Before the

CAUCUS ON
INTERNATIONAL NARCOTICS CONTROL

UNITED STATES SENATE

Fighting for Iowans: Examining Drug Control, Prevention, and Treatment Efforts

Thursday, October 14, 2021

Cedar Rapids, Iowa

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FIGHTING FOR IOWANS: EXAMINING DRUG CONTROL, PREVENTION, AND TREATMENT EFFORTS

Thursday, October 14, 2021

U.S. Senate
Caucus on International Narcotics Control
Cedar Rapids, Iowa

The caucus met, pursuant to notice, at 10:00 a.m., in Court 1, U.S. District Court, Northern District of Iowa, 111 Seventh Avenue, S.E., Cedar Rapids, Iowa, 52401, Hon. Charles E. Grassley presiding.

Present: Senator Grassley [presiding].
OPENING STATEMENT OF SENATOR GRASSLEY

Senator Grassley. First of all, I want to welcome everybody to this hearing. We call it the Senate Drug Caucus in Washington, D.C. The official title is Senate International Narcotics Control Caucus.

And we particularly welcome our witnesses today because you have had to put in work like the rest of us do to get ready for this. But everybody who is here is welcome, very much welcome.

Today, the Senate Drug Caucus field hearing is meant to highlight and discuss Iowa's efforts in drug control policy. I look forward to a very interesting conversation and a chance to learn about Iowa's current drug trends, our pressing issues in Iowa, and seeing how I can continue fighting for Iowans in Congress on this very important issue.

Drug policy experts and scholars often note that successful drug control should be based on a three-legged stool, and that approach has three complementary legs representing prevention, treatment, and enforcement. Each leg of the stool is necessary to support the other legs. In the absence of one leg, the stool obviously is very unsteady.

These three issues can and should complement each other. Sometimes one leg of the stool will demand more
than the others. And of course, that is bound to happen in our dynamic and changing policy area, but a balanced and complete response is certainly something we should strive for.

That is why I am pleased today's panel is made up of experts representing each leg of the stool. I am looking forward to hearing from each of you in your respective fields of prevention, treatment, and enforcement.

Every year on my 99 counties tour, I hear from Iowans on a host of drug issues, ranging from preventing young people's use of marijuana to stopping traffickers from spreading deadly drugs. I have a few things I would like to share and make sure that we talk about today since they are priorities in Congress and how they certainly impact Iowa.

First, we are dealing with an unprecedented wave of fentanyl and its analogs. The Centers for Disease Control and Prevention reported that over 93,000 Americans died from drug overdose in 2020. This is the highest number in a whole generation. We know overdose deaths impact rural communities at a greater rate.

Fentanyl and similar synthetic drugs are the main drivers for these record-breaking increases. I am dedicated to making sure that Congress permanently controls fentanyl analogs, and that is an issue that we have had a
hard time getting a long-term solution to. We have had several short-term extensions, but hopefully, the next time we deal with it that we will deal with it on a permanent basis because too many people have died from these drugs, and I think all of us would agree that enough is enough.

I am also working on bipartisan efforts to proactively schedule synthetic drugs. To skirt the law, drug dealers modify illicit substances. It seems like the dealers constantly change chemical makeup of drugs so it is legal. We can't seem to change the laws fast enough to keep ahead of them.

These knockoffs are similar to controlled drugs, but because they are new and constantly changing, they aren't captured by the law. This loophole can be deadly because law enforcement can't identify the drugs. So, we have to be more nimble in our approach to synthetic drugs.

The issues of scheduling fentanyl analogs and synthetic drugs show the importance of enforcement. While that is critical, I also want to highlight prevention and treatment.

I have long supported drug prevention programs. They help stop drug use at the outset and can save the taxpayer dollars. In fact, I worked on legislation starting the Drug-Free Communities anti-drug program, which leads efforts to mobilize communities to prevent and reduce use
of substance. And of course, there are grants connected
with that, and some of that grant money finds its way to
Iowa to help local and area efforts.

I also helped launch Face It Together, what I refer to
as FIT, F-I-T. This was the Nation's first statewide anti-
drug effort offering citizens strategies to combat illicit
drug use in their hometowns. And Peter Komendowski is
here. He has carried on that effort for me. I am not as
 integrally involved with it as I was during the late '90s
through about 15 years after that.

Likewise, treatment is critical. Too many of us know
someone who has struggled with substance use disorder. I
am grateful that Rod Courtney, who I will introduce pretty
soon, is here today to share his story and highlight his
work to help families and individuals grappling with
addiction.

Iowans have a lot to be proud of, and many of our drug
control initiatives have succeeded. But we must be
tireless in keeping drugs off our streets, preventing drug
abuse, and treating addiction nationwide and, as we are
concerned as Iowans, of course, in Iowa as well.

Thank you again to our witnesses, everybody in the
audience for being here today, and I look forward to your
testimony.

I will now introduce the witnesses with a short
introduction, and if there is something about your professional life or something about your life you want me to know that I haven't stated in your introduction, you are free to do that.

So, Dale Woolery is the eighth director of the Iowa Governor's Office of Drug Control Policy. Governor Reynolds appointed him in January 2019. He works with public and private sector leaders at the local, State, and Federal levels to strengthen Iowa's drug control efforts.

Jeffrey Stamm was appointed as the executive director of the Midwest High Intensity Drug Trafficking Area that goes by the acronym HIDTA. He was appointed to that position January 2016. As executive director, Mr. Stamm oversees the efforts of 72 counties across 7 Midwestern States in their efforts to reduce drug availability by stopping drug trafficking organizations operating in the Midwest.

Jennifer Husmann is virtual, is project coordinator of the Area Substance Abuse Council. Additionally, she currently directs the work of the Iowa Alliance of Coalitions for Change, known as AC4C. Mrs. Husmann's work focuses on preventing youth alcohol, marijuana, and methamphetamine use.

Rod Courtney is the executive director of Community Resources United to Stop Heroin, and they use the acronym
CRUSH of Iowa, which focuses on providing family support, community events, education, and treatment resources for people whose lives have been impacted by substance abuse disorder. Mr. Courtney became involved in CRUSH after losing his 38-year-old son to fentanyl overdose November 2016. He has helped develop and coordinate CRUSH families and friends support groups in Cedar Rapids and Iowa City and advocates for improved treatment resources for those suffering from opioid disorder.

So, we will go with Mr. Woolery and then Mr. Stamm and Ms. Husmann by virtual and then Rod Courtney. So, would you start, please?
STATEMENT OF DALE WOOLERY, DIRECTOR, IOWA GOVERNOR'S OFFICE OF DRUG CONTROL POLICY

Mr. Woolery. It would be an honor, Mr. Chairman.

Senator Grassley, thank you so much for this invitation and this opportunity.

The short version of my comments would be to echo your comments, but I will share a few other things, including sharing that Governor Reynolds shares your passions on these matters but regrets she can't be here herself today due to other commitments. We certainly appreciate your active and proactive leadership being involved in drug issues at the Federal level for several years.

As director of the Governor's Office of Drug Control Policy, I am fortunate to work alongside numerous dedicated professionals and community leaders throughout the State whose collective efforts improve the quality of life for Iowans and endure even in a pandemic. Today, I am going to briefly outline some areas of drug-related challenge, achievement, and need, as I view them, in the State of Iowa.

Let me share some statistics because I am kind of a facts person. Iowa ranks relatively low in most forms of current illicit drug use and sixth lowest in total current illicit drug use. However, Iowans smoke, binge drink, and use methamphetamine at rates above the national average,
and polydrug use is something that is rising and we hear more about every day.

