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

3
4 Thursday, October 14, 2021

5
6 U.S. Senate
7 Caucus on International Narcotics Control
8 Cedar Rapids, Iowa
9

10 The caucus met, pursuant to notice, at 10:00 a.m., in
11 Court 1, U.S. District Court, Northern District of Iowa,
12 111 Seventh Avenue, S.E., Cedar Rapids, Iowa, 52401,
13 Hon. Charles E. Grassley presiding.

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

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

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

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

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

24 These three issues can and should complement each
25 other. Sometimes one leg of the stool will demand more

1 than the others. And of course, that is bound to happen in
2 our dynamic and changing policy area, but a balanced and
3 complete response is certainly something we should strive
4 for.

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

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

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

22 Fentanyl and similar synthetic drugs are the main
23 drivers for these record-breaking increases. I am
24 dedicated to making sure that Congress permanently controls
25 fentanyl analogs, and that is an issue that we have had a

1 hard time getting a long-term solution to. We have had
2 several short-term extensions, but hopefully, the next time
3 we deal with it that we will deal with it on a permanent
4 basis because too many people have died from these drugs,
5 and I think all of us would agree that enough is enough.

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

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

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

21 I have long supported drug prevention programs. They
22 help stop drug use at the outset and can save the taxpayer
23 dollars. In fact, I worked on legislation starting the
24 Drug-Free Communities anti-drug program, which leads
25 efforts to mobilize communities to prevent and reduce use

1 of substance. And of course, there are grants connected
2 with that, and some of that grant money finds its way to
3 Iowa to help local and area efforts.

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

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

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

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

25 I will now introduce the witnesses with a short

1 introduction, and if there is something about your
2 professional life or something about your life you want me
3 to know that I haven't stated in your introduction, you are
4 free to do that.

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

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

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

24 Rod Courtney is the executive director of Community
25 Resources United to Stop Heroin, and they use the acronym

1 CRUSH of Iowa, which focuses on providing family support,
2 community events, education, and treatment resources for
3 people whose lives have been impacted by substance abuse
4 disorder. Mr. Courtney became involved in CRUSH after
5 losing his 38-year-old son to fentanyl overdose November
6 2016. He has helped develop and coordinate CRUSH families
7 and friends support groups in Cedar Rapids and Iowa City
8 and advocates for improved treatment resources for those
9 suffering from opioid disorder.

10 So, we will go with Mr. Woolery and then Mr. Stamm and
11 Ms. Husmann by virtual and then Rod Courtney. So, would
12 you start, please?

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1 STATEMENT OF DALE WOOLERY, DIRECTOR, IOWA GOVERNOR'S
2 OFFICE OF DRUG CONTROL POLICY

3 Mr. Woolery. It would be an honor, Mr. Chairman.
4 Senator Grassley, thank you so much for this invitation and
5 this opportunity.

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

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

21 Let me share some statistics because I am kind of a
22 facts person. Iowa ranks relatively low in most forms of
23 current illicit drug use and sixth lowest in total current
24 illicit drug use. However, Iowans smoke, binge drink, and
25 use methamphetamine at rates above the national average,

1 and polydrug use is something that is rising and we hear
2 more about every day.

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

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

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

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

24 Amid the mix of the progress and challenge
25 demonstrated by some of those statistics is what I call the

1 four Ps of change -- products, potencies, policies, and
2 pace. I will briefly touch on each.

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

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

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

20 A common theme when discussing the evolution of drugs
21 is the quickening speed with which change happens and, as
22 you alluded to it, the inability to keep pace in many ways
23 in traditional terms. The challenges we face, for
24 instance, to respond in a timely fashion are getting
25 bigger.

1 Senator, I applaud the congressional proposals you
2 have put forward to address some of these issues, including
3 promoting research and keeping pace with the moving
4 targets, such as synthetic drugs. Alongside challenges,
5 you will find a lot of progress across our State. The list
6 of difference makers is long, and while time today doesn't
7 permit me to list those, they span evidence-based and
8 innovative approaches in the drug prevention, intervention,
9 treatment, recovery, and enforcement arenas.

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

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

22 Number two, treatment, including expanded medication-
23 assisted treatment for opioid addiction and hopefully some
24 day for methamphetamine and other substances. Along with
25 enforcement, they are a must, but so, too, is prevention.

