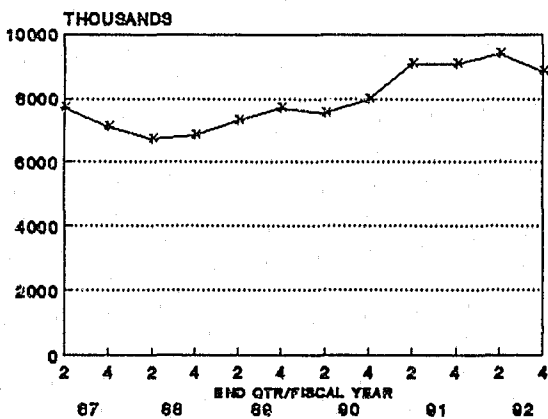
Sentencing data do not provide a complete picture of the number of persons admitted to prisons as a result of either OWI or drug convictions. Persons on probation, work release, or parole due to such a conviction may be sent to prison for non-compliant behavior. It should also be pointed out that many of the persons sentenced to prison for OWI through 1991 are likely to have been admitted for classification and assessment only, and were not likely to have stayed longer than a month or so before being released to an OWI facility. Numbers of sentences to residential treatment may include some of the same offenders reportedly sentenced to prison.

It seems clear from Table 23 that as the number of convictions for OWI have increased, so has the reliance on all types of sentencing options for persons convicted of OWI. It is important to note that some OWI prison sentences are due to the OWI offenders also being convicted of other offenses. Also, new policies allowing direct court commitments to OWI residential facilities were implemented at the start of FY 1991, so there is a possibility that during that year, sentencing data may over-report OWI prison sentences and under-report OWI residential treatment sentences.

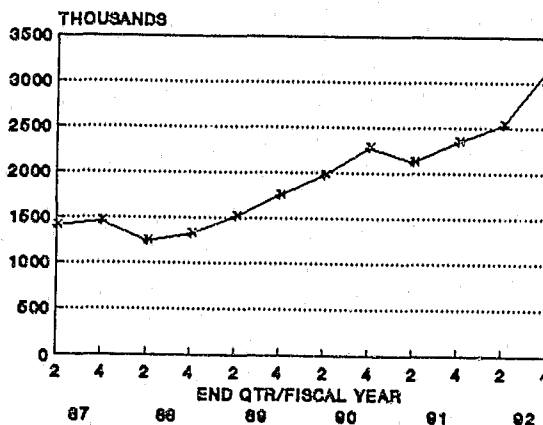
IOWA OWI AND DRUG CHARGES FY 87-92

Criminal and Juvenile Justice Planning

**OWI CHARGES
FY87-FY92**



**DRUG CHARGES
FY87-FY92**



OWI AND DRUG CHARGES

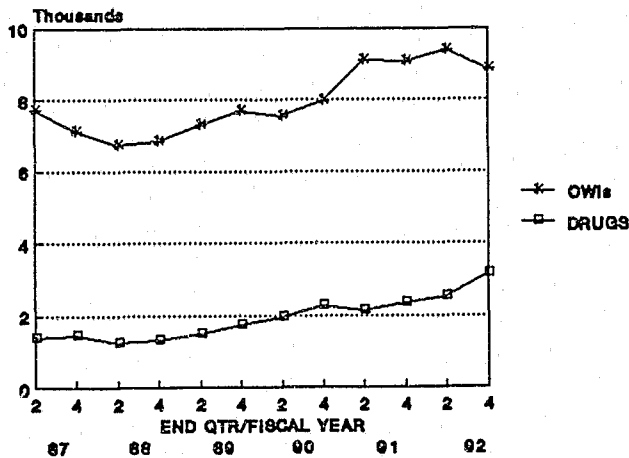
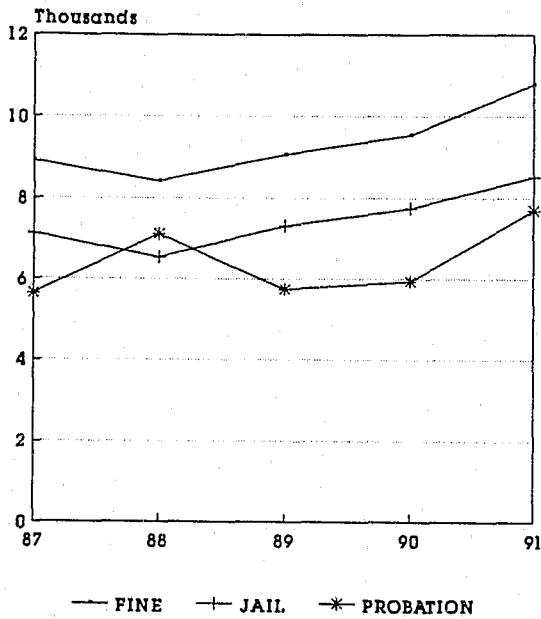


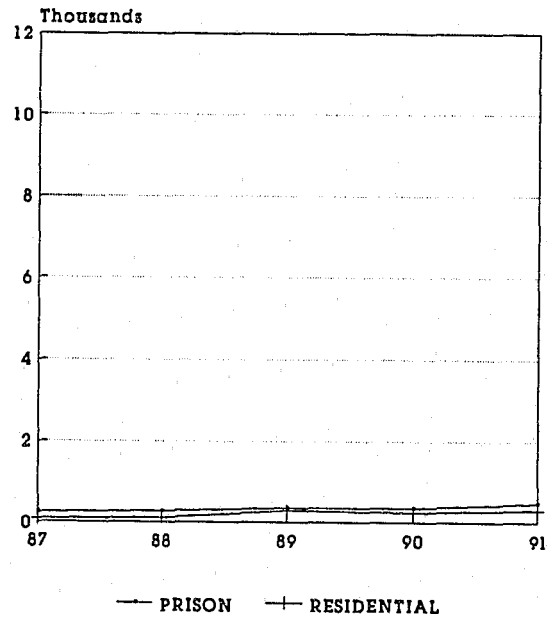
Table 23

IOWA OWI SENTENCES FY 87-91
Criminal and Juvenile Justice Planning

FINE, JAIL AND PROBATION



PRISON AND RESIDENTIAL

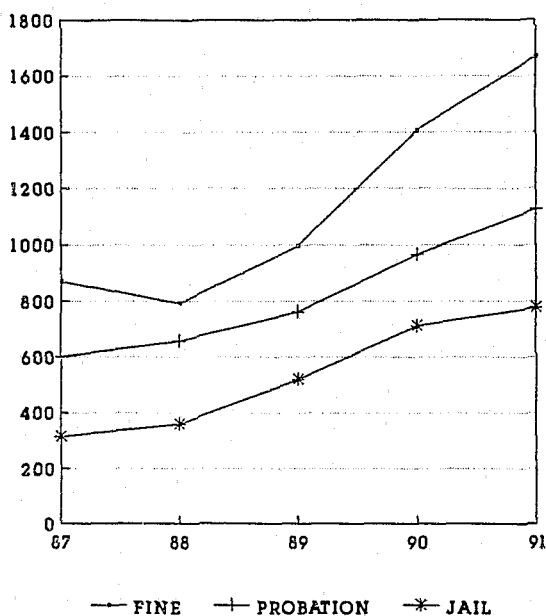


Sentence	1987	1988	1989	1990	1991
Fines	8904	8420	9063	9540	10799
Jail	7127	6548	7323	7747	8517
Probation	5638	7109	5741	5939	7702
Prison	260	289	365	360	492
Residential	84	121	303	247	314

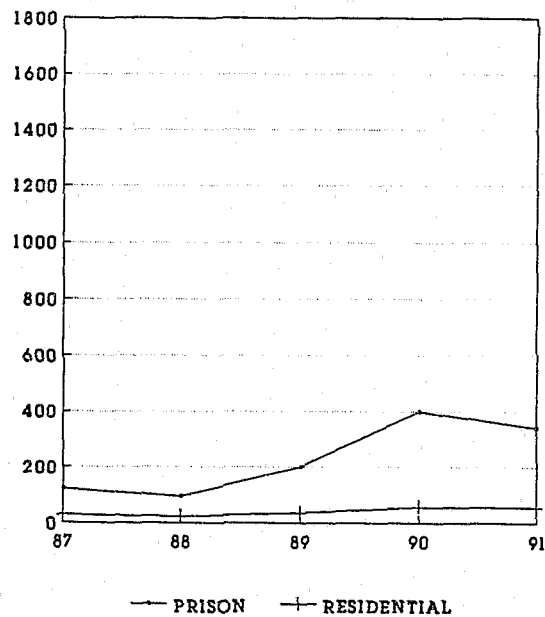
Table 24

IOWA DRUG SENTENCES FY 87-91
Criminal and Juvenile Justice Planning

FINE, PROBATION AND JAIL



PRISON AND RESIDENTIAL



Sentences	1987	1988	1989	1990	1991
Fine	870	793	995	1406	1669
Probation	600	660	763	965	1126
Jail	315	360	520	713	777
Prison	121	96	200	400	341
Residential	31	23	36	56	56

With one exception, Table 24 displays similar, though perhaps more marked, trends for drug offense sentencing than was shown for OWI sentences. The exception can be noted in the smaller number of prison sentences for drug convictions between 1990 and 1991. This may be related to the particularly large increase (about 200 percent) experienced between 1989 and 1990. A preliminary analysis of sentencing data for the first six months of FY 1992 indicates the likelihood of an increase in the number of prison sentences for drug convictions since 1991.

As has been documented in CJJPSAC reports, recent increases in drug offense convictions that resulted in a prison sentence account for much of the last few years' marked growth in Iowa's prison population. (See "An Iowa Correctional Policy Project Report--Prison Population Forecast, 1991-1996, August 1992; and "Iowa's Felony Drug Offender Tracking Project--Final Report," June, 1992.)

It remains to be seen whether or not future indicators will show continued increases in the number of drug offense-related prison sentences. Regardless, during the last several years, policies and practices affecting prohibitions on drug manufacturing, sales, and use have clearly had a major impact on the operation of all aspects of the justice system. Between 1987 and 1991, the number of sentences has almost doubled, or has more than doubled, for all sanctions reported in Table 24.

Drug and OWI Court Disposition--Summary

As discussed above, OWI charges, convictions and sentences account for a large percentage of Iowa's justice system operations. These data alone are probably not appropriate indicators of the extent of alcohol use, or even drunken driving, in the state. They do, however, help describe the extent to which policies and practices regarding OWI are resulting in court interventions; and, they describe the outcome of such interventions given past and current levels of judicial discretion, statutory restrictions over such discretion and other factors involving prosecutors, correctional officials, and others.

The impact of OWI charges and convictions probably is best described by referencing the percent they represent of all indictable misdemeanor and felony charges and convictions, and by noting their increases since the late 1980s. The handling of OWI offenses clearly accounts for a great share of all justice system activities. Assuming that increasing the numbers of OWI arrests, charges and convictions has been a priority goal of the justice system, the large and increasing number of OWI cases should be viewed quite positively. Such increases have an impact on court caseloads and the size and treatment needs of institutional and community-based correctional populations. An ongoing examination of the adequacy of policies and resources to respond to successful efforts to arrest and charge OWI offenders seems warranted.

It is assumed that the increase in charges and convictions by task force projects is the result of both an increase in the number of cases presented for prosecution and an improvement in the quality of narcotics investigations and prosecution.

While the number of drug charges, convictions, and sentences do not approach the volume discussed for OWI cases, their impact is far from insignificant due, at least in part, to the fairly rapid manner in which increases have occurred. As was mentioned above, the number of sentences for drug convictions that included prison have nearly tripled between 1987 and 1991. As was similarly stated for OWI offenses, assuming that increasing the numbers of drug arrests, charges, convictions and prison sentences has been a priority goal

of the justice system, such indicators should be viewed quite positively. The successes indicated by the drug offense court disposition data also may be viewed as a signal to assess the extent to which court and correctional policies and resources can adequately respond to current and future efforts designed to increase the number of drug offense arrests and charges.

Trends in drug and/or alcohol related arrests and convictions have an obvious and significant impact upon law enforcement and court utilization, correction populations and activities, both institutional and community based. Less obvious, but nonetheless important, is the impact of these trends upon substance abuse treatment in the areas of demand, type, frequency, duration, and potential outcome of services.

SECTION III.
CURRENT EFFORTS AND RESOURCES

A. STATE INITIATIVES

DEPARTMENT OF CORRECTIONS

Correctional Institutions

Criminal Justice

The following statistics provided by the Department of Corrections identify the individual correctional institutions in the state of Iowa, their identified capacity, and the inmate count on July 1, 1993.

INSTITUTION	CAPACITY	COUNT
Anamosa	840	1,315
Luster Heights	71	72
Clarinda	152	262
Fort Madison	550	553
Multiple Care Unit	10	9
John Bennett-Dorm	100	138
John Bennett-Farm 1	65	74
John Bennett-Farm 3	85	75
Mitchellville	173	215
Mitchelville Violators Program	60	8
Mount Pleasant	528	790
Newton	121	146
Newton Violators Program	100	68
Oakdale - Inmates	520	695
Oakdale - Patients		37
Rockwell City	228	238
Institution Total	3,603	4,692

These figures indicate that prison institutions in Iowa are 30 percent over capacity. Figures for July 1, 1992, show an inmate count of 4,485. This indicates an increase of 207 inmates from July 1992 to July 1993.

Seventy-five to 80 percent of all correctional clients have a history of substance abuse. This does not, however, mean that all of them require intense treatment for addiction. Some may be drug dealers who were involved as a business but did not themselves use drugs. Some may have used but were not addicted and are more appropriate for an education program. Substance abuse education programs are available to some degree at all correctional institutions. To date, the Department of Corrections does not have specific substance abuse assessment built into the classification process, and this is the reason for the generalization of 75 to 80 percent.

The Adult Correctional Data System (ACDS) contains demographic and criminal justice information on all persons within the prison system.

Contact: John Baldwin (515) 281-7032

Treatment

Seven prisons have been licensed by the Division of Substance Abuse and Health Promotion, Department of Public Health to provide Substance Abuse Treatment Programs. With these programs, the Department of Corrections is capable of treating 25 percent of all those indicated as having substance abuse histories. At this time, those who report or are identified with a more chronic substance abuse history during intake assessment at the Oakdale Reception Unit are referred to the substance abuse program at the institution of placement. Once they are referred to the institution program, they receive a comprehensive assessment of their substance use. Most inmates placed in treatment in this way are subsequently found to be in need of treatment. However, because of the absence of comprehensive substance abuse assessment at initial classification, the number of inmates needing but not receiving treatment in the institutions is unknown. Some inmates will receive pre-treatment education at the institutions and then be referred to treatment in the community upon their release.

The following are the Iowa correctional facilities which have implemented substance abuse treatment programs:

1. **Clarinda Correctional Facility:** Licensed Substance Abuse Treatment Program called TOW (The Other Way), design capacity 52, actual 96, 3 1/2-month length of stay, medium security, intense therapeutic program, treatment clients separated from general population.

The Psychology Department of Northwest Missouri State University contracted with the institution to provide a five-year longitudinal comparison study on recidivism rates of TOW graduates that have been paroled and a similar group of general prison population parolees. The study began in 1988, and the first two-year report was available in January 1991.

Contact: Steve Jenkins (712) 542-4534

2. **Mount Pleasant Correctional Facility:** Licensed Substance Abuse Treatment Program, design capacity 48, actual 48, 4-month length of stay, medium security, intense therapeutic program, treatment clients separated from general population.

Data is collected on client demographics, court status at time of entry, court status and number of clients from each county.

Contact: Jim Elliott (319) 385-9511

3. **Iowa State Men's Reformatory/Luster Heights:** Licensed Substance Abuse Treatment Program, 25 beds, 4-month length of stay, minimum security, treatment program located in small satellite facility.

Contact: Steve Hebron (319) 462-3504

4. **Iowa State Penitentiary/Bennett Center:** Licensed Substance Abuse Treatment Program called TEA (Treatment, Education, and Awareness), 12 beds, 6-month length of stay, medium security, treatment clients not separated from general population.

Contact: Robert Schneider (319) 372-5432

5. **Newton Correctional Release Center:** Licensed Substance Abuse Treatment Program which is divided into 2 programs:

- A. Probation/Parole/Work release Violator Program (see below)
- B. Substance Abuse Treatment, 20 beds, 4-month stay, minimum security, treatment clients not separated from general population.

The Iowa Consortium for Substance Abuse Research and Evaluation is conducting follow-up evaluation of approximately 585 inmates, utilizing correctional system records and tracking inmates. Research will provide information on the effectiveness of treatment in the Violator Program at the Newton facility, while enhancing the general knowledge base regarding treatment for correctional inmates, treatment provided in correctional settings, and the interaction between substance abuse and antisocial behavior.

Contact: Ron Matthews (515) 792-7552

6. **Iowa Correctional Institution for Women:** Licensed Substance Abuse Treatment Program which is divided into two Programs:

- A. Probation/Parole/Work release Violation Program (see below)
- B. Substance Abuse Treatment for general population inmates, 25 beds, 3-4 month length of stay, minimum security, treatment clients separated from general population.

Contact: Paul Rode (515) 967-4236

7. **North Central Correctional Facility:** Licensed Substance Abuse Treatment Program, 28 beds, length of stay 2 months minimum security, treatment clients not separated from general population.

Treatment at this institution is provided through a contract with Trinity Regional Hospital.

Contact: Gerald Burt (712) 297-7521

Probation, Parole, Work Release Violator Program

Criminal Justice

The Department of Corrections has developed two violator programs which opened in 1993. A new 60 bed female facility at the Correctional Institute for Women at Mitchellville, and the other is a new 100 bed male facility at the Newton Correctional Release Center. The program requires a temporary confinement and is available for probation, parole, and work release offenders who have violated the conditions of their supervised release and would otherwise have been sent to prison. The program represents a collaborative effort between the courts, Parole Board, institutions and community-based corrections.

Treatment

This program provides a highly structured six-to-eight-week residential program which focuses on impacting the offenders fundamental thinking. The violator program employs cognitive skills development and substance addiction relapse treatment to provide offenders the skills and opportunity to stop antisocial behavior and stay out of the criminal justice system. The program contains four components: orientation/assessment, primary treatment group, family component, and discharge planning. The program is continued after discharge, in community based programs established by the judicial districts.

Contact: Patrick Coleman (515) 281-4592

OWI Programs

Criminal Justice

In some districts, the first and second offense of operating while intoxicated (OWI) can result in a deferred sentence or deferred prosecution with a condition that the individual seek and complete substance abuse treatment. Those who are committed to OWI programs for third and subsequent offenses are assigned to supervision and treatment. A continuum consists of three basic components: (1) incarceration until released by the Parole Board or expiration of sentence; (2) short-term incarceration for approximately 21 days with subsequent transfer to a community corrections OWI residential program with differential levels of treatment and intervention; and, (3) direct placement to a community corrections OWI residential program with differential levels of treatment and intervention. There are 153 residential beds statewide with a flexible number designated to the OWI program. (See Community-Based Corrections)

Treatment

Each judicial district establishes contracts with local substance abuse treatment programs for treatment services for the residential centers which include continuing services for offenders who have completed the programs and have been placed on parole.

Research and Data Collection

The Iowa Community-Based Corrections (ICBC) data system contain all demographics and criminal justice information for offenders within this system.

Contact: Toni Tassone (515) 281-6009

Treatment Alternatives to Street Crimes (TASC)

Criminal Justice

Treatment Alternatives to Street Crime (TASC) is designed to establish and maintain necessary linkages between the criminal justice system, treatment providers and TASC personnel to facilitate appropriate client referrals, ensure available treatment services, provide necessary tracking, monitoring, and follow-up by providing added structure and supervision. The goal is to divert the appropriate offender from the more expensive and restrictive sanction of the institution. TASC serves both the probationer and the parolee but the primary focus of TASC is the probationer. Approximately 70 percent of TASC

clients are on probation, the other 30 percent consist of clients under such custody status as pre-sentence investigation, release with supervision, or assignment to residential facilities.

When the federal TASC program was implemented, each judicial district was allocated state monies to support and/or augment the federal TASC program in addition to the match monies required by the federal grant. Each district prioritized the spending of the money according to the needs perceived in their district. Subsequently, the "State TASC programs" differ somewhat from district to district.

The state TASC program is too small to address the whole probation population and is limited to a target population prioritized by the host district. Each district has developed policies and procedures to follow the federal guidelines which set clear standards for client eligibility, screening for identification of TASC candidates, assessment, referral for services, and progress reporting.

Within each district, substance abuse treatment providers and criminal justice personnel have worked to develop and implement TASC programs which meet the unique needs in that district. In addition, the Department of Corrections and the Division of Substance Abuse and Health Promotion, Department of Public Health, established a task force to develop a Corrections/Substance Abuse Joint Business Plan. Representatives from the Department of Corrections, Division of Substance Abuse and Health Promotion, judicial districts, and state substance abuse providers have met regularly over an 18-month period to address issues of concern and worked to establish an effective, economical, coordinated, treatment service delivery system, with mutually agreed upon goals and objectives which direct the activities of the Department of Corrections and Division of Substance Abuse and Health Promotion. This statewide agreement will be utilized to ensure consistent and timely flow of information between corrections and substance abuse treatment agencies to facilitate the effective coordination of treatment and correctional placement decisions.

Research and Data Collection

The TASC Management Information System is a computerized data reporting system that was developed and implemented in all eight judicial districts in September 1992. It contains TASC client information that has been collected as of January 1, 1992. The system contains client demographics, custody status, treatment recommendations, drug testing information, discharge services, and closure status. Information is divided into two categories: (1) data on clients referred to TASC; and, (2) data on clients admitted into the TASC program. As shown on the following tables, Statistics for July 1, 1992 through June 30, 1993, identify several characteristics of those referred to TASC:

1. Probation is the most common custody status.
2. Alcohol is the most common drug of choice.
3. Outpatient treatment is the leader in primary treatment recommendations.
4. Self help is the most common additional treatment recommendation.

Preliminary statistics for clients that have been entered into the TASC programs throughout the judicial districts identify urinalysis results, discharge status, and services recommended at discharge. Preliminary statistics provide the following information on TASC clients:

1. THC (marijuana) is the most common positive drug screen.
2. As of June 30th 1993, 2,669 clients have been admitted to the TASC Program. The average length of involvement in TASC is 4 months.

Contact: Patrick Coleman (515) 281-4592

IOWA COMMUNITY BASED CORRECTIONS
TASC PROGRAM SUMMARY REPORT
STATE TOTAL FOR JUNE 1993

<u>ASSESSMENTS</u>	MONTH	YTD		MONTH	YTD
1. <u>TOTAL COMPLETED</u>			6. <u>PRIMARY TREATMENT RECOMMENDATION</u>		
Initial	42	892	Self Help	18	278
Comprehensive	157	2,190	Pre-Treatment	19	285
Reassessments	46	568	Education	21	532
			Inpat. Hospital	11	212
2. <u>REFERRED BY</u>			Residential	12	190
PTRI	63	816	Int. Outpat.	18	266
RWS	14	173	Outpatient	72	865
PSI	10	115	Outpatient Relapse	4	91
IPTR	3	70	Relapse	1	61
Probation	105	1,524	After Care	13	264
Parole	23	407	Methadone	0	0
Work Release	5	91	Mental Health	3	68
Residential	9	136	Assess/Counseling	32	310
OWI	1	29	None Needed	21	228
ISP:					
Probation	5	127			
Parole	5	116			
Interstate	2	46			
			7. <u>ADDITIONAL TREATMENT RECOMMENDATIONS</u>		
3. <u>NEWTON RELAPSE</u>			Self-Help	48	1,042
Completed	3	117	Pre-Treatment	0	8
Not Completed	242	3,533	Education	2	33
			Inpat. Hospital	1	12
4. <u>DRUG OF CHOICE</u>			Residential	0	35
THC	53	1,009	Int. Outpat.	0	10
Coke	22	589	Outpatient	2	111
Amphetamines	5	145	Outpatient Release	0	20
Opiates	2	20	Relapse	0	7
Barbiturates	0	2	After Care	20	226
Tranquilizers	0	5	Methadone	0	1
Hallucinogen	0	8	Mental Health	9	75
Alcohol	150	1,762	Assess/Counseling	2	116
Other	3	20			
None	10	90			
			8. <u>NUMBER REFUSED TREATMENT</u>	5	78
5. <u>ASSESSMENT COMPLETION TIME</u>					
1 - 14 Days	179	2,402			
15 - 21 Days	10	336			
22+ Days	56	912			

IOWA COMMUNITY BASED CORRECTIONS
TASC PROGRAM SUMMARY REPORT

PAGE 2

<u>TREATMENT SERVICES</u>	MONTH	YTD	<u>DISCHARGE</u>	MONTH	YTD
1. TASC CASELOADS			1. TOTAL CASES		
Admitted	164	2,688	Active	964	0
Not Admitted	89	962	Closed	274	2,686
2. URINALYSIS			2. DISCHARGE STATUS		
a. # Samples	646	8,045	Successful	111	961
b. # Screens	1,561	19,583	Unsuccessful	74	764
THC	590	7,118			
Coke	535	6,826			
Amphetamines	223	2,999	3. CLOSURE STATUS		
Tranquilizers	31	286	Continued		
Hallucinogen	7	100	Monitoring	100	725
Opiates	99	1,306	Dischgd. Sentence		
Barbiturates	51	671	Early	10	39
Alcohol	3	39	Discharged		
Other	22	238	Sentence	6	74
c. #Screens Pos	136	1,508	Transferred Out		
THC	96	916	of Area	3	49
Coke	31	429	Terminated/Lack		
Amphetamines	2	60	Progress	37	431
Tranquilizers	0	7	Revoked	9	74
Hallucinogen	1	1	Incarcerated	8	86
Opiates	2	14	Absconded	5	54
Barbiturates	1	11	Death	0	1
Alcohol	3	13	Other	7	192
Other	0	57			
None	519	6,667			

DISCHARGE (continued)

4. SERVICES PROVIDED

<u>Primary</u>			<u>Secondary</u>		
Self-Help	8	123	Self-Help	40	343
Pre-Treatment	44	198	Pre-Treatment	0	6
Education	37	317	Education	0	36
Inp Hospital	9	91	Inp Hospital	0	17
Residential	8	77	Residential	0	8
Int. Outpt.	15	86	Int. Outpt.	0	5
Outpatient	25	282	Outpatient	4	74
Out. Relapse	2	45	Out. Relapse	0	17
Relapse Trmt	1	35	Relapse Trmt	1	7
Aftercare	5	75	Aftercare	0	39
Methadone	0	0	Methadone	0	1
Mental Health	2	29	Mental Health	0	24
Assess/Counsel	1	122	Assess/Counsel	1	40
None	28	245			

Community-Based Corrections

Criminal Justice

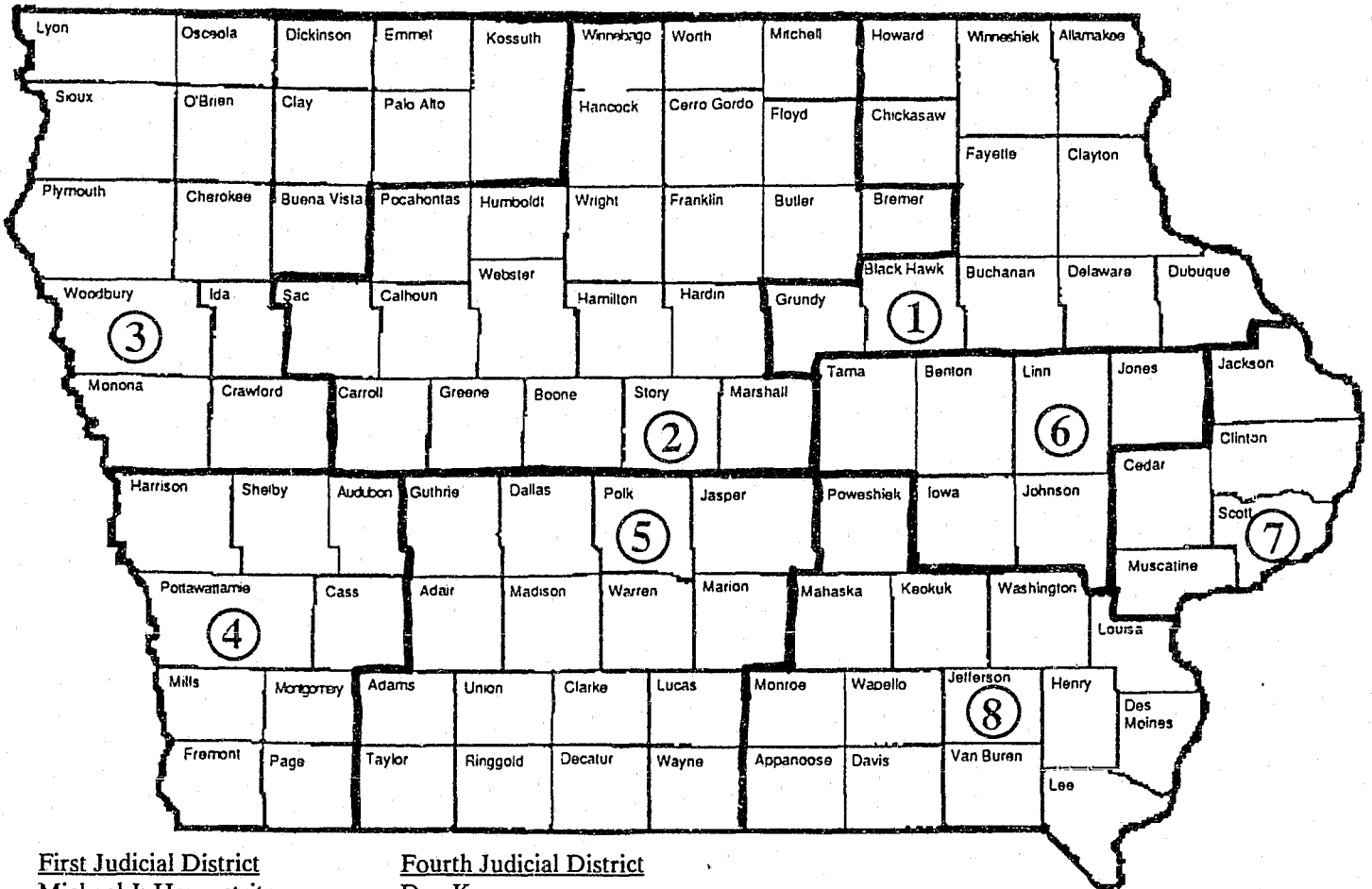
Community-based corrections programs can be defined in general terms as those correctional services provided in a community setting as an alternative to institutional confinement. Eight judicial district correctional service departments administer all programs for adult offenders on a local level.

Each of the eight correctional service departments is directed by a board composed of a supervisor from each county in the district as well as a judicial and advisory committee of citizen representatives. These boards hire district directors and establish administrative and program policies within guidelines determined by the Department of Corrections. (See the following map of district boundaries and directors.)

In Iowa, all of the community-based corrections programs must provide the following services: pretrial services, presentence, probation, community service sentencing, residential, parole, work release, and OWI.

DISTRICT DIRECTORS FOR CORRECTIONAL SERVICES

IOWA JUDICIAL DISTRICTS



First Judicial District

Michael J. Havenstrite
 District Director
 Dept. of Correctional Svcs.
 314 East Sixth Street
 P.O. Box 4030
 Waterloo, IA 50704

Second Judicial District

Linda Murken
 District Director
 Dept. of Correctional Svcs.
 510 Fifth Street
 Ames, IA 50010

Third Judicial District

Linn A. Hall
 District Director
 Dept. of Correctional Svcs.
 515 Water Street
 Sioux City, IA 51103

Fourth Judicial District

Dan Kenney
 District Director
 Dept. of Correctional Svcs.
 801 South Tenth Street
 Council Bluffs, IA 51501

Fifth Judicial District

James Hancock
 District Director
 Dept. of Correctional Svcs.
 1000 Washington Avenue
 Des Moines, IA 50314

Sixth Judicial District

Gerald R. Hinzman
 District Director
 Dept. of Correctional Svcs.
 Wm. G. Faches Center
 951 - 29th Avenue, SW
 Cedar Rapids, IA 52404

Seventh Judicial District

James L. Wayne
 District Director
 Dept. of Correctional Svcs.
 605 Main Street, Box 2A
 Davenport, IA 52803-5293

Eighth Judicial District

Curtis Cambell
 District Director
 Dept. of Correctional Svcs.
 1805 West Jefferson
 PO Box 1060
 Fairfield, IA 52556

Residential Facilities

Residential Correctional Facilities are the last step between supervised probation or parole and prison. Residential beds are allocated to the following programs: work release, OWI, probation, parole, and federal offenders.

Treatment

Residential living is the most structured sanction community corrections has to offer. It is sometimes used in the case of substance abusers in need of extensive monitoring, particularly if they display a potential to reoffend. Substance abuse prevention and education are increasingly becoming a vital component of residential programs. Many community based correction clients are, or have been, involved in community substance abuse treatment as a result of family intervention, direct probation or parole officer referral, drug-related offenses, OWI convictions, advice of their attorney, etc. The Department of Public Health indicates that 63 percent of program participants in community substance abuse treatment programs are criminal justice referrals. It is important to note that these community-based correctional programs refer clients for prevention and treatment to community-based substance abuse treatment agencies rather than providing services through the Department of Corrections.

Residential programs are located in the following communities:

District	Location	Number of Beds
First	Waterloo	120 beds
	Dubuque	36 beds
	West Union	30 beds
Second	Ames	36 beds
	Fort Dodge	30 beds
	Marshalltown	24 beds
	Mason City	36 beds
Third	Sioux City	50 beds
	Sheldon	24 beds
Fourth	Council Bluffs	50 beds
Fifth	Des Moines	211 beds
Sixth	Cedar Rapids	104 beds
Seventh	Davenport	116 beds
Eighth	Burlington	50 beds
	Ottumwa	40 beds
Total		957 beds

Research and Data Collection

The Iowa Community-Based Corrections (ICBC) data system contains all demographics and criminal justice information for offenders within this system.

Contact: Toni Tassone (515) 281-6009

Intensive Supervision Programs

The goal of intensive supervision programs (ISP) is to provide intensive probation and parole supervision as a cost-effective alternative to institutional confinement or long-term residential treatment for high recidivism risk offenders. ISP involves a probation or parole officer with a smaller caseload who sees clients more frequently and conducts home visits as well as other forms of monitoring which might include electronic monitoring.