Iowa ranks 11th lowest in the number of drug overdose deaths, but we saw a nearly 20 percent increase to 419 lives lost last year, led by opioids and stimulants. Alcohol-related deaths rose 27 percent last year, exceeding the drug overdose deaths to claim a record 760 Iowa lives.

The volume and purity of meth smuggled into Iowa and the number of Iowans seeking treatment for meth use disorder are near all-time highs, even as meth labs have tumbled to their lowest level in over 20 years.

Over the last 5 years, Iowa's crime lab reports a 12-fold increase in fentanyl seizure cases and a 625-fold increase in the total weight of analyzed substances that contain some amount of fentanyl. In addition, counterfeit pills laced with fentanyl have been seized in every month so far this year. Through the first half of 2021, fentanyl was implicated in 87 percent of Iowa's opioid overdose deaths.

And substance use rates among teens have declined or remained relatively low for several years for all but e-cigarettes and vaping. Alcohol, nicotine, and marijuana are the substances most used by our youth.

Amid the mix of the progress and challenge demonstrated by some of those statistics is what I call the...
four Ps of change -- products, potencies, policies, and pace. I will briefly touch on each.

An increasing number of gray area products -- and you referred to these -- and combinations are being marketed and consumed before we know much about them. Recent examples include kratom, synthetic cannabinoids, synthetic cathinones, and synthetic opioids. A lot of synthetics, but some organics as well.

Potencies are rising among a large number of potentially addictive substances, from alcohol in craft beers to nicotine for vaping, to marijuana edibles, to meth and illicit opioids like fentanyl. Many products are increasing in strength, something I think many Iowans don't know.

Drug policy is another area of change. It is also an area where research and evaluation seem to be in short supply for informing decisions on how best to meet underserved needs, answer health and safety questions, ensure fairness for all, and avoid unintended consequences.

A common theme when discussing the evolution of drugs is the quickening speed with which change happens and, as you alluded to it, the inability to keep pace in many ways in traditional terms. The challenges we face, for instance, to respond in a timely fashion are getting bigger.
Senator, I applaud the congressional proposals you have put forward to address some of these issues, including promoting research and keeping pace with the moving targets, such as synthetic drugs. Alongside challenges, you will find a lot of progress across our State. The list of difference makers is long, and while time today doesn't permit me to list those, they span evidence-based and innovative approaches in the drug prevention, intervention, treatment, recovery, and enforcement arenas.

Iowa's collective response is driven by a State drug control strategy. Updated annually, this comprehensive blueprint for action identifies emerging needs and priorities and promotes coordination of effort.

In closing, allow me to briefly share what I see as five areas of need. We need help to slow the flow of large amounts of illicit drugs originating in foreign lands before they are shipped, driven, or otherwise smuggled into Iowa and its communities. State and community responses are essential, and they work. But their potential won't be realized until we reduce international drug supplies that fuel addiction and overdose here at home.

Number two, treatment, including expanded medication-assisted treatment for opioid addiction and hopefully some day for methamphetamine and other substances. Along with enforcement, they are a must, but so, too, is prevention.
Preventing youth alcohol, tobacco, and marijuana use today can also serve to prevent meth, opioid, and other drug use and potentially deadly overdoses tomorrow.

Number three, increasing polydrug use underscores the importance of a holistic and flexible approach. The move federally to expand opioid funding streams to also apply to stimulants is a positive one, and I hope there is more to come. The Byrne Justice Assistance Grant is another example of flexibility.

Number four, to fill a void with timely public awareness and monitoring of new or unregulated substances of interest with an early indication of abuse potential, perhaps a precautionary yellow flag alert mechanism would be helpful.

And number five, research must be elevated, expedited, and made more robust to develop thoughtful solutions, answer important questions, and inform timely policy decisions.

Mr. Chairman, I sincerely appreciate this opportunity. I tried to stay within my time limit. There is a lot more I would like to share with you and certainly would offline, if that is appropriate. We appreciate your steadfast leadership on these issues, and we are prepared to help any way we can, and I will be happy to answer questions.

Thank you.
[The prepared statement of Mr. Woolery follows:]

[COMMITTEE INSERT]
Senator Grassley. Thank you, Director Woolery.

I should have said at the beginning if there are longer remarks that you want put in the record, they will be automatically received. Usually that happens at most committee meetings. People have long statements they want to make, and testimony in most committees is limited to 5 minutes.

Now we go to Director Stamm.
STATEMENT OF JEFFREY B. STAMM, EXECUTIVE DIRECTOR, MIDWEST HIGH INTENSITY DRUG TRAFFICKING AREAS

Mr. Stamm. Chairman Grassley and distinguished guests, I am honored to appear before you today to offer testimony concerning the critical problem of drug trafficking and abuse across Iowa and the Nation, as well as efforts made to address the problem.

I am the director of the Midwest HIDTA, or High Intensity Drug Trafficking Area program, which is designed under the Office of National Drug Control Policy and funded by Congress. The goal of the Midwest HIDTA is to enhance and facilitate the coordination of drug control efforts among local, State, and Federal law enforcement agencies across six States, including Iowa, in order to reduce drug trafficking and its harmful consequences in the region.

Specifically here in Iowa, the Midwest HIDTA supports nine multi-agency counterdrug programs' initiatives designed to reduce drug availability, enhance law enforcement capacities, and synergize with treatment and prevention efforts throughout the State. In all, the HIDTA program provides over $2.7 million in supplemental funding to our local, State, and Federal partners working hard to protect Americans across Iowa and the region against predatory drug traffickers and the horrific human destruction and social decay that they spawn.
Nationally, according to the CDC -- and I am sorry to correct you, Senator, but the CDC just put out the latest 12-month overdose figures last night. That number has climbed to over 99,000 in our Nation, tragically.

Those 100,000 American overdoses in the last month period ending March of 2021 -- most, but not all of them, caused by opioids. That amounts to nearly 270 Americans dying on average every single day.

Moreover, the country's homicide rate has continued to rise again in recent years, spiking an astounding 30 percent just in 2020. Many of those murders are fueled by drug use and distribution. In these and other negative intensifications, Iowa has not been immune.

Yet as tragic as each and every drug-induced fatality is to the families of these victims, they are not the only measure of the depth of the problem, for the nexus between illegal drugs and crime is incontrovertible. Nearly two-thirds of Iowa's and the Nation's overall property and violent crime is attributable to drug use and trafficking.

In fact, the Midwest HIDTA has found that more than 40 percent of the region's homicides are traceable to drug use and/or trafficking. Drug dealing is not a nonviolent crime. It is inherently violent. In fact, at nearly 100,000 deaths every year, former drug czar John Walters has rightfully described it as the most murderous criminal
activity in the history of America.

The good news, however, is that law enforcement relationships and coordination, along with public safety and public health partnerships throughout Iowa, are second to none. The multi-agency law enforcement response across the State is highly effective and demonstrably serves to make the citizens of Iowa and the region safer, but they are overwhelmed as drugs continue to pour into this country across our Southern border at the hands of ruthless Mexican drug cartels whose members are single-minded, zealous, highly ethnocentric, and shockingly violent.

The various Mexican cartels have set up command and control cells throughout Iowa and the Nation. They have sent their emissaries and salespeople here solely, solely to sell drugs to Americans. Not just heroin and fentanyl, but methamphetamine, cocaine, and marijuana.

They not only enslave and kill our fellow citizens, but undermine the rule of law by engaging in money laundering and other criminal acts. They foment gang activity and engage in violent and terroristic acts in order to profit off the backs of addiction.