1 Preventing youth alcohol, tobacco, and marijuana use today
2 can also serve to prevent meth, opioid, and other drug use
3 and potentially deadly overdoses tomorrow.

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

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

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

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

25 Thank you.

[The prepared statement of Mr. Woolery follows:]

[COMMITTEE INSERT]

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1 Senator Grassley. Thank you, Director Woolery.

2 I should have said at the beginning if there are
3 longer remarks that you want put in the record, they will
4 be automatically received. Usually that happens at most
5 committee meetings. People have long statements they want
6 to make, and testimony in most committees is limited to
7 5 minutes.

8 Now we go to Director Stamm.

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1 STATEMENT OF JEFFREY B. STAMM, EXECUTIVE DIRECTOR,
2 MIDWEST HIGH INTENSITY DRUG TRAFFICKING AREAS

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

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

16 Specifically here in Iowa, the Midwest HIDTA supports
17 nine multi-agency counterdrug programs' initiatives
18 designed to reduce drug availability, enhance law
19 enforcement capacities, and synergize with treatment and
20 prevention efforts throughout the State. In all, the HIDTA
21 program provides over \$2.7 million in supplemental funding
22 to our local, State, and Federal partners working hard to
23 protect Americans across Iowa and the region against
24 predatory drug traffickers and the horrific human
25 destruction and social decay that they spawn.

1 Nationally, according to the CDC -- and I am sorry to
2 correct you, Senator, but the CDC just put out the latest
3 12-month overdose figures last night. That number has
4 climbed to over 99,000 in our Nation, tragically.

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

9 Moreover, the country's homicide rate has continued to
10 rise again in recent years, spiking an astounding
11 30 percent just in 2020. Many of those murders are fueled
12 by drug use and distribution. In these and other negative
13 intensifications, Iowa has not been immune.

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

20 In fact, the Midwest HIDTA has found that more than
21 40 percent of the region's homicides are traceable to drug
22 use and/or trafficking. Drug dealing is not a nonviolent
23 crime. It is inherently violent. In fact, at nearly
24 100,000 deaths every year, former drug czar John Walters
25 has rightfully described it as the most murderous criminal

1 activity in the history of America.

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

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

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

22 In 2020, Midwest HIDTA drug task forces in Iowa
23 identified 139 separate drug trafficking organizations
24 operating in the State, all of them directly or indirectly
25 tied to Mexican drug cartels. Through their incalculable

1 dedication and efforts, local, State, and Federal law
2 enforcement disrupted or dismantled 34 of those predatory
3 groups. That clearly resulted in reduced drug availability
4 and greater public safety.

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

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

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

1 Iowan and American depend upon that elemental prerequisite.

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

5 [The prepared statement of Mr. Stamm follows:]

6 [COMMITTEE INSERT]

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1 Senator Grassley. Thank you, Director Stamm.

2 Now we have by virtual Jennifer Husmann. Go ahead,

3 Jennifer.

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1 STATEMENT OF JENNIFER HUSMANN, PROJECT COORDINATOR,

2 IOWA ALLIANCE OF COALITIONS FOR CHANGE

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

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

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

20 The Jones County Safe and Healthy Youth Coalition
21 applied for and successfully implemented both of these
22 funding streams, DFC and CARA. AC4C is also a DFC grantee
23 in its seventh year of funding, powerfully uniting its
24 members to work together on statewide issues and also
25 sharing successful local strategies with each other.

1 In response to tragedies, the Jones County school
2 districts came together in 2004 to focus on underage
3 drinking. At that time, the Iowa Youth Survey showed
4 52 percent of the counties' 11th grade students reporting
5 binge drinking in the past month. After implementing
6 evidence-based programs and continuing community coalition
7 work with the support of the DFC grant, by 2018, the number
8 of 11th graders reporting binge drinking had decreased from
9 52 percent down to 7 percent.

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

20 The DFC program has been instrumental in helping Iowa
21 communities address substance use issues. DFC coalitions
22 must have significant community-wide involvement to reduce
23 youth substance use through 12 required sectors. We have
24 schools, law enforcement, youth, parents, business, media,
25 youth-serving organizations, healthcare providers, faith

1 and civic organizations, and others all working together.