Electronic Monitoring

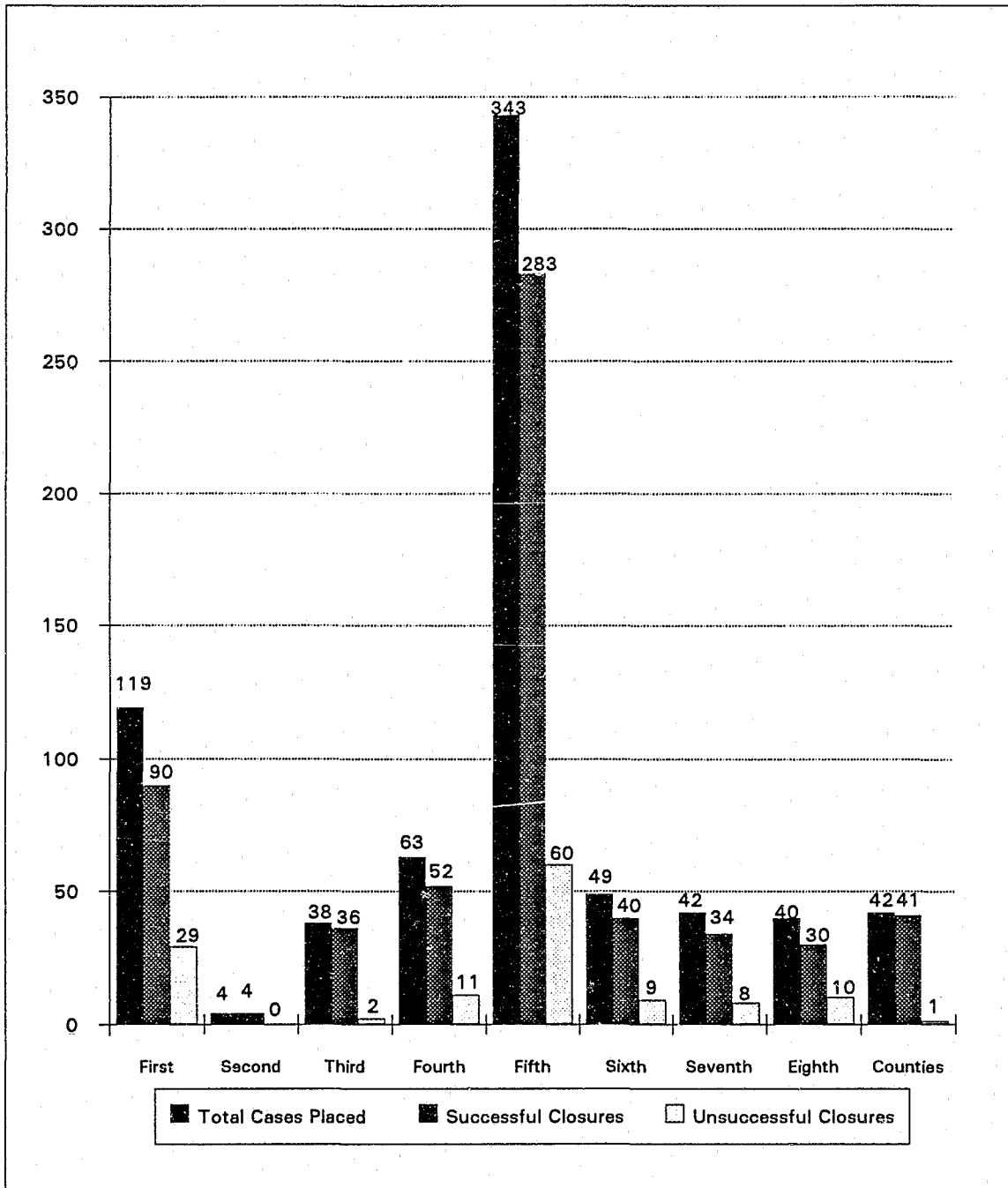
The electronic monitoring program began operation in July 1990, and is available to all eight judicial districts. From July 1992 through June 1993, 722 clients were placed on electronic monitoring systems and a total of 821 clients were monitored. A grant was established to develop utilization of electronic monitoring to more closely supervise the movement of substance abusing offenders placed in intensive supervision programs in the various judicial district departments of correctional services. The electronic monitoring system is used as an intermediate sanction for clients with an identified substance abuse history and who display behaviors leading to revocation or incarceration. Both the active and passive monitoring systems are available to probation or parole and local sheriff departments through the Department of Corrections. This program is funded through the Drug Control and System Improvement Grant Program, administered by the Governor's Alliance on Substance Abuse.

Research and Data

Data is collected on client demographics such as date of birth, sex, race, custody status, entry date, date of release, and release status. The following graph illustrates the number of clients placed on the Electronic Monitoring System, successful closures, and unsuccessful closures for all eight judicial districts in Iowa from July 1, 1992, through June 30, 1993. The total of successful and unsuccessful closures will not equal the cases entering the program because clients were already in the system on July 1, 1992, and clients remained in the system on June 30, 1993. Another following graph illustrates the number of clients placed on the Electronic Monitoring System, number of successful closures, and number of unsuccessful closures for each of the eight judicial districts for state fiscal year 1993. Again, totals will be unequal due to clients overlapping in the system at the opening and closing dates.

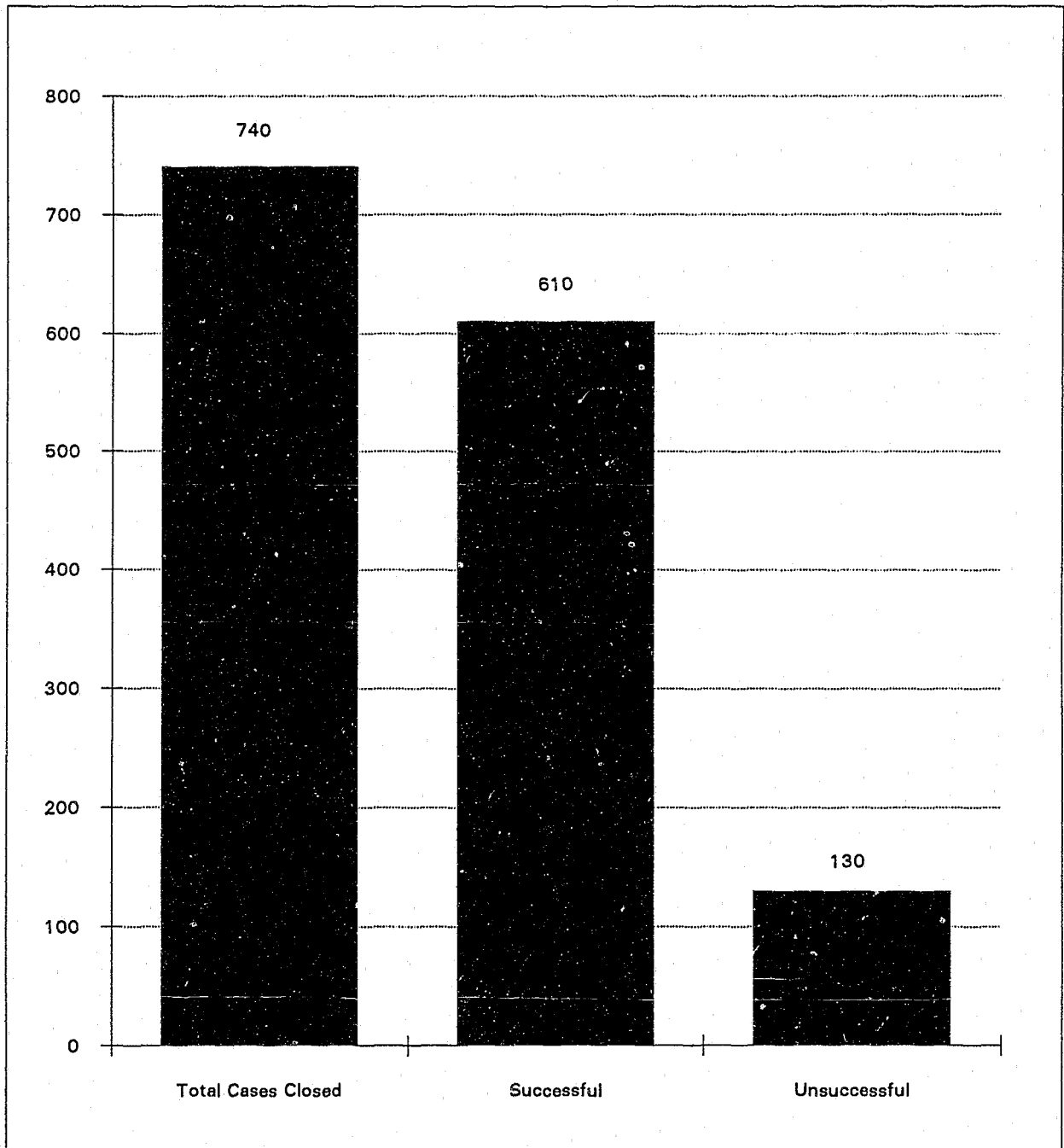
Contact: Eugene Gardner (515) 281-5819

ELECTRONIC MONITORING CASE ACTIVITY BY JUDICIAL DISTRICT/COUNTIES STATE FISCAL YEAR 1993



Source: Iowa Department of Corrections

**ELECTRONIC MONITORING CASE ACTIVITY
BY JUDICIAL DISTRICT/COUNTIES
STATE FISCAL YEAR 1993**



Source: Iowa Department of Corrections

Drug Testing

Urinalysis drug testing is conducted throughout the correctional system. Random drug testing is performed in the institutions to identify drug use. In the judicial districts, drug testing of clients is used in work release programs, halfway houses, intensive supervision programs, TASC programs, and for clients on probation and parole. Each judicial district has developed its own policies and procedures for drug testing and each conducts testing at intervals either at random or when there is reason to believe the client may be involved with drugs or alcohol.

Research and Data Collection

All drug testing performed on clients in the TASC program is entered into the TASC management information system. Other drug testing information is recorded in each judicial district according to the policies and procedures developed by that judicial district. At present there is no statewide drug testing data collection system other than the TASC management information system.

Contact: Patrick Coleman

(515) 281-4592

DEPARTMENT OF EDUCATION

Office of Educational Support for Children, Families and Communities

Substance Education Program

Prevention

The Substance Education Program provides prevention services to the entire state. A major responsibility of the program is to administer the federal Drug-Free Schools and Communities Act with all Iowa school districts and area education agencies. School districts must submit three year plans concerning substance abuse prevention curriculum, student assistance, employee assistance and community involvement. The Substance Education Program has a Drug Free Schools and Communities Advisory Council that helps set guidelines concerning the implementation of the Drug Free Schools and Communities grants as well as addressing complaints about the implementation of the Drug Free Schools and Communities Grants. The Council membership includes prevention professional representatives, community substance abuse project representatives, Area Education Agency representatives, and a school administrator.

The Substance Education Program has guides to develop the three-year plans such as a Curriculum Mapping Survey and the Iowa School District Self-Assessment Inventory of Alcohol, Tobacco, and Other Drug Education Programs. These surveys provide the school districts with information about what a comprehensive substance abuse prevention school program would include and can be used as both a needs assessment and planning tool. The Curriculum Mapping Survey uses a matrix that includes both grade levels and the learning outcomes from the Human Growth and Development Project. School districts can identify the patterns and sequence in their curriculum. It also can be used as criteria to be met when reviewing educational materials for purchase. The Self-Assessment Inventory identifies twelve components of a comprehensive school program and other information important when developing such a program. When using the inventory, school districts and communities can identify programs, curricula, and policies they have and others they may need to have in a comprehensive approach to substance abuse prevention.

A second major responsibility of the Substance Education Program is to provide leadership in the delivery of prevention training for school personnel and students.

Research and Data Collection

The Substance Education Program collects and distributes youth substance behavior data and data about school prevention programs.

The Alcohol and Drug Attitudes and Behaviors Among Youth triennial survey measures both incidence and prevalence of use of alcohol, tobacco and other drugs and the incidence and prevalence of risk factors in junior high and high school students in Iowa. It also identifies external influencers, motivation for use and nonuse, and the relationship of use and other high risk behaviors.

The Iowa School District Self-Assessment Inventory of Alcohol, Tobacco, and Other Drug Education Programs is part of the three-year application packet for Drug Free Schools and Communities Grants. The inventory measures criteria for a comprehensive program, safe and disciplined school environment, models of substance education curricula, special prevention projects, student data, and employee data. The criteria include: district policy

and rules regarding alcohol, tobacco, and other drugs; helpful interventions with students; helpful interventions with staff; substance education curricula; affective (life skills) education curricula; staff competency in substance abuse prevention and intervention; district leadership and coordination of substance program; substance program assessment and evaluation; parent participation in substance abuse prevention; community participation in substance abuse prevention; youth participation in substance abuse prevention, and related issues and programming. (See Student Assistance Teams for results of this survey).

Data on youth substance behaviors are available in the report entitled: "1990-91 Iowa Study of Alcohol and Drug Attitudes and Behavior Among Youth (IDE, 1991)." Data subsets from the 1990-91 study are also available for each county and area education agency. The youth substance surveys will be conducted again in the fall of 1993. Some information from the 1990-91 survey can be found in Section I, beginning on page 16.

Data on school-based prevention programs are collected through a survey with all school districts entitled: "The Iowa School District Self-Assessment Inventory of Alcohol, Tobacco, and Other Drug Education Programs (IDE, 1992)." Data reports on the results of this study will be in early 1994. Similar school program surveys were conducted in the spring of 1985, 1987 and 1990.

Contact: David A. Wright (515) 281-3021

HIV/AIDS Program

Prevention

This program is funded through the federal Centers for Disease Control (CDC) for prevention programming. Services include staff development, technical assistance in curriculum development and selection of instructional materials, and policy development. (School district policies for communicable diseases are revised to include HIV and AIDS.) These services correlate with substance abuse prevention since both issues are concerned with high-risk behavior. The HIV and AIDS program is implemented as a part of the Iowa Comprehensive School Health Model.

Research and Data Collection

A stratified random sample of youth in grades 9-12 is surveyed biennially regarding high-risk behaviors. Incidence and prevalence data for high-risk behaviors are reported as state percentages.

A school HIV and AIDS education program survey is conducted biennially in secondary schools (grades 7-12).

Statewide results of the high risk behavior survey for 1991 are available. Data are available by grade level for the whole state. No individual school district data are available.

Statewide results of the school program survey are available on the number and percent of schools teaching HIV and AIDS, comprehensive health, and HIV and AIDS within a comprehensive school health program.

Contacts: Mary Thissen-Milder (515) 281-4804

Schools, Programs, and Support Services for Students At-Risk

Prevention

Several initiatives provide for the prevention of school failure (pre-school-grade 12) and services for high school dropouts. Information and technical assistance is available to assist school districts and other agencies to develop services.

Projections on the incidence and prevalence of at-risk students at the local school district level, services available for these youth and information on homelessness in Iowa are available.

Contacts: Ray Morley (515) 281-3966
Susan Anderson (515) 281-4747

Division of Community Colleges **Bureau of Educational and Student Services**

Prevention

Iowa law gives the Department of Education the responsibility to provide oversight for the driving impaired courses and keep records of numbers attending the classes. The Bureau of Educational and Student Services provides staff development to instructors of these programs.

A research instrument is being developed to measure the effectiveness of the drunk driving courses. Recidivism and the number of participants referred to treatment programs will be part of the measures.

Contact: Beverly Bunker-Ameen (515) 281-3615

Division of Elementary and Secondary Education **Bureau of Instructional Services**

Prevention

The Comprehensive School Health Program oversees the updating and implementation of the Comprehensive School Health Model. This model is promoted by the Department of Education as the umbrella under which categorical programs such as substance abuse are included. The Model is available through the Bureau of Instructional Services.

Contact: Mary Thissen-Milder (515) 281-4804

Student Assistance Teams

Prevention

In 1991, Governor Branstad appointed an ad hoc advisory committee to research and make recommendations on the expansion and improvement of student assistance teams in Iowa schools. Governor Branstad directed the committee to identify steps that could be taken to identify schools with Student Assistance Teams, to provide ideas and procedures for those schools to establish such teams, and to offer recommendations that would help enhance and energize existing teams.

The committee met regularly during 1991 to review existing programs, policies, and procedures in an effort to identify and develop a student assistance team concept that would be both workable and effective for all size school districts in Iowa. Following research and deliberation, the committee developed written criteria for schools with existing student assistance teams to evaluate their ongoing programs. In addition, the committee provided recommendations and guidelines for developing student assistance teams and for identifying and enhancing existing student assistance teams.

In response to the recommendations, the departments of Education and Public Health developed and mailed a questionnaire to every Iowa secondary school principal. The questionnaire asked administrators to identify if they had an existing student assistance team, if they had discontinued a student assistance team, if they had ever attempted to establish a student assistance team, and if their district offered an employee assistance program. Administrators were also asked to list suggestions for improving their existing programs, and for those responding without programs, reasons for not developing programs.

Over 65 percent (330 secondary schools) responded to the survey. The following are results from the survey respondents:

- * 74 percent of the schools have existing student assistance programs.
- * 22 percent of the schools do not have student assistance programs.
- * 4 percent of the schools have discontinued student assistance programs.
- * 31 percent of the schools have employee assistance programs.
- * 67 percent of the schools do not have employee assistance programs.
- * 2 percent of the schools have discontinued employee assistance programs.

Responders to the surveys have identified training, inservice programs, financial assistance, networking with other programs, and local resources as priorities for establishing and enhancing student assistance teams.

Another survey, "Iowa School District Self-Assessment Inventory of Alcohol, Tobacco, and Other Drug Educations Programs", was administered in all Iowa school districts in November, 1992. Several questions asked district personnel to describe the intervention systems they had implemented for students and staff.

The following are findings from 400 school districts on questions from the "Iowa School District Self-Assessment Inventory" related to helpful interventions with students:

- * 87 percent of the school districts had implemented student assistance programs/teams.
- * 61 percent of the school districts had implemented in-school support groups.
- * 90 percent of the school districts had school policies that permitted a comprehensive student assistance program at the elementary, middle, and senior high school levels.
- * 96 percent of the school districts report that school personnel would intervene with students who displayed behaviors commonly associated with substance abuse.
- * 94 percent of the school districts had implemented a process or structure at the elementary, middle, and senior high levels whereby substance abusing students or students from substance abusing families could seek assistance without prejudice.

The data clearly indicate that Iowa school personnel were making a strong effort to provide helpful interventions with students. Approximately 47 percent (186 districts) requested additional assistance to improve this component of their programming.

The following are survey findings from the same 400 school districts on questions related to helpful interventions with employees:

- * 56 percent of the school districts had school policies that permitted a comprehensive employee assistance program or other employee intervention system.
- * 72 percent of the school districts had a process or structure in place whereby school employees could seek, without prejudice, assistance regarding substance issues.
- * 67 percent of the school districts had provided training so that supervisors could recognize and document substance problems among school employees and make appropriate referrals.

The data indicate that school districts had made significant advances, as compared with a 1987 study, in providing helpful interventions with employees. Approximately 38 percent (151 districts) requested additional assistance to improve this component of their programming.

Contacts: David Wright (515) 281-3021

GOVERNOR'S ALLIANCE ON SUBSTANCE ABUSE

Drug Enforcement and Abuse Prevention Coordinator

The state drug enforcement and abuse prevention coordinator is directed by statute to coordinate and monitor all statewide narcotics enforcement efforts, state and federal substance abuse treatment grants and programs, and statewide substance abuse prevention and education programs in communities and schools; coordinate the efforts of the departments of Corrections, Education, Human Services, Public Health, and Public Safety; and assist in the development and implementation of local and community strategies to fight substance abuse. The Coordinator is further directed to submit an annual report to the Governor and Legislature concerning state substance abuse activities and programs to include a needs assessment of substance abuse treatment programs and narcotics enforcement, and advisory budget recommendations relating to substance abuse treatment, enforcement, and prevention and education.

The Coordinator chairs both the Drug Abuse Prevention and Education Advisory Council and the Narcotics Enforcement Advisory Council. The Drug Abuse Prevention and Education Advisory Council is responsible for making policy recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention, and treatment. Council membership consists of representatives from the state departments of Corrections, Education, Human Services, Public Health, Public Safety, a licensed substance abuse treatment specialist, a prosecuting attorney, and a law enforcement officer.

The Drug Abuse Prevention and Education Advisory Council initially identified Iowa's substance abuse data indicators. Each quarter the Council discusses these alcohol and drug abuse trends in Iowa. As the data continues to be collected by the Division of Criminal and Juvenile Justice Planning, Department of Human Rights, the Council members will examine the state's needs and assess the impact of the drug control strategy. A list of the council members can be found in the Appendix.

The Drug Abuse Prevention and Education Advisory Council, with the addition of a representative from the judicial department who has been appointed by the Governor, also serves as the Drug and Violent Crime Policy Board. The United States Attorneys and the Chair of the Law Enforcement Coordinating Committees from the Northern and Southern Districts of Iowa, as well as a representative from the Iowa Law Enforcement Academy, are invited to each meeting and serve as non-voting members. This board is responsible for developing and reviewing the state strategy for the Drug Control and System Improvement grant program. A list of board members can be found in the Appendix.

The Narcotics Enforcement Advisory Council recommends policy for the operation and conduct of the Narcotics Enforcement Division of the Department of Public Safety and recommends policy changes and alternatives to the Drug Abuse Prevention and Education Council. Membership consists of two members from each of the following organizations: the Iowa Association of Chiefs of Police and Peace Officers; the Iowa State Policemen's Association; the Iowa State Sheriffs' and Deputies' Association; and, the Commissioner of the Department of Public Safety. A list of council members can be found in the Appendix.

During the past year, the council has explored numerous drug enforcement issues, including task force case criteria, and police powers of arrest.

Contact: Charles Larson (515)242-6391

Iowa SAFE Communities Program

Prevention

The Iowa SAFE (Substance Abuse Free Environment) Communities Program is a community mobilization program which serves as a catalyst to help communities develop a coordinated multifaceted approach to reducing substance abuse at the community level. The centerpiece of the SAFE program is the cooperation and coordination among all segments of the community.

Project SAFE began in 1989 in response to the growing need for Iowa communities to develop plans and operate programs which deal with substance abuse in the distinct ways in which the problem manifests itself in each community. Comprehensive community involvement is achieved through the Community Prevention Matrix, a prevention grid that illustrates the interaction of each of 14 community segments in eight distinct prevention strategies.

The following 55 Iowa cities are active participants in the SAFE program:

Ankeny	Atlantic	Belmond	Bettendorf
Boone	Burlington	Cedar Falls	Cedar Rapids
Chariton	Charles City	Clarinda	Clear Lake
Clinton	Council Bluffs	Dennison	Des Moines
Dumont	Estherville	Forest City	Fort Madison
Garner	Glenwood	Grinnell	Hamburg
Hampton	Harlan	Hudson	Iowa City
Janesville	Jefferson	Kensett	Knoxville
Lake Mills	Marshalltown	Mason City	Mount Ayr
Mount Pleasant	Muscatine	Newton	Northwood
Oelwein	Osage	Oskaloosa	Shenandoah
Sioux City	Storm Lake	Story City	Stuart
Sumner	Tama	Toledo	Waterloo
Webster City	Winterset	West Burlington	

Governor's Alliance staff provide technical assistance to these community substance abuse prevention coalitions. The assistance focuses on volunteer recruitment, program planning, coalition building, media support, and project maintenance. Volunteers receive a quarterly newsletter and have the opportunity of attending annual workshops and/or conferences dealing with community responses to substance abuse. Community coordinators receive a special bimonthly briefing that often includes information on grants, special projects, and collaborative opportunities with other SAFE communities. Once each year the SAFE coordinators meet with the Governor to share their concerns about the SAFE program. Each year one volunteer is recognized as the SAFE Volunteer of the Year.

Communities are required to collect a variety of data which is used in the formulation of goals and objectives. Communities complete a community-wide adult attitudinal survey, a community profile of current substance abuse prevention programs, a three-year assessment of substance abuse incidence from law enforcement, hospital, school, and treatment center reports, and an optional peer group questionnaire that attempts to identify substance abuse attitudes and behaviors in selected community populations.

Communities that complete the data collection outlined above, conduct a nine-part training component, and write a two-year action plan are eligible to be certified in the SAFE program. Since its inception in 1989, 29 communities have successfully completed the requirements necessary for SAFE certification. Recertification procedures include additional education and training for the volunteers and the writing of a new two-year plan that incorporates planned state initiatives with workplaces and student assistance teams.

Contact: David Hudson (515) 242-6391

Partnership for a Drug-Free Iowa

Prevention

The Partnership for a Drug-Free Iowa is a private, non-profit organization consisting of Iowa leaders from media, advertising, and business. The Partnership began a statewide multi-media public service campaign in 1992 aimed at reducing the incidence of substance abuse by shaping attitudes and impacting behavior.

The Partnership is a member of the State Alliance Program of the Partnership for a Drug-Free America. National Partnership messages are localized for the Iowa campaign and distributed to 217 Iowa media partners, along with other messages and materials produced locally. In 1992 the Partnership leveraged a total of \$2 million worth of pro bono ad time and space.

Contact: David Hudson (515) 242-6391

Drug Control and System Improvement Grant Program Administration

Criminal Justice

Five staff of the Governor's Alliance on Substance Abuse administer the Drug Control and System Improvement Formula Grant Program (Edward Byrne Memorial State and Local Law Enforcement Assistance Program), providing both program and financial assistance to grant projects. The purpose of the federal grant program is to assist state and local units of government with projects designed to improve the functioning of the criminal justice system. The grant program is administered on the federal level by the Bureau of Justice Assistance, U.S. Department of Justice. Federal law requires a 25 percent cash match and prohibits one project from being funded for more than four years, with the exception of multijurisdictional drug law enforcement task forces.

The grant program is currently in its seventh year. The Governor's Alliance awards subgrants on a competitive basis to state and local applicants. The subgrant period begins on July 1 and runs through the following June 30.

Congress has authorized program purpose areas under which programs may be funded. A listing follows which illustrates Drug Control funding in Iowa, by major program area, from 1987 through 1993.

Following are 21 authorized program purpose areas are listed as follows, with the amount of federal fiscal year 1993 funds awarded to each area and the number of projects:

1. Demand reduction education programs in which law enforcement officers participate.
\$223,119 35 projects
2. Multijurisdictional task force programs that integrate federal, state and local drug law enforcement agencies and prosecutors for the purpose of enhancing interagency coordination and intelligence and facilitating multijurisdictional investigations.
\$2,157,123 22 projects
3. Programs designed to target the domestic sources of controlled and illegal substances, such as precursor chemicals, diverted pharmaceuticals, clandestine laboratories, and cannabis cultivations.
\$ 91,275 1 project
4. Community and neighborhood programs that assist citizens in preventing and controlling crime, including special programs that address the problems of crimes committed against the elderly and special programs for rural jurisdictions.
\$00 0 projects
5. Disrupting illicit commerce in stolen goods and property.
\$00 0 projects
6. Improving the investigation and prosecution of white-collar crime, organized crime, public corruption crimes and fraud against the government with priority attention to cases involving drug-related official corruption.
\$00 0 projects
- 7.a. Improving the operational effectiveness of law enforcement through the use of crime analysis techniques, street sales enforcement, schoolyard violator programs, gang-related and low-income housing drug control programs.
\$6,000 1 project
- 7.b. Developing and implementing antiterrorism plans for deep draft ports, international airports and other important facilities.
\$00 0 projects

8. Career criminal prosecution programs, including the development of model drug control legislation.
- \$00 0 project
9. Financial investigative programs that target the identification of money laundering operations and assets obtained through illegal drug trafficking, including the development of proposed model legislation, financial investigative training and financial information sharing systems.
- \$330,860 2 projects
10. Improving the operational effectiveness of the court process by expanding prosecutorial, defender and judicial resources and implementing court delay reduction programs.
- \$53,111 3 projects
11. Program designed to provide additional public correctional resources and improve the corrections system, including treatment in prisons and jails, intensive supervision programs, and long-range corrections and sentencing strategies.
- \$120,220 1 project
12. Providing prison industry projects designed to place inmates in a realistic working and training environment which will enable them to acquire marketable skills and make financial payments for restitution to their victims, for support of their own families and for support of themselves in the institution.
- \$00 0 projects
13. Providing programs which identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders.
- \$425,965 7 project
14. Developing and implementing programs which provide assistance to jurors and witnesses and assistance (other than compensation) to victims of crime.
- \$00 0 projects
- 15.a. Developing programs to improve drug control technology, such as pretrial drug testing programs, programs which provide for the identification, assessment, referral to treatment, case management and monitoring of drug-dependent offenders and enhancement of state and local forensic laboratories.
- \$740,050 2 projects

- | | |
|-----------|---|
| 15.b. | Criminal justice information systems to assist law enforcement, prosecution, courts and corrections organizations (including automated fingerprint identification systems). |
| \$00 | 0 projects |
| 16. | Innovative programs which demonstrate new and different approaches to enforcement, prosecution and adjudication of drug offenses and other serious crimes. |
| \$00 | 0 projects |
| 17. | Addressing the problems of drug trafficking and the illegal manufacture of controlled substances in public housing. |
| \$00 | 0 projects |
| 18. | Improving the criminal and juvenile justice system's response to domestic and family violence, including spouse abuse, child abuse and abuse of the elderly. |
| \$137,985 | 6 projects |
| 19. | Drug control evaluation programs which state and local units of government may utilize to evaluate programs and projects directed at state drug control activities. |
| \$ 30,140 | 1 project |
| 20. | Providing alternatives to detention, jail, and prison for persons who pose no danger to the community. |
| \$126,735 | 2 projects |
| 21. | Programs with the primary goal of strengthening urban enforcement and prosecution efforts targeted at street drug sales. |
| \$57,050 | 1 project |
| Contact: | Martha Crist (515) 281-4518 |

Multijurisdictional Drug Law Enforcement Task Forces

Criminal Justice

There are currently 20 local multijurisdictional drug task forces operating in Iowa with financial assistance from the Drug Control and System Improvement Grant Program. The size, makeup, and operation of the task forces varies across the state. Of the 20 task forces, four are in their first or second year of operation, nine are in their third or fourth year, and seven have been established for five to seven years.

The size of Iowa's local task forces range from single county jurisdictions to task forces involving up to ten counties and 32 agencies. The majority of Iowa task forces are single county operations and consist of five agencies or less. The general trend in Iowa is for the metropolitan areas to develop single county jurisdictions while the rural areas of the state form multi-county task forces. In total, these 20 task forces encompass activities of over 150 participating agencies, and cover 54 of Iowa's counties and approximately 70 percent of the state's population.

Task forces in Iowa have been found to operate according to two general models. Approximately 70 percent of the task forces in Iowa follow the centralized model while the other 30 percent operate according to the decentralized model.

Centralized task forces are organized to provide assistance to participating agencies by establishing a specialized drug enforcement unit made up of officers from the agencies involved in the task force. Centralized task forces operate similarly to an independent investigatory unit. The centralized task force is responsible for collecting, analyzing, and disseminating intelligence information; assumes cases from its member agencies; actively cultivates new cases; and, maintains autonomy over cases in which it is involved.

Decentralized task forces are designed to provide assistance to their member agencies in the form of enhanced intelligence information and increased access to manpower. There is usually no full-time investigative team assigned to the task force but, instead, a task force coordinator is responsible for managing the task force intelligence information and for coordinating the resources identified to be shared among agencies in the task force. The decentralized task forces do not assume investigate cases on their own, but limit their involvement to a supporting or coordinating role, reacting to the member agencies' requests for assistance.

To assist in the operation, management, and maturation of multijurisdictional drug task forces, the Governor's Alliance contracted with the Division of Criminal and Juvenile Justice Planning, Department of Human Rights, for a task force liaison to perform a variety of functions in support of task forces. These duties include, but are not limited to the following: facilitate quarterly task force meetings and provide staff support to task force committees; provide technical assistance to task forces to include information on available training and Drug Control and System Improvement Grant requirements; conduct on site technical assistance visits to grant-funded task forces; and collect and analyze task force performance indicators.

A task force directory is published annually by the Governor's Alliance. The directory includes information on task force participating agencies and task force boards of directors. The directory also includes information on other narcotics enforcement and support projects funded by the Drug Control and System Improvement Grant Program.

The Governor's Alliance sponsors quarterly meetings in which representatives of the local task forces, as well as state and federal agencies involved in narcotics enforcement, gather to exchange management and operational information, and to discuss a variety of administrative issues. Further, local task force representatives have formed committees to work on issues that affect all task forces operating within the state. The task force representatives have formed six committees, which include the following:

Task Force Planning Committee

This committee plays the leadership role for all activities undertaken in committee, identifies issues to be discussed at quarterly task force meetings, and works in a coordinating capacity with the Governor's Alliance on Substance Abuse.

Policies and Procedures Committee

This committee was formed at the request of the Governor's Alliance on Substance Abuse and the Task Force Planning Committee. The committee identified 15 administrative and operational areas in which task forces should develop written policies or procedures. For each of the identified areas, the committee developed minimum standards and provided between one and three sample policies which meet the established standards.

The results of the committee's work were published by the Governor's Alliance and distributed to each task force in Iowa in August 1992. During the 1993 grant period the Governor's Alliance will require each project to develop policies and procedures consistent with the recommendations from this committee.

Equipment/Communications Committee

The Equipment/Communications Committee and the Governor's Alliance are in the process of compiling a list of all equipment purchased by task forces since the inception of the grant program. The equipment list will identify the make and model, vendor, and purchase price of all items acquired with grant funds. Task forces and other law enforcement agencies will be able to use this list to identify competitive vendors and contact agencies across the state to inquire about the performance of equipment which they are considering purchasing.

Law Enforcement Officer Jurisdiction Committee

The Task Force Planning Committee has identified problems associated with liability and the legitimacy of law enforcement powers when investigations lead officers outside of the specified task force boundaries covered by intergovernmental agreement (Iowa Code Chapters 28D and 28E). This committee is in the process of researching these issues and possible solutions which may include among others, amending Iowa law to allow for expanded peace officer arrest powers.