In 2020, Midwest HIDTA drug task forces in Iowa identified 139 separate drug trafficking organizations operating in the State, all of them directly or indirectly tied to Mexican drug cartels. Through their incalculable
dedication and efforts, local, State, and Federal law enforcement disrupted or dismantled 34 of those predatory groups. That clearly resulted in reduced drug availability and greater public safety.

This year, Iowa drug task forces supported by HIDTA have seized record amounts of illicit fentanyl and methamphetamine, among other illicit drugs. In fact, meth seizures have more than quadrupled just in one year. Clearly, methamphetamine continues to represent the greatest drug threat to citizens of Iowa in terms of individual harm and related crime.

History has shown that every drug epidemic is driven by two pivotal factors, availability and acceptability. We don't necessarily have an opioid problem in our country, but rather, a drug problem. The opioid crisis is only one facet of our currently exploding American drug problem. Any comprehensive strategy against opioids must include making the use of all dangerous drugs not only illegal, but unacceptable to our society.

The impact of drug production and supply on drug use epidemics is not only unassailable, it is the one facet of drug control that Government is perhaps most capable of affecting. For this reason alone, we must do more to block both the flow of drugs and their cartel-sponsored distributors at the Southern border. The lives of every
Iowan and American depend upon that elemental prerequisite.

Thank you again for allowing me the honor and opportunity to testify, and I look forward to any of your questions.

[The prepared statement of Mr. Stamm follows:]

[COMMITTEE INSERT]
Senator Grassley. Thank you, Director Stamm.

Now we have by virtual Jennifer Husmann. Go ahead, Jennifer.
STATEMENT OF JENNIFER HUSMANN, PROJECT COORDINATOR,
IOWA ALLIANCE OF COALITIONS FOR CHANGE

Ms. Husmann. Senator Grassley, thank you for inviting me to testify today on behalf of the Iowa Alliance of Coalitions for Change. AC4C is a statewide coalition representing over 30 county and community prevention coalitions, prevention agencies, and many State partners representing various sectors across Iowa.

Thank you also for your amazing leadership in being the main sponsor of both the Drug-Free Communities support program and the CARA enhancement grant to prevention coalitions.

I have been a part of AC4C, the statewide coalition, since its inception in 2005, shortly after I started working for the Area Substance Abuse Council as a prevention specialist and project coordinator in Jones County. I am now the lead staff person with AC4C for most of my work time and coordinating the Jones County coalition for the rest.

The Jones County Safe and Healthy Youth Coalition applied for and successfully implemented both of these funding streams, DFC and CARA. AC4C is also a DFC grantees in its seventh year of funding, powerfully uniting its members to work together on statewide issues and also sharing successful local strategies with each other.
In response to tragedies, the Jones County school districts came together in 2004 to focus on underage drinking. At that time, the Iowa Youth Survey showed 52 percent of the counties' 11th grade students reporting binge drinking in the past month. After implementing evidence-based programs and continuing community coalition work with the support of the DFC grant, by 2018, the number of 11th graders reporting binge drinking had decreased from 52 percent down to 7 percent.

In 2008, through the DFC program, the coalition expanded its focus beyond alcohol to include tobacco, marijuana, and prescription drugs. Each of these drugs decreased over the 10 years of DFC funding. The DFC data from 2008 to 2018 shows 30-day use of tobacco decreased from 19 percent to 7.3, marijuana use decreased from 15 down to 8 percent, and prescription drug misuse decreased from 6 percent down to 3.3 percent. We saw reductions also in all four drugs with the sixth and eighth graders as well.

The DFC program has been instrumental in helping Iowa communities address substance use issues. DFC coalitions must have significant community-wide involvement to reduce youth substance use through 12 required sectors. We have schools, law enforcement, youth, parents, business, media, youth-serving organizations, healthcare providers, faith
and civic organizations, and others all working together.

The Jones County coalition, AC4C, and the other DFC coalitions that are part of AC4C are able to address multi-substance use issues, including methamphetamine, prescription drug misuse, vaping, marijuana, and underage drinking because we work to have everyone at the table to assess and plan what is needed to get results.

Once a community has the infrastructure in place and begins training its members, they can deal with any substance use issue facing its youth. DFC coalitions are situated ideally to address the various trends that emerge. Each of the coalitions chooses which substances they need to work on the most, based on the needs from the local data they collect. The DFC program offers maximum flexibility, enabling coalitions to develop solutions that fit their community's needs and address the unique conditions causing the problems to occur.

The DFC coalitions must have community-wide baseline data and commit to biannual reports throughout the entire grant period for planning, implementation, and continuous evaluation. This ensures we are on top of what is happening in our community. We can prove the success of our efforts with population-level outcomes.

Prevention coalitions are the answer to stopping the pipeline to addiction because they involve everyone in both
defining the problems and implementing locally tailored strategies, engaging everyone who has an impact on youth. We work on supply and demand, with law enforcement as an equal partner at the table.

Jones County is not alone with their successful data. I would like to highlight two other Iowa coalitions who have also seen incredible decreases with these same four drugs used by youth. Benton County Above the Influence Coalition, who is just ending their 10-year cycle of DFC funding, saw middle school and high school past 30-day use of alcohol, marijuana, tobacco, and prescription drug misuse decrease significantly.

The Camanche-DeWitt Coalition in Clinton County, which is beginning their seventh year of funding, has had amazing reductions in these substances between 2015 and 2019 for both middle and high school students as well. I have described their tremendous outcome data in my written testimony, along with -- which I submitted earlier, along with examples of the seven strategies of community change we are all trained in and use for effective activity implementation.

The DFC program is the best example I have seen in my professional career of how a very small investment of Federal funds can mobilize a great deal of concerted, coordinated, and effective efforts at the community level,
where everyone coming together to solve a local program can achieve amazing results. In this case, reducing population levels of youth drug use.

Thank you for the opportunity to provide my testimony today, and I am happy to answer any questions you may have.

[The prepared statement of Ms. Husmann follows:]

[COMMITTEE INSERT]
Senator Grassley. Thank you, Mrs. Husmann.

Before I call on Mr. Courtney, I have a few items that I want to enter into the record.

First, the Midwest HIDTA report, entitled "An Examination of Relationship between Drug and Crime in the Midwest;" also a statement from James Carroll, who served as director of the Office of National Drug Control Policy from 2018 to 2021; a flier from Mrs. Husmann on kratom and its marketing and distribution in Black Hawk and Bremer County area; and the 2021 Iowa Drug Control Strategy and Drug Use Profile from the Governor's Office on Drug Control Policy.

[The information referred to follows:]

[COMMITTEE INSERT]
Senator Grassley. Now to Mr. Courtney.
STATEMENT OF ROD COURTNEY, EXECUTIVE DIRECTOR,

CRUSH OF IOWA

Mr. Courtney. Well, good morning, Co-Chair Grassley.
It is definitely an honor to be here and be part of this hearing this morning, and I want to thank you for allowing me to be part of it.

As you know, my wife and I lost our son Chad to a fentanyl overdose on November 1, 2016. In March of 2017, my wife and I, along with the support of Eastern Iowa Heroin Initiative and the Midwestern High Intensity Drug Trafficking Area, or HIDTA, were able to get a nonprofit organization called Community Resources United to Stop Heroin, or CRUSH.

There were 72,000 overdoses nationally that year. This small grassroots organization went to work, raising awareness around the dangers of heroin and other opioids. We told of Chad's journey as we ran the gauntlet of treatment centers and mental health professionals for 24 years of our lives.

We provide support in a nonjudgmental way with our family and friends support group. This simple, yet powerful process of bringing community together has proven to be effective not only for support, but as a point of contact for resources.