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

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

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

24 Prevention coalitions are the answer to stopping the
25 pipeline to addiction because they involve everyone in both

1 defining the problems and implementing locally tailored
2 strategies, engaging everyone who has an impact on youth.
3 We work on supply and demand, with law enforcement as an
4 equal partner at the table.

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

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

22 The DFC program is the best example I have seen in my
23 professional career of how a very small investment of
24 Federal funds can mobilize a great deal of concerted,
25 coordinated, and effective efforts at the community level,

1 where everyone coming together to solve a local program can
2 achieve amazing results. In this case, reducing population
3 levels of youth drug use.

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

6 [The prepared statement of Ms. Husmann follows:]

7 [COMMITTEE INSERT]

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1 Senator Grassley. Thank you, Mrs. Husmann.

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

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

13 [The information referred to follows:]

14 [COMMITTEE INSERT]

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1 Senator Grassley. Now to Mr. Courtney.

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1 STATEMENT OF ROD COURTNEY, EXECUTIVE DIRECTOR,
2 CRUSH OF IOWA

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

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

14 There were 72,000 overdoses nationally that year.
15 This small grassroots organization went to work, raising
16 awareness around the dangers of heroin and other opioids.
17 We told of Chad's journey as we ran the gauntlet of
18 treatment centers and mental health professionals for
19 24 years of our lives.

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

25 Starting CRUSH went like this. We let people who are

1 in recovery, wanted to be in recovery, or maybe just
2 contemplating recovery know what we were doing. While
3 doing this, our treatment centers, hospitals, community
4 mental health providers, housing specialists, education and
5 prevention specialists, and so on were made aware. We
6 found a location, we sat in a circle, and we spoke from our
7 heart.

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

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

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

24 Parents and loved ones can ask questions of those in
25 recovery of what helped them get to treatment and what to

1 expect after treatment. Parents support each other during
2 and after the meetings. If you want to know the latest
3 trends, ask the people that are living it. They always
4 know.

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

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

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

20 I would conclude that the supply of these substances
21 in our country now will continue to add to overdose deaths
22 for years to come. However, that is a different
23 battlefield for those that are better suited to fight it.
24 My battle lies here at home. I fight alongside my loved
25 ones, neighbors, parents, and families, those of us that

1 know the pain substance use disorders bring to our families
2 and communities.

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

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

16 As somebody that loved someone that had struggled for
17 24 years with a substance use disorder, I came home. I was
18 excited. I was excited to start my plan for a recovery
19 community center. Knowing that there was a request for
20 proposal, I got home and ready to find out that I needed
21 matching funds.

22 I was disheartened. I can't remember the exact
23 number, but let us just say \$50,000. This, of course, was
24 not feasible. These types of proposals put the grassroots
25 organizations out of the running quickly.

1 One thing that I would ask today is that consideration
2 be made to funding stream, a funding stream that is
3 designed for grassroots organizations. Let us -- let us
4 train for, be supported, and only be the support in our
5 communities and then become those lifelines for those that
6 are still suffering for substance use disorders.

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

9 Thank you.

10 [The prepared statement of Mr. Courtney follows:]

11 [COMMITTEE INSERT]

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1 Senator Grassley. And thank you very much,
2 Mr. Courtney, for carrying on after a sad situation that
3 you had in your family.

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

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

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

22 Mr. Woolery. I will attempt to start in answering
23 that question, Senator. First of all, a lot of what I hear
24 is that hospitals are not necessarily equipped or the best
25 place for a lot of individuals, who need that type of care

1 in the short term. But, sometimes hospitals and jails,
2 frankly, get looked at as a destination for individuals who
3 actually will receive better care and communities will
4 actually be better off if they are somewhere else.

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

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

23 And so, I don't know how that program is working
24 exactly because I am not abundantly familiar with it. But
25 I can tell you that hospitals are doing their level best to

1 care, and certainly, when there is an overdose, they will
2 treat individuals for that acute situation. A lot of
3 individuals decline to be transported to hospitals, and so
4 not everybody who overdoses and survives gets to the
5 emergency room. You know, that is another issue.