Intelligence Committee

This committee addressed problems associated with improving the consistency and quality of the drug investigative information shared between task forces in Iowa. The committee, in conjunction with the Department of Public Safety, Division of Narcotics Enforcement (DNE), developed report forms which law enforcement agencies in Iowa use to submit drug intelligence and investigative data to be shared with other law enforcement agencies. The information is submitted to DNE and entered into its "Pointer" computer program, which was developed to allow local law enforcement officials access to the DNE data base via a personal computer and modem. The goal is to have all task forces on line with the Pointer program during the 1993 grant period.

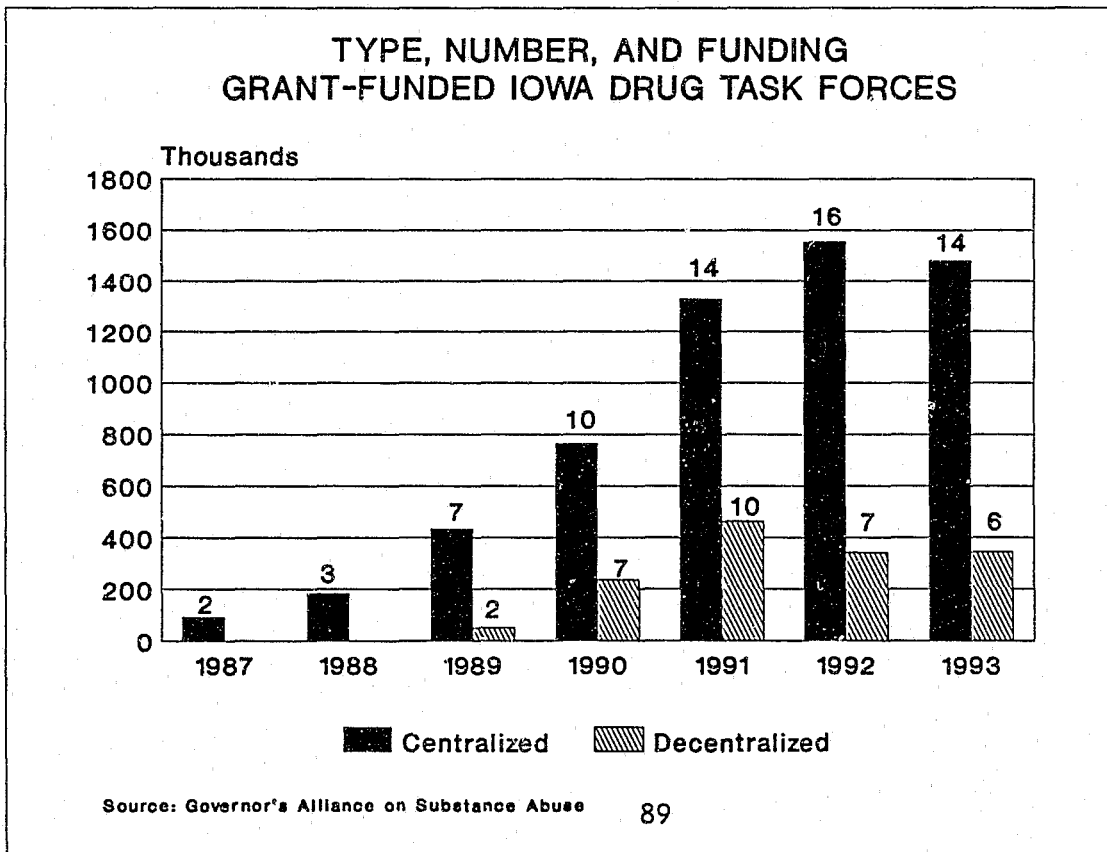
Evaluation Committee

This committee, in conjunction with the Governor's Alliance, was responsible for developing the standard performance indicators which are currently being collected by the task forces and submitted to the Governor's Alliance on a quarterly basis. Approximately 30 data elements are collected, which include the number of persons charged, arrested, and convicted; dispositions; the amount of assets seized and forfeited; and the number and type of investigations.

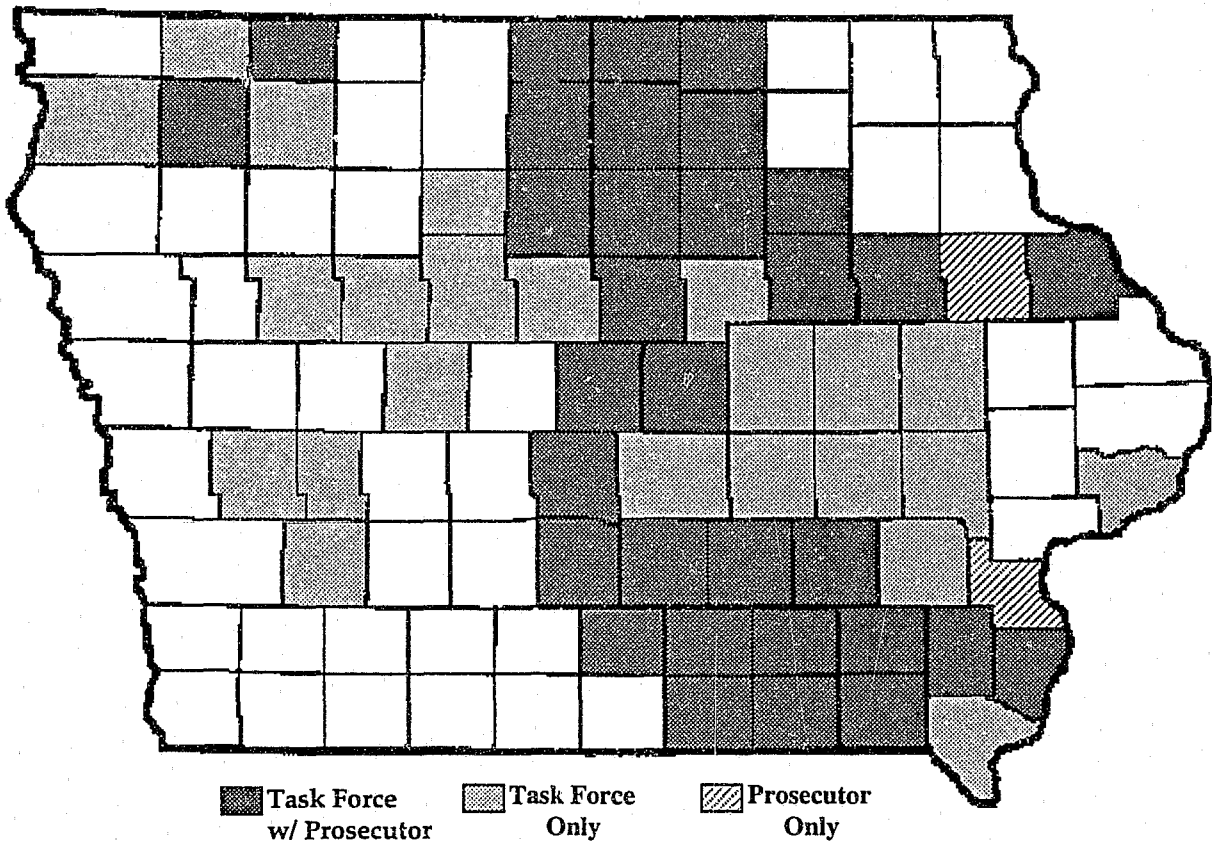
Currently, the Governor's Alliance has tasked the evaluation committee to work on a project which has the following goals:

- I. Determine the appropriateness and usefulness of the task force performance indicators for assessing the overall success of the program.
- II. Examine the task force grant application kit for accuracy and completeness in describing the project, the need/continued need for funding, and its impact upon the problem.
- III. Evaluate the objectivity and effectiveness of the grant application review process for identifying and selecting successful grant projects.
- IV. Determine the completeness of the task force and prosecutor data for the Bureau of Justice Assistance Annual Project Report requirements.
- V. Assist the Iowa Department of Public Safety in determining an accurate and uniform method by which to report task force activity to the Uniform Crime Report/Incident Based Report.

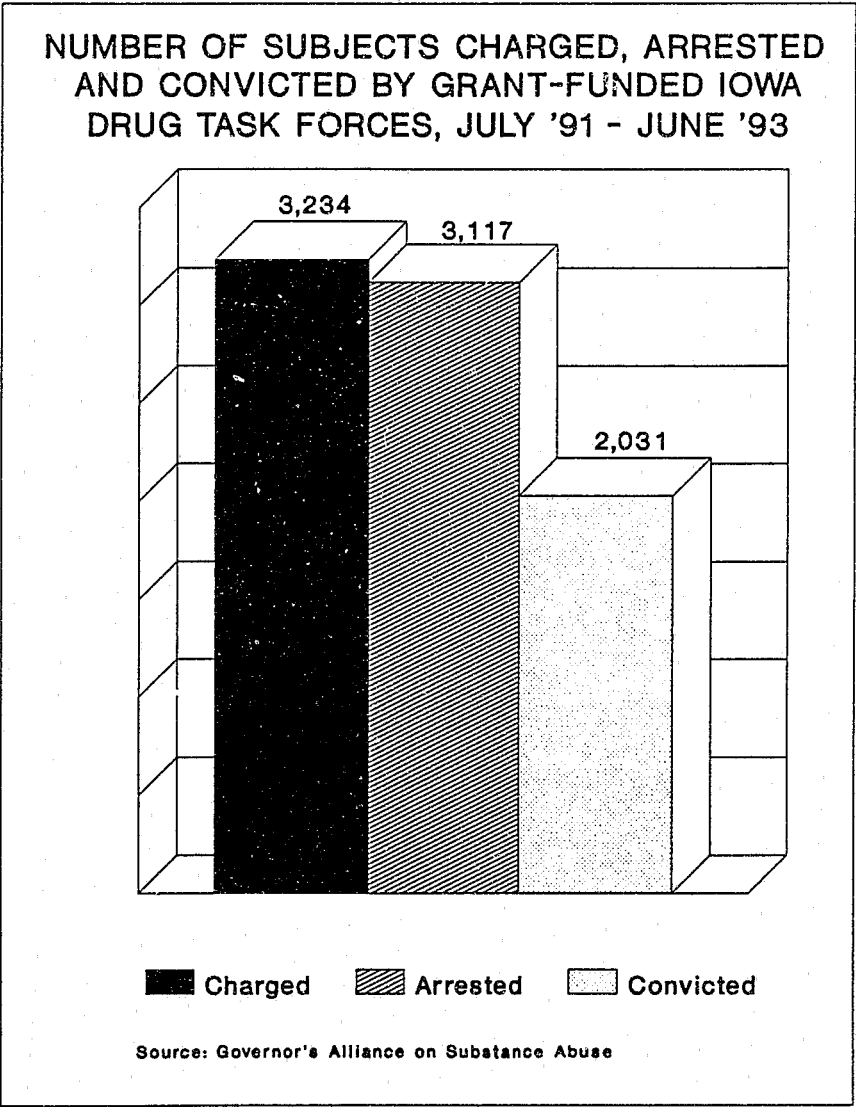
Contact: Marilyn Milbrath (515) 281-4518



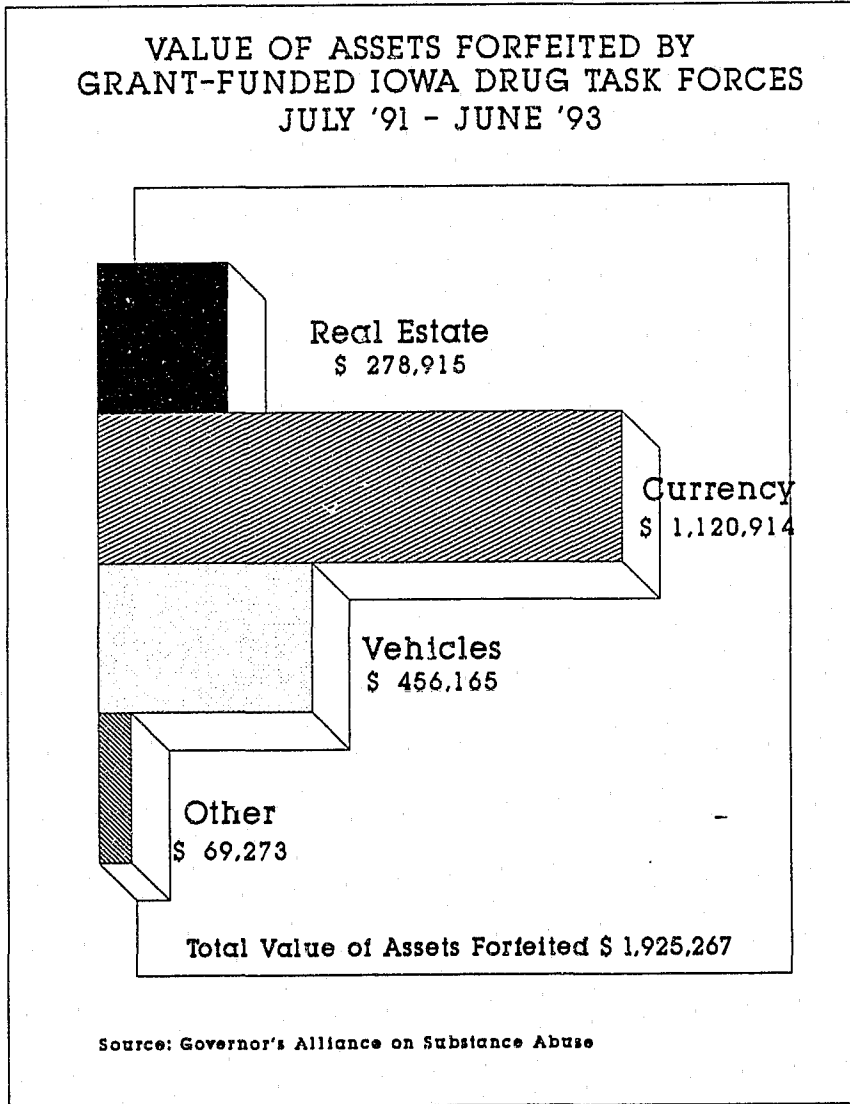
MULTIJURISDICTIONAL DRUG ENFORCEMENT TASK FORCES FFY 1993



Task forces have reported two full years of activity using the standardized performance indicators developed by the Evaluation Committee. During the state fiscal years 1992 and 1993, Iowa's local task forces arrested 3,117 individuals and charged 3,234 subjects with 5,245 charges. Two thousand and thirty one (2,031) individuals were convicted on 2,630 charges, 745 subjects were sentenced to jail or prison, and a total of \$814,828 was ordered in fines.



During state fiscal years 1992 and 1993, Iowa task forces seized a total of \$6,031,158 in assets and forfeited a total of \$1,925,267.



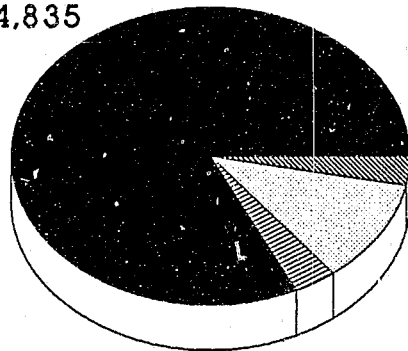
During the two year period, grant funded task forces removed 19.9 kilograms of cocaine, 2.7 kilograms of crack, 11.5 kilograms of methamphetamines, 5,570 pounds of marijuana, and 13,728 dosage units of LSD. Based on the Division of Narcotics Enforcement's reported average street prices for drugs in Iowa, it has been estimated that the street value of the drugs confiscated during this time period was over \$14,000,000. (Diverted pharmaceuticals, precursor chemicals, and eradicated marijuana are not included in the above estimate.)

Iowa task forces opened a total of 3,673 new cases during 1992 and 1993, and at the close of 1993, had investigated 4,835 distribution or delivery cases, 203 manufacturing cases, 660 possession cases, and 186 "other" cases.

NUMBER AND TYPE OF INVESTIGATIONS
BY GRANT-FUNDED IOWA DRUG TASK FORCES
JULY '91 - JUNE '93

Total Number of Investigations = 5,884

Distribution
4,835



Other
186
Possession
660

Manufacture
203

Source: Governor's Alliance on Substance Abuse

IOWA GRANT – FUNDED DRUG ENFORCEMENT TASK FORCES
 *FFY 1991 – FFY 1992

	FFY 1991 July – June	FFY 1992 July – June	Percent Change	Total '91-'92
No. of Local Task Forces Reporting	23	22	-4%	
CRIMINAL SANCTIONS				
Subjects Charged	1478	1756	19%	3234
Number of Subjects Arrested	1444	1673	16%	3117
Number of Charges Placed	2508	2737	9%	5245
Number of Charges Cleared by Arrest	2321	2578	11%	4899
Number of Persons Convicted	910	1121	23%	2031
Number of Charges Resulting In Convict.	1171	1459	25%	2630
Persons to Prison	280	285	2%	565
Persons to Jail	101	145	44%	246
Total Fines	\$290,739.00	\$524,089.14	80%	\$814,828.14
CIVIL SANCTIONS				
Total Value of Seizures	\$2,229,677.30	\$3,801,428.93	70%	\$6,031,106.23
Total Value of Forfeitures	\$972,125.98	\$953,142.42	-2%	\$1,925,268.40
CONTROLLED SUBSTANCES				
Cocaine (Kilogram)	9.726	10.155	4%	19.881
Crack (Kilogram)	1.520	1.167	-23%	2.688
Heroin (Kilogram)	0.010	0.013	21%	0.023
Processed Marijuana (lbs)	3016.345	2553.768	-15%	5570.113
Commercial Plants	4871	2112	-57%	6983
Amphetamine/Meth.	3.293	8.219	150%	11.512
LSD	7102	6626	-7%	13728
INVESTIGATIONS				
# New Cases Opened	1514	2159	43%	3673
Distribution	2579	2256	-13%	4835
Manufacture	80	123	54%	203
Possession	321	339	6%	660
Other	54	132	144%	186
Search Warrants Served	N/A	592	N/A	592
Interagency Info Exchanges	2056	3010	46%	5066

LOCAL TASK FORCE GRANT AWARDS

FFY 1991 – \$1,690,112

FFY 1992 – \$1,847,489

* Actual data collection time periods are same as SFY, July 1 – June 30

Source: Governor's Alliance on Substance Abuse

DEPARTMENT OF HUMAN RIGHTS

Division of Criminal and Juvenile Justice Planning (CJJP)

Prevention

The Division of Criminal and Juvenile Justice Planning (CJJP) provides staff support to the Iowa Juvenile Justice Advisory Council. Council members are appointed by the Governor to serve on Iowa's state advisory group. They represent the concerns of juvenile justice professionals and private citizens throughout Iowa. The state JJAC, in partnership with the state planning agency:

- participates in the development and review of Iowa's juvenile justice plan which establishes strategies and identifies problems and priority areas for program development and funding in the state;

- *reviews and makes funding decisions on all Juvenile Justice and Delinquency Prevention Act grant applications;

- *monitors jails and lockups for compliance with the JJDPA;

- *reviews and evaluates funded projects;

- *initiates positions on juvenile justice bills and matters relating to the juvenile justice system.

Through the JJDPA grant program, state and local agencies receive funds for a variety of juvenile justice programs, some of which are designed to provide community prevention services. Although the specific goals of prevention projects supported with JJDPA Act funds involve the prevention of delinquency and/or the overrepresentation of minority youth in secure facilities, the actual focus and activities of such projects may be indistinguishable from community prevention programs designed to prevent substance abuse in children and adolescent populations.

Eight prevention programs were funded during the 1993-94 grant cycle. These grants ranged from parenting programs to a sex offender treatment program. The grants ranged in size from \$6,100 to \$31,322. Three projects addressing minority overrepresentation were also awarded formula grant funds. These grants ranged in funding size of \$15,000 to \$45,000.

The Juvenile Justice Advisory Council establishes funding priority areas. Prevention has been identified as one of several program areas for which 1994 grant applications will be solicited.

Contact: Lori Rinehart (515) 281-3995

Criminal Justice

CJJP is currently receiving funding from the Governor's Alliance on Substance Abuse to provide various types of technical assistance to multijurisdictional drug law enforcement task forces receiving Drug Control grant funds from the Governor's Alliance. The task force activities are multi-faceted, but mainly involve the identification and apprehension of drug law violators. This project to assist multijurisdictional task forces includes the collection and analysis of task force performance measures, including number of investigations, arrests, drugs seized, etc. A number of reports have been produced in the last several years to describe and assess the operations and accomplishments of Iowa multijurisdictional drug law enforcement task forces, and are available from CJJP.

Contact: Dennis Wiggins (515) 242-6391

Research and Data Collection

Through a contract with the Department of Human Services, CJJP is conducting an evaluation of the substance abuse treatment services provided at the state juvenile institutions. The research effort is follow-up to a more comprehensive assessment of these services conducted by CJJP during 1990. A detailed report was issued in 1991 describing the findings of CJJP's assessment of the substance abuse treatment services provided at the state's juvenile institutions. This report also contains information collected by CJJP to describe the nature of substance abuse services in juvenile institutions across the nation.

CJJP will be supporting and studying substance abuse assessments of criminal offenders sentenced to incarceration in Iowa's prison system through a contract with the Department of Public Health. This included developing assessment services provided at the inmate classification stage for all prison admissions during the winter and summer of 1993. This effort will include an analysis of the assessment findings together with other offender and correction system data collected by CJJP.

Contact: Richard Moore (515) 242-5816

Through a contract with the Governor's Alliance on Substance Abuse, CJJP has been collecting and maintaining a variety of data elements from a number of state agencies to serve as Iowa's Substance Abuse Data Indicators. The indicators are of assistance to the Governor's Alliance and others as they plan and assess the performance of Iowa's drug control and system improvement strategies. Data available through this effort covers up to six years for some data sources and includes statewide information describing alcohol and drug usage, treatment program admissions, law enforcement activities and drug and OWI court dispositions. The data indicators were described in the first section of this document.

CJJP collects and maintains data from all Iowa clerks of court describing the convictions and disposition of all felony and indictable misdemeanor charges filed in district court. Information from the sentencing and disposition data collected from the clerks of court is available to describe the number and types of charges and dispositions for drug and alcohol offenses as well as the types of sentences ordered by the court for offenders convicted of such charges. Data is available from state fiscal years 1987 through 1992.

Further, CJJP maintains access to a wide variety of data from various state level criminal and juvenile justice system agencies. On an ongoing basis, and as resources permit, such data is analyzed and reported to a wide variety of individuals and organizations to assist them with their issue-specific and system-wide planning needs.

Contact: Laura Roeder (515) 242-5042

A 1992 CJJP report is available describing and analyzing the processing of felony drug offenders through the justice system. Sentencing and disposition data are included as are the results of an analysis of the tracking of three separate cohorts of felony arrestees (all felony arrests during 1986, 1988, and 1990).

Contact: Lettie Prell (515) 242-5837

DEPARTMENT OF HUMAN SERVICES

State Training School/Iowa Juvenile Home

Prevention

The State Training School at Eldora and the Iowa Juvenile Home at Toledo provide a wide range of prevention activities/groups for those students who do not show a history of substance abuse problems. These programs are part of the cottage life programs, the educational curriculum, and as a part of the substance abuse treatment program provided through match funding from the Governor's Alliance on Substance Abuse.

Criminal Justice

The State Training School at Eldora and the Iowa Juvenile Home at Toledo serve court-ordered juveniles in Iowa. Capacity at the State Training School has been set at 185 court-ordered males. Capacity at the Juvenile home has been set at 100 and serves court-ordered females and court-ordered male or female juveniles classified as "Child in Need of Assistance" (CHNA).

Treatment

Both the State Training School at Eldora and the Iowa Juvenile Home at Toledo provide substance abuse treatment programs for their residents. This service is contracted by the Department of Human Services to Addiction Management Services in Marshalltown, Iowa, and funded by the Drug Control and System Improvement Grant program administered by the Governor's Alliance on Substance Abuse.

Services provided include initial assessments of all residents within 72 hours after admission, comprehensive evaluation, low intensity treatment services (both individual and group counseling), primary treatment services (both individual and group counseling), and continuing care and re-entry services for clients leaving the institutions and re-integrating within their communities. Staff at the institutions work together with the treatment provider to coordinate and evaluate services. Services are also coordinated with field services staff and community-based substance abuse programs. From July 1991 through June 1992, Addiction Management Services have provided the following services:

409 initial assessments were completed at the institutions.

169 comprehensive evaluations were completed.

978 group therapy hours were provided in Low Intensity Treatment services.

231 individual counseling hours were provided in Low Intensity Treatment services.

7,225 group therapy hours were provided in Primary Treatment services.

308 individual counseling hours were provided in Primary Treatment services.

64 group therapy hours were provided in Continuing Care services.

38 individual counseling hours were provided in continuing care services.

Contact: Steve Huston (515) 858-5402

Research and Data Collection

The Governor's Alliance on Substance Abuse contracted with the Division of Criminal Juvenile Justice Planning (CJJP), Department of Human Rights, to evaluate substance abuse treatment services being provided at the State Training School and the Iowa Juvenile Home. As a follow-up to recommendations, another contract was awarded to CJJP to assess the degree to which the provider and institutions implemented recommendations of the first study.

Contact: Richard Moore (515) 242-5816

Mount Pleasant Mental Health Institute

Treatment

As of January 1, 1992, the Iowa Residential Treatment Center at the Mount Pleasant Mental Health Institute has been designated as the only provider of adult substance abuse treatment within the mental health institutes. The Iowa Residential Treatment Center at the institute is a licensed 92-bed primary residential chemical dependency treatment program for adults. This program serves voluntary admissions, court-ordered admissions, and correctional third-offense OWI offenders. The Iowa Residential Treatment Center (IRTC) is a 28-day residential treatment program for both males and females. There is a Women's Recovery Unit that provides treatment for female clients for up to 90-days, depending on the clients's needs and motivation. For both the 28-day and the 90-day program, there are individual counseling, group counseling, written assignments, educational skills, and specialty group therapy (such as self-esteem, grief therapy, anger control, stress management, and co-dependency) available. Psychological testing and consultation is also available.

Research and Data Collection

The Iowa Residential Treatment Center serves all 99 counties of the state. Data is available on client demographics, court status at time of entry, and number of clients from each county.

Contact: Dr. Reginald Alexander (319) 385-7231

IOWA LAW ENFORCEMENT ACADEMY

Criminal Justice

The training of law enforcement officers and jailers is the Law Enforcement Academy's primary responsibility. Several of the courses provided by the Academy include substance abuse topics.

Basic recruit training schools for law enforcement officers, which are 10 weeks in length, include the following:

- OWI Enforcement
- Standardized Field Sobriety Testing (Including Horizontal Gaze Nystagmus basic certification)
- Narcotics Enforcement (Including laws, techniques, and drug recognition)

Specialized or in-service training programs offered by the Academy include the following topics:

- Drug Recognition Experts seminars
- Narcotics for Street Officers seminars
- Basic Narcotics Investigation schools
- Standardized Field Sobriety/Horizontal Gaze Nystagmus
- Instructors schools
- HGN Basic Certification schools
- OWI Program Management school
- DARE Instructor schools

Data available from the Academy includes the number of courses provided and the number of officers and jailers trained in a given year. In addition, the Academy can provide information regarding the number of law enforcement departments in Iowa by type (county, municipal, etc.) and size.

Contact: Scott Moline (515) 242-5357

JUDICIAL DEPARTMENT

Prevention

The Judicial Department is a separate branch of government and consists of the Supreme Court, Court of Appeals, district courts, clerks of all of the courts of the state, juvenile court officers, court reporters, and all other court employees. Judges and administrative staff who handle criminal and juvenile cases in Iowa need special training and education about drugs and case processing. To meet this need, a judicial education scholarship program has been established to train a cadre of judges and support staff at national programs on drugs, evidentiary issues, technology, and management. Those receiving training then serve as faculty or consultants at judicial education programs held in state.

Drug-related and OWI charges, dispositions, and sentences resulting from charges are available from the Judicial Department. The data is part of the Iowa Substance Abuse Indicators discussed in the preceding section.

Contact: Jerry Beatty (515) 281-6869

Criminal Justice

Since 1986, criminal case filings in Iowa have increased 50 percent. A significant portion of this increase results from drug enforcement. Law enforcement, prosecutors and defense attorneys all have automation tools available to them to process and manage their caseload, but judges operate with the tools available to them in the 1950's. Through the use of personal computers, this program will increase the knowledge of judicial officers to the use of technology and establish the effectiveness of the use personal computers in case management of criminal drug cases.

Contact: Larry Murphy (515)281-8781

DEPARTMENT OF JUSTICE

Prosecuting Attorney's Training Council

Criminal Justice

The Comprehensive Career Criminal and Drug Prosecution Support Program (CCC&DPSP) is a multi-faceted program of the Iowa Department of Justice. The program funds specialized career criminal drug prosecutors and supports all county attorneys and assistants through automation, training, and technical assistance. The program includes the best components of a career criminal prosecution program and a prosecution management support system.

Prosecutors funded through this program report quarterly case load information to the Prosecuting Attorneys Training Council (PATC), through the use of the Prosecutors Centralized Support System (PROCESS). PROCESS is a standardized case tracking and case management software program. Caseload information provided to PATC includes: new charges, on-going cases, and dispositions. New charges, on-going cases, and dispositions. New charges are those charges filed within a three-month period; on going case information reflects continuing case information from the previous quarters; and dispositions reflect the cases or charges that were disposed of during a three-month period.

Contact: Kevin B. Struve

(515) 281-5428

The Impaired Driver Prosecution Assistance, Governor's Traffic Safety Bureau grant program, provides training for prosecutors and law enforcement officers on highway safety issues including trial advocacy courses for prosecutors and in-service training for prosecutors and law enforcement officers summarizing OWI laws and detection techniques. In 1993, 16 prosecutors attended the OWI Basic course, 26 prosecutors attended the Trial Advocacy Course, and 130 attended the **Mobile Videotaping - The Prosecutor's Tool of the Future** segment at the County Attorneys Spring Training Conference. Nineteen (19) Law enforcement officers attended the Trial Process for Law Enforcement course. One hundred twenty-six (126) persons (primarily law enforcement officers) attended in-service training sessions throughout the state.

Contact: E.A. "Penny" Westfall

(515) 281-5428.

DEPARTMENT OF PUBLIC HEALTH

The Iowa Department of Public Health is an independent state agency with a director and a policy-making Board of Health, and a Commission on Substance Abuse.

Commission on Substance Abuse

The duties of the Commission on Substance Abuse include:

- 1) Approving the comprehensive substance abuse plan, developed by the department pursuant to Iowa Code sections 125.1 to 125.43;
- 2) Advising the department on policies governing the performance of the department in the discharge of any duties imposed on it by law;
- 3) Advising or making recommendations to the governor and the general assembly relative to substance abuse treatment, intervention, and education and prevention programs in this state;
- 4) Promulgating rules for subsections one and six, of Chapter 125 of the Iowa Code and reviewing other rules as necessary;
- 5) Investigating the work of the department relating to substance abuse (for this purpose it shall have access at any time to all books, papers, documents and records of the department);
- 6) Considering and approving or disapproving all applications for a substance abuse treatment license and all cases involving the renewal, denial, suspension or revocation of a license; and
- 7) Acting as the appeal board regarding funding decisions made by the department.

The commission consists of nine members appointed by the governor. Appointments are made on the basis of interest in and knowledge of substance abuse; however, two of the members shall be persons who, in their regular work, have direct contact with substance abuse clients. A list of commission members can be found in the Appendix.

Healthy Iowans 2000

The 21st Century beckons with the challenge and opportunity for improving the health of all Americans. This future is built on the discoveries of the last century, a century of biomedical research which produced sophisticated techniques for diagnosing and intervening against disease. A century of scientific studies revealed much about the factors that predispose individuals to various health threats and, therefore, about actions that each person can take to control risks for disease or disability. Today there is greater potential for continued good health and a better quality of life.

A process has evolved for developing a health strategy to respond to these challenges. The Institute of Medicine and the Public Health Service organized a consortium of 300 organizations to develop health objectives for the 1990s. This process involved more than 10,000 people and produced *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*.

In Iowa, Governor Branstad appointed Richard D. Remington, M.D., distinguished professor of preventive medicine and director of the Institute for Health, Behavior, and Environmental Quality at the University of Iowa, to chair a Healthy Iowans 2000 Task Force. The task force, consisting of 19 members from key departments of state government, health professional associations, voluntary health organizations, local agencies, the state board of health, and the Iowa Public Health Association, reviewed and

adopted goals and action steps for health promotion and disease prevention activities in Iowa. Iowa addressed each of the 22 priority areas identified by the national task force in the *Healthy People 2000* report. This included substance abuse.

The *Healthy Iowans 2000* process is providing the central focus for activities of the Department of Public Health during this decade. All federal public health funds are directly related to *Healthy People 2000*. Further planning efforts throughout the Department of Public Health and other affected state agencies are being coordinated into an integrated *Healthy Iowans 2000* process.

The *Healthy Iowans 2000* goals for Alcohol and Other Drugs are listed below:

4-1 GOAL STATEMENT

Develop an interagency strategic plan to ensure provision of substance abuse services ranging from prevention through aftercare.

4-1.1 ACTION STEP

Develop by 1995 an instrument/survey to assess the patterns of alcohol/drug use by youth not in school, as well as in the adult population. (A Department of Public Health and Department of Education action step.)

4-1.2 ACTION STEP

Begin the development of a strategic plan to coordinate services along the continuum of care with responsibilities outlined and resources identified by 1993; every three years the plan will be evaluated and course corrections implemented as necessary. (A consortium of state agencies and the Iowa Drug Abuse and the Prevention and Education Advisory Council action step.)

4-1.3 ACTION STEP

Design and implement a comprehensive review of the school health curricula in Iowa to assess the integration of alcohol and drug-related health information for grades K-12 by 1994. (A Department of Education action step.)

4-1.4 ACTION STEP

Review sources of funding annually and recommend to the governor appropriate administrative avenues for disbursement of substance abuse dollars, consistent with the 10-year strategic plan. (A consortium of state agencies and the Iowa Drug Abuse Prevention and Education Advisory Council action step.)

4-2 GOAL STATEMENT

Assess current levels and increase services to underserved or high-risk populations by 5% in 1996 and by an additional 3% by 2000; services will include prevention, intervention, treatment, and aftercare to these groups: women of child-bearing years, youth both in and out of school, minorities--nonwhite and non-English speaking, and adult clients involved with the justice system.

4-2.1 ACTION STEP

Establish a baseline of data on current levels of service usage by July 1994. (A Department of Public Health action step.)