Starting CRUSH went like this. We let people who are
in recovery, wanted to be in recovery, or maybe just contemplating recovery know what we were doing. While doing this, our treatment centers, hospitals, community mental health providers, housing specialists, education and prevention specialists, and so on were made aware. We found a location, we sat in a circle, and we spoke from our heart.

I know this sounds simple, maybe too simple, but it works. What we have done is something that was done hundreds of years ago. When there is a problem in a community, who better to deal with that problem than the community?

I dubbed a phrase. I call it "collective wisdom." Everyone in the circle brings something. Everyone has something to offer. We all have one job, and that is to lift each other up.

I see other benefits that come from this approach. Agencies that attend provide the invaluable service of answering questions for the communities they serve. They answer questions about what services they offer, how to access them, and sometimes this includes how to speed up the evaluating process or referral process or just stay safe until you can get the needed treatment.

Parents and loved ones can ask questions of those in recovery of what helped them get to treatment and what to
expect after treatment. Parents support each other during and after the meetings. If you want to know the latest trends, ask the people that are living it. They always know.

All this is done in an environment, where one does not have to deal with the stigma of substance use disorder, an arena where everyone is on a level playing field and where those that provide the services in our community can better understand that they can learn from those that seek these services, a place where we are all experts in the field of substance abuse and brain disorders.

In a few days from this hearing, it will be 5 years since my son's death. The year he died, there were 72,000 deaths in this country. This year, as I have just discovered, there is going to be 99,000 deaths.

Fentanyl, a more dangerous opioid than heroin, pours into our country. Methamphetamines follow. And the two often become a deadly combination. Until this flow is stopped, overdose deaths will continue to rise.

I would conclude that the supply of these substances in our country now will continue to add to overdose deaths for years to come. However, that is a different battlefield for those that are better suited to fight it. My battle lies here at home. I fight alongside my loved ones, neighbors, parents, and families, those of us that
know the pain substance use disorders bring to our families and communities.

These hard-fought battles have made us experts in our own right, but often, the tools we need are just out of our reach. I feel the State of Iowa has done a lot of things right when it comes to dealing with the needs of our citizens and substance use disorders. I also feel that our State is brave enough to say that we can do things better.

A few years ago, I went to be trained as a peer recovery coach, a free training offered by the State of Iowa. I even went a step further and became a trainer of trainers. Keep in mind, I am in my sixties, trained as a social worker, a certified addictions counselor, a retired probation/parole officer, and a person in long-term recovery -- 38 years and 2 days, as a matter of fact.

As somebody that loved someone that had struggled for 24 years with a substance use disorder, I came home. I was excited. I was excited to start my plan for a recovery community center. Knowing that there was a request for proposal, I got home and ready to find out that I needed matching funds.

I was disillusioned. I can't remember the exact number, but let us just say $50,000. This, of course, was not feasible. These types of proposals put the grassroots organizations out of the running quickly.
One thing that I would ask today is that consideration be made to funding stream, a funding stream that is designed for grassroots organizations. Let us -- let us train for, be supported, and only be the support in our communities and then become those lifelines for those that are still suffering for substance use disorders.

Senator Grassley, I thank you for this opportunity and would welcome any further conversation.

Thank you.

[The prepared statement of Mr. Courtney follows:]

[COMMITTEE INSERT]
Senator Grassley. And thank you very much, Mr. Courtney, for carrying on after a sad situation that you had in your family.

When I direct my questions to two people or one person or all of you, if I don't call on you, but I mean if you aren't part of my question, but you have got something to contribute, feel free to jump in and get your point of view in.

So, I am going to start with something dealing with rural healthcare because the last Congress, we passed the Rural Emergency Hospital Program. It is a new and voluntary Medicare designation. It will let hospitals maintain essential medical services in their communities like 24/7 emergency care, outpatient care, ambulance services or more, and their critical services to respond to opioid overdose and provide treatment options.

So, to Mr. Courtney and Director Woolery, how do you find the hospitals and emergency rooms capable of taking care of the problems that as you see them from your end, one from a family and another one from a director's point of view?

Mr. Woolery. I will attempt to start in answering that question, Senator. First of all, a lot of what I hear is that hospitals are not necessarily equipped or the best place for a lot of individuals, who need that type of care
in the short term. But, sometimes hospitals and jails, frankly, get looked at as a destination for individuals who actually will receive better care and communities will actually be better off if they are somewhere else.

So, one kind of in between stop that has been developed here in Iowa, and it is a work in progress because it is fairly new, these are regional access centers, which would take individuals law enforcement may identify as having an addiction or a behavioral health issue -- it could be mental health, substance use disorder -- and make a determination where is the best place for that individual? Do they need primary medical care at a hospital emergency room, or do they need substance use disorder treatment or co-occurring treatment for mental health disorder as well? And where is that in the community?

So, kind of a clearing house of individuals so that law enforcement can make a warm handoff. The access center then makes the determination where is the best place. And in some cases, the hospital is a necessary stop, but in other cases, it may be in the mix when it doesn't need to be in the mix.

And so, I don't know how that program is working exactly because I am not abundantly familiar with it. But I can tell you that hospitals are doing their level best to
care, and certainly, when there is an overdose, they will treat individuals for that acute situation. A lot of individuals decline to be transported to hospitals, and so not everybody who overdoses and survives gets to the emergency room. You know, that is another issue.

But I think hospitals are doing what they can. Just kind of like sheriff's deputies at a jail, I don't know they are always the best equipped to deal with the need at hand.

Senator Grassley. Mr. Courtney, anything you want to add or separately?

Mr. Courtney. Yes, sir. Thank you.

I guess I will preface this a little bit by pointing out that what I am going to share with you took place before these access centers were in place. So, keeping that in mind, and the other thing, you know, I am aware about what the access centers are doing, and I think the work is wonderful.

On the other hand, going back a few years when my son was still with us and still battling his substance use disorder, the question brings to mind an instance, and it is something that we speak about. He battled his substance use disorder. It wasn't something that he wanted to be part of his life, and he had periods of time that he did not use substances, and things were going fairly well.
At one point in time during his usage, he had decided he wanted to stop. So, he went to a hospital, and it was a rather quick turnaround. Again, to maybe reiterate what Mr. Woolery is saying in a sense, they gave him some medications, and they called him a cab for the local treatment center. He was looking for probably a more comfortable detox from the opioids that he was using.

On the way to the treatment center, he asked the cab driver to stop. He got out. He ingested all the medications. The purpose of that, the intention, we will never know. This, of course, wound him back up in the emergency room for about a 5-day stay in intensive care because of this overdose.

When you live with someone with a substance use disorder, you have very small windows of opportunity to get your loved one into treatment. The way that things work out now with the HIPAA laws and just the communication, we weren't even aware our son was in intensive care. So, and when he was able to talk, he called his mother, and they went to the hospital.

Now we are down to just a couple of days before his discharge to try to find treatment, and it is a desperate move to find treatment. He is still ready. He is still willing. There weren't any beds available. Sending someone with an opioid use disorder back out on the street,
the results are obvious. They are going to use because
they don't want to be sick.

So, being aware that there is a way to slow the
process down as we look for bed space, I suggested that
they contact a psychiatrist and see if he would be
evaluated because of his ingestion of whatever medication
that it was. Begrudgingly, the psychiatrist showed up,
asked "Where is the junkie?" and went into the room.

My wife and daughter were there, not pleased with what
they were hearing and still advocating strongly to get him
into treatment. A kind nurse -- you know, one of those
angels that are put in your path along the way -- found 24
more hours that he could stay, and so he did. I tried to
approach it from the mental health perspective, and the
referral was finally made to a treatment center, and my son
was driven there the next day.

They got to treatment and said, "What is he doing
here? This is a mental health concern. This is not a
substance use concern."