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

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

12 Mr. Courtney. Yes, sir. Thank you.

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

19 On the other hand, going back a few years when my son
20 was still with us and still battling his substance use
21 disorder, the question brings to mind an instance, and it
22 is something that we speak about. He battled his substance
23 use disorder. It wasn't something that he wanted to be
24 part of his life, and he had periods of time that he did
25 not use substances, and things were going fairly well.

1 At one point in time during his usage, he had decided
2 he wanted to stop. So, he went to a hospital, and it was a
3 rather quick turnaround. Again, to maybe reiterate what
4 Mr. Woolery is saying in a sense, they gave him some
5 medications, and they called him a cab for the local
6 treatment center. He was looking for probably a more
7 comfortable detox from the opioids that he was using.

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

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

21 Now we are down to just a couple of days before his
22 discharge to try to find treatment, and it is a desperate
23 move to find treatment. He is still ready. He is still
24 willing. There weren't any beds available. Sending
25 someone with an opioid use disorder back out on the street,

1 the results are obvious. They are going to use because
2 they don't want to be sick.

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

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

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

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

25 So, the stigma that surrounds this is huge within our

1 hospitals and the way that people are oftentimes treated.
2 The doctor, the psychiatrist at the hospital, had to make a
3 point that the family is on their way, and they are
4 combative.

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

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

15 Senator Grassley. The next one is to Director Stamm
16 and Mrs. Husmann. It comes from my participation in
17 annually writing to congressional appropriators to fund the
18 HIDTA program and the Drug-Free Communities program,
19 besides my sponsorship of the Drug-Free Communities Act of
20 1997.

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

1 Director Stamm.

2 Do you want to start out, Director Stamm?

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

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

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

23 So the support that the HIDTA program can provide
24 through congressional funding is critical to enhancing the
25 safety of Iowa citizens and across the Nation.

1 Senator Grassley. You use the words "bringing
2 together." Would you not have this cooperation without the
3 HIDTA grant? Is that an assumption I can make?

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

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

19 Ms. Husmann. Okay, yes. Well, the DFC program is one
20 of the only federally funded drug prevention programs that
21 goes directly to local communities, and I really believe we
22 need a substance use prevention coalition in every county
23 in Iowa. Substance use prevention has been totally under
24 resourced and under utilized relative to its ability to
25 stop addiction and overdose rates. More attention and

1 resources must be geared to stopping use before it starts,
2 with upstream prevention approaches like DFC and the CARA
3 program.

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

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

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

25 I think the DFC approach includes making sustainable

1 changes in the community through policies that are
2 effective and long-lasting, as well as working on building
3 the capacity of volunteers in the coalition to continue the
4 work. The DFC also stresses increasing the financial
5 community support to sustain the coalition data-driven
6 process for years to come.

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

14 Senator Grassley. Thank you.

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

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

24 Mr. Stamm. Clearly, COVID has affected law
25 enforcement's ability to be able to do their jobs with

1 limited manpower. I think, as far as slowing down drug
2 traffickers, especially across the Southern border, it was
3 temporary, given the profitability of drugs. They had
4 always figured out a way to get around temporary obstacles
5 like that.

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

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

20 I think one of the -- as you alluded to earlier, sir,
21 I think one of the keys that we can bring to this fight
22 would be a broader classification of fentanyl drugs as a
23 class, simply because the chemists are so highly adept at
24 responding in sort of a chemical game of whack-a-mole to
25 legislative scheduling of fentanyl drugs in the Controlled

1 Substances Act.

2 So if we can do a broader legislative fentanyl
3 scheduling as a class, I think that would be a great
4 benefit to not just local law enforcement in this country,
5 but international treaties and being able to affect the
6 drug producers, both in China and Mexico and elsewhere.

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

10 Anybody else that wants to jump in on this question?
11 Director Woolery?

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

20 And what that means, I think, to those who use, become
21 addicted, and potentially overdose is that the supply
22 chain, in the case of illicit drugs, is different. And I
23 think we learned that as use changes and certainly the
24 isolation and all the other stressors that come with the
25 pandemic, what I hear -- see in studies nationwide, it is

1 true here, too, I believe -- it has contributed to an
2 increase in not only substance misuse, but tragically, the
3 overdoses and the overdose deaths, at least in my opinion.

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

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

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

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

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

1 and doing things like that.