4-2.2 ACTION STEP

Provide training and development for 15 community-based service providers on population-specific care by 1994. (A Department of Public Health action step.)

4-2.3 ACTION STEP

Provide funds for the evaluation of three pilot projects that have developed population-specific treatment by 1994. (A Department of Public Health action step.)

4-3 Goal Statement

Reduce alcohol, tobacco, marijuana, and other drug use among Iowa youth (ages 12-18) by: delaying the initial use of alcohol, tobacco, and marijuana among youth; reducing casual, regular, and heavy use of alcohol, tobacco, marijuana, and other drugs among Iowa young people; and lowering the incidence of multiple use (such as alcohol and other drugs) among those who are 14-18.

4-3.1 ACTION STEP

Have every school district develop and implement a complete substance abuse prevention and intervention plan by 1994 as required by the Federal Drug-Free Schools and Communities Act by doing the following: seeing that every school/community advisory committee will have participated in a prevention planning workshop by 1994; assuring that school/community training and technical assistance is available regionally through a cooperative effort of area education agencies, substance abuse agencies, and nonprofit health and human service organizations; and, having every school district submit a complete substance abuse prevention and intervention plan as part of its three-year application for drug-free schools and communities funding in the 1994-1996 fiscal years. (A Department of Education action step.)

4-4 GOAL STATEMENT

Increase substance abuse treatment services to pregnant substance abusers by 20% by 1995 and by an additional 20% by the year 2000.

4-4.1 ACTION STEP

Update the substance abuse directory to identify available health and treatment services for women substance abusers by March 1993. (A Department of Public Health action step.)

4-4.2 ACTION STEP

Develop a report on the length of time pregnant women who are seeking substance abuse treatment are waiting before admission, by July 1993. (A Department of Public Health action step.)

4-4.3 ACTION STEP

Draft model guidelines which identify the special needs of pregnant women during inpatient treatment, non-hospital residential treatment and outpatient treatment as well as in halfway houses, and in aftercare by January 1994. (A Department of Public Health action step.)

4-4.4 ACTION STEP

Develop and fund two programs with specifically designed treatment services for pregnant women by January 1994. (A Department of Public Health action step.)

4-4.5 ACTION STEP

Develop and fund linkages between the chemical dependency treatment system and the primary health care delivery system for chemically dependent women by January 1994. (A Department of Public Health action step.)

Contact: Dr. Ronald Eckoff (515) 281-5914

Division of Substance Abuse and Health Promotion

Prevention

The Department of Public Health, Division of Substance Abuse and Health Promotion views alcohol and other drug abuse and addiction as a major public health problem; therefore, the conceptual foundation used for services funded by the Division is the Public Health Model and the belief that addiction is a disease.

A continuum of care for prevention services has been established in Iowa through the funding of community-based non-profit agencies.

Providers of prevention services are required to use a multi-strategic approach. These strategies include information, education, alternatives, social policy and intervention. A guideline has been established that all prevention content must be at least one-third alcohol and other-drug specific.

Prevention efforts require careful attention to three factors from the Public Health Model: the host (the individual); the agent (alcohol and other drugs); and the environment (societal institutions).

The Division is supportive of efforts that prepare individuals, families and groups to make no risk or low-risk choices in their use of alcohol and other drugs. When determining risk, the individuals need to examine: their level of genetic risk (family history); the influence of social and psychological factors (e.g. stress, absence of coping skills, societal mixed messages, etc.); as well as the quantity and frequency of their use of alcohol and other drugs, and if those life style choices are consistent with their values.

Such agent factors as types, amounts, effects, and availability of alcohol and other drugs contribute significantly to alcohol and other drug problems. Therefore, the Division supports informing the public about the effect of alcohol and other drugs, availability, price, and distribution, in addition to advocating for appropriate legislation. All of society benefits from reducing illegal and high-risk use of alcohol and other drugs.

The Division also supports prevention efforts that facilitate the education and involvement of every institution in Iowa's communities so that community systems can take responsibility for reducing the incidence of alcohol and other drug abuse, associated problems, and addictions. The Division encourages the use of a community prevention matrix to empower communities to assess, plan, and evaluate prevention in all systems of that community. The matrix provides a visual presentation of a comprehensive community effort.

Bureau of Prevention and Training

The Bureau of Prevention and Training within the Division of Substance Abuse and Health Promotion provides technical assistance to substance abuse prevention programs, commu-

nity task forces and individuals, monitors contracts for a variety of prevention programs, contracts for training of substance abuse professionals and interested citizens.

Effective for fiscal year 1993, the Division contracted for services with 26 prevention programs for delivery of comprehensive prevention services in all 99 counties of Iowa. Comprehensive services are funded by the Alcohol and Drug Abuse and Mental Health Services Federal block grant, the U.S. Department of Education's Drug-Free Schools and Communities Grant, and state appropriations. In FY 1992, funded prevention programs provided comprehensive services to 276,556 unduplicated individuals and 507,638 duplicated (seen more than once) individuals, equaling 60,739 hours of service. Comprehensive prevention services offer information, education/skill building, alternatives, social policy, and intervention strategies. These services are provided in a variety of settings to a number of targeted groups including youth, teachers, parents, women, and minority groups, as well as the general population.

The map and list on the following page identifies catchment or service areas of these programs. Some counties operate prevention and intervention/referral programs independent of the Division.

An allocation from the Sunday liquor sales license fees provides funds for the following Innovative Prevention projects: a mentoring program for middle school-aged African-American males; projects that focus on American Indian and Hispanic youth and their families; grassroots lower income neighborhoods organizing to proactively solve alcohol and other drugs problems; an outreach program for homeless youth, including a living space component; a project concerning older adults and alcohol and other drug issues; and, a statewide musical presentation project.

The Division also funds, through the Governor's Discretionary portion of the U.S. Department of Education's Drug-Free Schools and Communities Funds, 13 High-Risk Youth Prevention projects: projects for pregnant and parenting teens and their children;; a program of support and referral for youth following detention or treatment; a Drug Abuse Resistance Education-sponsored summer leadership camp; programs that offer in-school assessment and intervention services; skill building and alternative strategies for alternative schools and at a walk-in center; programs that target youth from housing projects, American Indian youth, children of alcoholics, and youth from families that experienced domestic violence; a pre-employment program for drop-outs; and, a project for runaways and first offenders.

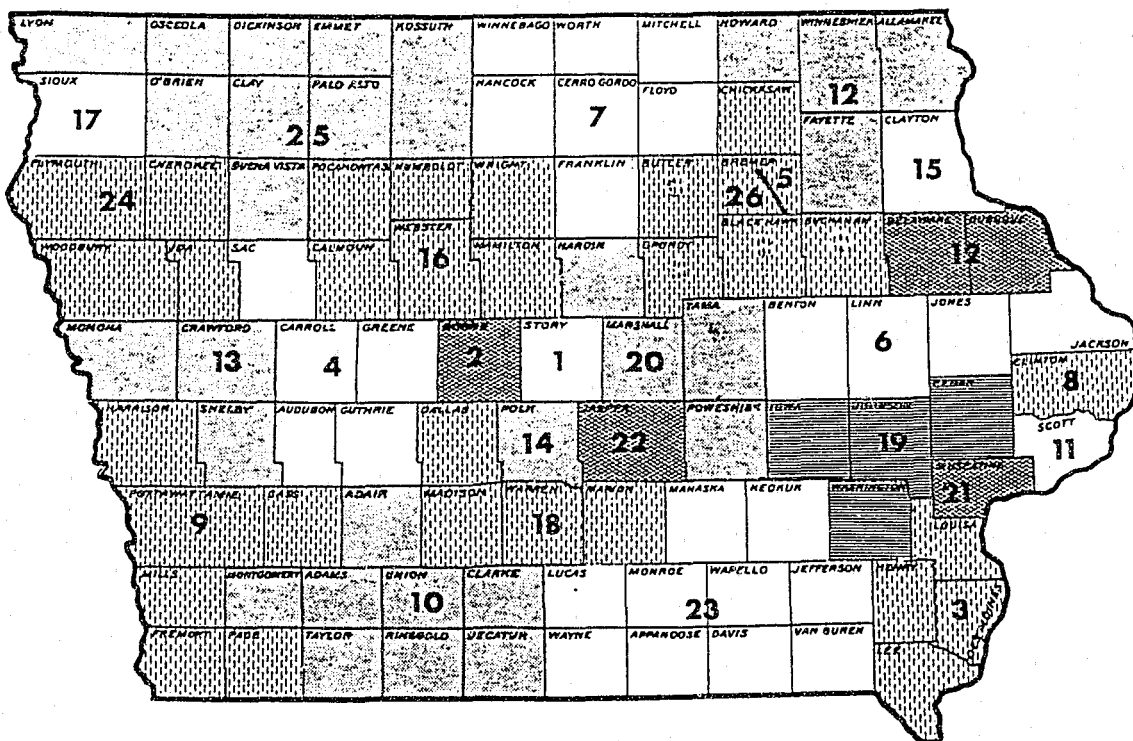
Congress mandated that ten percent of the U.S. Department of Education funds be used for Drug Resistance Education projects. The Division funds 17 Drug Abuse Resistance Education (DARE) projects throughout the state.

The Division also contracts with the Iowa Substance Abuse Information Center in Cedar Rapids to provide resource information on substance abuse prevention and treatment.

In Iowa, parent and community groups make a major contribution to alcohol and other drug prevention efforts. Activities of these volunteer groups are funded primarily through community and private donations. The Division funds 104 communities in Iowa for community prevention efforts.

The Division subcontracted the training to the Iowa Substance Abuse Program Directors Association (ISAPDA) beginning January 1993. ISAPDA also received the subcontract for the Project for Addiction Counselor Training (PACT).

FY 94 Community-Based Prevention Programs and Their Catchment Areas



Catchment

Area	Main Office	Prevention Program
1	Ames	Youth and Shelter Services
2	Boone	Boone County Prevention and Community Services
3	Burlington	Alcohol and Drug Dependency Services of Southeast Iowa
4	Carroll	Area XII Alcohol and Drug Abuse Treatment Unit
5	Cedar Falls	Area 7 Substance Abuse Prevention Education Project
6	Cedar Rapids	Area Substance Abuse Council
NA	Cedar Rapids	Iowa Substance Abuse Information Center
7	Clear Lake	Northern Trails Area Education Agency
8	Clinton	New Directions, Center for Alcohol and Other Chemical Dependencies
9	Council Bluffs	Loess Hills Area Education Agency
10	Creston	Green Valley Area Education
11	Davenport	Center for Alcohol and Drug Services
12	Decorah	Helping Services for Northeast Iowa
13	Denison	Midwest Iowa Alcohol and Drug Abuse Center
14	Des Moines	National Council on Alcoholism and Other Drug Dependencies
15	Elkader	Substance Abuse Services for Clayton County
16	Fort Dodge	North Central Alcoholism Research Foundation
17	Hull	Alcoholism and Drug Abuse Center
18	Indianola	Prevention Concepts
19	Iowa City	Mid-Eastern Council on Chemical Abuse
20	Marshalltown	Substance Abuse Treatment Unit of Central Iowa
21	Muscatine	Muscatine General Hospital
22	Newton	Capstone Center, Inc.
23	Ottumwa	Southern Iowa Economic Development Association
24	Sioux City	St. Luke's Gordon Recovery Centers
25	Spirit Lake	Northwest Iowa Alcohol and Drug Treatment Unit
26	Waterloo	Northeast Council on Substance Abuse

For the six month time period ending July 1993 there were 24 trainings offered and total participation was 912 people.

Before the subcontract became functional, the Bureau of Prevention and Training continued to sponsor the Annual Summer School for Helping Professionals, the Second Annual American Indian Conference, and the Annual Prevention Symposium.

Both members of the bureau continue to make professional presentations as requested and time permits.

The bureau continues to represent the Commission on Substance Abuse on the Iowa Board of Substance Abuse Certification.

Bureau staff actively seek to incorporate substance abuse information with other health information by liaison activities with other divisions within the Health Department.

The staff worked closely with the Office of Disability Prevention to provide three trainings for community members and medical professionals to recognize physical and behavioral symptoms of Fetal Alcohol Syndrome and Fetal Alcohol Effects.

The Family Services Bureau, Division of Family and Community Health was provided technical assistance in the development of training on recognizing substance abuse in patients seen at maternal and child health clinics.

Staff participated in a task force to design an appropriate public health response to reduce teenage pregnancy in Iowa.

The Family Centered Services Professional Development Work Group has bureau representation as they consider the most efficient and effective delivery of services for families, including decategorization of funding, as well as standards for "family centered services".

The Healthy Iowans 2000 project continued to refine the document with input from bureau staff.

Iowa Public Television received technical assistance in the development of an hour long television show designed for youth in junior and senior high. The show focused on substances and their effects.

Consultation in a variety of areas continues on an ongoing basis. Examples of projects receiving staff time are the ADPA (Alcohol and Drug Problems Association) Annual Women's Conference, the Annual Governor's Conference on Aging, and the advisory committee for the training subcontract.

Building on last year's initiative with the HIV Prevention Program within the Bureau of Infectious Diseases, the collaboration was expanded to include state and community-based agencies that addressed sexually transmitted diseases, family planning, tuberculosis, as well as substance abuse and HIV prevention.

The second direction developed when it became obvious that clients were not only at increased risk for HIV, but also sexually transmitted diseases and tuberculosis. Five counties of the state were identified for pilot projects. The counties were chosen because of population size and because they have the highest concentration of high-risk populations. The goals for the pilot projects are to cross-train personnel to identify

substance abuse problems and understand the importance of referral for testing and treatment of communicable diseases. Also, an intended outcome is to develop model guidelines to help community-based agencies design referral processes that will be used by clients. Another benefit is to provide resource people for both client and staff education. The first meeting, where all the agencies were invited to participate in the project, was titled "Leadership Linkages". It included an overview of the project, keynote address(es) regarding ways in which the problems intersect with a population, and input from the agencies on project design. The second meeting, "Confidentiality of Patient Records for Alcohol and Other Drug Treatment and Infectious Disease Records: Issues, Options and Solutions," was sponsored by the Department of Public Health, the Center for Substance Abuse Treatment, and delivered by the Legal Action Center. The focus of the training was to help community-based agencies communicate with one another as well as provide services to common clients. The training was well received and participants felt it provided them with crucial information to remain in compliance with all confidentiality laws and regulations. Future direction is currently being discussed.

Data available for comprehensive prevention grants includes all funded prevention services completed by comprehensive community-based agencies, including: the event; place; date; type of group; number of participants seen for the first time; duplicated participants; and, the length of the event. Innovative project data includes the number served and the length and number of events. Data available for high-risk projects are: number served; race, age, length and number of events, and participant risk factors.

Contacts: Cynthia Kelly, Training and HIV/AIDS-STD Initiatives (515) 281-4640
Deborah Synhorst, Prevention (515) 281-4404
Linda Holt, Prevention Data Information (515) 281-4643

Bureau of Health Promotion

The mission of the Bureau of Health Promotion is to promote healthy lifestyles and reduce modifiable risk factors for chronic diseases by developing and supporting community-based health promotion interventions. The Bureau uses a risk reduction approach to prevent chronic diseases. The goal of risk reduction is to reduce the prevalence of lifestyle behaviors that are known to be factors in the development of chronic diseases. The major lifestyle risk factors associated with major chronic diseases are smoking, poor nutrition, sedentary lifestyle, occupational exposure to environmental risks, alcohol misuse, and inadequate preventive health care.

To prevent or reduce the prevalence of chronic disease risk factors, the bureau encourages the development of community-based health promotion programs. Such programs use strategies that emphasize the role of the community itself in supporting healthy lifestyles and behaviors among both the general population and high-risk groups.

Since May 1988, the Centers for Disease Control and Prevention (CDC) has provided grant funding for Iowa's participation in the Behavior Risk Factor Surveillance System (BRFSS). Through the BRFSS, state-specific information is collected regarding the prevalence of self-reported health behaviors among Iowans. Alcohol use and drinking and driving are two of the risk factors measured. Information is collected annually by using a relatively low-cost random telephone survey of 1,800 adults. Because the BRFSS is a standardized survey, the results can be compared with other participating states and the nation. In addition, the BRFSS complements other data sources and assists efforts to plan, implement, and evaluate health promotion programs at the state level. Reports summarizing health behavior data are published on an annual basis.

The Bureau's Community-Based Health Promotion Grant Program provides "seed money" for establishing, broadening, or linking health promotion/risk reduction programs that target counties' major health problems. For Fiscal Year 93, ten counties received grants to generate community-wide efforts to plan and implement interventions aimed at reducing behavioral health risks in targeted populations. Health promotion staff provide technical assistance to each program.

Included in the Bureau's activities are tobacco prevention and control. To reduce the prevalence of tobacco use in Iowa, the program targets the general population as well as high-risk groups such as youth, pregnant women, and minorities. Ongoing activities include: providing information to both the private and public sectors regarding Iowa's Clean Indoor Air Act and the Adolescent Smoking Prevention Bill; coordinating statewide media events aimed at reducing the prevalence of tobacco use; and giving technical assistance to local agencies interested in planning, implementing, and evaluating smoking intervention programs.

Contacts:	Pat Busick, BRFSS	(515) 281-3763
	Lorrie Graff, Health Promo. Grants	(515) 281-7739
	Tim Lane, Tobacco Prevention	(515) 281-7833

Treatment

The Division of Substance Abuse and Health Promotion views substance abuse as a public health problem because of costs to society, increased health problems, increased violence, and unintentional injuries. A goal of the Iowa Department of Public Health's Division of Substance Abuse and Health Promotion is to afford substance abusers and persons suffering from alcohol and other drug dependency the opportunity to receive quality treatment and rehabilitation services which will help them assume a productive role in society.

Any agency/organization providing treatment for alcohol and other drug dependency in Iowa must either be licensed by the Department of Public Health's Division of Substance Abuse and Health Promotion; or have filed with the Department of Public Health, Division of Substance Abuse and Health Promotion, evidence of current accreditation by the JCAHO, CARF, AOA or other recognized accreditation body. A copy of the accreditation report is filed with, and maintained by, the Department of Public Health, Division of Substance Abuse and Health Promotion.

Bureau of Administration and Licensure

The Bureau of Administration and Licensure processes licensure applications for treatment programs and subsequently conducts an on-site inspection to determine compliance with licensure standards (see 643 Iowa Administrative Code Chapter 3). The bureau also provides technical assistance to programs in areas such as administrative, clinical, programmatic and quality assurance. These areas relate to the general and/or overall operations of the treatment program. Complaints against programs are also investigated by the licensure section to determine and/or substantiate violations in accordance with Iowa law.

The division also maintains one district data bank. This is a database of individual professionals who have been sanctioned or lost a malpractice suit.

In 1992, 51 treatment programs (both privately and publicly funded), 8 correctional facilities and 2 assessment/referral programs were licensed by the Department of Public Health,

Division of Substance Abuse and Health Promotion. Also, the Division maintains files for 15 hospital-based substance abuse treatment programs that are currently accredited by a nationally recognized accreditation organization.

In keeping with its treatment and rehabilitation services goal of affording alcohol and other drug abusers and persons suffering from drug dependency the opportunity to receive quality treatment, funding from the Alcohol and Drug Abuse and Mental Health Services federal block grant, state appropriations, and the Center for Substance Abuse Treatment is used by the Department to contract for services with 40 licensed community-based programs, for services in all 99 counties. In fiscal year 1993, 26,648 clients received services in community-based substance abuse treatment programs that have a contract with the department. These services include intake, assessment, Level I treatment, Level II treatment, concerned clients and crisis only. Of the total clients, 22,613 received intake, assessment, Level I or Level II treatment.

Of these 22,613 clients, 42 percent received intake and assessment services only and then either were found to be in no need for treatment or refused treatment. Fifty-eight percent of the clients received Level I or Level II treatment.

Community-based treatment programs provide a variety of services which may include: detoxification; screening; evaluation; intake/assessment; treatment; continuing care; and, follow-up services. Service areas for contract and funding purposes have been defined by the Commission on Substance Abuse in terms of a catchment area. Although a continuum of care exists in many catchment areas, a minimum of one program in each catchment area must provide outpatient services.

Programs that have a contract with the division serve individuals in need of treatment regardless of their ability to pay or financial status. However, individuals are charged a minimum fee based on a sliding-fee schedule as required by the Iowa Code and the division's contract with programs. Contracts with treatment agencies require that state funding is the funding of last resort. Clients with special needs (e.g. persons with disabilities or language other than English) are served via linkage arrangements with local and/or community providers meeting the special need. Licensure standards require that programs maintain written policies and procedures to facilitate referrals between programs and other community service providers. This ensures continuity of care for all clients and those with special needs. The clients' individualized treatment care plan often includes the utilization of existing community resources for support services.

The map on the following page reflects the catchment area per funded treatment programs, followed by a list of those programs. A complete list of all agencies/programs providing alcohol and other drug treatment services in Iowa can be found in the Appendix.

Special Projects in Treatment

Commitment to special projects for women, which were initiated in Fiscal Year (FY) 1991, was continued. Two projects, located in Des Moines and Waterloo, are funded to implement comprehensive multidisciplinary services to low income and/or indigent, pregnant, substance abusing women and their chemically affected babies. The purpose is to reduce poor perinatal outcomes and to assist in attaining and maintaining a drug-free lifestyle and to move toward self-sufficiency. Another project in Des Moines is funded to provide continuing care to mothers and children.

The division monitors two federally funded projects for critical populations. A Model Comprehensive Substance Abuse Treatment Project for Adolescents/Juvenile Justice in Scott County targets substance-abusing youth who have engaged in or are at risk of engaging in criminal activity, and their families, with specific enhancements/intervention activities relevant to minority youth. The second project involves a pretreatment phase and an extensive outpatient program for teenagers and a residential program for individuals between 18 and 22 years of age residing in a rural southeastern Iowa setting.

Culture-specific Programs

In December 1990, the Northeast Council on Substance Abuse opened a culture-specific outreach program with state and federal funds from the Iowa Department of Public Health, Division of Substance Abuse and Health Promotion.

The philosophy of the Culture Specific Outreach Program is that treatment must take a culturally specific approach, recognizing that chemical dependency is one of many health problems disproportionately affecting minority/special population groups. This concept is based on a multi-cultural interpretation of the public health model which views addiction as a disease affecting the ethnic minority individual, family, and community at large. In addition, this interpretation encompasses thoughts and practices rooted in the cultural image and interest of African-American and other ethnic minority group individuals in America.

This approach to the treatment of addiction considers all aspects of the individual, family, and community, and employs multiple strategies in meeting their specific needs.

Drug Testing

Iowa law requires that any business located (or doing business) in Iowa that wishes to test its employees or employment applicants for drugs of abuse may do so, but only under certain circumstances. The law further requires that the test specimen be sent to a laboratory approved by the Department of Public Health. Both in-state and out-of-state labs can seek Iowa approval. (See Iowa Code section 730.5.)

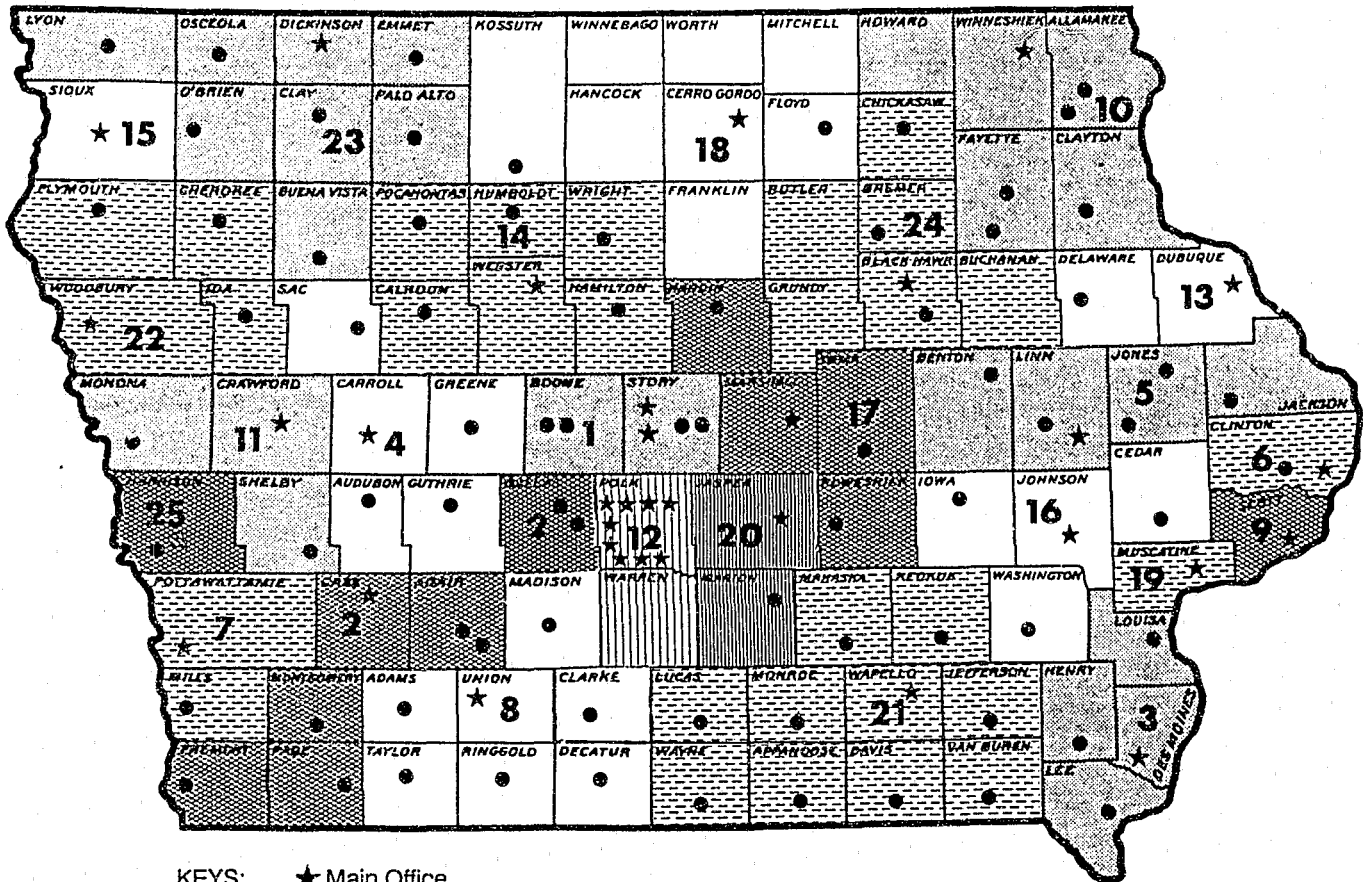
The administrative rules implementing this statute stipulate that the department shall approve laboratories that test for any of the following certified drugs: amphetamines, barbiturates, cannabinoids, cocaine, ethanol, opiates, and phencyclidine. (See 641 Iowa Administrative Code, Chapter 12.)

The Department collects approval and renewal fees. When on-site inspections are necessary they are performed by qualified laboratory personnel through an agreement with the State Hygienic Laboratory in Oakdale, Iowa. Laboratories must renew their approval annually and submit proficiency test results to the University Hygienic Laboratory on an ongoing basis. On-site inspections are required at the time of initial application and every two years thereafter unless the lab is NIDA-accredited or licensed by another state whose requirements are at least equal to Iowa's.

Catchment Area	Main Office	Treatment Program	Contract-Funded Services
1	Ames	Center for Addictions Recovery Youth and Shelter Services	Outpatient Outpatient/juvenile residential
2	Atlantic	Alcohol and Drug Assistance Agency	Outpatient/residential
3	Burlington	Alcohol and Drug Dependency Services Young House, Woodland Treatment Center	Outpatient/residential Residential/juvenile
4	Carroll	Area XII Alcoholism and Drug Treatment Unit	Outpatient
5	Cedar Rapids	Area Substance Abuse Council	Outpatient/residential (juvenile-adult)
6	Clinton	New Directions, Center for Alcohol and Other Drug Dependencies	Outpatient/halfway
7	Council Bluffs	Family Service Chemical Dependency Program	Outpatient
8	Creston	Action Now Chemical Dependency Treatment Services	Outpatient
NA	Cherokee	Behavioral Health Management Services	Residential
9	Davenport	Center for Alcohol and Drug Services	Outpatient/methadone/residential (juvenile-adult)/halfway
10	Decorah	Alcohol and Related Problems Service Center, Northeast Iowa Mental Health Center	Outpatient
11	Denison	Midwest Iowa Alcohol and Drug Abuse Center	Outpatient
12	Des Moines	Bernie Lorenz Recovery Broadlawns Substance Abuse Broadlawns Primary Care Project Children and Families of Iowa/ Cornerstone Recovery Des Moines General Hospital First Step, Mercy Recovery Center House of Mercy Mid-City Addiction Team National Council on Alcoholism, Central Assessment Center New Beginnings Powell Chemical Dependency Center, Iowa Methodist Medical Center	Residential (female) Outpatient Case mgmt for pregnant women Outpatient Outpatient Outpatient Continuing care Outpatient/methadone Intake/assessment/referral Outpatient/residential (adolescent) Outpatient/residential
13	Dubuque	Substance Abuse Services Center	Outpatient
14	Fort Dodge	North Central Alcoholism Research Foundation	Outpatient/residential(adult)/halfway
15	Hull	Alcoholism and Drug Abuse Center	Outpatient
16	Iowa City	Mid-Eastern Council on Chemical Abuse	Outpatient/halfway, residential
17	Marshalltown	Substance Abuse Treatment Unit of Central Iowa	Outpatient
18	Mason City	Prairie Ridge	Outpatient/residential/halfway
19	Muscatine	New Horizons Substance Abuse Program	Outpatient
20	Newton	Capstone Center, Inc.	Outpatient
21	Ottumwa	Southern Iowa Economic Development Association, Drug and Alcohol Servs.	Outpatient

NA	Rockwell City	Harvest Acres	Residential (juvenile)
NA	Sergeant Bluff	Native American Alcoholism Treatment Prog.	Residential
22	Sioux City	St. Luke's Gordon Recovery Centers	Outpatient/halfway/residential (juvenile)
23	Spirit Lake	Northwest Iowa Alcoholism and Drug Treatment Unit	Outpatient
24	Waterloo	Northeast Council on Substance Abuse People's Clinic	Outpatient/halfway Case mgmt for pregnant women
25	Logan	Mercy Hospital Chemical Dependency, Council Bluffs	Outpatient

FY 94 Community-Based Treatment Programs and Their Catchment Areas



KEYS: ★ Main Office
● Satellite Office

Research and Data Collection

Funded comprehensive prevention programs are required to submit data concerning the services provided through their programs. The data submitted includes the county the service was provided in, the type of service (modality), who and how many were served and whether or not those individuals have received services in that fiscal year.

In fiscal year 1993, 276,556 unduplicated individuals received prevention services with 507,638 contacts in 60,739 hours. State and federal dollars provided 63 percent of these services.

	Unduplicated	Duplicated	Hours
1989	258,651	NA	51,974
1990	238,718	NA	47,375
1991	216,880	430,334	53,482
1992	241,406	440,725	57,341
1993	276,556	507,638	60,739

NA - Not available

Funded treatment programs are required to submit data concerning treatment services provided through their programs. That data includes for each client: birthday; residency; county; sex; pregnant; living arrangements; relationship status; race; highest grade completed; employment status; occupation; primary source of income/support; months employed in the last six months; days of work or school missed in the last six months; taxable monthly income; military status; health insurance; times hospitalized in the last six months; times arrested in the last 12 months; number of AA, NA, or similar meetings attended in the 1st month; primary source of payment; source of referral; IV drug use in the past; psychiatric problems in addition to alcohol/drug problem; multiple addictions; the type of service they received; primary problem; secondary problem; last substance used before admission; number of prior substance abuse admissions; months since last discharge from treatment; and discharge and follow-up information. This information is available by county and statewide. The following information was drawn from FY 1993 data.

In FY 1993, 26,648 clients received treatment services through publicly-funded community-based treatment programs. These services include intake, assessment, Level I treatment, Level II treatment, concerned clients and crisis clients. Of these, approximately 55 percent received treatment through federal and state funding. The remaining 45 percent received treatment through self-pay, insurance reimbursement, or other private pay. Of the 26,648 clients, 22,613 received intake, assessment, level I and Level II treatment. The table below shows total clients served in a sampling of years.

Year	Number of Clients Served	Outpatient Visits	Residential Days
1982	36,046	166,560	96,960
1983	33,294	136,272	82,138
1984	36,780	172,220	85,240
1985	24,083	182,675	80,509
1986	NA	NA	NA
1987	NA	NA	NA
1988	25,000	222,668	114,148
1989	26,500	263,875	114,312
1990	26,000	250,312	120,782
1991	26,057	310,351	143,030
1992	26,443	332,713	144,563
1993	26,648	364,313	142,959

Client and service information is not shown for fiscal years 1986 and 1987 because the State Plans were printed later and the next fiscal year's information was used. The above information can only be used to reflect the trend toward more extensive services for less clients. Client counts are now unduplicated, but during the early years of the client data system, some duplication of clients was possible.

Client Characteristics*

Race In 1993 clients other than white are 10 percent of the total receiving services. African American clients constituted the largest minority group (5 percent). Although the percent of minorities was small, the figure is higher than the percent of minorities in Iowa's population (3.3 percent).

Year	White	African American	American Indian	Hispanic	Asian	Other
1988	95%	3%	1%	0%	NA	1%
1989	93%	4%	1%	1%	NA	1%
1990	92%	5%	1%	2%	NA	0%
1991	90%	5%	2%	2%	NA	1%
1992	92%	4%	1%	2%	.2	.8%
1993	90%	5%	1%	3%	.3	.7%

* Client characteristics does not include information about concerned or crisis client data.