So, anyhow, I am probably going to take too long here,
but what happened was he did stay for treatment. They
offered him nothing for the withdrawal, and he completed
treatment, and that gave him a few weeks before his fatal
overdose.

So, the stigma that surrounds this is huge within our
hospitals and the way that people are oftentimes treated.

The doctor, the psychiatrist at the hospital, had to make a point that the family is on their way, and they are combative.

Senator Grassley, I would say that if we are going to fight for our children's lives, we have to become combative to be heard, and it is a sad state of affairs where this has to happen. And again, granted, this was several years ago, but this is just one of many experiences along the way that we, as a family, have gone through.

So, I apologize for the lengthy story and that, but it is the only way that I know to describe a situation like this. So, thank you for the question. It is an excellent question. I hope that was a good answer.

Senator Grassley. The next one is to Director Stamm and Mrs. Husmann. It comes from my participation in annually writing to congressional appropriators to fund the HIDTA program and the Drug-Free Communities program, besides my sponsorship of the Drug-Free Communities Act of 1997.

Some of you touched on these issues in your opening remarks. So, you don't need to repeat that, but can you explain how your organizations have used grant money to meet HIDTA's goal or Drug-Free Communities' goal? So, the last one is for Mrs. Husmann. The first one is for
Director Stamm.

Do you want to start out, Director Stamm?

Mr. Stamm. Thank you, Senator. Let me preface my remarks by thanking you for your steadfast support to not just law enforcement, but to the drug issue in this country and its complexities.

As you stated, this is a very important three-legged stool. All three components -- enforcement, prevention, and treatment -- are absolutely necessary. I believe, however, that, strategically, treatment and prevention are always necessary, but they are only strategically beneficial when we can reduce drug availability.

To answer your question, the HIDTA program provides really minimal-level support to our law enforcement counterparts in comparison to the overall effort that they bring -- State, local, Federal law enforcement. But the beauty of the HIDTA grant program is it provides a sort of glue that brings the mosaic of law enforcement agencies together to be able to work synergistically to share intelligence, share information to target, prosecute, and arrest the most violent and prolific drug trafficking organizations in any particular region.

So the support that the HIDTA program can provide through congressional funding is critical to enhancing the safety of Iowa citizens and across the Nation.
Senator Grassley. You use the words "bringing together." Would you not have this cooperation without the HIDTA grant? Is that an assumption I can make?

Mr. Stamm. Well, I think working toward the same goals, law enforcement will always cooperate. However, the sort of the mechanism that HIDTA provides in a multi-agency, multijurisdictional framework that brings these agencies together in a collocated model is unlike any other grant program in the country. And in the intelligence-sharing piece, the training component, the equipment that we can provide in the HIDTA program once again allows law enforcement agencies to not just share information and work together, but to actually synergize and make a much bigger difference for the citizens of this Nation.

Senator Grassley. Mrs. Husmann, anything that you want to add in addition? You covered it quite well in your opening remarks, but anything you want to add, you can add now at this point.

Ms. Husmann. Okay, yes. Well, the DFC program is one of the only federally funded drug prevention programs that goes directly to local communities, and I really believe we need a substance use prevention coalition in every county in Iowa. Substance use prevention has been totally under resourced and under utilized relative to its ability to stop addiction and overdose rates. More attention and
resources must be geared to stopping use before it starts, with upstream prevention approaches like DFC and the CARA program.

Primary prevention to stop misuse before it ever starts is cost effective, with each dollar invested saving between $2 and $20 in treatment and healthcare costs. And I often say this when I am out speaking, the DFC program is an incredibly good use of taxpayer funds at $125,000 a year for 5 to 10 years a community.

When I first started working in substance use prevention specifically, I coordinated another Federal prevention grant that included treatment and more efforts for at-risk students. The grant was over three times more per year than the DFC and didn't require matching funds from the community. It did not require the extensive work on sustainability plans like the DFC does. And we worked really hard to make good use of that large amount of taxpayer funding. It was $500,000 a year for 3 years, and we did make some great changes in our community.

But the funding ended quickly. The programs for the at-risk students disappeared immediately, and even the universal programs in the schools disappeared over time as the teachers we trained moved on. And schools need policies and funding to keep those teachers trained, too.

I think the DFC approach includes making sustainable
changes in the community through policies that are effective and long-lasting, as well as working on building the capacity of volunteers in the coalition to continue the work. The DFC also stresses increasing the financial community support to sustain the coalition data-driven process for years to come.

It is still very difficult to sustain the coalition process in a small rural community without some outside support from State or Federal Government. There should be a regular source of funding for every county for primary evidence-based prevention in schools and in the community to support parents and schools working to keep youth safe and healthy, using that coalition science-based process.

Senator Grassley. Thank you.

We have had a 16 percent increase in drug overdose deaths in Iowa, 30 percent increase nationwide. Centers for Disease Control blame primarily fentanyl and COVID-19. The pandemic obviously increased isolation, lack of access to treatment, and use of substances.

For any of you, without me specifically calling on all of you, how has COVID-19 impacted your work? What lessons can be learned, and how can we move forward, both Iowa and nationally, as a result of what you have learned?

Mr. Stamm. Clearly, COVID has affected law enforcement's ability to be able to do their jobs with
limited manpower. I think, as far as slowing down drug traffickers, especially across the Southern border, it was temporary, given the profitability of drugs. They had always figured out a way to get around temporary obstacles like that.

So COVID, I think, has been a factor, but it is less of a factor in our overall threat and response because, as we know, given the overdose death rates, they just continue to climb. I spent 31 years in the Drug Enforcement Administration, and for many years, DEA said that synthetics would be the future. We are here now.

Methamphetamine and fentanyl have eclipsed the organically based drugs of cocaine and heroin. Especially fentanyl, there is no more profitable, low-volume, high-value drug than fentanyl. One can acquire a kilogram of fentanyl from a rogue Chinese chemist in Guangzhou or Shanghai, for instance, for about $3,000 to $5,000, turn that into $1.5 million on the streets of Iowa, for instance.

I think one of the -- as you alluded to earlier, sir, I think one of the keys that we can bring to this fight would be a broader classification of fentanyl drugs as a class, simply because the chemists are so highly adept at responding in sort of a chemical game of whack-a-mole to legislative scheduling of fentanyl drugs in the Controlled
So if we can do a broader legislative fentanyl scheduling as a class, I think that would be a great benefit to not just local law enforcement in this country, but international treaties and being able to affect the drug producers, both in China and Mexico and elsewhere.

Senator Grassley. The scheduling runs out in January, and that is the problem, to get it made permanent if we can do that.

Anybody else that wants to jump in on this question?

Director Woolery?

Mr. Woolery. I would share, Mr. Chairman, that in our conversations with law enforcement, what I think is clear from the pandemic is that the drug traffickers, the cartels, they are nimble, and they adapted. And increasingly, we hear about dealers who now deal in multiple substances. And so if they were a one-trick pony, so to speak, 5 years ago or 2 years ago, many now are -- they have diversified.

And what that means, I think, to those who use, become addicted, and potentially overdose is that the supply chain, in the case of illicit drugs, is different. And I think we learned that as use changes and certainly the isolation and all the other stressors that come with the pandemic, what I hear -- see in studies nationwide, it is
true here, too, I believe -- it has contributed to an
increase in not only substance misuse, but tragically, the
overdoses and the overdose deaths, at least in my opinion.

But again, you have multiple substances that are being
trafficked. Most of it coming from outside this country
and getting into our communities, and what people are
actually buying or using may not be what it was, may not be
what they think.

And what was dangerous to start with now has just
gotten more dangerous. So we are talking about substances
that are even more lethal with users who may not be aware
of the content.