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

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

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

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

24 We were not able to do in-person work for a whole
25 year. Many of us were not able to do any work with the

1 schools last year as they didn't have time for virtual
2 presentations and were not allowing visitors in after the
3 students were back in school.

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

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

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

21 We already know that it is the lion's share of recent
22 overdoses, and in Iowa, fentanyl and its analogs have been
23 implicated in 87 percent of all opioid overdose deaths.
24 And that is up 31 percent from 5 years ago. Federally, the
25 Drug Enforcement Administration temporarily controlled all

1 fentanyl analogs. Congress has extended this authority
2 several times. I have already talked about that but wanted
3 to repeat it that it expires in January.

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

8 Mr. Woolery. I would just reiterate, Senator, it is
9 sneaky dangerous. And I would contend that a lot of Iowans
10 who become addicted to opioids or who overdose on opioids
11 don't know that what they consumed contained fentanyl. So,
12 there is an education challenge in addition to I think the
13 regulation challenge. But it is certainly -- it is one
14 that appreciate you taking it on. It needs to be taken on.

15 But again, I think part of the answer lies south of
16 the border as well. You know, we have to do something
17 about the production and the distribution and deal with it
18 before it gets to the State of Iowa. That is part of the
19 puzzle.

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

24 Anybody else want to put in anything on fentanyl?

25 Mr. Stamm. I would like to also reiterate and just to

1 bring that particular point into the equation as well.
2 Clearly, border forces or local law enforcement, they don't
3 have the ability immediately to recognize what particular
4 analog of a fentanyl drug might be. That is why it is
5 clearly important to have a broader classification of
6 emergency scheduling, a permanent scheduling of fentanyl.

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

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

17 Senator Grassley. I think to you two, Woolery and
18 Stamm, about synthetic drugs displacing traditional
19 manufacturing and trafficking patterns. Instead of growing
20 organically like cocaine and heroin, drug trafficking
21 organizations create deadly substances in makeshift labs.
22 Our laws aren't nimble enough to respond to it. So, I have
23 introduced a bill that would solve this issue. It would
24 proactively schedule substances on a temporary basis while
25 the lengthier bureaucratic scheduling process takes place.

1 Director Woolery, do you agree that drug control laws
2 should be more flexible, and what kinds of solutions could
3 help achieve that? And for you, Director Stamm, how does
4 proactive scheduling of synthetic drugs assist law
5 enforcement?

6 Why don't you go ahead, Dale?

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

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

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

1 caution.

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

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

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

15 And clearly, the chemical complexities today of some
16 of these rogue drug producers, especially in Mexico,
17 acquiring precursor chemicals, such as ANP or ANPP, used to
18 make different fentanyl analogs, the chemistry for them is
19 rather easy to come up with different types of molecular
20 structures that are still psychoactive but are not yet
21 illegal under the Controlled Substances Act through
22 congressional action. So, the emergency or the adroit
23 ability of our law to be able to schedule different analogs
24 is a necessary tool that law enforcement would greatly
25 appreciate.

1 Mr. Woolery. Senator? Could I add one more thing,
2 Senator?

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

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

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

18 Senator Grassley. Director Stamm, I want to go to
19 meth. Vast majority of meth is produced in Mexico,
20 smuggled across the Southwestern border into Iowa. Iowa
21 obviously doesn't border Mexico. It is a problem for all
22 50 States, not just along the border.

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

25 Mr. Stamm. Well, let me first say the good news is

1 that we no longer fight meth labs to the degree we used to
2 here in Iowa. That was clearly a national emergency. So,
3 we no longer have drug-endangered children exposure to law
4 enforcement nor environmental degradation that was so
5 common with meth labs.

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

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

19 So, you may be asking the question later, but Iowa is
20 clearly a border State today. Iowa is right -- the first
21 step of a drug trafficking offloading situation from a
22 methamphetamine super lab in Sinaloa or Michoacan, Mexico,
23 bringing ton-levels of methamphetamine to Iowa. So,
24 clearly, we need to get a better handle on the border
25 security for the citizens of not just Texas and Arizona and

1 California, but for Iowa, and also continue to work with
2 our Mexican law enforcement counterparts to reduce meth
3 production in that country.