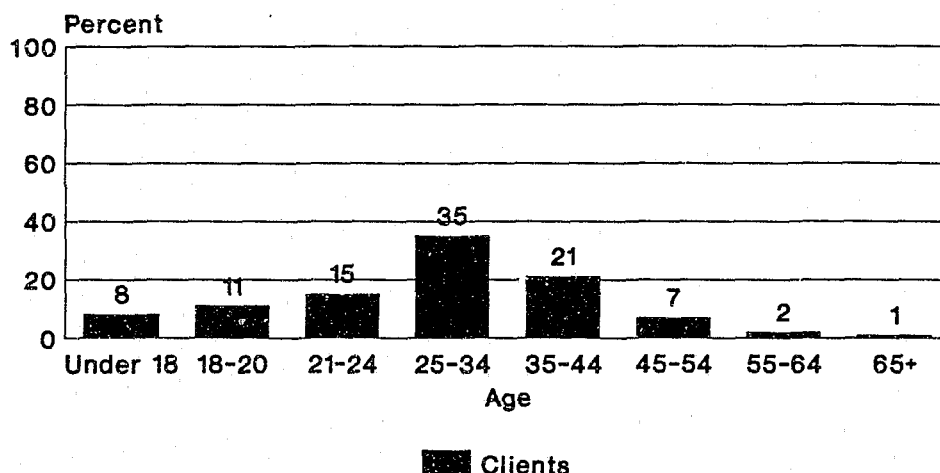
NA - Not Available

1993 client data showing primary drug use by race is shown on the following chart.

	White	African American	American Indian	Hispanic	Asian	Other
Alcohol	84%	55%	85%	86%	86%	72%
Drug	16%	45%	15%	14%	14%	28%

Age: The percent of clients under 18 years of age decreased to 8 percent in FY 1993 (10 percent in 1992). Eighty-two percent of the clients were between the ages of 18 and 44, and 10 percent were 45 years of age or more.

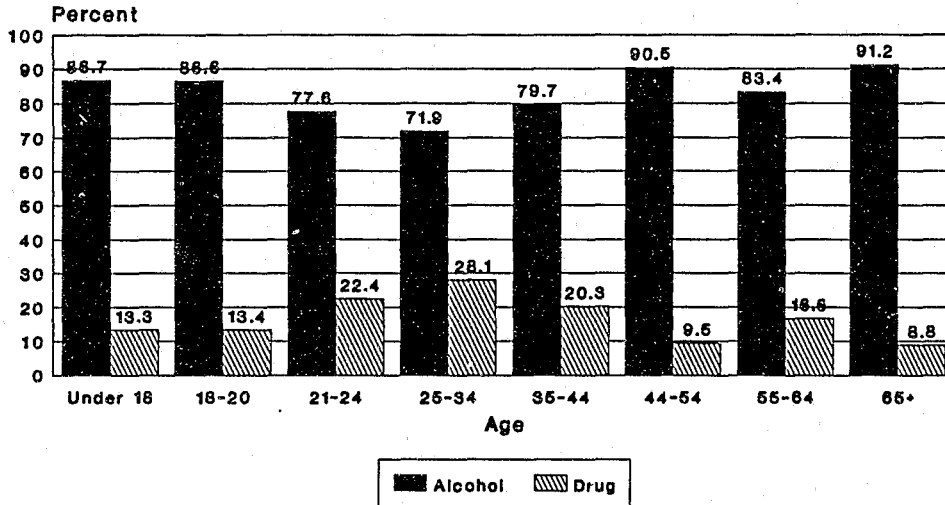
PERCENTAGE OF SUBSTANCE ABUSE CLIENTS BY AGE GROUPINGS IOWA, FY 1993



SOURCE: Division of Substance Abuse
and Health Promotion
Iowa Department of Public Health

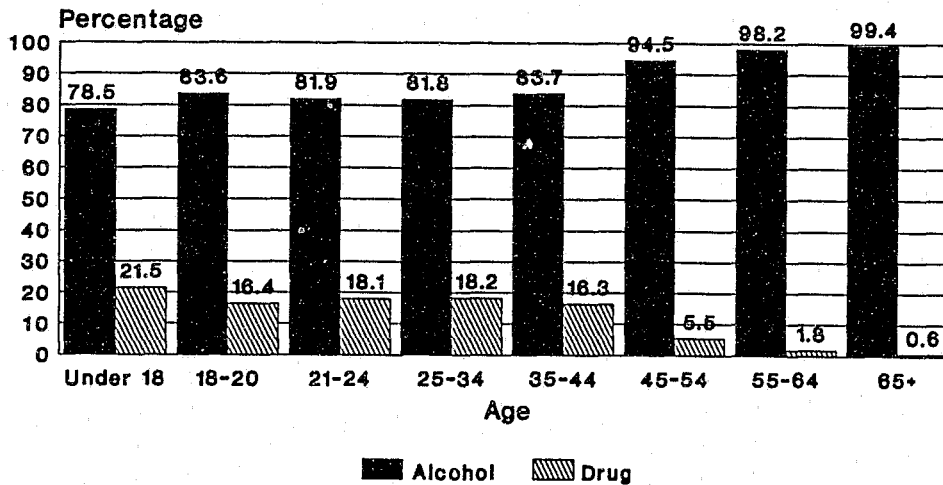
Gender In fiscal year 1993, 24 percent of the clients were female the same as in 1992. The ratio of male/females is three to one.

PERCENTAGE OF FEMALE CLIENTS BY AGE AND ALCOHOL/DRUG USE IOWA, FY 1993



Source: Division of Substance Abuse and Health Promotion
Iowa Department of Public Health

PERCENTAGE OF MALE CLIENTS BY AGE AND ALCOHOL/DRUG USE IOWA, FY 1993



SOURCE: Division of Substance Abuse and Health Promotion
Iowa Department of Public Health

Substance use: In 1993, 82 percent of clients reported having a primary problem with alcohol. Clients reporting alcohol as the primary problem appears to have leveled off from 1992.

	1980	1984	1988	1989	1990	1991	1992	1993
Alcohol	73%	75%	79%	79%	81%	84%	85%	82%
Drug	27%	25%	21%	21%	19%	16%	15%	18%

Marijuana continues to be the most abused drug other than alcohol. In 1982, 20 percent of the clients reported a primary problem of marijuana; in 1987, 11 percent; in 1991, seven percent; and in 1992 marijuana accounted for seven percent of the reported primary problems. In 1993 marijuana use increased by two percent. While marijuana had been declining, cocaine use began to increase. In 1982, only two percent of the clients reported a primary problem of cocaine. The number increased in 1987 to four percent and increased each following year to a maximum of seven percent in 1990. Clients reporting cocaine as their primary problem decreased 31 percent from 1990 to 1991. In 1992 there was a four percent increase of clients reporting cocaine/crack as their primary problem. In 1993, 1059 or five percent of the total rehabilitation population (same as 1992) were treated for crack/cocaine. Admissions for clients using heroin had steadily decreased since 1987 but in 1993 those admissions increased by 25% (1992 - 111 clients, 1993 - 139 clients).

	<u>Alcohol</u>	<u>Marijuana</u>	<u>Crack</u>	<u>Heroin</u>	<u>Other</u>
1992	85%	7%	5%	.5%	2.5%
1993	82%	9%	5%	.6%	2.0%

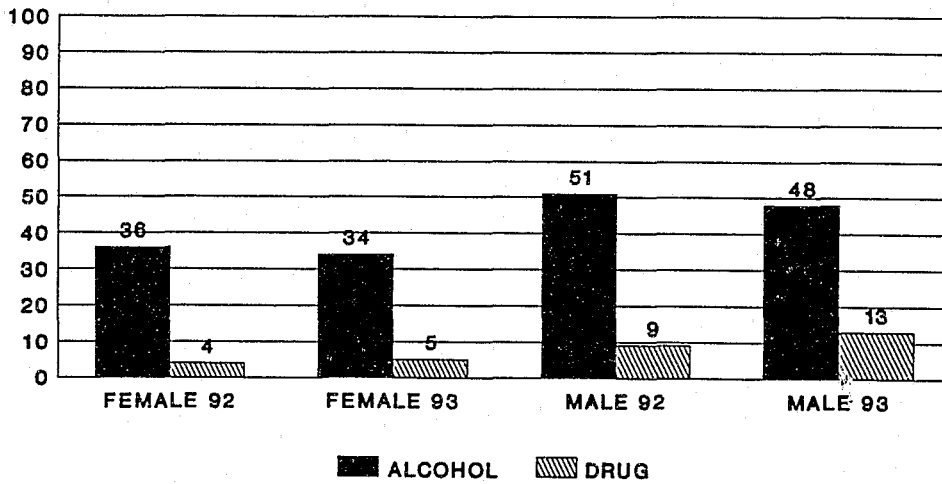
Clients reporting a secondary problem in 1993 totaled 8,751, up from 8,357 in 1992. Of the clients with a secondary problem, 78 percent reported a problem with a drug other than alcohol down from 79 percent in 1992. The most prevalent secondary drugs of choice were marijuana (55 percent), alcohol (24 percent), and cocaine (11 percent). Other drugs combined make up the remaining 10 percent. 1993 clients that reported a primary alcohol problem and a secondary drug problem total 5,581.

Seventy-four percent of alcohol clients report no secondary problem, up from seventy one percent in 1991. Twenty-nine percent of alcohol clients have a secondary drug problem. Twenty percent of drug clients report no secondary problem. Forty-seven percent of drug clients have another drug as a secondary problem. Fifty-three percent of drug clients have a secondary problem with alcohol.

In 1993 four percent of the clients were currently using an intravenous mode of drug use and eight percent had used drugs intravenously in the past, compared to three and seven percent in 1992.

The under 18 age group showed the highest percent of "other" drug use with marijuana and hashish most frequently being reported. Eight percent of the user clients were under the age of 18 compared to nine percent in 1992. This represents a loss of 9.5 percent of juvenile clients.

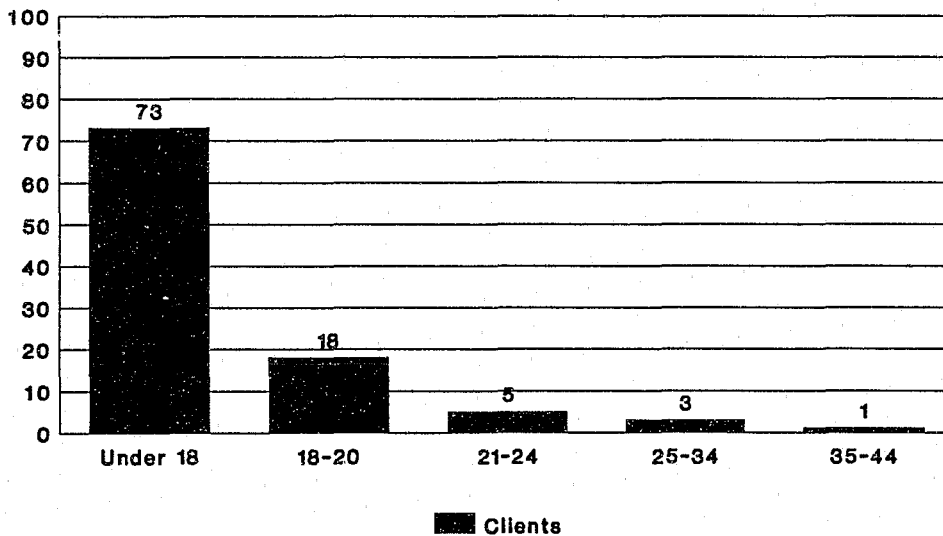
PERCENTAGE OF UNDER AGE 18 CLIENTS BY PRIMARY PROBLEM AND GENDER, IOWA, FY 92 & 93



SOURCE: Division of Substance Abuse and Health Promotion
Iowa Department of Public Health

Seventy-three percent of the clients were under the age of 18 when they first used.

PERCENTAGE OF WHEN CLIENTS FIRST USED BY AGE, IOWA FY 1993



SOURCE: Division of Substance Abuse and Health Promotion
Iowa Department of Public Health

Primary Source of Funding

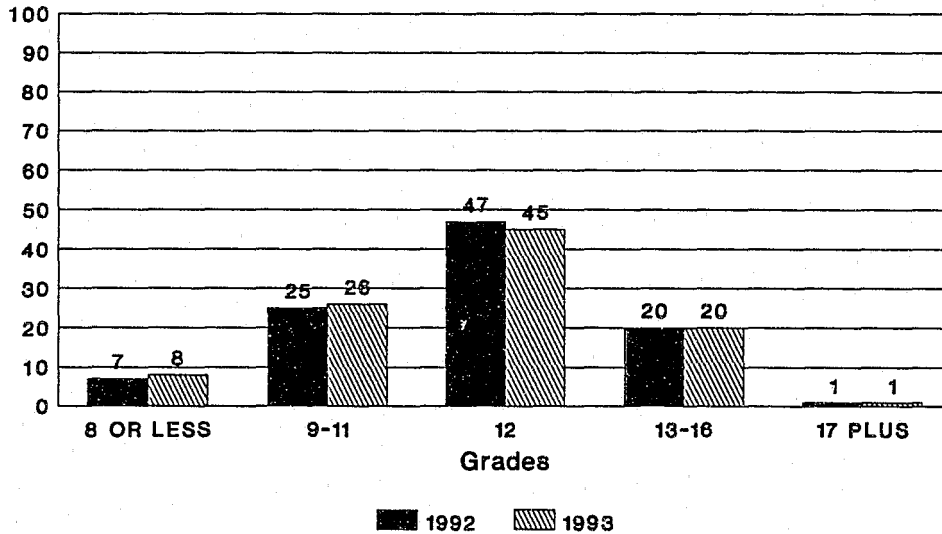
A majority of clients (59 percent) lacked health insurance. A breakdown of the primary source of funding for clients follows:

	No Charge	Sliding Fee	Insurance	All Others
1992	19%	66%	9%	6%
1993	30%	56%	8%	6%

Grade Level Completed

Forty-seven percent were high school graduates (same in 1992). Twenty-two percent had education beyond high school (21 in 1992), and 25 percent had not completed high school (34 in 1992)

PERCENTAGE OF CLIENTS COMPLETING GRADE LEVELS, FY 92 & 93



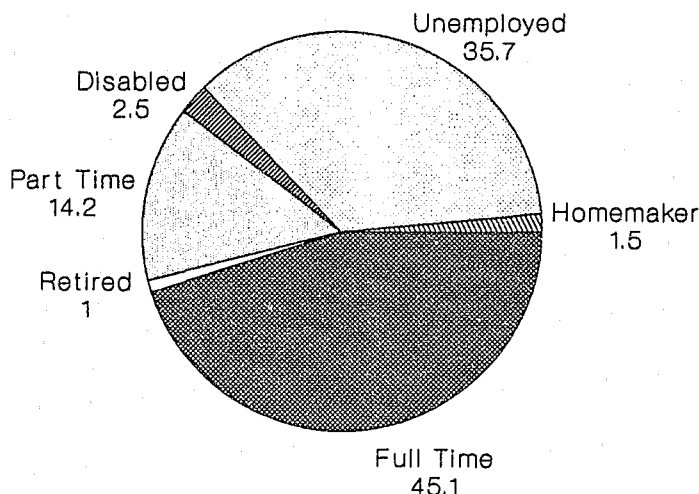
SOURCE: Division of Substance Abuse and Health Promotion
Department of Public Health

Employment Status

The largest single occupation category showed 37 percent were non-farming laborers (36 in 1992). The second largest, 30 percent, reported no occupation (28 in 1992). Ten percent were service workers and private household workers (same in 1992).

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EMPLOYMENT STATUS OF SUBSTANCE ABUSE CLIENTS, IOWA FY 1993



Source: Division of Substance Abuse and Health Promotion
Iowa Department of Public Health

Referral Sources

Twelve percent of the clients were self-referrals.

Sixty-five percent of the using clients were referred to treatment through probation, parole, Treatment Alternatives to Street Crime (TASC), and enforcement agencies dealing with OWI (operating a motor vehicle while intoxicated) offenders for the first admission. Following probation/pretrial reasons for referral, self referral was the most frequently-mentioned motivation for seeking admission to a treatment program (12 percent). Referral from Corrections has increased dramatically since 1983 as shown in the following table.

1983	1985	1988	1989	1990	1991	1992	1993
39%	37%	41%	52%	54%	63%	65%	65%

Prior Substance Abuse Admissions

Sixty-six percent of the clients had no prior substance abuse admission compared to 70 percent in 1992.

Number of Prior Admissions	1992	1993
0	70%	66%
1	17%	19%
2	7%	8%
3	3%	3%
4	2%	2%
5	1%	2%

Other Characteristics: Following are other client characteristics made available from information submitted by contracted programs:

Twenty nine percent of 1993 clients (29 percent in 1992) had no monthly income; another 52 percent (42 percent in 1992) earned less than \$1,000 a month and 25 percent had taxable income between \$501-\$1,000 a month.

Three percent of the 1993 female clients were pregnant at the time of receiving services, the same as in 1992.

In the 12 months before beginning treatment, 51 percent of the 1993 clients reported at least one arrest (70 in 1992), and 30 percent of the 1993 clients reported no arrest (same as in 1992).

In fiscal year 1993, 12 percent of the clients have a psychiatric problem in addition to the chemical dependency problem (8 percent in 1992).

Twenty-two percent of the 1993 clients had multiple addictions (sexual, gambling, eating disorders) compared to nine percent in 1992.

Fifteen percent of the clients had been hospitalized one or more times in 1993 (same as 1992).

Treatment services: The success of treatment programs has greatly increased in the last nine years. These terms are defined as they are used in the following table.

Completion means the client completed the treatment plan.

Referred to another program means the decision was made that the client was more appropriate for another program.

Program decision means the program made the decision to discharge the client.

Client left means the client left the program before completing treatment.

Other means all other reasons not stated.

Year	Completion	Referred to Another Prog.	Program Decision	Client Left	Other
1983	28%	3%	23%	30%	16%
1985	39%	4%	12%	34%	11%
1988	39%	8%	19%	31%	3%
1989	43%	7%	9%	38%	3%
1990	46%	5%	19%	25%	5%
1991	47%	5%	19%	25%	4%
1992	48%	4%	18%	25%	5%
1993	56%	4%	16%	24%	.5%

**Residential and Outpatient Services Provided
to Clients (Fiscal Year 1993)**

SERVICE	UNITS PROVIDED TO ALL CLIENTS
<u>Outpatient services</u>	
Intake, assessment, evaluation services	42,969 hours
Individual therapeutic services	69,339 hours
Group therapeutic sessions	220,159 hours
Medical/controlled services	20,521 times
Family counseling services	1,983 hours
Crisis intervention	4,764 hours
Follow-up	275 hours
TOTAL	339,492 hours 20,521 times
<u>Residential services</u>	
Adult residential (primary and extended)	60,827 days
Juvenile residential	40,129 days
Day care	3501 days
Adult halfway house	37,403 days
Juvenile halfway house	61 days
TOTAL	142,921 days

Contacts: G. Dean Austin, Licensing (515) 281-5399
 Allen Vander Linden, Grant information (515) 281-4636
 Mike Guely, Drug Testing Information (515) 281-6567
 Linda Holt, Treatment Data (515) 281-4643

Division of Health Protection

Bureau of Infectious Disease

Prevention

In January 1992, the Division of Substance Abuse and Health Promotion and the Division of Health Protection, (STD/HIV Prevention Program) began an active collaboration to establish linkages between HIV prevention and substance abuse treatment. Eight regional trainings were conducted to train substance abuse personnel to complete HIV risk assessments with clients and to help personnel in developing a comfort level with discussing HIV and risk high behaviors with clients. Data from the risk assessments completed at the substance abuse facilities is compiled by the STD/HIV Prevention Program.

The STD/HIV Program provides voluntary partner notification for HIV positive inmates at the Iowa Medical Classification Center at Oakdale. This process includes interviewing the HIV positive individual and contacting the named contacts. The majority of the inmates interviewed have been identified as injecting drug users. All contacts are interviewed, evaluated and referral is made for HIV testing and substance abuse treatment for needle sharing partners.

The second redirection of this initiative developed when it became obvious that clients were not only at increased risk for HIV but also sexually transmitted diseases and tuberculosis.

The initiative was expanded to include state and community based agencies that addressed sexually transmitted diseases, family planning, tuberculosis, substance abuse and HIV prevention.

Five counties of the state were identified for pilot projects. The counties were chosen because of population size and because they have the highest concentration of high risk populations.

The goal(s) of the pilot projects were to cross train personnel to identify substance abuse problems and understand the importance of referral for testing and treatment of communicable diseases. Two meetings were held; the first consisted of an overview of the project with agencies input. A second meeting was titled "Confidentiality of Patient Records for Alcohol and the other Drug Treatment and Infections Disease Records: Issues, Options and Solutions." It was sponsored by the Department of Public Health and the Center for Substance Abuse Treatment and delivered by the Legal Action Center. The focus of the training was to help community based agencies communicate with one another as well as provide services to common clients. Follow-up action is being planned to continue the collaboration efforts.

Research & Data Collection

The Division of Health Protection collects data by county concerning the prevalence of communicable diseases in Iowa. Particular data relevant to substance abuse concerns are hepatitis, tuberculosis, and sexually transmitted diseases (STDs). No prevalence data is available concerning HIV positive incidence. The testing at alternative test sites is anonymous by law and testing at doctors offices is confidential. Individuals preferring anonymity can be referred by their physician to an alternate test site. Each test is reported

to the Department of Public Health by a code identifier. There is no way to know the unduplicated count of individuals testing positive because a person may be retested. Also, because of the anonymity, there is no way to determine if the individual resides in Iowa. The total number of reported cases of AIDS is available. Those numbers are available statewide and by county are a total of cases reported since reporting started in 1983.

The first AIDS case in Iowa was reported in 1983. The total number of AIDS cases as of September 30, 1993 has grown to 585.

There are 49 reported TB cases in 1993 for an incidence rate of 1.7/100,000. Tuberculosis infections have increased from 256 in 1986 to an projected 1750 in 1993. Beginning January 1, 1993, all TB reporting forms include information concerning substance abuse by the client in the previous year. The number of reported TB cases with people who are substance abusers will be available by state and county totals on January 1, 1994.

Contacts: John Katz, STD/HIV Program Manager (515) 281-4936
 Colleen Lemkuil, Tuberculosis (515) 281-8636
 Ralph Wilmoth, Tuberculosis (515) 281-7504

Bureau of Disability and Injury Prevention

Prevention

The Iowa Department of Public Health has developed a Disability and Injury Prevention Program to increase community-based surveillance and prevention activities. The program was initiated in 1988 and is supported by federal funds.

The goal of the Fetal Alcohol Syndrome Educational Initiative is to reduce the incidence of disability due to alcohol use by women during pregnancy. The Fetal Alcohol Syndrome Prevention Project targets prevention by education.

The Office of Disability Prevention and the Iowa Hospital Association are collaborating on this project to bring statewide focus to the leading cause of mental retardation in the United States, fetal alcohol syndrome. Educating and counseling women and the public about the childbearing risks associated with alcohol use is a challenging task. Despite recent research advances and greater public awareness and attention to these hazards, too many women, as well as their physicians, are still uninformed or misinformed regarding the dangers to themselves and their unborn children of using alcohol in the period before conception, during pregnancy or while breast feeding.

Physicians, nurses, educators and other health care providers throughout the state are the target audience. The Fetal Alcohol Syndrome Educational Initiative will enhance the skills of these health care providers to make accurate assessments, diagnosis, appropriate referrals, coordination of services and to communicate information to clients in timely, effective and nonjudgmental ways.

Prevention strategies for this project are:

1. Professional education through interactive televideo conferences, regional educational symposiums and regional training of trainers workshops;
2. Community empowerment and coalition building;

3. Technical assistance support to communities who start or desire to start a Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS/FAE) Prevention Coalition

Contacts: Roger Chapman, Bureau Chief (515) 281-6646
Ann Short, R.N., M. S. (515) 242-5813

Division of Family and Community Health

Prevention

The Division of Family and Community Health has three bureaus that support community agencies around Iowa. These agencies provide services for Iowa citizens throughout the state. All of the agencies supported by this Division supply clients with verbal and written information about the hazards of substance use and abuse, especially in the case of pregnant women and those women who could become pregnant.

Bureau of Family Services

Prevention

The Bureau of Family Services supports 26 child health agencies and 23 maternal health agencies throughout Iowa. The above are supported with monies from the federal Title V Maternal and Child Health Block Grant and state funds. The bureau also supports eight family planning agencies in Iowa. These agencies are supported with monies from the federal Title X Family Planning Grant. These agencies limit their involvement with substance abuse services to assessing for substance use and abuse especially among pregnant women and women of child-bearing age. If a client is determined to be abusing chemicals, she is to be referred to the local substance abuse treatment agency. The agencies are just beginning to work with clients to decrease and stop the use of tobacco.

In the fall of 1993 training was held for maternal health and family planning agencies on substance abuse assessment and referral.

In September 1993, the Council on Chemically Exposed Infants sponsored a conference for professional involved with core curriculum development for health professional education. The purpose of the conference was to assist in the incorporation of substance use and abuse assessment and issues in the basic education for health professionals.

The Council on Chemically exposed Infants is pursuing a study in Iowa for chemically exposed infants.

The Annual report for the Council on Chemically Exposed Infants was published in April 1993.

Contact: Jane Borst (515) 242-6388

Bureau of Nutrition and WIC

Prevention

The Bureau of Nutrition and WIC supports 19 local agencies around the state which provide the Women, Infant and Children Supplemental Food Program (WIC) services in every county in Iowa. These agencies limit their services concerning substance abuse to

assessing the use and abuse of chemicals by pregnant, postpartum and breast-feeding women. The WIC agencies implemented a program in 1991 to discourage client use of tobacco. On July 1, 1994, WIC will link with the Centers for Disease Control (CDC) Pregnancy Surveillance System. At that time, all Iowa WIC agencies will ask substance use and abuse questions which CDC needs in order to complete their data collection requirements. Female WIC participants are given the USDA pamphlet "Pregnant? Drugs and Alcohol Can Hurt Your Baby." WIC agencies are required to refer all appropriate women for substance abuse treatment to local substance abuse agencies.

Contact: Judy Solberg (515) 281-3713

Bureau of Community Services

Prevention

The Bureau of Community Services consists of the community health consultants for public health nursing throughout the state. Public health nurses are on the front line of the provision of services to Iowans in their homes. Public health nurses also staff immunization and screening clinics throughout the state. They assess clients for substance abuse and refer clients to the appropriate local treatment agency.

Contact: Pat Howell (515) 281-3104

Division of Planning and Administration

Bureau of Vital Records

Research and Data Collection

Vital Records collects information from death certificates concerning the cause of death. Alcohol, tobacco and other drugs are categories listed under causes of death. An annual listing of deaths caused by these substances is available. Each death certificate is filed by county. 1991 county statistics are shown on the following page. Vital records also collects information concerning tobacco use and alcohol use during pregnancy. This data has been collected since 1989. The following information shows county statistics for 1991.

Analysis of the 1992 data by selected age groups revealed:

The greatest number of suicides was drug related and occurred in the 25-44 age group.

The number drug-related suicides in the 25-44 age group (11 cases) decreased by 190 percent (in 1991 there were 21 suicides).

The number of drug related suicides in the 20-24 age group (2 cases) decreased (in 1991 there were 5 suicides).

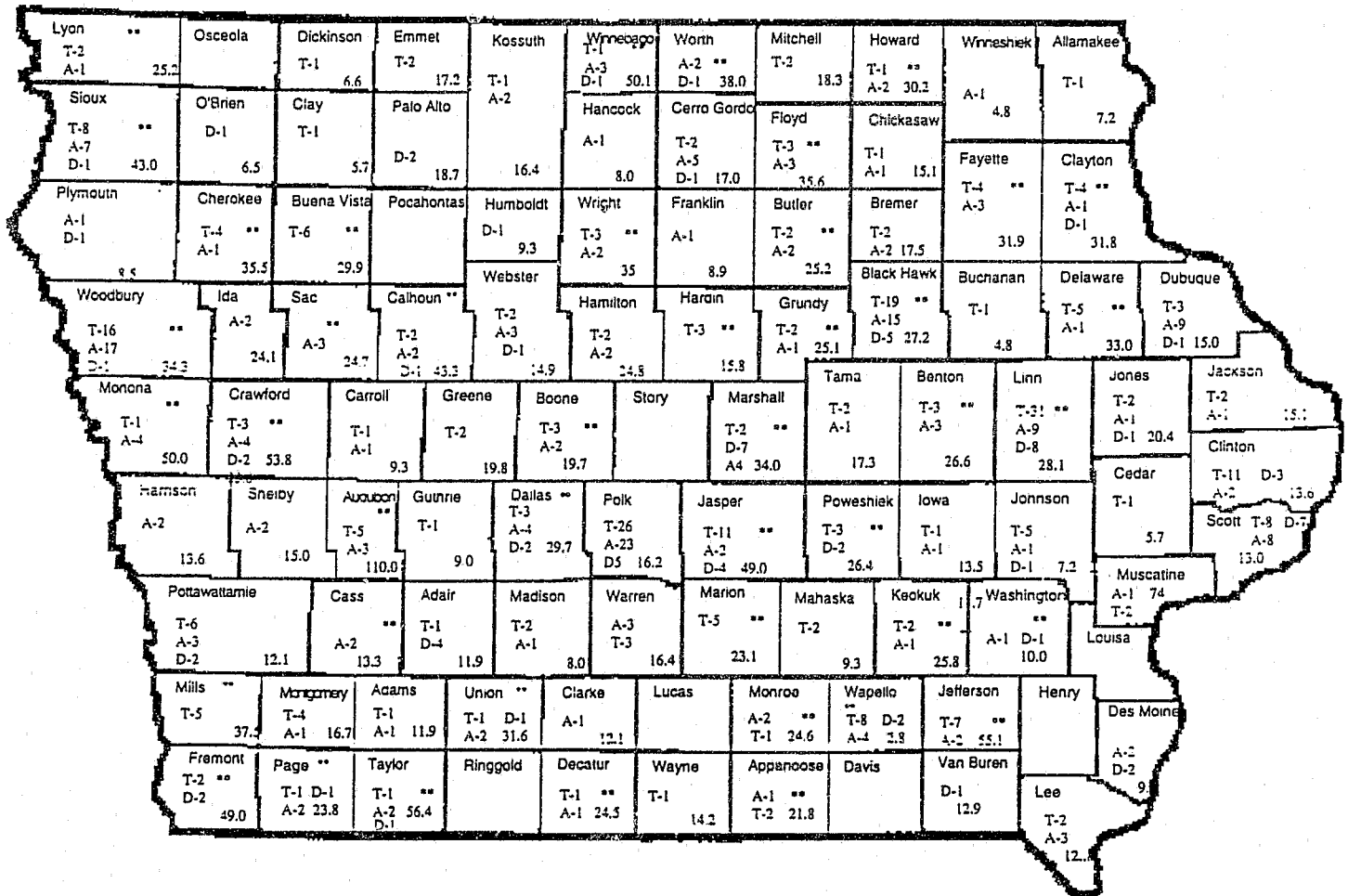
The rate for substance abuse related deaths was highest for the 65-84 age group, three times the state rate for all age groups.

The rate for deaths related to tobacco was highest in the 65-84 age group, more than four times the state rate for all age groups.

The number of drug-related deaths in 1992 increased from 1991 by fifteen deaths.

Contact: Mike Dare (515) 281-4945

Tobacco, Alcohol, and Other Drug Related Deaths in 1992



Data Source: 1991 Population Estimates - 2,795,218
1992 Selected Death Certificates

T= Tobacco 291
A= Alcohol 212
D= Drugs 71
Total 574

State Rate: 20.5 (per 100,000 population)
County Rate noted/lower right of County

Iowa Department of Public Health, Vital Statistics

**Above State Rate (44 Counties)

The above map identifies by county those deaths related to the abuse of either alcohol, tobacco or other drugs. All death certificates identify the reason/s for death. A rate per 100,000 of all drugs related deaths is identified in the right lower corner of each county. If a county's rate is above the state rate (20.5 per 100,000) it is signified with **.

Iowa Board of Pharmacy Examiners

Research and Data Collection

The Iowa Board of Pharmacy Examiners provides service concerning substance abuse through its Iowa Drug Abuse Warning Network Program (Mini-DAWN). Through Mini-Dawn, hospitals voluntarily report substance abuse admissions to their emergency departments, and pharmacies provide computer-generated information regarding controlled substances prescription dispensing information for a specified period. Each Mini-DAWN emergency room report contains the following data: date of visit, time of visit, age, sex, race, and zip code of patient, reason for taking substance, reason for present contact, disposition from the emergency room department, clinical status on arrival, and drug/substance information. This information is compiled and published once a year in an Annual Report from the Iowa Board of Pharmacy Examiners.

As of January 1, 1993, 100 hospitals were voluntarily submitting reports (81 %). Data from reports received during calendar year 1992 and reported in the 1992 Annual Data Report reveal that alcohol in combination with other substances is mentioned most often in Iowa emergency room episodes (31.3 %). Alcohol-only incidents were not reported. Substances most frequently used in combination with alcohol, ranked by frequency, include:

1. Cocaine
2. Xanax
3. Tylenol
4. "Crack"
5. Marijuana
6. Aspirin
7. Valium
8. Prozac.

Over 69 percent of the patients took a substance or substances in an attempt to commit suicide or as a suicide gesture, and over 10 percent were diagnosed as drug dependent. When compared to the latest available data of the federal DAWN program, Iowa's 1992 data differs from the 1991 federal DAWN data in several ways. Some of these differences are as follows:

CATEGORY	IOWA 1991	FEDERAL 1990
Female patients	61%	51%
Male patients	39%	48%
Patients age 6 to 18	21%	12%
Caucasian patients	87%	56%
Suicide attempts or gestures	69%	44%
Source of abused drug was prescription	48%	14%*

*Not included in 1991 DAWN data; comparison is 1989 DAWN data

Contact: IBPE (515) 281-5944

Other Professional Licensing Boards

Research and Data Collection

Physicians, pharmacists, and nurses by virtue of their profession work with a variety of drugs on a daily basis. Licensing boards have a responsibility to ensure that their licensed professionals are competent and are not impaired by substance abuse. The licensing board may suspend or revoke the license of an impaired licensee and/or place the individual on probation while treatment is received. Information concerning those suspensions and revocations is available through each licensing board.