And increasingly, we hear from all sorts of sources,
including the crime lab here in Iowa, that they are finding
combinations, mixtures, cocktails. Whether that is
intention or unintentional, not clear in every case. But
again, back to the whole polydrug use, you have
polysubstances, and you have polysubstance dealers.

Senator Grassley. Anybody else want to chime in on
this?

Mr. Courtney. I would just add something just
quickly, and maybe it has already been said. But when
there is a question like this, my response is people who
use drugs and people who sell drugs love isolation, and
COVID provided a lot of that as far as like staying at home
and doing things like that.

As far as the overdoses are concerned, I mean, the other piece of that is that people that overdose on any substance, you know, their chances of survival are much less, obviously, if somebody is not there. So, I think that that, in itself, has fueled a lot of the overdose deaths.

Senator Grassley. I think Mrs. Husmann was trying to get in. Go ahead.

Ms. Husmann. You told me to jump in. But, no, I wanted to say one good thing was the past few months, we have been offering a hybrid option for meetings, and this has been helpful. So, allowing some people to attend who might not have been able to make it in person due to time or suspected or light illness, adverse weather, or money available to drive to meetings and things to work together.

But definitely, the data is showing more alcohol use in adults, affecting children in families. And we are also hearing more college age use of marijuana. We are not sure yet on how youth substance use is looking this year. Last year, there were less parties, with young people not getting together as much. This year could be completely different, and we will know soon as we get new data.

We were not able to do in-person work for a whole year. Many of us were not able to do any work with the
schools last year as they didn't have time for virtual
presentations and were not allowing visitors in after the
students were back in school.

Most of us were not able to get any data from the
schools last year either. And obviously, with illness and
quarantining, less people are able to make it to meetings
at times. So, coalitions have lost some momentum. We also
have lost some momentum with our youth advocacy groups and
kids involved in coalition work.

Kids were not interested in attending another virtual
meeting last year, and everyone's priority had to be
getting the basic schoolwork done as much as possible. But
the DFC Pandemic Relief Act is so important to many of our
coalitions during this time, as reaching the required Fed
financial match has been a struggle, with many of our
activities we counted on as match unable to occur. So
thank you for your leadership on that issue.

Senator Grassley. My next question deals with
fentanyl. All of you have touched on it to some extent, so
see if you can give a short answer.

We already know that it is the lion's share of recent
overdoses, and in Iowa, fentanyl and its analogs have been
implicated in 87 percent of all opioid overdose deaths.
And that is up 31 percent from 5 years ago. Federally, the
Drug Enforcement Administration temporarily controlled all
fentanyl analogs. Congress has extended this authority several times. I have already talked about that but wanted to repeat it that it expires in January.

I want these drugs to be permanently scheduled. I would like to hear from any one of you that want to say how fentanyl substances impact Iowa and, if you would like, please comment on permanently scheduling.

Mr. Woolery. I would just reiterate, Senator, it is sneaky dangerous. And I would contend that a lot of Iowans who become addicted to opioids or who overdose on opioids don't know that what they consumed contained fentanyl. So, there is an education challenge in addition to I think the regulation challenge. But it is certainly -- it is one that appreciate you taking it on. It needs to be taken on. But again, I think part of the answer lies south of the border as well. You know, we have to do something about the production and the distribution and deal with it before it gets to the State of Iowa. That is part of the puzzle.

Senator Grassley. If I commented on the crisis at the border, people would think I am bringing politics into it, and I don't want to do that. But there is a major problem just developing in the last few months.

Anybody else want to put in anything on fentanyl?

Mr. Stamm. I would like to also reiterate and just to
bring that particular point into the equation as well.

Clearly, border forces or local law enforcement, they don't have the ability immediately to recognize what particular analog of a fentanyl drug might be. That is why it is clearly important to have a broader classification of emergency scheduling, a permanent scheduling of fentanyl.

I spent some time in my DEA career on the border, and clearly, the border forces today are overwhelmed. The Mexican drug cartels are the threat. The trajectory of fentanyl shipments into this country from Mexico continue to grow geometrically year to year.

So, fentanyl is going to continue to be the growing problem as methamphetamine, cocaine, heroin, and marijuana also don't go away. So that would be a true, necessary step in giving law enforcement and the citizens of this Nation a necessary step in the right direction.

Senator Grassley. I think to you two, Woolery and Stamm, about synthetic drugs displacing traditional manufacturing and trafficking patterns. Instead of growing organically like cocaine and heroin, drug trafficking organizations create deadly substances in makeshift labs. Our laws aren't nimble enough to respond to it. So, I have introduced a bill that would solve this issue. It would proactively schedule substances on a temporary basis while the lengthier bureaucratic scheduling process takes place.
Director Woolery, do you agree that drug control laws should be more flexible, and what kinds of solutions could help achieve that? And for you, Director Stamm, how does proactive scheduling of synthetic drugs assist law enforcement?

Why don't you go ahead, Dale?

Mr. Woolery. For me, I think we have -- we need agility. We have to be able to react faster. And I think part of that is education, but part of it has to be the regulatory or legislative scheme as well.

So, I think what you are proposing, as I understand it, will certainly help get at that, and we need that. We have these gray area substances, as I call them, where we suspect they could be a problem. They could be harmful. They could hurt people. But they start in an unregulated state, and sometimes they build constituencies. Sometimes they don't. Sometimes the only constituency are those who profit from them.

But in the beginning, they come in, and if they are synthetic, you can make those in a lot of places, and they can change frequently, as you indicated earlier. So, we need a way to get our arms around that and say at least conditionally, we have got a lot of questions about this. Let us put it under the spotlight, and we will get back when we know more. But for the time being, proceed with
caution.

I really think we need something other than a legal or illegal type of approach, and I know that there are efforts to do that. I think that your proposal, again, as I understand it, would begin to do that, and I think it is necessary.

Senator Grassley. How does it affect -- the proactive scheduling assist law enforcement?

Mr. Stamm. I would add that law enforcement is not capable of determining, especially at the field test level in the field, particular types of analogs of any kind of drug. So, clearly, it gives law enforcement a fighting chance to do the right thing to remove drug availability across America.

And clearly, the chemical complexities today of some of these rogue drug producers, especially in Mexico, acquiring precursor chemicals, such as ANP or ANPP, used to make different fentanyl analogs, the chemistry for them is rather easy to come up with different types of molecular structures that are still psychoactive but are not yet illegal under the Controlled Substances Act through congressional action. So, the emergency or the adroit ability of our law to be able to schedule different analogs is a necessary tool that law enforcement would greatly appreciate.
Mr. Woolery. Senator? Could I add one more thing, Senator?

There is another benefit to scheduling or drawing a clear, bright line in the sand so that we know this substance is regulated in some way. I have talked to parents here in Iowa about the synthetic drugs, who, when synthetic drugs come in and start in an unregulated state, they are not quite sure what to say to their children.

When they are scheduled or made illegal or regulated in some way, that gives a message, it allows parents and other caregivers to talk about it with children. So, if we don't know what to say about something because it is new or we don't know what to call it, it is not illegal. It is being sold. If it is sold, it is safe, right? Not always.

And so, it gives parents a tool to talk with children and to prevent substance use, in my opinion, in addition to giving law enforcement a tool to work on the other end.

Senator Grassley. Director Stamm, I want to go to meth. Vast majority of meth is produced in Mexico, smuggled across the Southwestern border into Iowa. Iowa obviously doesn't border Mexico. It is a problem for all 50 States, not just along the border.

How does it reach Iowa, and how successfully have we been in stopping it?