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

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

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

24 There are things that are unique about methamphetamine
25 as it relates to how someone uses. The demographics of the

1 individuals who use might be different in the course of
2 addiction and getting into recovery. But I would also
3 caution that there are -- I think we need to look at things
4 holistically and inclusively because I think part of what
5 we don't do as well as I think we should do today is look
6 at things from a multi-drug or a polydrug perspective.

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

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

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

1 to improve prevention efforts?

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

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

15 And what else did you ask about that?

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

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

23 Like they said before, the pace of things are changing
24 so fast, kratom was one that I wanted to share about
25 because it is popping up like all over our Iowa gas

1 stations and malls and vape shops. And you have probably
2 seen it when you are out on your county tours. And just
3 this past month, a new vape store opened even in Jones
4 County just a couple blocks from my office, and last week,
5 I noticed the sign on their window, "Kratom sold here."
6 And I have a bunch of pictures of the sign all over. We
7 have done environment scans in a bunch of counties across
8 Iowa.

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

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

1 stories about more youth using kratom as well."

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

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

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

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

24 Senator Grassley. Way down at the end of my
25 questioning, I was going to ask, if we got to it, about

1 kratom. Since she brought it up, I think I would ask any
2 of you to comment on it as you see it as a problem. As she
3 described, it presumably is a big problem?

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

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

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

21 And so, we need to look at the coordination of State
22 and Federal regulations in this area because there are
23 regulations on the books federally, for instance, FDA-type
24 regulations, that seemingly are unenforceable at the State
25 level. And so, we either need to do something about, in my

1 opinion, the enforcement, or we need to change the
2 regulation.

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

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

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

19 They can also be great referrers. Rod's experience
20 aside, I would like to think that is the exception, but it
21 is probably not. But medical professionals need to know
22 where are the doors for people to go and help people get to
23 those doors so that there is no wrong door for someone who
24 needs substance use disorder or mental health disorder
25 treatment.

1 And our medical professionals are highly valued. They
2 are highly credible. And I know they have a lot to do.
3 There is a lot on their plate. But this, I think, is
4 something that is important enough. I think maybe we need
5 to do a better job there.

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

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

11 Senator Grassley. I hope not.

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

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

25 And so, I don't think we have lost it. I think here

1 in Iowa, we have had some good success. I think it is
2 important, especially with the potency of marijuana
3 products going up, it is not the marijuana of 20, 10, even
4 5 years ago. The gummy bear type edibles, you know, they
5 can have THC levels in excess of 50 percent. That is a lot
6 different from the so-called "ditch weed" that would have
7 3 percent.

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

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

20 The public safety component, we have to remember,
21 there is a large public safety issue with addictive
22 substances, and that includes THC or marijuana. And so, on
23 the highways, in the workplace, at home, we see a lot of
24 people going to the hospital here in Iowa, and the numbers,
25 as I have seen them -- and I don't recall them offhand,

1 they have gone up in recent years -- of people who present
2 at hospitals and needing treatment, and marijuana is in the
3 mix.

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

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

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

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

23 And so, just -- and I definitely agree with Dale
24 Woolery that the products with the THC, they are causing
25 psychosis and serious mental illness for some youth, and

1 using these products in adolescence increases that chance
2 for other drug use disorders. And studies show that it
3 affects the child's academic success, reducing IQs,
4 affecting motivation, affecting decision-making, and even
5 more so with regular use of these strong products. So --

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

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

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

1 themselves.

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

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

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

25 We now have jail-based diversion, which comes sooner,

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

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

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

21 And in that, one constant is that need for the ability
22 to assess which path do we need to send this individual
23 down? I think we can do a lot better, and certainly as it
24 relates to the minority community, I think it may not mean
25 fewer minority contacts with law enforcement, but it might

1 mean a much better outcome for minorities, all Iowans, as
2 it relates to help versus the criminal justice system if
3 you are that lower-risk offender who meets the criteria.

4 So, I think it is about having options, alternatives
5 to incarceration and diversion. I think that is a better
6 answer, and we are in the early stages of some of the pre-
7 arrest diversion, and we are evaluating that to see how it
8 goes.

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

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

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

23 Senator Grassley. Before we end, I didn't get all my
24 questions asked, and we will go through, re-read what has
25 been said here already by you. There may be some follow-up

1 questions we would ask you to answer in writing, if you
2 would.

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

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

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

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

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