Health Professional Disciplinary Action

Examining Board for	Licensed and working-Iowa FY1993	Disciplinary Action/Substance					
		1988	1989	1990	1991	1992	1993
Pharmacy	2,383	13	9	7	11	15	8
Nursing ^{1*}	42,629	43	49	29	32	40	42
Medical ²	4,783	3	16	14	11	6	7
Dental ³	1,588	20	1	1	9	2	3
TOTAL	54,219	79	75	51	63	63	60

- 1 RNs and LPNs *inclusive of all licensed nurses whether working or not
 2 MD, DO, DOMs
 3 DDS

Contacts: Lloyd Jessen, Pharmacy Board (515) 281-5944
 Ann M. Martino, Medical Board (515) 281-5171
 Connie Price, Dental Board (515) 281-5157
 Lorinda Inman, Nursing Board (515) 281-3256

DEPARTMENT OF PUBLIC SAFETY

Iowa State Patrol

Prevention

Drug Abuse Resistance Education (DARE)

Four Iowa State Patrol troopers provide the Drug Abuse Resistance Education (DARE) program in smaller communities where law enforcement officers are not available to teach DARE. Drug Control and System Improvement grant dollars are used to fund two of the trooper positions. DARE troopers teach in approximately 50 schools per year to over 2,500 students. The instruction is given to fifth and sixth grade students. Some other activities the DARE troopers are, or have been, involved in include:

- * A parents' night program given in each of the schools. This allows the trooper an opportunity to explain the DARE Program to interested parents.
- * Service club presentations are given to inform members of the community about what is taught in DARE classes. As a result, community groups tend to become involved with the school and support the program.
- * A graduation, or culmination ceremony, is held at each school each semester. This gives parents and community members yet another chance to become involved with and show their support for the program.
- * DARE troopers participated in many education-related conferences, camps, celebrations, parades, and fairs, including the Iowa State Fair.

Indications of community involvement are everywhere. One of the most popular is DARE DAY at the Storm Lake Hy-Vee. Carnival-type games are set up in the parking lot with the proceeds going to the local DARE Program. All store employees wear DARE tee-shirts.

Troopers have received mentor training from the Illinois State Police, which has a regional DARE training center. This training allows troopers to train local enforcement officers in Iowa. These officers then go back and teach DARE in their communities. This is an important part of the program. One of the goals is to have as many local enforcement officers trained as possible. The DARE troopers have also attended national and state DARE officer conferences, which have helped troopers become better instructors.

The program has been extremely successful. Feedback from involved parents, teachers, administrators, children, and law enforcement representatives confirm the program's success. A survey will be sent to schools for the junior and senior class of 1996. This age group will have been the first fifth and sixth grade students that were taught in 1990.

Safety Education Programs

The Iowa State Patrol has assigned 14 officers to present safety education programs. There is one officer in each of the 14 patrol districts. These officers addressed 28,000 people, presenting 550 programs about drug and alcohol abuse and other abuse in 1993. A safety education film library is maintained on a free loan basis. Presentations are made to

different age groups from preschoolers to senior citizens in school, business, and various community organizations.

Contact: Sergeant Robert Garrison (515) 281-8394

Criminal Justice

Canine Program

In 1991, a program to purchase and train four canines was approved. Efforts were then concentrated towards selection of an experienced civilian trainer. Scott Franke of Guardian Angel Kennels in Waterloo was chosen as the State Patrol trainer.

The State Patrol contracted with Franke to purchase male German Shepherds imported from Europe. The dogs were cross-trained as full service Patrol canines. They were trained in officer protection, narcotics detection, tracking, building searches, and suspect apprehension.

Trooper William Hon of District 1, Trooper Phillip Perkins of District 4, Trooper Eldean Madetzke of District 9, and Trooper Don McGlaughlin of District 12 were selected as the trooper canine handlers. Because of a federally funded Motor Carrier Safety Assistance Program (MCSAP), Trooper Tom Estrada of District 11 was the fifth canine handler chosen.

Trooper and dog teams are not only utilized in the Patrol's extensive drug interdiction efforts, but also assist outside agencies with drug seizures.

Contact: Sergeant Robert Garrison (515)281-8394

Governor's Traffic Safety Bureau

Prevention

The Governor's Traffic Safety Bureau administers the federal Highway Safety Program in Iowa. The Bureau provides funding to eligible local and state criminal justice agencies for enforcement, training, public information, and education concerning impaired driving.

Contact: Governor's Traffic Safety Bureau (515) 281-3907

Division of Criminal Investigation

Criminal Justice

Criminalistics Laboratory

The Division of Criminal Investigations (DCI) Criminalistics Laboratory provides services in criminal justice regarding the analysis of questioned "street drug samples" for the presence of controlled substances. These analyses are performed for the entire criminal justice system in the state of Iowa. Subsequent to analysis, statistics are compiled on numbers of cases worked, numbers of samples involved, and other information by special request.

It should be noted that the samples analyzed at the DCI Laboratory are a "biased sample population." This "biased population" arises because the samples submitted to the laboratory are pre-screened by criminal justice agencies before they decide to submit them to the laboratory. This pre-screening takes place in the law enforcement agency and in the prosecuting attorney's office regarding the probability and severity of prosecution to be pursued and other concerns of the criminal justice system.

The kind of data compiled as a result of analyses in the DCI Laboratory for state fiscal year 1993 include:

- * Average case clearance time (Drugs) - 10 work days
- * Number of controlled substance cases analyzed (Drugs) - 4,188
- * Number of controlled substance samples analyzed (Drugs) - 8,204
- * Court appearances by DCI Laboratory Criminalists (Lab Total) - 344

Contact: Michael Rehberg (515) 281-3666

Research and Data

Central Criminal History Repository

The Division of Criminal Investigation (DCI) serves as Iowa's central repository for criminal history record information. The repository collects criminal history record information from Iowa law enforcement agencies and clerks of court. DCI provides criminal history record checks for a variety of agencies.

The DCI is the recipient a of federal grant for the purpose of improving Iowa's criminal history records. Beginning in federal fiscal year 1992, five percent of the Drug Control and System Improvement grant award is dedicated to this purpose, as mandated by Congress. Future initiatives will include identifying and posting felony flags. In FY93, over 7,000 felony flags were placed in the criminal history records. New fingerprint and disposition forms were introduced to the criminal justice agencies during FY93 allowing for an individualized tracking number so that specific dispositions can be identified to specific arrests. Computer interfacing work with testing will be worked on during FY94 so that information may be automatically exchanged between the Department of Corrections, the Department of Justice, and Department of Public Safety, to include dispositions of criminal history records from the Clerk of Courts office.

Contact: Timothy McDonald (515) 281-6570

Division of Narcotics Enforcement

Criminal Justice

The Division of Narcotics Enforcement (DNE) consists of several specialized units: General narcotics investigations, the Financial Conspiracy Unit (FCU), and the Diversionary Investigative Unit (DIU). The FCU targets those that profit from organized narcotics dealing. The DIU investigates those that defer pharmaceutical drugs into illicit markets.

The Division of Narcotics Enforcement (DNE) conducts investigations in illicit drug/narcotics trafficking. This includes investigations of individuals and organizations.

The DNE has assigned one special agent and one criminal analyst to gather information and investigate the rising number of gangs. From this, a central computer data base will be established to identify associates, numbers, personal associations, and hierarchies. The DNE will also analyze interactions between criminal gangs.

The DNE maintains an equipment pool consisting of several surveillance vans, body transmitters, receiving units, recorders, repeaters, and hand held radios, which are made available to the local task force members on a "per need" basis. The DNE attempts to assist the 20 Governor's Alliance on Substance Abuse (GASA) grant-funded task forces in the coordination of their investigations to increase productivity of the investigations and to prevent conflicts with law enforcement agencies. Additionally, the division administers and disburses the confidential funds received by all local task forces which are received from GASA grants, and DNE assists GASA in setting policy as to the proper use of these confidential funds.

The DNE is also responsible for organizing and administering the Department's clandestine laboratory response team. The DNE currently stores and maintains all clandestine lab equipment, and in time of response, coordinates with the affected law enforcement agency for the proper entry, securing, and cleanup of the laboratory site.

The DNE's Analytical Section provides research for the agents that are working investigations and also for the Division's administration to identify trends and areas of concern. This information is used by the administration to determine where the division's resources should be placed to be most effective. The analytical section also developed and maintains the "Pointer Plus BBS". The "Pointer Plus" is a computer bulletin board system which is accessed by a compatible PC computer. This system simply provides access to a name file that would indicate if the individual or one with the same name has been investigated for narcotics offenses. The analytical section is presently working on a "buy money data base", which would permit subscribers to the pointer system to enter, edit, and/or delete the serial numbers of confidential funds expended for drug evidence.

Contact: Ken Carter (515) 281-6911

Plans, Training, and Research Bureau

Research and Data

One of the functions of the Plans, Training, and Research Bureau is to produce statistical crime reports. The annual publication called The Iowa Uniform Crime Reports has been produced by the Department of Public Safety since 1976. The Iowa Uniform Crime Reports is based on crime data from 226 local law enforcement agencies throughout Iowa collected by the Department's Field Services Bureau. Contained in this publication is reported violent and property crime information, as well as arrest data classified by age, sex, race, and reporting agency. Controlled substance arrest information is also classified by type of drug.

The Department of Public Safety is charged by state law with the responsibility of collecting information of incidents of domestic abuse. The Field Services Bureau of the Department is responsible for collection of the reports, and began collecting domestic abuse data on July 1, 1985. The Plans, Training, and Research Bureau is responsible for compiling statistics and issuing reports. The Iowa Domestic Abuse Reports have been produced for five consecutive years.

Beginning with the 1991 calendar year, the Department of Public Safety began collecting all crime data on an incident-by-incident basis. In an effort to fully utilize this new data, Drug Control and System Improvement grant funds were secured from the Governor's Alliance on Substance Abuse to enhance the reports. A new category of drug and alcohol involvement has been added to the crime incident report. Therefore, drug and alcohol information for all Group A crimes has been added to the reports as well as for those incidents of domestic abuse and hate/bias crime. Arrest information on Group A and B offenses will also be available on juveniles and adults and the list of drug arrests by drug type have been updated. Also, other special information requests will be handled on a cases-by-case basis as time allows.

Contact: Martha Coco (515) 281-8494

REGENTS

The University of Iowa

Prevention

The Health Iowa Program within Student Health Services provides a variety of educational prevention programs for students on alcohol and drug abuse.

Contact: Health Iowa (319) 335-8392

The University's employee assistance program, the Office of Faculty and Staff Services, also provides programming to faculty and staff on alcohol and drug abuse.

Contact: Faculty and Staff Services (319) 335-2085

Criminal Justice

The Department of Public Safety handles substance abuse violations on campus.

Contact: Department of Public Safety (319) 335-5022

Treatment

The University of Iowa Hospitals and Clinics operates a Chemical Dependency Center on the University's Oakdale campus, providing a range of services to substance abusers and their concerned persons.

The University of Iowa Chemical Dependence Center is located on the University of Iowa Oakdale Campus, three miles from the main University of Iowa Hospitals and Clinics, but having direct access to the facilities therein. Serving patients since 1966, the unit offers a 24 day inpatient treatment program for alcoholism and other drug dependencies. Services provided are directed to identify and respond to the biopsychosocial antecedents, influences, and effects associated with the patients' dependency and to provide the needed treatment either directly or through referral, consultation, or contractual arrangements and/or agreements. The majority of the patient population is from urban areas of the state.

Referrals to the thirty-eight bed unit may be initiated by anyone. Patients are adults (18 and older) of both sexes. The unit is jointly managed by nursing and medicine. The Department of Family Practice provides the unit with physician care 24 hours a day. The Department of Nursing provides nursing care 24 hours a day by R.N.s and P.N.A.s.; in addition, the treatment team includes three masters prepared Certified Alcoholism Counselors, a Certified Addictions R.N. (CARN), a full-time Recreation Therapist, (C.T.R.S.), a full-time Activities Therapist, and a part-time Music Therapist, (R.M.T.B.C.).

Therapies include physical and psychological evaluation and treatment including the administration of medication and consultation and referral to other University of Iowa Hospital units if indicated. Services include detoxification, evaluation, rehabilitation and referral to community based agencies for follow-up care. Both one-to-one and group work on treatment related issues are provided by nursing and counseling staff based on Alcoholics Anonymous and Narcotics Anonymous 12 Step philosophy. Concerned persons, including family, are counseled on a one-to-one basis and per a group held each Sunday afternoon.

Contact: Chemical Dependency Center (319) 335-4165

The Office of Faculty and Staff Services provides aftercare support to University faculty and staff.

Contact: Faculty and Staff Services (319) 335-2085

Iowa State University

Prevention

The Substance Abuse Program provides a range of prevention services including peer programs, awareness activities, student and staff training and media messages. In addition, screening, education, and referral to treatment is offered for policy violations and self-referrals. Policy information and local resource guides are provided to all members of the university community on an annual basis.

Contact: Substance Abuse Program (515) 294-4420

The Training and Development Office coordinates awareness actions associated with the University Commitment to a Drug Free Working and Learning Environment. This includes training for employees and supervisors, various publications, and biennial review of program activity.

Contact: Training and Development (515) 294-8914

The employee assistance program provides screening, referral, and transition support for university employees.

Contact: Employee Assistance Program (515) 294-5069

Criminal Justice

The Department of Public Safety is an active member of the Ames/Iowa State/Story County Task Force (Drug Enforcement).

Contact: Department of Public Safety (515) 294-4428

University of Northern Iowa

Prevention

University Health Services provides comprehensive substance abuse prevention services, including educational programs for policy violators and screening for students who may require in-patient or out-patient care through community-based providers. University Health Services annually distributes to every student, faculty and staff member a publication describing the university drug and alcohol policy, the effects of drug and alcohol, resources for counseling and the consequences of violating state and federal laws and university regulations.

Contact: Julie Thompson (319) 273-2009

A wellness course required of all students incorporates information on substance abuse, and a lifestyle inventory completed by students in the course provides data regarding usage patterns.

Contact: Thomas Davis (319) 273-6151

The Department of Public Safety provides Drug Abuse Resistance Education (DARE) for the Price Lab School students and alcohol abuse prevention programming for university students.

Contact: Dean Shoars (319) 273-2712

Personnel Services offers instruction on the Drug-Free Workplace Policy to all new employees and distributes the Drug/Alcohol-Free University Workplace Plan Guide annually. Education and training programs include "Substance Abuse Recognition and Prevention" for university faculty and staff.

Contact: Gwendolyn Johnson (319) 273-6439

Criminal Justice

The Department of Public Safety is a member of the Tri-County Drug Task Force. Public Safety officers are responsible for the detection, apprehension, and prosecution of drug offenders. Officers investigate reports of substance abuse, and if warranted, may initiate referral program procedures, criminal and/or university discipline systems.

Contact: Dean Shoars (319) 273-2712

DEPARTMENT OF REVENUE AND FINANCE

Criminal Justice

Taking the profit out of drugs is a simple way of looking at the purpose of the Drug Tax Stamp Project. In 1990, the Iowa Legislature passed the Drug Tax Stamp law as an additional means of imposing penalties and seizing assets from those who possess, distribute, or offer to sell controlled substances. For example, the tax on an ounce of cocaine is \$7,000. The addition of the one hundred percent civil penalty adds another \$7,000 for a total of \$14,000.

The assets seized under the program are only those assets not available to law enforcement agencies through the normal forfeiture proceedings. Since the Drug Tax Stamp law does not require the individual's assets be linked to his or her drug dealing and since no property is exempt from execution to satisfy tax liabilities, assets can be seized under this program that would not otherwise be available. Also, the department monitors these individuals and may seize additional assets until their drug stamp tax assessment is satisfied.

To date, there have been 576 drug stamp cases, 252 assessments, over nine million dollars has been assessed, and over seven hundred thousand dollars has been collected.

Pursuant to current law, revenue from drug tax stamp collections, by law, is deposited within the State's General Fund. It is the program's desire that future legislation allow the program to use some of the revenue to pay for its operating expenses and share some of it with law enforcement. This would, as the project states: "insure longevity of the program and help law enforcement's budget."

Contact: Tom Seib

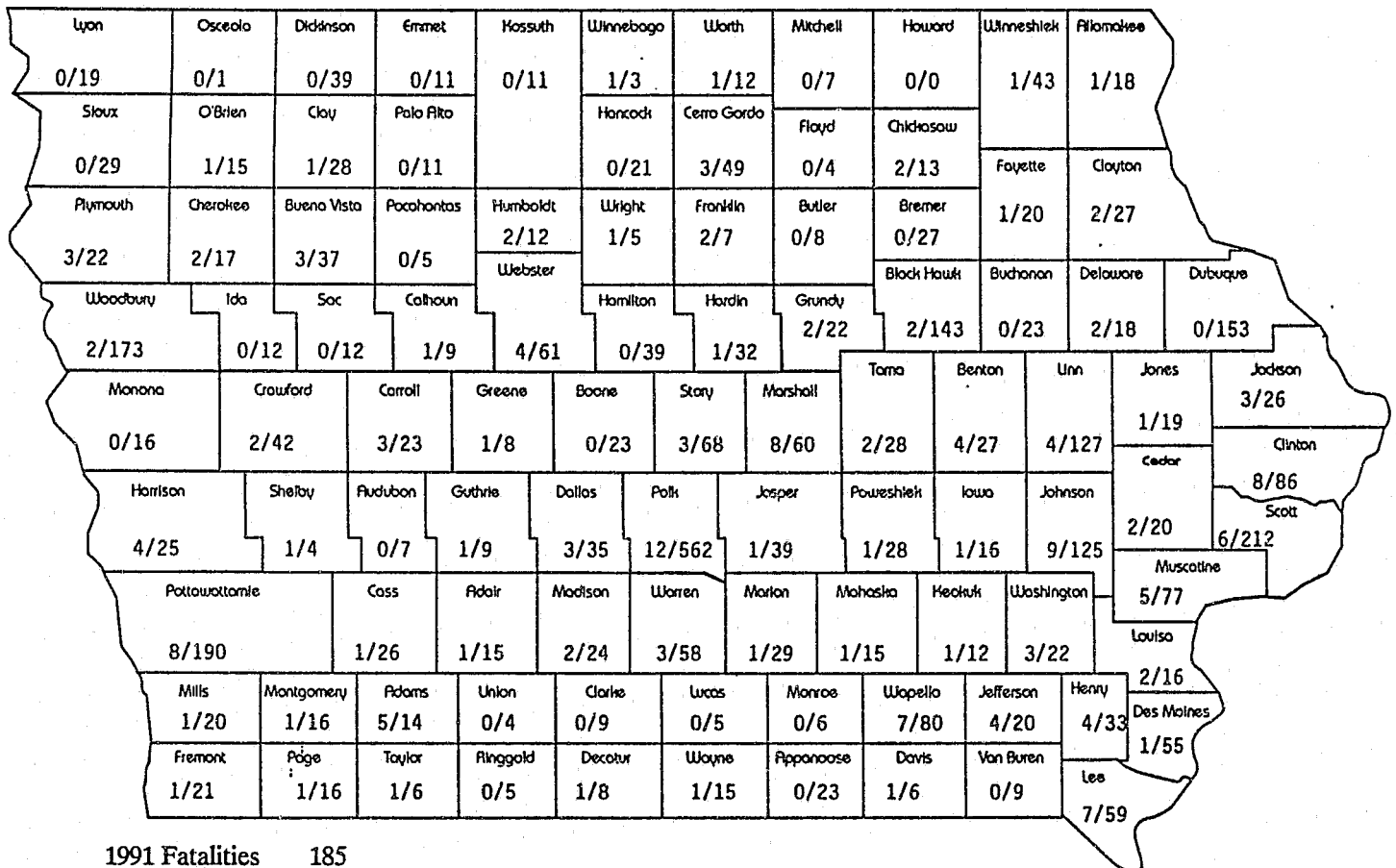
(515) 281-3729

DEPARTMENT OF TRANSPORTATION

Research and Data Collection

Motor Vehicle Division Office of Driver Services

One of the functions of the Office of Driver Services is to produce the Annual Accident Facts book concerning accidents on Iowa's roadways. This document does include a section on alcohol-related accidents. Information available in that annual report include: age of drinking drivers involved in a variety of accidents; contributing circumstances; drivers conditions; drinking pedestrian's actions; gender information; weather conditions; comparison of historical data concerning alcohol-related fatalities; accidents by time of day; accidents by day of week; accidents by month; alcohol level test results in fatal accidents; and alcohol-related fatalities and injuries by county. The report also contains information about other risk factors such as seat belt use. This information is available only through the annual report. The 1991 report will be available in late 1993 or early 1994. The following map is included in the report and identifies the 1991 number of injuries and fatalities in alcohol related accidents.



1991 Fatalities 185
1991 Injuries 3,580

1991 Alcohol-Related Accidents 4,476

Contact: Scott Falb (515)237-3154

COMMISSION OF VETERANS AFFAIRS

Prevention

The Iowa Veterans Home provides long-term health care services to aging and chronically ill or disable veterans, and their dependent or widowed spouses. Individuals diagnosed as "an acute alcoholic" or as "addicted to drugs" are not admitted to the Iowa Veterans Home.

However, many patients have had, or currently have, problems with substance abuse. Those needing acute treatment are transferred to facilities providing that treatment. Programs at the Iowa Veterans Home are aimed at prevention of substance abuse and assisting patients in managing their substance abuse problems.

Services provided are assessment/evaluation, referral for inpatient substance abuse treatment, individual counseling, group counseling, and support of the Alcoholics Anonymous program. Services are coordinated with inpatient programs to provide continuity of care. Additionally, drug abuse counselors provide consultation to staff regarding approaches to help patients maintain freedom from substance abuse. They are able to participate in the care planning process for individual patients as appropriate.

Contact: Robert Atha

(515)752-1501

B. OTHER INITIATIVES

IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

Research and Data Collection

The Iowa Consortium for Substance Abuse Research and Evaluation is an association of institutions of higher education and departments of Iowa state government dedicated to research and evaluation in the area of substance abuse, and the dissemination of knowledge among researchers, helping professionals, and public policy makers. The University of Iowa is currently serving as host institution for the Consortium. Its governing membership consists of the following entities:

University of Iowa	Iowa Department of Public Health
University of Northern Iowa	Iowa Department of Public Safety
Iowa State University	Iowa Department of Human Services
Drake University	Iowa Department of Education
Substance Abuse Treatment and Prevention Field	Iowa Department of Corrections

The goals of the Consortium are as follows:

- 1) to strengthen substance abuse research within the state of Iowa;
- 2) to strengthen substance abuse prevention and intervention strategies;
- 3) to contribute to the education of students and professionals in fields such as health care, education, corrections, human services, and counseling; and,
- 4) to contribute to the development of public policy relating to substance abuse.

The Consortium implements these goals through an ongoing communication network for substance abuse researchers, educators, and practitioners; encourages appropriate joint research projects; shares evaluation results in seminars and publications; determines public policy considerations; improves methods for evaluating prevention and intervention strategies; develops educational partnerships between researchers and practitioners; and develops working relationships among public policy makers, researchers, educators, and practitioners.

The focus of Consortium effort has been identified as those activities which are of direct relevance to the state and the field, including research and evaluation activities in the areas of sociocultural, biomedical, prevention/education, criminal justice, and treatment.

The Consortium is beginning to accumulate a variety of substance abuse related data and research findings. As one example, the Consortium has random sample survey data sets compiled by Dr. Harold Mulford and associates during his more than 30 years as an alcoholism researcher at The University of Iowa. Over the years, Dr. Mulford has examined the extent of alcohol abuse in Iowa, the efficacy of alcoholism treatment modalities, the impact of the privatization of alcohol sales on alcohol consumption in Iowa, and other topics. The Consortium also has on file a reprint of each of Dr. Mulford's extensive published journal articles, research reports, and other materials.

Other data collected by the Consortium includes information from various research and evaluation projects. Data is available on the evaluation of the Cedar Rapids SAFE (Substance Abuse Free Environment) Coalition, a five-year federally funded community partnership project begun in 1990. Data sets include a household survey of adult substance use and abuse behaviors, attitudes, and circumstances in Cedar Rapids, a similar sample

targeting employed adults and workplace issues, a sample of business managers in Cedar Rapids, internal process survey data from the coalition, archival data on crime and public health in Linn County, and the unweighted results from the Cedar Rapids area school systems for the Department of Education's 1990-91 triennial student survey. The Consortium also has weighted data sets by county for the student survey.

The Consortium also collected data from Department of Corrections records for the purpose of evaluating the efficacy of substance abuse treatment provided to inmates of the Newton Correctional Release Center during 1989-1992. This data set includes information on treatment provided at Newton, client demographics and other characteristics, criminal history and recidivism. Finally, the Consortium has collected a variety of substance abuse-related archival data from service systems and organizations in Iowa, such as county statistics on juvenile and adult crime, teen pregnancy and birth rates, alcohol sales, traffic incidents, etc. Substance abuse treatment services data for 1991 has also been provided to the Consortium by the Department of Public Health for analysis. (Individuals interested in secondary data provided by state agencies and other sources should contact the Consortium for details on confidentiality requirements and accessibility of this information.)

Over the next three years, the Consortium will be collecting statewide telephone survey data on alcohol, tobacco, marijuana, cocaine, and other drug use and abuse from a random sample of adults in Iowa. Telephone survey data will also be collected specifically from parents of young children on risk factors associated with later alcohol and other drug use. The Consortium also proposes to conduct face-to-face interviews on special substance abuse-related issues with adult women, and with African American, Native American, Latino, and Asian American populations.

Contact: Anita Patterson

(319) 335-4488

IOWA DARE ASSOCIATION

Prevention

The Iowa DARE (Drug Abuse Resistance Education) Association was established in 1989. The purpose of the Iowa DARE Association (IDA) is to provide a means to disseminate, share advice and coordinate information which is beneficial and noteworthy to the operation of DARE in Iowa.

Members of the IDA consist of any person who is employed by a law enforcement agency or their cooperative school district, either in the presentation or administration of the DARE program.

The Board of Directors is the governing body of the IDA and consists of an Executive Board and an Executive Committee. The following officers constitute the Executive Board: President; Vice President; Second Vice President; Secretary; Treasurer; Sergeant at Arms; Past President; and, an IDA member who is currently a member of the National DARE Officers Association. The board establishes policy and administers the Iowa DARE Association. The board meets periodically, but no less than once a year, at the site of the Iowa DARE Association Conference.

The Executive Committee consists of one member selected by a regional caucus from each region of the state. The Executive Board has established four initial regions in the state of Iowa. Each Executive Committee member is responsible for assisting the Executive Board in the management and operations of the association. Executive Committee members may appoint regional committees, provide for accurate record keeping, and handle transmission of documents to the IDA. Executive Committee recommendations and actions are submitted the Board of Directors for consideration and approval.

The Executive Board is also responsible for providing all possible assistance to the host agency as set by the Board of Directors, concerning the theme of the annual Iowa DARE Conference, program format and operation. Generally, the conference chairman will be the IDA President.

The purpose of the Iowa DARE Association Conference is to share techniques and developments within the organization's field of mutual interest and to conduct necessary IDA business. Emphasis is placed on trends and new technology in drug prevention education. In July 1992, the IDA Conference was held in Fort Madison, Iowa. The 1993 conference was held in Cedar Falls, Iowa. The 1994 conference will be held in Iowa City, Iowa, Cathy Ockenfels, President of IDA and DARE officer for the Iowa City Police Department is conference chairperson.

More than 200 Iowa law enforcement officers have received DARE curriculum training, are teaching that curriculum to students from kindergarten through high school, and are members of the Iowa DARE Association. Approximately 90 law enforcement agencies across the state are represented by DARE officers. The IDA provides a quarterly newsletter to all members supplying information about new programs, training, and other important statewide activities.

Contact: Cathy Ockenfels (319) 356-5291

IOWA FAMILY COMMUNICATION NETWORK (IFCN)

Prevention

The Iowa Family Communication Network (IFCN) is an affiliate of the National Family Partnership (NFP). IFCN was previously called the Iowa Network of Drug Information. The purpose of IFCN is to assist families in establishing substance abuse free environments. IFCN is the Iowa sponsor for the National Red Ribbon Celebration. The Red Ribbon Celebration is a catalyst to mobilize communities into action by establishing parent and community coalitions to create a drug-free America. IFCN membership include schools, parent/community groups, prevention agencies, and individuals. Members receive a quarterly newsletter, Red Ribbon Campaign materials, and special mailings on issues pertinent to prevention and resource information.

Contact: Leslie Schmalzried
Toll Free

(515) 284-7441
(800) 285-7460

HOUSING AND URBAN DEVELOPMENT (HUD)

Prevention

Within the scope of prevention, U.S. Department of Housing and Urban Development authorities in Iowa have pursued the following: family development programs; incentives to not use drugs; resident organizing; family recreation and entertainment opportunities; workshops on substance abuse and parenting; and, youth programs stressing alternative lifestyles to substance abuse. Also included are security activities at the unit sites, such as added local police protection, and a reimbursement to the city or part-time security person.

Housing grants for Public Housing Drug Elimination Programs in Iowa have been awarded to the following agencies:

<u>1990</u>	<u>\$50,000</u>	to Muscatine Housing Authority
Total 1990 funding:	\$50,000	
<u>1991</u>	<u>\$19,500</u>	to Knoxville Housing Authority
	26,251	to Iowa City Housing Authority
	33,666	to Central Iowa Housing Authority
	50,000	to Southern Iowa Regional Housing
	60,500	to Northern Iowa Regional Housing
	<u>140,963</u>	to Des Moines Housing Authority
Total 1991 funding:	\$330,000	
<u>1992</u>	<u>\$30,930</u>	to Iowa City Housing Authority
	50,000	to Knoxville Housing Authority
	50,000	to Southern Iowa Regional Housing
	<u>250,000</u>	to Des Moines Housing Authority
Total 1992 funding:	\$380,930	
<u>1993</u>	<u>\$50,000</u>	to Iowa City Housing Authority
	250,000	to Des Moines Housing Authority
	50,000	to Clinton Housing Authority
	59,575	to Southern Iowa Regional Housing Authority
	<u>53,500</u>	to Northern Iowa Regional Housing Authority
Total 1993 funding:	\$463,075	

Other public housing programs that are eligible for Public Housing Drug Elimination Grants through HUD include: use of investigators, tenant patrol, intervention, treatment, and physical improvements.

Contact: Kathy Winter-Riggle (515) 284-4840

IOWA SUBSTANCE ABUSE INFORMATION CENTER

Prevention

The Iowa Substance Abuse Information Center is a special service of the Cedar Rapids Public Library, and is Iowa's clearinghouse for information on alcohol, tobacco and other drug use and abuse and related topics.

Any Iowan is welcome to use the Center. In FY1993, the Center filled 13,337 different requests, which were made up in part by 4,630 videos, 280,252 pamphlets, 3,444 articles, 8,430 books, and 908 audio cassettes. Those using the services include: preschool through college level students and educators, treatment center professionals, prevention organizations, the business community, law enforcement officials, health care practitioners, hospitals, libraries, government agencies, and many Iowa citizens.

The Center has thousands of separate sources on alcohol, tobacco and other drugs and related problems. Formats include: videos, audio cassettes, books, journal articles, pamphlets, posters, comic books, coloring activity books, stickers, rulers, and bumper stickers. A media catalog is available and lists all the videos available. Books can be obtained from local libraries through the interlibrary loan system or by calling the Center directly. The only charges are: 1) the borrower must pay return shipping on borrowed materials, 2) after 10 pages of photo copying the patron must pay 15 cents per page and, 3) if a borrower is late returning materials late fees are charged. Most requests can be filled within one to two days. Transactions are confidential.

The Center maintains contact with Iowa service providers across the state and acts as a referral source.

A free newsletter "**Current Awareness**" is four newsletters in one. Included are: 1) **Current Awareness** - the Iowa Substance Abuse Information Center's newsletter which list all the latest materials available in the Center; 2) **The Mini Spotlight** the Iowa Department of Public Health, Division of Substance Abuse and Health Promotion's newsletter which lists state level information, 3) **Training In On Training** - the Iowa Substance Abuse Program Director's Associations Training Coordinator's Newsletter which lists all the trainings available in the state, and 4) the **Iowa Substance Abuse Research News** - the Iowa Consortium for Substance Abuse Research and Evaluations newsletter to let you know the latest in research and evaluations being conducted in the state. To receive the newsletters, call the toll free number and request to be on the mailing list.

The Center is open Monday - Thursday from 9:30 a.m. to 9 p.m. and on Friday 9:30 a.m. to 5 p.m.. The phone is answered starting at 8 a.m. A state-wide wats line is available so all Iowans can access the Center free of charge by calling 1-800-247-0614. In the Cedar Rapids area calls are taken on 398-5133. The Center's address is: Iowa Substance Abuse Information Center, Cedar Rapids Public Library, 500 1st Street, SE, Cedar Rapids, Iowa 52401.

Contact: Tressa Youngbear
Toll Free

(319) 398-5133
(800) 247-0614

IOWA NATIONAL GUARD

Marijuana Identification and Eradication

Criminal Justice

This statewide marijuana identification and eradication project is operated through the Division of Narcotics Enforcement, Department of Public Safety. Agents from the Division are directly involved in marijuana plot location, destruction of plants and surveillance. This program is operated in conjunction with the U.S. Drug Enforcement Administration (DEA) eradication program. Air support is provided by the Iowa Army National Guard. Program statistics for 1989 through 1992 are as follows:

	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
Counties:	33	83	92	93
Arrests:	7	10	24	22
Flight Hours:	327	552	389	411
Plots Discovered:	N/A	N/A	N/A	195
Wild Plants Destroyed:	N/A	468,012	101,665	17,466
Cultivated Plants Destroyed:	N/A	5,437	22,251	35,617
Total Plants Destroyed:	6,504	473,449	123,916	210,217

Street value of marijuana destroyed:	1989	\$ 9,756,000
	1990	710,173,500
	1991	185,874,000
	1992	315,325,500
	TOTAL	\$1,221,129,000

Contact: Hank Mayer (515) 281-6296
Division of Narcotics Enforcement

Drug Demand Reduction

Prevention

The Iowa National Guard's Drug Demand Reduction (DDR) program was implemented in February 1992 at Camp Dodge, Iowa. The program is designed to augment and provide support to the Department of Public Safety, Department of Education, local law enforcement agencies, and other groups. The program goal is to reduce the demand for drugs in Iowa through community outreach initiatives focusing on Iowa's youth. The DDR program plan for 1994 includes the following:

1. Support the National Red Ribbon Campaign by having Iowa National Guard personnel wear red ribbons to present a unified and visible commitment toward the creation of a Drug-Free America. The National Guard will be supporting the Red Ribbon State Ceremony, the Governor's Proclamation, and individual school programs.
2. Drug Demand Reduction School for representatives of the Iowa National Guard. This program is a three-day course designed by the Iowa National Guard to develop a Drug Demand Reduction administrator within each unit. The administrator is the point of

contact for civilian and government agencies when conducting or requesting assistance in supporting their drug-free programs. This person would also work with the family assistance coordinator to assist in family programs and drug information.