Mr. Stamm. Well, let me first say the good news is
that we no longer fight meth labs to the degree we used to here in Iowa. That was clearly a national emergency. So, we no longer have drug-endangered children exposure to law enforcement nor environmental degradation that was so common with meth labs.

The bad news is that the Mexican cartels are increasing their production annually with their super labs and continue to truck methamphetamine across the border in record amounts every year. And I would like to quote one of the best counterdrug analysts in the business today, and her name is Melissa Stock right here with the Iowa Department of Public Safety.

And she -- I have stolen an analogy that she used to talk about relative to the Kevin Bacon six degrees of separation in that, typically, an Iowa drug trafficker was about six degrees removed from a Mexican cartel command and control cell up until quite recently, where those degrees of separation have simply gone down to one or two now.

So, you may be asking the question later, but Iowa is clearly a border State today. Iowa is right -- the first step of a drug trafficking offloading situation from a methamphetamine super lab in Sinaloa or Michoacan, Mexico, bringing ton-levels of methamphetamine to Iowa. So, clearly, we need to get a better handle on the border security for the citizens of not just Texas and Arizona and
California, but for Iowa, and also continue to work with
our Mexican law enforcement counterparts to reduce meth
production in that country.

Senator Grassley. I cosponsored a bipartisan bill
that urges the Office of National Drug Control Policy to
issue a national strategy on the emerging threats posed by
meth. Director Woolery, as a leader of Iowa's efforts, can
you explain why specific strategies are important, and how
would a national strategy on meth be helpful for prevention
and treatment and enforcement efforts?

Mr. Woolery. I would share if we look at the opioid
epidemic, the response, because of the urgency that was
created -- by the way, it has been framed very
appropriately -- it has allowed the response to be larger,
more robust and I think more forceful and, hopefully,
eventually more effective.

An example would be medication-assisted treatment for
opioid addiction. We do not have an equivalency for
methamphetamine. It is being studied, and I think the
National Institute on Drug Abuse has at least one hopeful
candidate. But if we have a strategy to deal with
methamphetamine, it might allow us to research and get to a
medication-assisted treatment.

There are things that are unique about methamphetamine
as it relates to how someone uses. The demographics of the
individuals who use might be different in the course of addiction and getting into recovery. But I would also caution that there are -- I think we need to look at things holistically and inclusively because I think part of what we don't do as well as I think we should do today is look at things from a multi-drug or a polydrug perspective.

And what we hear increasingly, not only are the dealers dealing different types of substances, but increasingly, we are seeing polydrug use. So, I think we need comprehensive strategy. But within that, I think it is helpful to have these micro strategies to deal with the nuances or the uniqueness of methamphetamine and to give it an elevated status.

You know, 20 years ago, there was a lot of weight behind dealing with meth. Today, that weight is behind dealing with opioids. We need the weight behind both, and so I think a strategy would help raise the profile and raise the awareness, and that might be the most important thing.

Senator Grassley. On prevention, I want to go to Mrs. Husmann. I think maybe you have already answered this question to some extent because you gave us some statistics. But since prevention is so critical to stop drug use before it begins, how do you -- how do you measure success in substance abuse prevention, and what can be done
to improve prevention efforts?

Ms. Husmann. We are -- like you said before, we are constantly serving kids and looking at that data, trying to get down to what -- not only just the data on what is the use, the amount of youth consumption, but also what are some of the access points, or what is their perception of harm, and what is their perception of availability in their community. So, we are looking at all those and what do kids say.

But we are also looking at other data in the community, you know, how many arrests there might be and those types of things. So, we have tried to put all that data together, and that is basically how we measure the difference.

And what else did you ask about that?

Senator Grassley. Well, do you have any suggestions for improving prevention efforts?

Ms. Husmann. Hmm, well, I feel like one of the things that Dale just said -- Director Woolery, I should say -- about these substances that are new, and this isn't synthetic, but kratom is one that I feel like we need to get -- really move quickly.

Like they said before, the pace of things are changing so fast, kratom was one that I wanted to share about because it is popping up like all over our Iowa gas
stations and malls and vape shops. And you have probably
seen it when you are out on your county tours. And just
this past month, a new vape store opened even in Jones
County just a couple blocks from my office, and last week,
I noticed the sign on their window, "Kratom sold here."
And I have a bunch of pictures of the sign all over. We
have done environment scans in a bunch of counties across
Iowa.

And the story that is most shocking to me came from
Jennifer Sleiter, ARNP, who works at the STAR Center at the
Blank Children's Hospital in Des Moines. At the STAR
Center, she assesses and treats children that are dealing
with issues of abuse and neglect. She also cares for drug-
endedangered children, including babies that are exposed to
illegal drugs through their mother's use during pregnancy
and children who have been environmentally exposed through
their caregiver's use.

Here is a paragraph Jennifer sent me about what they
are seeing with kratom. "We have seen some babies born at
Blank who were exposed to kratom prenatally. Some have had
neonatal abstinence symptoms similar to a baby who has been
exposed to heroin and other opiates prenatally. This can
lead to significant symptoms for the babies, possible
admission to the NICO for closer monitoring, and possibly
longer hospital stays." And she also said, "I am hearing
stories about more youth using kratom as well."

At this point, kratom is not regulated in Iowa. An 8-year-old could walk into a store and purchase kratom legally. We must do better than this. There should be some regulation for youth at least and also warning labels on products, especially for pregnant mothers.

And finally, at one vape shop we stopped in at southeast Iowa, a brochure was given to us as we were inquiring about the kratom that was for sale. That brochure claimed that kratom is perfect for fighting cancer. The website for the product had similar -- had the same claims. This is dangerous to the public, and I have submitted a picture of that claim for the record.

And there are emerging trends like Delta-8 and -10 that have been addressed at the State level in Iowa with the passage of law, including total THC. And the Iowa Department of Inspections in the field has been doing a great job educating stores about this.

We are seeing less of this than neighboring States. We are seeing some very disturbing advertising coming out of those mailings in the vape shops in the Black Hawk and Bremer County area, and I did submit that example photo as well.

Senator Grassley. Way down at the end of my questioning, I was going to ask, if we got to it, about
kratom. Since she brought it up, I think I would ask any
of you to comment on it as you see it as a problem. As she
described, it presumably is a big problem?

Mr. Woolery. I would share, Mr. Chairman, that it is
a bit of a conundrum, these types of substances. In this
case, if this is a -- this substance is unregulated.
Unless it is being sold for consumption, human consumption,
in which case then it would be illegal federally because
the FDA has not approved it.

But is it being sold for human consumption? The label
says not. It is just like the synthetic drug issue from
years ago. But what someone may tell you or what you may
do with it could be something different.

And then there is the question of enforcement. Will
anybody enforce that violation, if it is a violation of FDA
regulation? And then the State of Iowa has kind of the
same issue. And then if the State of Iowa looks to
regulate it, do we override what is already illegal
federally if it is being used as a supplement or a food
item or a medicine?

And so, we need to look at the coordination of State
and Federal regulations in this area because there are
regulations on the books federally, for instance, FDA-type
regulations, that seemingly are unenforceable at the State
level. And so, we either need to do something about, in my
opinion, the enforcement, or we need to change the regulation.

All the while, you could have people at risk because, as you said at the beginning, legislation and regulation aren't keeping up with the changes in substances that are being sold. And we have to let people know, at a minimum, that for sale does not mean safe to use. Because if that is the assumption you make, there is going to be a lot of stuff you may use that could hurt you.

Could I add one thing that kind of goes back to your prevention question for Jennifer and also goes to something Rod said? I think there is a real opportunity, and you asked about hospitals earlier. So, it kind of ties in.