3. The Adopt-A-School Program, provides Guard members to serve as tutors, music instructors, coaches, assistants, referees, umpires, escorts, chaperon, and sponsors for special events for kindergarten through eighth grades. National Guard facilities are available for community-sponsored drug/alcohol-free activities.

4. The National Guard will support Drug Abuse Resistance Education (DARE) programs, Iowa Substance Abuse Free Environment (SAFE communities), Weed and Seed Programs, and other community initiatives with personnel support.

5. Iowa STARBASE Leadership Conference (ISLC) for fifth and sixth grade students is a one-week "hands-on" science, math, communications, drug demand reduction, leadership and personal goal-setting skills curriculum. The purpose of ISLC is to: a) add value to Iowa through a youth program that focuses on leadership and education; b) maximize student involvement with positive community role models; and c) help students identify positive alternatives to negative pressures.

Other activities included in the Drug Demand Reduction program are the Drug Demand Reduction Council, community use of armories, speakers' bureau, and a physical fitness support cell.

Contact: Captain Tim Orr
 1LT Marty Vrzak

(515) 252-4643
(515) 252-2467

LAW ENFORCEMENT INTELLIGENCE NETWORK (LEIN)

Criminal Justice

The Department of Public Safety, Division of Criminal Investigation, created LEIN in 1984. LEIN maintains statewide information on criminal intelligence which is available for exchange by participating local and state agencies. This has been an effective tool against drug trafficking in Iowa and border areas.

Contact: Division of Criminal Investigation (515) 281-5138

MIDWEST ORGANIZED CRIME INFORMATION CENTER (MOCIC)

Criminal Justice

The MOCIC, located in Springfield, Missouri, is an organization funded by the federal government to educate, train, and sponsor many training programs in conjunction with the Drug Enforcement Administration (DEA) and the Bureau of Alcohol, Tobacco, and Firearms (ATF). These programs help state and local law enforcement agencies identify and combat dangerous drug situations, improve officer safety, improve the handling of undercover operations, and gang activities, etc., which are integral to drug operations. Also, through MOCIC, Iowa agencies are able to share crime information with other non-LEIN members within the state, as well as law enforcement agencies in other states who are members of the Regional Informational Sharing System (RISS) projects.

Contact: MOCIC (417) 883-4383
 Toll Free (800) 798-0110

UNITED STATES ATTORNEY'S OFFICE

District Law Enforcement Plans

Criminal Justice

The Law Enforcement Plans for the Northern and Southern Districts of Iowa were updated in 1992. Local, state, and federal law enforcement agencies were surveyed through the Law Enforcement Coordinating Committee (LECC) concerning their most prevalent crime problems. The vast majority of respondents identified drug trafficking as the most serious problem with violent crime following close behind. Survey results also identified concerns involving rural crime, white collar crime, agricultural crime, health care and social security fraud, financial institution fraud and a recent surge in hate crimes.

Both districts have identified the following law enforcement priorities in their law enforcement plans: drug trafficking, violent crime, white collar crime, civil rights violations, and child pornography. Additionally, the Northern District identified drug demand reduction as a priority, and the Southern District identified gambling as a priority.

Drug Trafficking. Drug trafficking continues to be a major priority for both districts. The Southern District Office has three Assistant United States Attorneys (AUSAs) assigned full-time to prosecute Organized Crime Drug Enforcement Task Force (OCDETF) and general drug cases. The district also has one AUSA assigned full-time and one AUSA assigned part-time to asset forfeiture. The Northern District Office has two AUSAs assigned full-time to OCDETF cases. Four additional AUSAs are assigned to prosecute non-OCDETF drug cases. The Northern district also has an AUSA assigned full-time to asset forfeiture.

The OCDETFs in both the Southern and Northern Districts target major trafficking organizations, including out-of-state sources, repeat offenders, individuals who use weapons in their drug trafficking activities and/or cases involving mandatory minimum sentences. This requires coordination of investigative and prosecutive efforts nationwide. Asset forfeiture is a key element of these investigations, and consequently participating state and local agencies benefit through equitable sharing.

The Southern District does not have any "standing" OCDETFs but has a significant number of OCDETF cases under prosecution. The OCDETF cases are generally submitted by the Drug Enforcement Administration (DEA) or the Federal Bureau of Investigation (FBI) with the Internal Revenue Service (IRS) assisting, as well as the Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE). These case-specific ad-hoc task forces disband after the case is completely investigated and prosecuted. The DEA has established a Des Moines metropolitan task force currently staffed by three of the local police departments. The Southern District has also given priority to eliminating drug paraphernalia stores from its district. The first Drug Paraphernalia Act violation to result in a trial in the country was held in the Southern District of Iowa. This case was recently argued before the United States Supreme Court and a ruling is expected in early 1994.

The Northern District currently has OCDETFs operating out of Cedar Rapids, Waterloo, Dubuque, Mason City, Sioux City, and Fort Dodge. The FBI is the lead federal agency for the Cedar Rapids, Waterloo, Dubuque and Fort Dodge task forces. The FBI is also the lead agency for the Mason City task force, with assistance from the IRS. DEA is the lead agency in Sioux City, with assistance from the Bureau of Alcohol, Tobacco and Firearms (ATF). State and local investigators also serve on each of the task forces.

The Southern District has 16 non-OCDETF task forces in operation which are funded by the Drug Control and System Improvement Grant Program, and the Northern District has nine. These task forces are comprised of state and local agencies but often lack federal investigative assistance. Appropriate cases are referred for federal prosecution and/or forfeiture initiation. In referred cases that merit federal prosecution, federal investigative agency participation is strongly encouraged. State and local agencies routinely refer real property for federal forfeiture adoption because of shortcomings in the state forfeiture laws.

Violent crime in both districts is of great concern to federal, state, and local law enforcement agencies. Violent crime constitutes a much more serious problem for state prosecutors than it does for the United States Attorney Offices, since the vast majority of violent crimes are prosecuted in the state court system. While there are sporadic bank robbery and kidnapping prosecutions, "Project Triggerlock" generates the majority of violent crime prosecutions in both districts.

Project Triggerlock was introduced into the state by the two United States Attorneys for Iowa in April 1991. Two organizational meetings were subsequently held and a Triggerlock Task Force Committee was formed. The committee drafted policy and guidance for referral of firearms cases for federal prosecution under Project Triggerlock. Training has been provided to federal, state, and local law enforcement officials and state prosecutors. The ATF worked hand in hand with the U.S. Attorney's Offices in developing the referral procedures and they serve as the lead agency for Project Triggerlock referrals.

Project Triggerlock targets major offenders, drug traffickers, gang members, and habitual criminals using firearms in violation of federal laws. The program is designed to assist state and local authorities by federally prosecuting weapons violations that may be beyond the effective reach of state law. Triggerlock has been especially effective against violent offenders who possess weapons to facilitate their criminal activity. For these reasons, Triggerlock has been a fine cooperative effort which has allowed local, state, and federal law enforcement officers to work together to put repeat violent offenders in prison for significant periods of time. To date, the Southern District has filed charges against 69 defendants, and the Northern District has filed charges against 44 defendants, including one felon who possessed 28 firearms.

Operation Weed and Seed

Criminal Justice

The Southern District has not been designated an "Operation Weed and Seed" site. However, the U.S. Attorney, the Division of Narcotics Enforcement, and the LECC Coordinator have met with the Des Moines Police Department, city government leaders and U.S. Senator Charles Grassley's office to discuss initiating an Operation Weed and Seed program in Des Moines. The initial response was favorable by all parties and it is anticipated that a program will be started and federal funding requested, depending upon funding availability.

The purpose of the Operation Weed and Seed Program, introduced by the United States Attorney General in March 1991, is to demonstrate an innovative, comprehensive and integrated multi-agency approach to law enforcement and community revitalization for controlling and preventing violent crime, drug abuse and gang activity in targeted high crime neighborhoods across the country. The program involves a two-part strategy: The first part of the strategy involves removing the most violent offenders from the targeted neighborhoods. This requires close coordination of law enforcement activities at the local,

state and federal level. The second part of the strategy is to prevent the recurrence of illegal activity once it has been eliminated from the targeted sites through the allocation of a broad array of public human services, such as education, public health, recreation, housing and employment services.

In the Northern District of Iowa, an informal Weed and Seed type program has been established in Cedar Rapids. The United States Attorney's Office is an active member of an inclusive coalition of community agencies, governmental departments, neighborhood associations and individuals that are working to identify and solve community problems. The group's purpose is to establish collaborative programs that will assist citizens in their effort to effect positive change and establish neighborhood stability. In addition, the Northern District Office has taken an active role in the Substance Abuse Free Environment (SAFE) Coalition of Cedar Rapids, with the United States Attorney for the Northern District serving on the Board of Trustees and the Business Task Force. The Law Enforcement Coordinator serves on the Business Task Force and the Clergy Conference Planning Committee. An AUSA has been available to SAFE to make presentations to employer groups and business leaders concerning employee drug testing.

Additionally, the SAFE Coalition and the Northern District Office have joined forces with organized religion in eastern Iowa to fight the war on drugs. Because organized religion plays an important role in spiritual and community growth, one-day conferences addressing drug abuse issues in eastern Iowa were held in February of 1992 and 1993. The first conference was attended by nearly 150 religious and lay leaders and the second conference had approximately 100 attendees. A similar conference is planned for February 1994.

The 1992 LECC survey, mentioned earlier, identified a number of law enforcement executives who felt additional resources were needed for drug prevention and education. Drug Abuse Resistance Education (DARE) programs are growing in number each year. The U.S. Attorney's Offices have been, and will continue to be, supportive of this program. In addition, a seminar to instruct law enforcement officers in giving drug abuse information speeches to schools, community groups, and the general public is in the planning stage. Demand reduction activities will be given a high priority in the coming year.

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	Northern District:	Steve Rapp (319) 363-6333

Law Enforcement Coordinating Committee (LECC)

Criminal Justice

The statewide Law Enforcement Coordinating Committee (LECC) meets periodically in a joint effort among federal law enforcement agencies, county attorneys, sheriffs and chiefs of police from both the Northern and Southern Districts to update investigative techniques, review recent federal legislation and receive information from federal and state agencies. The LECC sponsors a variety of training programs and has assisted the Division of Narcotics Enforcement and the Prosecuting Attorney's Training Council (PATC) in narcotics enforcement training for law enforcement officers and prosecutors.

The Law Enforcement Coordinators (LEC'S) for the Northern and Southern Districts are non-voting members of the Governor's Alliance on Substance Abuse Drug and Violent Crime Policy Board. They also regularly attend the Narcotics Enforcement Advisory Council and Drug Abuse Prevention and Education Advisory Council meetings and the quarterly multijurisdictional drug enforcement task force meetings sponsored by the Governor's Alliance on Substance Abuse. This has proven to be an excellent means by which information is shared among local, state, and federal agencies.

Contacts: Southern District: Al Overbaugh (515) 284-6257
 Northern District: Steve Badger (319) 363-6333

C. SUBSTANCE ABUSE FUNDING IN IOWA

1. FISCAL YEAR 1993

I. PREVENTION PROGRAMS - FY93

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
1	Education	At-Risk Funding Source	State	\$10,191,258	Parent education support programs for parents with children ages 0-3 years. Grant funds for at-risk children ages 3-5 and grades K-3.
2	Education	Drug-Free Schools and Communities	Federal (U.S. Dept. of Education)	\$4,126,754	To assist schools and communities to reduce incidence and prevalence of substance abuse. The program includes the development and expansion of prevention and intervention programs for students in K-12, a comprehensive school program for parents of students, and community and school collaborations for school personnel.
3	Education	School-Based Youth Services Programs	State	\$800,000	Provide youth service education programs. Centers located in or near schools to increase the potential of service agencies to deliver services coordinated with education.
4	Governor's Alliance on Substance Abuse	State Drug Enforcement and Abuse Prevention Coordinator	State	\$48,657	The state drug coordinator works to coordinate state substance abuse programs with guidance from the Drug Abuse Prevention and Education Advisory Council and the Narcotics Enforcement Advisory Council.
5	Governor's Alliance on Substance Abuse	Iowa SAFE Communities Program	State: \$20,000 Federal: \$45,288 (Community Youth Activity Block Grant) Other: \$90,000	\$155,288	Project SAFE (Substance Abuse Free Environment) is a community mobilization program which provides communities with steps to organize against substance abuse. Fifty-four communities participated in Project SAFE in FY93.
6	Governor's Alliance on Substance Abuse	Drug Control and System Improvement Grant Program	Federal (U.S. Dept. of Justice) Total: \$4,859,000	\$202,455 to Prevention	Program funds allocated to state and local units of government for criminal justice projects, including apprehension prosecution, adjudication, detention, demand reduction education, and treatment of criminal offenders. All projects require a 25% cash match.

I. PREVENTION PROGRAMS - FY1993

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
7	Human Rights/ Division of Criminal and Juvenile Planning	Juvenile Justice and Delinquency Prevention Act Grant Program	Federal (U.S. Dept. of Justice)	\$522,000	Administration of the Juvenile Justice and Delinquency Prevention grant program which is involved in substance abuse treatment and prevention.
8.	Juvenile Law Enforcement Academy	Drug Abuse Resistance Education (DARE)	State: \$1,510 Federal \$5,800	\$7,310	Eighty hour course designed to train local, county and state officers to teach elementary school children skills to resist and abstain from the use of drugs.
9	Iowa Veterans Home Commission of Veterans Affairs	Substance Abuse Counseling, Alcoholism Prevention and Programming	State: \$45,108 Federal: \$13,208 Other: \$18,923	\$77,239	Substance abuse programming includes evaluation/assessment, intervention, referral, prevention and individual and group counseling.
10	Judicial Branch/ State Court Administrator	Drug Education and Training	State: \$3,365 Federal: \$10,095 (Drug Control grant)	\$13,460	Drug education and training provided for judges, referees, juvenile court officers and other staff.
11	Personnel/ General Operations	Iowa Employee Assistance Program	Other: Costs charged to other state departments.	\$ 20,000 Portion of total that is substance abuse related (Total is \$200,000)	The Iowa Employee Assistance Program provides assessment, short-term counseling and referral to appropriate community agencies.
12	Personnel/ General Operations	Drug-Free Workplace Program	Other: Costs charged to other state departments.		The Drug-Free Workplace initiative includes providing educational sessions for employees regarding substance abuse, Drug-Free Workplace Act requirements, and the state's substance abuse policy.
13	Public Defense/ Iowa Army National Guard	Drug Demand Reduction Program	Federal (National Guard Bureau)	\$96,000	This program is designed to deter soldiers in the Iowa Army National Guard from using illegal drugs through a mandatory drug testing program.

I. PREVENTION PROGRAMS - FY1993

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
14	Public Defense/ Iowa Army National Guard	Iowa Starbase Leadership Conference	Federal (National Guard Bureau)	\$40,000	This one week program for fifth and and sixth graders provides skills and strategies that facilitate good leadership and demonstrates the benefits of choosing a drug-free life.
15	Public Health/ Division of Substance Abuse	High-Risk Youth Program	Federal (U.S. Department of Education)	\$610,644	Distribution of funds to local agencies, for substance abuse prevention, intervention, and aftercare services to youth which qualify for the federal definition of high risk.
16	Public Health/ Division of Substance Abuse	Substance Abuse Program Grants	State: \$1,304,933 Federal: \$2,483,592 (ADAMHA) Total: \$20,583,860	\$3,788,525 to Prevention	Provides prevention, education, public information, referral, and crisis intervention, services to substance abusers and affected family members in the state. (21% - Prevention) (79% - Treatment)
17	Public Safety/ Governor's Traffic Safety Bureau	High School/ College Conference	Federal	\$28,000	Provides leadership training for Iowa school students. Supports comprehensive strategies in dealing with traffic safety and alcohol problems at secondary institutions. Administered through Iowa State University.
18	Public Safety/ Highway Patrol	Drug Abuse Resistance Education (D.A.R.E.)	State: \$142,920 Federal: \$79,811 (Drug Control grant)	\$222,731	Four patrol officers provide the D.A.R.E. program in smaller school districts that do not have law enforcement personnel available to teach the D.A.R.E. program. Two of the officers are funded by a Drug Control grant.
19	Regents/ University of Iowa	Student Health Service / Health Iowa	Federal: \$80,066 (FIPSE) Other: \$87,210 Student Fees	\$167,276	Health Iowa, the education branch of Student Health Service, conducts the student substance abuse program and coordinates campus-wide health promotion activities.
20	Regents/ University of Iowa	Student Health Service - University Counseling Service	Other: Student Fees	\$15,750	Staff time expended by the University Counseling Service in the area of substance abuse education and counseling.

I PREVENTION PROGRAMS - FY1993

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
21	Regents/ University of Iowa	Faculty and Staff Service	Other	\$153,700	Evaluation, brief counseling, referral, follow-up for university employees and faculty members whose work performance is impaired due to personal problems. Education, training and prevention services for employees, supervisors, and administrators. Education and prevention as a part of drug-free workplace programming.
22	Regents/ Univ. Of Iowa	College of Education Program in Substance Counseling	State:	\$69,956	The Master of Arts program in substance abuse counseling prepares individuals to function in a wide variety of community counseling settings, with special expertise in prevention, intervention, and treatment strategies for substance-related dysfunction. The emphasis is on individual, group, and family counseling.
23	Regents/Iowa State University	Drug Free Working and Learning Environment	Other	\$4,500	Substance abuse awareness program for all employees with additional training for supervisors and academic supervisors.
24	Regents/Iowa State University	Drug Prevention Consortium	Federal: \$2,500 (FIPSE) Other: \$500 (Student Fees)	\$3,000	The consortium supports the collaboration with ISU, SUI, and UNI staff and students in drug prevention programs.
25	Regents/Iowa State Univ.	Employee Assistance Program	Other	\$59,451	Information and referrals for employees of Iowa State University.
26	Regents/Iowa State University	Student Affairs	Federal: \$67,025 (FIPSE) Other: \$41,061	\$108,086	Substance abuse intervention and education for students are integrated into several departments within Student Affairs. Education, peer programming, early intervention, and referral are emphasized.

I. PREVENTION PROGRAMS - FY93

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
27	Regents/ University of Northern Iowa	University Health Services	State: \$15,000 Other: \$32,000 (Student Fees)	\$47,000	A comprehensive campus-wide education and prevention program which is linked to the education program through a required personal wellness course and is designed to 1) modify the campus health culture related to alcohol and substance abuse; 2) reduce the health risk behaviors of students related to alcohol and drug use; and 3) increase the number of students referred to counseling support services for alcohol and substance abuse related problems. Special programs are also in place for student athletes, residence hall students and enrolled at the University's Price Laboratory School.
28	Regents/ University of Iowa	Iowa Consortium for Substance Abuse Research and Evaluation	State	\$60,000	An association of institutions higher education and departments of state government dedicated to research and evaluation in the area of substance abuse.
TOTAL			State: \$12,702,707 Federal: \$ 8,413,238 Other: \$ 523,095	\$21,639,040	

II. CRIMINAL JUSTICE PROGRAMS - FY1993

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
1	Corrections/ Community Based Corrections	Drug Testing	State	\$269,839	Monitoring of substance abuse through urine and breathalyzer testing throughout the community corrections system.
2	Corrections/ Community Based Corrections	Electronic Monitoring of Drug Abusing Offenders	State: \$34,519 Federal: \$103,558 (Drug Control grant)	\$138,077	Electronic monitoring (wristlets) allows for intensive supervision of drug abusing offenders as an alternative to incarceration.
3	Corrections/ Community Based Corrections	Treatment Alternatives to Street Crime (TASC)	State: \$645,127 Federal: \$548,661 (Drug Control grant)	\$1,193,788	TASC programming provides identification, assessment, referral, and case management of probationers in all eight judicial districts. TASC serves as a bridge between the criminal justice system and substance abuse treatment.
4	Governor's Alliance on Substance Abuse	Drug Control and System Improvement Grant Program Administration	State: \$70,000 Federal: \$210,000 (U.S. Dept. of Justice)	\$280,000	Distribution of funds through competitive grant process to state and local units of government for criminal justice projects. Provides technical assistance to grant projects, and includes an evaluation of the substance abuse treatment programs at the Newton Correctional Release Center.
5	Governor's Alliance on Substance Abuse	Drug Control and System Improvement Grant Program	Federal (U.S. Dept. of Justice) Total: \$4,859,000	\$4,199,617 to Criminal Justice	Program funds allocated to state and local units of government for criminal justice projects, including apprehension, prosecution, adjudication, detention, demand reduction education and treatment of criminal offenders. All projects require a 25% cash match.
6	Human Rights/ Division of Criminal and Juvenile Justice Planning	Technical Assistance	State: \$12,000 Federal: \$36,000 (Drug Control grant)	\$48,000	This project provides planning, policy analysis and evaluation assistance to Iowa's multijurisdictional drug law enforcement task forces funded under the Drug Control and System Improvement Grant Program.
7	Inspections & Appeals/Health Facilities Division	Prospective Payment System Exclusion	Federal: \$14,640 Other: \$21,359	\$35,999	Surveys of 18 alcohol and drug units and 25 psychiatric units for specified criteria.

II. CRIMINAL JUSTICE PROGRAMS - FY1993

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
8	Inspections & Appeals/Health Facilities Division	Skilled Nursing Facilities	State: \$69,806 Federal: \$257,445 Other: \$214,361 (Title 19)	\$37,913 Portion of total that funds drug therapy. (Total is \$541,612)	An annual survey and revisit of each facility. The two major functions of pharmaceutical review are observation of medication passes and drug regimen. This includes review of unnecessary drugs, i.e. antianxiety, sedative hypnotic, antipsychotics.
9	Inspection & Appeals/Health Facilities Division	Other Medicare Certified Providers/Supplies	Federal (Total is \$567,785)	\$39,742 Portion of total that funds drug therapy.	Survey of home health agencies and hospices. The two major functions of pharmaceutical review are review of clinical records and home visits.
10	Inspections & Appeals/Health Facilities Division	Hospital-Pharmacy	State: \$9,312 Federal: \$97,465 (Total is \$106,777)	\$1,277 Portion of total project that funds drug therapy.	
11	Inspections & Appeals/Health Facilities Division	Intermediate Care Facilities	State: \$1,229,576 Other: \$2,418,818 (Title 19)	\$255,388 Portion of total that funds drug therapy. (Total is \$3,648,394)	An annual survey and revisit of each facility. The two major functions of pharmaceutical review are observation of medication passes and drug regimen.
12	Iowa Law Enforcement Academy	Horizontal Gaze Nystagmus Basic Schools	State	\$1,492	Five courses designed to train local peace officers techniques to identify persons under the influence of alcohol or drugs.
13	Iowa Law Enforcement Academy	Drug Impairment Screening	State	\$521	Two courses designed to assist local, state and county officers in basic drug recognition techniques.
14	Iowa Law Enforcement Academy/Div. of Narcotics Enforcement	Division of Narcotics Enforcement and Iowa Law Enforcement Academy	State	\$509	Eight two-day specialized narcotics schools to update narcotic officers.

II. CRIMINAL JUSTICE PROGRAMS - FY 1993

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
15	Iowa Law Enforcement Academy/Div. of Narcotics Enforcement	Basic Law Enforcement Training	State	\$11,118	Six basic training schools. Each have 31 hours of narcotics recognition and investigation.
16	Iowa Law Enforcement Academy/Prosecuting Attorneys Training Council	OWI Law & Detection Techniques Update	State: \$2,728 Federal: \$3,000	\$ 5,728	Eight one-day seminars held across the state.
17	Iowa Law Enforcement Academy/Federal Drug Administration	Drug Enforcement Administration Basic Drug Investigation School	State and Federal	\$1,206	This 80-hour Drug Enforcement school provides state and local officers with basic skills to investigate drug trafficking.
18	Judicial Branch/State Court Administrator	Court Delay Reduction	State: \$4,139 Federal: \$12,416 (Drug Control grant)	\$16,555	To evaluate the use of personal computers by district court judges in trial court management of criminal cases.
19	Justice/Prosecuting Attorneys Training Coordinator	Comprehensive Career Criminal & Drug Prosecution Support Program	State: \$120,900 Federal: \$362,700 (Drug Control Grant)	\$483,600	Program provides ten prosecutors and legal research, training, and technical assistance to local multijurisdictional task forces.
20	Public Defense	The Iowa Drug Enforcement Program	Federal: (National Guard Bureau)	\$550,000	A coordinated effort with the Division of Narcotics Enforcement in the eradication of cultivated marijuana and interdiction of drugs.
21	Public Health/Board of Pharmacy	Drug Abuse Detection, Deterrence, and Information Exchange Systems	State: \$ 9,203 Federal: \$27,593 (Drug Control grant)	\$36,796	The IDAMS (Iowa Drug Abuse Monitoring System) and mini-DAWN (Drug Abuse Warning Network) have established a statewide hospital emergency room data system to identify abused substances and to identify drug abuse patterns and trends in Iowa.

II. CRIMINAL JUSTICE PROGRAMS - FY 1993

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
22	Public Safety/ Division of Criminal Investigation	Criminalistics Laboratory	State: \$71,683 Federal: \$215,050 (Drug Control grant)	\$286,732	The federally funded Crime Laboratory Enhancement project serves to assist in improving case clearance time within the laboratory.
23	Public Safety/ Division of Criminal Investigation	Criminal History Record Improvement	State: \$84,483 Federal: \$253,450 (Drug Control Grant)	\$337,933	Five percent of the federal Drug Control and System Improvement grant award is required to be used for the improvement of the State's criminal of the State's criminal history records.
24	Public Safety/ Division of Narcotics Enforcement	Confidential Funds	State: \$83,333 Federal: \$250,000 (Drug Control Grant)	\$333,333	Confidential funds are available to state and local law enforcement officers to conduct investigations necessitating the undercover purchase of services, information or evidence.
25	Public Safety/ Division of Narcotics Enforcement	Diversionary Investigation Unit	State: \$46,052 Federal: \$138,159 (Drug Control grant)	\$184,211	The three special agents in this unit concentrate on the diversion of legal drugs for illegal purposes.
26	Public Safety/ Division of Narcotics Enforcement	Financial Conspiracy Unit	State: \$87,104 Federal: \$261,313 (Drug Control grant)	\$348,417	This five agent unit focuses on financial conspiracy investigations.
27	Public Safety/ Division of Narcotics Enforcement	General Operations	State	\$2,164,422	The Division's 30 agents conduct investigations in illicit drug/narcotics trafficking. The analytical section provides research for the agents and administrators to identify trends and areas of concern.
28	Public Safety/ Division of Narcotics Enforcement	Task Force	State: \$46,667 Federal: \$45,000 (Drug Control grant)	\$91,667	Provides equipment and overtime in support of local multijurisdictional task forces.

CRIMINAL JUSTICE PROGRAMS - FY 1993

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
29	Public Safety/ Governor's Traffic Safety Bureau	Drug Enforcement Program	Federal	\$10,000	The program trains city, county and state law enforcement officers as certified Drug Recognition Experts.
30	Public Safety/ Governor's Traffic Safety Bureau	Reality Education Awareness Program	Federal	\$15,000	Provides education and information to first-time, under-21 OWI offenders in Polk County and the surrounding area.
31	Revenue and Finance	Drug Tax Stamp Program	State: \$25,225 Federal: \$75,674	\$100,899	Two revenue agents administer Iowa's Drug Tax Stamp Program.
TOTAL			State: \$5,100,964 Federal: \$8,254,526 Other: \$2,654,538	\$16,010,028	

III. TREATMENT PROGRAMS - FY1993

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
1	Corrections/ Clarinda Correctional Facility	The Other Way (TOW)	State	\$123,063	TOW - The Other Way Program's purpose is to initiate sobriety and a new lifestyle in men incarcerated in a medium security prison through comprehensive drug and alcohol treatment.
2	Corrections/ Community Based Corrections	OWI Specialized Treatment Programs	State	\$3,366,509	Community corrections residential based treatment programs divert drunk drivers sentenced to prison. Programs provide 24 hour supervision and 220 hours of licensed substance abuse treatment and employment assistance. Approximately 120-130 offenders are served in the program at any one time.
3	Corrections/ Community Based Corrections/ First District	Chronic Substance Abuse Program	State	\$204,195	This unit provides aftercare programming to offenders who have had treatment and have continued to abuse.
4	Corrections/ Iowa State Penitentiary	Project TEA	State	\$81,031	This licensed treatment program serves approximately 200 inmates by providing counseling and aftercare.
5	Corrections/ Iowa Men's Reformatory	Drug Treatment Enhancement Project	State: \$111,251 Federal: \$25,360 (Drug Control grant)	\$136,611	Substance abuse counseling provided at the Reformatory in Anamosa and Luster Heights.
6	Corrections/ Mitchellville Women's Facility	Family Substance Abuse Program	State: \$82,656 Federal: \$52,441 (Drug Control grant)	\$135,097	Provides substance abuse treatment for inmates and a support program for families.
7	Corrections/ Mt. Pleasant Correctional Facility	Therapeutic Community Programs	State	\$320,048	The program provides education and treatment for convicted felons that have moderate-to-secure drug abuse problems.

III. TREATMENT PROGRAMS - FY1993

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
8	Corrections/ Riverview Release Center-Newton	Relapse Treatment Unit	State: \$248,496 Federal: \$64,363 (Drug Control grant)	\$312,859	This program is an intensive 30-day treatment program for parolees and work releasees who are experiencing substance abuse problems. The program provides intensive assessment, treatment plan, treatment services, and follow-up.
9	Corrections/ North Central Correctional Facility	Substance Abuse	State: \$81,479 Federal: \$28,489 (Drug Control grant)	\$109,968	Provides substance abuse treatment for offenders
10	Governor's Alliance on Substance Abuse	Drug Control and System Improvement Grant Program	Federal (U.S. Dept. of Justice) Total: \$4,859,000	\$456,928 to Treatment	Program funds allocated to state and local units of government for criminal justice projects, including apprehension, prosecution, adjudication, detention, demand reduction education, and treatment of criminal offenders. All projects require a 25% cash match.
11	Human Services/ Division of Mental Health, Retardation and Developmental Disabilities	Mt. Pleasant Mental Health Institute	State	\$985,328	Substance abuse treatment was consolidated at the Mt. Pleasant Treatment Complex in FY92.
12	Human Services/ Adult, Children, and Family Services Division	Foster Care	Federal and State	\$1,400,000	Maintenance and service payments for youth in foster care in licensed substance abuse treatment facilities. 24 hour out of home care.
13	Human Services/ Adult, Children, and Family Services Division	Juvenile Substance Abuse Treatment	State: \$78,845 Federal: \$236,536 (Drug Control grant)	\$315,381	Substance abuse treatment for juveniles in the state institutions at Eldora and Toledo.

III. TREATMENT PROGRAMS - FY1993

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
14	Human Services/ Adult, Children, and Family Services Division	Juvenile Justice County-Based Reimbursement	State	\$50,431	Provides reimbursement to counties for court ordered substance abuse treatment, care, and drug testing.
15	Public Health/ Division of Substance Abuse and Health Promotion	Administration	State: \$471,678 Federal: \$549,316	\$1,020,994	administration for treatment and prevention. Contracting and monitoring with local substance abuse programs, providing technical assistance, and licensing of substance abuse treatment programs.
16	Public Health/ Division of Substance Abuse and Health Promotion	Substance Abuse Program Grants	State: \$7,750,779 Federal: \$8,433,912 (ADAMHA) Total \$20,583,860	\$16,184,691 to Treatment	Provides treatment, public information, referral, crisis intervention, and after-care services to substance abusers and affected members in the state. (79% Treatment) (21% Prevention)
17	Regents/ University of Iowa	Chemical Dependency Center, Oakdale	State: \$1,505,163 Other: \$ 867,128	\$2,372,291	The Oakdale Chemical Drug Center is an organizational unit within the University Iowa Hospitals and Clinics responsible for providing counseling and treatment to patients with substance abuse problems. Services offered include detoxification, evaluation, treatment and rehabilitation.
TOTAL			State: \$16,860,952 Federal: \$ 9,847,345 Other: \$ 867,128	\$27,575,425	

**Total Substance Abuse
Funding - FY1993**

	<u>State</u>	<u>Federal</u>	<u>Other</u>	<u>Total</u>
Prevention	\$12,702,707	\$ 8,413,238	\$ 523,095	\$21,639,040
Criminal Justice	\$ 5,100,964	\$ 8,254,526	\$ 2,654,538	\$16,010,028
Treatment	\$16,860,952	\$ 9,847,345	\$ 867,128	\$27,575,425
TOTAL	\$34,664,623	\$26,515,109	\$ 4,044,761	\$65,224,493

Note:

Information contained in the substance abuse program charts was obtained from individual departments. For further information concerning a particular program, it is suggested that the individual departments be contacted.

Some programs are funded by federal grant money received by one state department and subgranted to others. In these instances, the dollar amounts listed are included only once in the total dollar figures.

2. FISCAL YEAR 1994

I. PREVENTION PROGRAMS - FY94

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
1	Education	At-Risk Funding Source	State	\$10,191,258	Parent education support programs for parents with children ages 0-3 years. Grant funds for at-risk children ages 3-5 and grades K-3.
2	Education	Drug-Free Schools and Communities	Federal (U.S.Dept. of Education)	\$4,006,464	To assist schools and communities to reduce incidence and prevalence of substance abuse. The program includes the development and expansion of prevention and intervention programs for students in K-12, a comprehensive school program for parents of students, and community and school collaborations for school personnel.
3	Education	School-Based Youth Services Programs	State	\$800,000	Provide youth service education programs. Centers located in or near schools to increase the potential of service agencies to deliver services coordinated with education.
4	Governor's Alliance on Substance Abuse	State Drug Enforcement and Abuse Prevention Coordinator	State	\$97,516	The state drug coordinator works to coordinate state substance abuse programs with guidance from the Drug Abuse Prevention and Education Advisory Council and the Narcotics Enforcement Advisory Council.
5	Governor's Alliance on Substance Abuse	Iowa SAFE Communities Program	State: \$50,000 Federal: \$90,000	\$140,000	Project SAFE (Substance Abuse Free Environment) is a community mobilization program which provides communities with steps to organize against substance abuse. Fifty-four communities participated in Project SAFE in FY93.
6	Governor's Alliance on Substance Abuse	Project FreeForce	Federal: (Corporation for National and Community Service)	\$78,320	Initiative designed to curb rural youth by providing young people the opportunity to develop community service projects, Grants are awarded to communities under 20,000 in population.
7	Governor's Alliance on Substance Abuse	Drug Control and System Improvement Grant Program	Federal (U.S. Dept. of Justice) Total: \$4,810,000	\$224,139 to Prevention	Program funds allocated to state and local units of government for criminal justice projects, including apprehension, prosecution, adjudication, detention, demand reduction education, and treatment of criminal offenders. All projects require a 25% cash match.