I think there is a real opportunity to empower to a greater degree the medical community, meaning primary care, to be champions of prevention, to do more of that. When they are seeing patients for their physical exam, they can help share information about substance abuse.

They can also be great referrers. Rod's experience aside, I would like to think that is the exception, but it is probably not. But medical professionals need to know where are the doors for people to go and help people get to those doors so that there is no wrong door for someone who needs substance use disorder or mental health disorder treatment.
And our medical professionals are highly valued. They are highly credible. And I know they have a lot to do. There is a lot on their plate. But this, I think, is something that is important enough. I think maybe we need to do a better job there.

Senator Grassley. I think I am going to ask a pretty general question about marijuana. I am going to put it in my own words. Have we lost the war on marijuana?

Mr. Woolery. I will attempt to answer that. I would say no.

Senator Grassley. I hope not.

Mr. Woolery. Here in Iowa, again, everything being relative, we have a relatively low rate of current marijuana use by young Iowans, old Iowans. What we see in headlines would often lead one to believe that everybody is using marijuana, and that we should just get out of the way.

I think there may be some important and legitimate medical type uses for some components of the cannabis plant, and I think we have to let the science lead, in my opinion, and I think we need to take the science and make the most of it. But I don't know that the science tells us that we should just get out of the way or assume that the whole plant or everything in the plant is good for you.

And so, I don't think we have lost it. I think here
in Iowa, we have had some good success. I think it is important, especially with the potency of marijuana products going up, it is not the marijuana of 20, 10, even 5 years ago. The gummy bear type edibles, you know, they can have THC levels in excess of 50 percent. That is a lot different from the so-called "ditch weed" that would have 3 percent.

And so we need to know what that means in scientific terms, and we don't have a lot of information. But intuitively, more may not be better. And so, I think we have to treat this for what it is. It has become a nuanced issue. There may be components that we need to find a regulatory and distribution path for.

There may be other components like THC where I think we have to handle with care. And I don't think that legalizing is necessarily an answer. It is an answer, but I don't know that it is the right answer, given what we know about its addictive qualities or the fact that it can lead to substance use disorder.

The public safety component, we have to remember, there is a large public safety issue with addictive substances, and that includes THC or marijuana. And so, on the highways, in the workplace, at home, we see a lot of people going to the hospital here in Iowa, and the numbers, as I have seen them -- and I don't recall them offhand,
they have gone up in recent years -- of people who present
at hospitals and needing treatment, and marijuana is in the
mix.

And so, it does cause impairment. It is not a benign
substance. It is becoming less benign all the time, if you
will.

Senator Grassley. Mrs. Husmann, you got anything to
add to that?

Ms. Husmann. Well, we definitely have seen that
perception of harm definitely decrease in our Iowa youth
and as well as across the Nation. And youth have told us
that it must be good for you when it is medicine, and it is
legal in other States. So, it must not be that big of a
deal.

So, and what we know, and I think Jeff Stamm talked
about this as well, is that there is an equation that
equals more consumption, and that is a decrease in
perception of harm plus an increase in availability equals
an increase in use. And so far, thankfully, even the
latest data we have, we have not had a big increase in
marijuana use for our youth in Iowa, but we want to keep it
that way.

And so, just -- and I definitely agree with Dale
Woolery that the products with the THC, they are causing
psychosis and serious mental illness for some youth, and
using these products in adolescence increases that chance for other drug use disorders. And studies show that it affects the child's academic success, reducing IQs, affecting motivation, affecting decision-making, and even more so with regular use of these strong products. So --

Senator Grassley. This might be my last question, and it is for Dr. Woolery. And it comes because of my interest at the Federal level in criminal justice reform, getting a major piece of legislation passed, the first criminal justice reform in the last generation, along with Senator Durbin of Illinois. And this question comes because I understand that Iowa's drug control strategy goals is "to reduce the number of Iowans incarcerated for drug-related offenses and the disproportionate number of minorities referred to the justice system."

So, can you explain how Iowa is working to reduce drug-related offenses and incarceration, and do you have any suggestions for Congress in regard to this? Because we haven't completed our work yet.

Mr. Woolery. I will offer what I can because it is a complex issue. But right now, I think our focus is largely on diverting from the criminal justice system to appropriate services. That is not going to be for everyone. Some people earn their way into the criminal justice system because they are a threat to others or to
themselves.

But then there are others who may be better served going to substance use disorder treatment, mental health disorder treatment, homeless shelter, or maybe a combination of services. And we need to do a better job, and we have got a lot to learn. We have a lot of room for improvement, but we need to do a better job of determining, as a colleague of mine says, who are we afraid of, and who do we not like? And we don't necessarily need to treat them all the same.

So, if they are a threat to safety, that is one path. But a lot of other individuals who have just been put on that path because it is one of the few paths available, we need to look at alternatives to incarceration. That doesn't necessarily mean ignoring them or saying we are just going to legalize that, and then we don't have to deal with it, but instead, it is looking for alternative placements.

So, it is that no wrong door approach. The access centers, as an example, to try and help get people connected with the services they need. In some cases, it is going to come with a lot of accountability. You know, drug court is a good example of diversion at the back end, where it is a diversion from prison.

We now have jail-based diversion, which comes sooner,
but you are still in the criminal justice system. We now have a pilot project, and we are seeing more communities interested in things like pre-arrest or pre-charge law enforcement-assisted diversion to treatment, which means you don't go into the criminal justice system, but instead, you take a detour.

So, a cop on the street may encounter someone, and let us say it is a recurring type of thing. And if it is a public intox or in possession, if it is a first offense, depending on the criteria established by that community and that community's county attorney, along with others, that individual will be handed off to a case worker who then will see that that individual gets to treatment. And then they follow them through. This is taking on the form of co-response in some other communities.

Again, these are alternatives to incarceration, alternatives to arrest in some cases, not as an instead of policing, but in addition to existing policing. So, it is another tool in that toolbox. We are not looking to replace anything but provide another option.

And in that, one constant is that need for the ability to assess which path do we need to send this individual down? I think we can do a lot better, and certainly as it relates to the minority community, I think it may not mean fewer minority contacts with law enforcement, but it might
mean a much better outcome for minorities, all Iowans, as it relates to help versus the criminal justice system if you are that lower-risk offender who meets the criteria. So, I think it is about having options, alternatives to incarceration and diversion. I think that is a better answer, and we are in the early stages of some of the pre-arrest diversion, and we are evaluating that to see how it goes.

Mr. Stamm. Mr. Chairman, I would just add one point to that. Not to the demographics issue, but I think there is a great misperception out there among the population that our prisons are filled with drug users. That is not the case.

According to the latest figures from the Bureau of Justice Assistance, our State prisons across the country only contain about 15 percent of their inmates that are there for drug crimes. Not drug possession, but drug trafficking.

So, it is an educational thing I think we need to push out there that our prisons are filled with drug offenders. They are actually filled with violent criminals and serial thieves.

Senator Grassley. Before we end, I didn't get all my questions asked, and we will go through, re-read what has been said here already by you. There may be some follow-up
questions we would ask you to answer in writing, if you would.

And I want to thank all of you for participating, but particularly, I thought I ought to congratulate and thank Mr. Courtney because telling your story can't be easy for you and your family in a tragic situation like you confronted and worked with. But you have shown that you have compassion and community service as a result from it. So, as tragic as it was, other people are benefiting from what you are doing, and I want to thank you for your work.

All of your work is very, very important, and there are a lot of people that we could put on the panel here that can add even more, but I want to thank you all for what you do in the areas of prevention, law enforcement, education, and treatment.

Thank you all very much, and the meeting is adjourned.

[Whereupon, at 11:31 a.m., the caucus was adjourned.]
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