I. PREVENTION PROGRAMS - FY94

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
8	Human Rights/ Division of Criminal and Juvenile Justice Planning	Juvenile Justice and Delinquency Prevention Act Grant Program	Federal (U.S. Dept. of Justice)	\$522,000	Administration of the Juvenile Justice and Delinquency Prevention grant program which is involved in substance abuse treatment and prevention.
9	Iowa Law Enforcement Academy	Drug Abuse Resistance Education (DARE) Coordinator and Training	State: \$16,510 Federal: \$45,300 (39,500 Drug Control Grant)	\$61,810	State DARE Coordinator and eighty hour course designed to train officers to teach elementary school children skills to resist and abstain from the use of
10	Iowa Veterans Home Commission of Veteran Affairs	Substance Abuse Counseling, Alcoholism Prevention and Programming	State: \$39,606 Federal: \$15,085 Other: \$22,274	\$76,965	Substance abuse programming includes evaluation/assessment, referral, prevention and individual and group counseling.
11	Judicial Branch/ State Court Administrator	Drug Education and Training	State: \$3,565 Federal: \$10,695 (Drug Control grant)	\$14,260	Drug education and training provided for judges, referees, juvenile court officers and other staff.
12	Personnel/ General Operations	Iowa Employee Assistance Program	Other: Costs charged to other state departments.	\$ 20,000 Portion of total that is substance abuse related (Total is \$200,000)	The Iowa Employee Assistance Program provides assessment, short-term counseling and referral to appropriate community agencies.
13	Personnel/ General Operations	Drug-Free Workplace Program	Other: Costs charged to other state departments.		The Drug-Free Workplace initiative includes providing educational sessions for employees regarding substance abuse, Drug-Free Workplace Act requirements, and the state's substance abuse policy.
14	Public Defense/ Iowa Army National Guard	Drug Demand Reduction Program	Federal (National Guard Bureau)	\$126,000 Estimated	This program is designed to deter in the Iowa Army National Guard from using illegal drugs through a mandatory drug testing program.
15	Public Defense/ Iowa Army National Guard	Iowa Starbase Leadership Conference	Federal (National Guard Bureau)	\$314,000	This one week program for fifth and sixth graders provides skills and strategies that facilitate good leadership and demonstrates the benefits of choosing a drug-free life.

I. PREVENTION PROGRAMS - FY94

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
16	Public Health/ Division of Substance Abuse	High-Risk Youth Program	Federal (U.S. Department of Education)	\$796,464	Distribution of funds to local agencies, for substance abuse prevention, intervention, and aftercare services to youth which adhere to the federal definition of high risk.
17	Public Health/ Division of Substance Abuse	Substance Abuse Program Grants	State: \$915,062 Federal: \$2,536,665 (ADAMHA) Total: \$20,910,852	\$3,451,727 to Prevention	Provides prevention, education, public information, referral, and crisis intervention, services to substance abusers and affected family members in the state. (20% - Prevention) (80% - Treatment)
18	Public Safety/ Governor's Traffic Safety Bureau	High School/ College Conference	Federal	\$29,500	Provides leadership training for Iowa school students. Supports comprehensive strategies in dealing with traffic safety and alcohol problems at secondary institutions. Administered through Iowa State University.
19	Public Safety/ Highway Patrol	Drug Abuse Resistance Education (D.A.R.E.)	State: \$144,842 Federal: \$80,000 (Drug Control grant)	\$224,842	Four patrol officers provide the D.A.R.E. program in smaller school districts that do not have law enforcement personnel available to teach the D.A.R.E. program. Two of the officers are funded by a Drug Control grant.
20	Regents/ University of Iowa	Student Health Service - Health Iowa	State: \$82,343 Federal: \$80,066 (FIPSE)	\$162,409	Health Iowa, the education branch of Student Health Service, conducts the student substance abuse program and coordinates campus-wide health promotion activities.
21	Regents/ University of Iowa	Student Health Service - University Counseling Service	Other: Student Fees	\$15,750	Staff time expended by the University Counseling Service in the area of substance abuse education and counseling.
22	Regents/ University of Iowa	Faculty and Staff Service	Other	\$164,400	Evaluation, brief counseling, referral, follow-up for university employees and faculty members whose work performance is impaired due to personal problems. Education, training and prevention services for employees, supervisors, and administrators. Education and prevention as a part of drug-free workplace programming.

I. PREVENTION PROGRAMS - FY94

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
23	Regents/Univ. of Iowa	College of Education Program in Substance Abuse Counseling	State:	\$71,036	The Master of Arts program in substance abuse counseling prepares individuals to function in a wide variety of community counseling settings, with special expertise in prevention, intervention, and treatment strategies for substance-related dysfunction. The emphasis is on individual group, and family counseling.
24	Regents/Iowa State University	Drug Free Working and Learning Environment	Other	\$4,500	Substance abuse awareness program for all employees with additional training for supervisors and academic supervisors.
25	Regents/Iowa State University	Employee Assistance Program	Other	\$59,451	Information and referrals for employees of Iowa State University.
26	Regents/Iowa State University	Student Affairs	Federal: \$67,025 (FIPSE) Other: \$41,061	\$108,086	Substance abuse intervention and education for students are integrated into several departments within Student Affairs. Education, peer programming, early intervention, and referral are emphasized.
27	Regents/University of Northern Iowa	University Health Services	State: \$15,000 Other: \$32,000 (Student Fees)	\$47,000	A comprehensive campus-wide education and prevention program which is linked to the education program through a required personal wellness course and is designed to 1) modify the campus health culture related to alcohol and substance abuse; 2) reduce the health risk behaviors of students related to alcohol and drug use; and 3) increase the number of students referred to counseling support services for alcohol and substance abuse related problems. Special programs are also in place for student athletes, residence hall students and students enrolled at the University's Price Laboratory School.
28	Regents/University of Iowa	Iowa Consortium for Substance Abuse Research and Evaluation	State	\$60,000	An association of institutions of higher education and departments of state government dedicated to research and evaluation in the area of substance abuse.

I. PREVENTION PROGRAMS - FY94

TOTAL

State: \$21,783,897
\$12,486,738
Federal:
\$ 8,937,723
Other:
\$ 359,436

II. CRIMINAL JUSTICE PROGRAMS - FY94

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
1	Corrections/ Community Based Corrections	Drug Testing	State	\$269,839	Monitoring of substance abuse through urine and breathalyzer testing throughout the community corrections system.
2	Corrections/ Community Based Corrections	Electronic Monitoring of Drug Abusing Offenders	State: \$37,398 Federal: \$110,000 (Drug Control grant)	\$148,398	Electronic monitoring (wristlets) allows for intensive supervision of drug abusing offenders as an alternative to incarceration.
3	Corrections/ Community Based Corrections	Treatment Alternatives to Street Crime (TASC)	State: \$645,127 Federal: \$525,000 (Drug Control grant)	\$1,170,127	TASC programming provides identification, assessment, referral, and case management of probationers in all eight judicial districts. TASC serves as a bridge between the criminal justice system and substance abuse treatment.
4	Governor's Alliance on Substance Abuse	Drug Control and System Improvement Grant Program Administration	State: \$76,667 Federal: \$230,000 (U.S. Dept. of Justice)	\$306,667	Distribution of funds through competitive grant process to state and local units of government for criminal justice projects. Provides technical assistance to grant projects and evaluation.
5	Governor's Alliance on Substance Abuse	Drug Control and System Improvement Grant Program	Federal (U.S. Dept. of Justice) Total: \$4,810,000	\$4,159,896 to Criminal Justice	Program funds allocated to state and local units of government for criminal justice projects, including apprehension, prosecution, adjudication, detention, demand reduction education, and treatment of criminal offenders. All projects require a 25% cash match.
6	Human Rights/ Division of Criminal and Juvenile Justice Planning	Technical Assistance	State: \$17,709 Federal: \$53,128 (Drug Control grant)	\$70,837	This project provides planning, policy analysis and research assistance to the State's drug control strategy development and to Iowa's multi jurisdictional drug law enforcement task forces funded under the Drug Control and System Improvement Grant Program.
7	Inspections & Appeals/Health Facilities Division	Prospective Payment System Exclusion	Federal: \$13,197 Other: \$19,253	\$32,450	Surveys of 16 alcohol and drug units and 25 psychiatric units for specified criteria.

II. CRIMINAL JUSTICE PROGRAMS - FY94

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
8	Inspections & Appeals/Health Facilities Division	Skilled Nursing Facilities	State: \$67,240 Federal: \$253,992 Other: \$209,083 (Title 19)	\$37,122 Portion of total that funds drug therapy. (Total is \$530,315)	An annual survey and revisit of each facility. The two major functions of pharmaceutical review are observation of medication passes and drug regimen. This includes review of unnecessary drugs, i.e. antianxiety, sedative hypnotic, antipsychotics.
9	Inspection & Appeals/Health Facilities Division	Other Medicare Certified Providers/Supplies	Federal (Total is \$611,903)	\$42,830 Portion of total that funds drug therapy.	Survey of home health agencies and hospices. The two major functions of pharmaceutical review are review of clinical records and home visits.
10	Inspections & Appeals/Health Facilities Division	Hospital-Pharmacy	State: \$11,492 Federal: \$103,909 (Total is \$115,401)	\$1,385 Portion of total project that funds drug therapy.	
11	Inspections & Appeals/Health Facilities Division	Intermediate Care Facilities	State: \$943,132 Other: \$2,554,273 (Title 19)	\$244,818 Portion of total that funds drug therapy. (Total is \$3,497,405)	An annual survey and revisit of each facility. The two major functions of pharmaceutical review are observation of medication passes and drug regimen.
12	Iowa Law Enforcement Academy	Horizontal Gaze Nystagmus Basic Schools	State	\$1,492	Five courses designed to train local peace officers techniques to identify persons under the influence of alcohol or drugs.
13	Iowa Law Enforcement Academy	Drug Impairment Screening	State	\$521	Two courses designed to assist local, state and county officers in basic drug recognition techniques.
14	Iowa Law Enforcement Academy/Div. of Narcotics Enforcement	Division of Narcotics Enforcement and Iowa Law Enforcement Academy	State	\$509	Eight two-day specialized narcotics schools to update narcotic officers.
15	Iowa Law Enforcement Academy/Div. of Narcotics Enforcement	Basic Law Enforcement Training	State	\$11,118	Six basic training schools. Each have 31 hours of narcotics recognition and investigation.

II. CRIMINAL JUSTICE PROGRAMS - FY 94

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
16	Iowa Law Enforcement Academy/ Prosecuting Attorneys Training Council	OWI Law & Detection Techniques Update	State: \$2,728 Federal: \$3,000	\$ 5,728	Eight one-day seminars held across the state.
17	Iowa Law Enforcement Academy/ Federal Drug Administration	Drug Enforcement Administration Basic Drug Investigation School	State and Federal	\$1,206	This 80-hour Drug Enforcement School provides state and local officers with basic skills to investigate drug trafficking.
18	Judicial Branch/State Court Administrator	Court Delay Reduction	State: \$4,139 Federal: \$12,416 (Drug Control grant)	\$16,555	To evaluate the use of personal computers by district court judges in trial court management of criminal cases.
19	Justice/ Prosecuting Attorneys Training Coordinator	Comprehensive Career Criminal & Drug Prosecution Support Program	State: \$111,650 Federal: \$334,950	\$446,600	Program provides nine prosecutors and legal research, training, and technical assistance to local multijurisdictional task forces.
20	Public Defense	The Iowa Drug Enforcement Program	Federal: (National Guard Bureau)	\$421,000	A coordinated effort with the Division of Narcotics Enforcement in the eradication of cultivated marijuana and interdiction of drugs.
21	Public Health/ Board of Pharmacy	Drug Abuse Detection, Deterrence, and Information Exchange Systems	State: \$ 3,892 Federal: \$11,675 (Drug Control grant)	\$15,567	The IDAMS (Iowa Drug Abuse Monitoring System) and mini-DAWN (Drug Abuse Warning Network) have established a statewide hospital emergency room data system to identify abused substances and to identify drug abuse patterns and trends in Iowa.
22	Public Safety/ Division of Criminal Investigation	Criminalistics Laboratory	State: \$71,683 Federal: \$215,050 (Drug Control grant)	\$286,733	The federally funded Crime Laboratory Enhancement project serves to assist in improving case clearance time within the laboratory.

II. CRIMINAL JUSTICE PROGRAMS - FY 94

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
23	Public Safety/ Division of Criminal Investigation	Criminal History Record Improvement			Five percent of the federal Drug Control and System Improvement Grant award is required to be used for the improvement of the State's criminal of the State's criminal history records.
24	Public Safety/ Division of Narcotics Enforcement	Confidential Funds	State: \$20,202 Federal: \$219,000 (Drug Control Grant)	\$239,202	Confidential funds are available to state and local law enforcement officers to conduct investigations necessitating the undercover purchase of services, information or evidence.
25	Public Safety/ Division of Narcotics Enforcement	Diversionary Investigation Unit	State: Federal: \$91,275 (Drug Control grant)		The three special agents in this unit concentrate on the diversion of legal drugs for illegal purposes.
26	Public Safety/ Division of Narcotics Enforcement	Financial Conspiracy Unit	State: \$83,533 Federal: \$250,600 (Drug Control grant)	\$334,133	This five agent unit focuses on financial conspiracy investigations.
27	Public Safety/ Division of Narcotics Enforcement	General Operations	State	\$2,164,422	The Division's 30 agents conduct investigations in illicit drug/narcotics trafficking. The analytical section provides research for the agents and administrators to identify trends and areas of concern.
28	Public Safety/ Division of Narcotics Enforcement	Task Force	State: \$26,166 Federal: \$78,500 (Drug Control grant)	\$104,666	Provides equipment and overtime in support of local multijurisdictional task forces.
29	Public Safety/ Governor's Traffic Safety Bureau	Drug Enforcement Program	Federal	\$10,000	The program trains city, county and state law enforcement officers as certified Drug Recognition Experts.
30	Public Safety/ Governor's Traffic Safety Bureau	Reality Education Awareness Program	Federal	\$15,000	Provides education and information to first-time, under-21 OWI offenders in Polk County and the surrounding area.

II. CRIMINAL JUSTICE PROGRAMS FY94

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
31	Revenue and Finance	Drug Tax Stamp Program	State: \$26,753 Federal: \$80,260	\$107,013	Two revenue agents administer Iowa's Drug Tax Stamp Program.
TOTAL			State: \$4,598,618 Federal: \$7,803,751 Other: \$2,782,609	\$15,184,978	

III. TREATMENT PROGRAMS - FY94

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
1	Corrections/ Clarinda Correctional Facility	The Other Way (TOW)	State	\$205,719	TOW - The Other Way Program's purpose is to initiate sobriety and a new lifestyle in men incarcerated in a medium security prison through comprehensive drug and alcohol treatment.
2	Corrections/ Community Based Corrections	OWI Specialized Treatment Programs	State	\$3,149,790	Community corrections residential based treatment programs divert drunk drivers sentenced to prison. Programs provide 24 hour supervision and 220 hours of licensed substance abuse treatment and employment assistance. Approximately 120-130 offenders are served in the program at any one time.
3	Corrections/ Community Based Corrections/ First District	Chronic Substance Abuse Program	State	\$204,195	This unit provides aftercare programming to offenders who have had treatment and have continued to abuse.
4	Corrections/ Iowa State Penitentiary	Project TEA	State: \$8,333 Federal: \$25,000 (Drug Control Grant)		This licensed treatment program serves approximately 200 inmates by providing counseling and aftercare
5	Corrections/ Iowa Men's Reformatory	Drug Treatment Enhancement Project	State: \$8,810 Federal: \$26,430 (Drug Control grant)	\$35,240	Substance abuse counseling provided at the Reformatory in Anamosa and Luster Heights.
6	Corrections/ Mitchellville Women's Facility	Family Substance Abuse Program and Violator Program	State	\$247,656	Provides substance abuse treatment for inmates and a support program for families.
7	Corrections/ Mt. Pleasant Correctional Facility	Therapeutic Community Programs	State	\$320,048	The program provides education and treatment for convicted felons that have moderate-to-secure drug abuse problems.
8	Corrections/ Riverview Release Center-Newton	Violator Program and S.A.T.	State: \$248,496 Federal: \$ 77,130 (Drug Control grant)	\$325,626	This program is an intensive 30-day treatment program for parolees and work releasees who are experiencing substance abuse problems. The program provides intensive assessment, treatment plan, treatment services, and follow-up.

III. TREATMENT PROGRAMS - FY94

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
9	Corrections/ North Central Correctional Facility	Substance Abuse	State	\$109,968	Provides substance abuse treatment for offenders
10	Governor's Alliance on Substance Abuse	Drug Control and System Improvement Grant Program	Federal (U.S. Dept. of Justice) Total: \$4,810,000	\$425,965 to Treatment	Program funds allocated to state and local units of government for criminal justice projects, including apprehension, prosecution, adjudication, detention, demand reduction education, and treatment of criminal offenders. All projects require a 25% cash match.
11	Human Services/ Division of Mental Health, Retardation and Developmental Disabilities	Mt. Pleasant Mental Health Institute	State	\$1,089,817	Substance abuse treatment was consolidated at the Mt. Pleasant Treatment Complex in FY92.
12	Human Services/ Adult, Children, and Family Services Division	Foster Care	Federal and State	\$1,400,000	Maintenance and service payments for youth in foster care in licensed substance abuse treatment facilities. 24 hour out of home care.
13	Human Services/ Adult, Children, and Family Services Division	Juvenile Substance Abuse Treatment	State: \$69,633 Federal: \$228,536 (208,900 FY94, 19,636 carryover, 228,536 total) (Drug Control grant)	\$298,169	Substance abuse treatment for juveniles in the state institutions at Eldora and Toledo.
14	Human Services/ Adult, Children, and Family Services Division	Juvenile Justice County-Based Reimbursement	State	\$55,000	Provides reimbursement to counties for court ordered substance abuse treatment, care, and drug testing.

III. TREATMENT PROGRAMS - FY94

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
15	Public Health/ Division of Substance Abuse and Health Promotion	Administration	State: \$635,215 Federal: \$581,286	\$1,216,501	Administration for treatment and prevention. Contracting and monitoring with local substance abuse programs, providing technical assistance, and licensing of substance abuse treatment programs.
16	Public Health/ Division of Substance Abuse and Health Promotion	Substance Abuse Program Grants	State: \$8,150,097 Federal: \$8,512,564 (ADAMHA) Total \$20,910,852	\$16,662,661 to Treatment	Provides treatment, public information, referral, crisis intervention, and after-care services to substance abusers and affected members in the state. (80% Treatment) (20% Prevention)
17	Regents/ University of Iowa	Chemical Dependency Center, Oakdale	State: \$1,505,105 Other: \$ 867,095	\$2,372,200	The Oakdale Chemical Drug Center is an organizational unit within the University Iowa Hospitals and Clinics responsible for providing counseling and treatment to patients with substance abuse problems. Services offered include detoxification, evaluation, treatment and rehabilitation.
TOTAL			State: \$17,407,882 Federal: \$ 9,876,911 Other: \$ 867,095	\$28,151,888	

**Total Substance Abuse
Funding - FY1994**

	State	Federal	Other	Total
Prevention	\$12,486,738	\$ 9,021,723	\$ 359,436	\$21,783,897
Criminal Justice	\$ 4,598,618	\$ 7,803,751	\$ 2,782,609	\$15,184,978
Treatment	\$17,407,882	\$ 9,876,911	\$ 867,095	\$28,151,888
TOTAL	\$34,493,238	\$26,702,385	\$4,009,140	\$65,120,763

Note:

Information contained in the substance abuse program charts was obtained from individual departments. For further information concerning a particular program, it is suggested that the individual departments be contacted.

Some programs are funded by federal grant money received by one state department and subgranted to others. In these instances, the dollar amounts listed are included only once in the total dollar figures.

D. APPENDIX

COMMISSION ON SUBSTANCE ABUSE
DEPARTMENT OF PUBLIC HEALTH

Geographic Area/Occupation

Name/Mailing Address

West Central
Nurse, Consumer

Kathleen Furey
1303 North Court Street
Carrol, Iowa 51401
(712) 792-5500

Northeast
Publisher, Consumer

Char Helgens **
200 South Chestnut
Box 70
Monticello, Iowa 52310
(319) 465-4518

Central
Attorney, Consumer

Harlan Lemon *
Assistant Polk County Atty
691 NW 66th Place
Des Moines, Iowa 50313
(515) 286-3980

Central
Educator, Consumer

Jerry Stubben
3229 Garner Avenue
Ames, Iowa 50010
(515) 294-1853

East
Attorney, Consumer

Paul Pfeffer
511 South Third Street
Clinton, Iowa 52732
(319) 242-2122

Central
Substance Abuse Prog Director
Provider

Kathy Stone
Powell Chemical Dep. Ctr.
1313 High Street
Des Moines, Iowa 50309
(515) 283-6454

Central
Substance Abuse Prog Director
Provider

Jack Stowe
19 West State St.
PO Box 1453
Marshalltown, Iowa 50158
(515) 752-7217

Southeast
Corrections Counselor
Consumer

Virgil Gooding
Lary Nelson Center
1001 29th Avenue SW
Cedar Rapids, Iowa 52404
(319) 366-8797

Northwest
Substance Abuse Prog Director

Linda Phillips
Siouxland Cares About
Substance Abuse
P.O. Box 4553
Sioux City, Iowa 51104
(712) 255-3188

*Chairperson ** Vice Chairperson

**DRUG ABUSE PREVENTION AND EDUCATION ADVISORY COUNCIL/DRUG AND
VIOLENT CRIME POLICY BOARD**

<u>Organization Represented:</u>	<u>Name/Mailing Address</u>
Chair: Drug Coordinator	Charles W. Larson Drug Enforcement and Abuse Prevention Coordinator Lucas State Office Building Des Moines, IA 50319 (515) 242-6391
County Attorney	Connie Ricklefs Jones County Attorney Jones County Courthouse, Rm. 201 P.O. Box 111 Anamosa, IA 52205 (319) 462-4949
Department of Corrections	Patrick Coleman, Director Department of Corrections Capitol Annex Des Moines, IA 50319 (515) 281-4592
Department of Education	David Wright Consultant for Substance Abuse Department of Education Grimes State Office Building Des Moines, IA 50319 (515) 281-3021
Department of Human Services	Reginald Alexander, Director Iowa Residential Treatment Cnt Mt. Pleasant Facility 1200 E. Washington Mt. Pleasant, IA 52641 (319) 385-7231
Department of Public Health	Janet Zwick, Director Division of Substance Abuse Department of Public Health & Health Promotion Lucas State Office Building Des Moines, IA 50319 (515) 281-4417
Department of Public Safety	Hank Mayer, Director Division of Narcotics Enforcement Department of Public Safety Wallace State Office Building Des Moines, IA 50319 (515) 281-6296

DRUG ABUSE PREVENTION AND EDUCATION ADVISORY COUNCIL/DRUG AND VIOLENT CRIME POLICY BOARD

Law Enforcement Officers

Loras A. Jaeger
Director of Public Safety
Iowa State University
#55 Armory Building
Ames, IA 50011
(515) 294-6612

Substance Abuse Treatment Specialist

Michael Oelrich
Center for Alcohol & Drug Services
1523 S. Fairmount
Davenport, IA 52802
(319) 322-2667

* Judicial Department

Judge Allen L. Donielson
Judicial Department
State Capitol
Des Moines, IA 50319
(515) 281-8057

* U.S. Attorney
** Representative

Steve Badger
U.S. Attorney's Office
Northern District of Iowa
Box 74950
Cedar Rapids, IA 52407-4950
(319) 363-0091

* U.S. Attorney
** Representative

Al Overbaugh
U.S. Attorney's Office
Southern District of Iowa
115 U.S. Court House
East 1st & Walnut
Des Moines, IA 50309
(515) 284-6257

* Iowa Law Enforcement
** Academy

Gene Shepherd, Director
Iowa Law Enforcement Academy
Camp Dodge
P.O. Box 130
Johnston, IA 50131
(515) 242-5357

Statutory Authority for Council - Iowa Code Section 80E.2
Authority for Board - Created by Executive Order

* Members of Drug and Violent Crime Policy Board ONLY
** Non-voting member of Board

NARCOTICS ENFORCEMENT ADVISORY COUNCIL

Organization Represented:

Name/Mailing Address

Chair: Drug Coordinator

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Narcotics Enforcement Advisory Council

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The following provides a comprehensive listing of substance abuse treatment programs in Iowa by county with their main location, services, and number and type of beds.

County	Treatment Program	Location	Services and Number of Beds
Adair	Alcohol and Drug Assistance Agency	Atlantic	20 Total Residential and 13 <i>Contracted</i> Outpatient
Black Hawk	Allen Memorial Hospital Addiction Program	Waterloo	Outpatient
	Horizons Family Centered Recovery Program- Covenant Medical Center	Waterloo	14 Inpatient Adult 10 Inpatient Juvenile Detoxification Outpatient
	Northeast Council on Substance Abuse	Waterloo	10 Total Halfway (Male) 8 <i>Contracted</i> Outpatient
	People's Clinic	Waterloo	Case Management for Pregnant Women
Buena Vista	Vista Addiction and Recovery	Storm Lake	Outpatient
Calhoun	Harvest Acres	Rockwell City	21 Total Juvenile Residential 3 <i>Contracted</i>
Carroll	Area XII Alcoholism and Drug Treatment Unit	Carroll	Outpatient
	Manning General Hospital, Substance Abuse Treatment Unit	Manning	10 Inpatient 2 Detoxification Outpatient
Cerro Gordo	Prairie Ridge	Mason City	30 Total Residential 23 <i>Contracted</i> 10 Total halfway (Male) 8 <i>Contracted</i> Outpatient
Clinton	New Directions, Center for Alcohol and Other Chemical Dependencies	Clinton	9 Total Halfway (Male) 8 <i>Contracted</i> Outpatient
	The Bridge--Samaritan Health System	Clinton	16 Inpatient 6 Detoxification Outpatient
Crawford	Midwest Iowa Alcohol and Drug Abuse Center	Denison	Outpatient
Des Moines	Alcohol and Drug Dependency Services of Southeast Iowa	Burlington	20 Residential 16 <i>Contracted</i> Outpatient
	Riverview Rehabilitation Center Burlington Medical Center	Burlington	14 Inpatient Outpatient

	Young House, Inc., Woodlands Treatment Center	Burlington	15 Total Juvenile Residential 4 <i>Contracted</i>
Dickenson	Northwest Iowa Alcoholism and Drug Treatment Unit	Spirit Lake	Outpatient
Dubuque	St. Mary's Adolescent Substance Abuse Unit, Mercy Health Center Substance Abuse Services Center The Harbour Turning Point Treatment Program, Mercy Health Center	Dyersville Dubuque Dubuque Dubuque	24 Juvenile Inpatient Outpatient Outpatient Outpatient 14 Inpatient/Detoxification Outpatient
Emmet	Marion Family Recovery Center	Estherville	13 Inpatient 2 Detoxification Outpatient
Hardin	The Pines/Eldora Regional Medical Center	Eldora	16 Inpatient 4 Detoxification Outpatient
Henry	Iowa Residential Treatment Center	Mount Pleasant	72 Co-ed Residential 20 Long-Term Residential (female)
Jasper	Capstone Center, Inc.	Newton	Outpatient
Johnson	Mid-Eastern Council on Chemical Abuse	Iowa City	24 Total Residential 18 <i>Contracted</i> 12 Total Halfway 6 <i>Contracted</i> 6 Detoxification 0 <i>Contracted</i> Outpatient
	University of Iowa Hospitals and Clinics Chemical Dependency Center	Oakdale	38 Inpatient
Lee	Crossing Point Alcohol and Drug Treatment Center, Ft. Madison Comm. Hospital	Ft. Madison	Detoxification Outpatient
Linn	Area Substance Abuse Council	Cedar Rapids	22 Total Residential 13 <i>Contracted</i> 14 Juvenile Residential 7 <i>Contracted</i> 6 Juvenile Halfway House 0 <i>Contracted</i> 14 Adult Halfway House 0 <i>Contracted</i> Outpatient
	Hillcrest Family Services Sedlacek Treatment Center, Mercy Hospital	Cedar Rapids Cedar Rapids	Outpatient 20 Total Inpatient 12 Dual Diagnosis 17 Total Juvenile Inpatient Outpatient
Madison	The Bridge	Winterset	Outpatient

Marshall	Substance Abuse Treatment Unit of Central Iowa Listening Post	Marshalltown	Outpatient
		Marshalltown	Intake/Assessment/Refer
Muscatine	New Horizons Outpatient Substance Abuse Program	Muscatine	Outpatient
Polk	Bernie Lorenz Recovery, Inc.	Des Moines	15 Total Residential (female) 10 <i>Contracted</i>
	Broadlawn Medical Center	Des Moines	Detoxification (adult)
	Intersectional United Advanced Planning	Des Moines	25 Total Residential 22 <i>Contracted</i> 14 Total Halfway 0 <i>Contracted</i> 10 Total Juvenile Residential 7 <i>Contracted</i>
			Outpatient
	First Step, Mercy Recovery Center	Des Moines	Outpatient
	Harold Hughes Recovery Center, Des Moines General Hospital	Des Moines	18 Inpatient (female) 16 Inpatient (male) Outpatient
	House of Mercy	Des Moines	34 Total Halfway House (female) 0 <i>Contracted</i> Continued Care
	National Council on Alcoholism and Other Drug Dependencies	Des Moines	Intake/Assessment/ Referral
	Our Primary Purpose/Children and Families of Iowa	Des Moines	Outpatient
	New Beginnings	Des Moines	15 Residential 5 <i>Contracted</i> Outpatient
	Powell Chemical Dependency Center, Iowa Methodist Medical Center	Des Moines	14 Inpatient 14 Residential 14 <i>Contracted</i> 21 Halfway House Outpatient
	Primary Care Project Women	Des Moines	Case Management for Pregnant
	United Behavioral Systems	Des Moines	Outpatient
	Pottawattamie	Family Service Chemical Dependency Program	Council Bluffs
Mercy Hospital Chemical Dependency Services		Council Bluffs	21 Inpatient 21 Juvenile Inpatient 5 Detoxification 23 Juvenile Residential Outpatient
Ringgold	Ringgold County Recovery Center	Mount Ayr	16 Inpatient 4 Detoxification Outpatient

Scott	Center for Alcohol and Drug Services	Davenport	30 Total Residential 12 <i>Contracted</i> 18 Total Halfway 10.5 <i>Contracted</i> 12 Total Detoxification 0 <i>Contracted</i>
	Center for Alcohol and Drug Services (Cont.)		13 Total Juvenile Residential 3 <i>Contracted</i> Outpatient
	Heartland Place	Davenport	20 Residential
	Mercy Alcoholism Recovery Center, Mercy Hospital New Life Outpatient Center	Davenport Bettendorf	15 Inpatient Outpatient Outpatient
Sioux	Alcoholism and Drug Abuse Center	Hull	Outpatient
Story	Center for Alcohol Recovery Services Youth and Shelter Services	Ames	Outpatient
		Ames	40 Total Juvenile Residential 16 <i>Contracted</i> Outpatient Outpatient
Union	Action Now Chemical Dependency Treatment Services	Creston	Outpatient
Wapello	Family Recovery Center, Ottumwa Regional Health	Ottumwa	14 Inpatient 3 Detoxification Outpatient Outpatient
	Southern Iowa Economic Development Association, Drug and Alcohol Services	Ottumwa	Outpatient
Webster	North Central Alcoholism Research Foundation	Fort Dodge	32 Total Residential 26 <i>Contracted</i> 10 Total Halfway 8 <i>Contracted</i> 3 Total Detoxification 0 <i>Contracted</i> Outpatient
	Trinity Recovery Center, Trinity Regional Hospital	Fort Dodge	16 Inpatient 7 Detoxification Outpatient
Winnebago	Robertelle Center for Alcohol and Chemical Dependency	Forest City	Outpatient
Winneshiek	Alcohol and Related Problems Service Center, Northeast Iowa Mental Health Center	Decorah	Outpatient
	Lutheran Hospital Counseling Services (La Crosse)	Decorah	Outpatient
Woodbury	Marian Health Center, Chemical Dependency Services	Sioux City	20 Inpatient/Detox 20 Juvenile Dual Diagnosis Outpatient
	Native American Alcoholism Treatment Program	Sergent Bluff	13 Total Residential 10 <i>Contracted</i>

St. Luke's Gordon Recovery Centers	Sioux City	14 Inpatient 0 Contracted 29 Total Halfway 21 Contracted 30 Total Juvenile Inpatient 0 Contracted 12 Total Juvenile Residential 2 Contracted Outpatient
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Special Juvenile Services

Hardin	Addictions Management Systems State Training School	Eldora	Outpatient
Tama	Addictions Management Systems Iowa Juvenile Home	Toledo	Outpatient
Scott	Leslie East (Wittenmeyer Youth Center)	Davenport	16 Locked Juvenile

Correctional Facilities

Allamakee	Luster Heights, Alcohol and Drug Program	Harpers Ferry	Outpatient
Calhoun	Recovery Over Criminality Substance Abuse Program, North Central Correctional Facility	Rockwell City	Outpatient
Henry	Mount Pleasant Treatment Complex-- Medium Security	Mount Pleasant	Residential
Jasper	Riverview Release Center, Alcohol/Drug Program	Newton	Residential Outpatient
Lee	Iowa State Penitentiary	Fort Madison	Outpatient
Page	The Other Way Substance Abuse Treatment Program, Clarinda Correctional Facility	Clarinda	Residential
Polk	Iowa Correctional Institute for Women, The Recovery Program	Mitchellville	Residential
	Fifth Judicial District, Department of Correctional Services, OWI Program, Fort Des Moines Correctional Facility	Des Moines	Residential

Numbers compiled November 1992