

The Impact of Substance Abuse: A Snapshot of Arizona

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Governor's Office for Children, Youth and Families
Division for Substance Abuse Policy

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Executive Summary

The Arizona Substance Abuse Epidemiology Work Group, staffed by the Division for Substance Abuse Policy of the Governor's Office for Children, Youth and Families (GOCYF), produces a snapshot of substance abuse consumption behaviors and their associated consequences on a yearly basis. This report is concerned with an examination of the most salient and timely findings of concern to policymakers, policy analysts, and other interested parties surrounding the prevention of substance abuse; the treatment services utilized and needed by those suffering from addiction; and the enforcement efforts aimed at combating the sale and use of illicit drugs. This snapshot centers on Arizona's most pressing substance abuse related-issues, which can be broadly divided into three categories: alcohol, methamphetamine, and emerging issues.

Underage drinking is a pressing concern throughout the nation, and Arizona is no exception; approximately 1-in-3 youth in Arizona reported past 30-day alcohol use and almost 1-in-5 reported binge drinking within the past two weeks, with higher percentages of female youth reporting these high-risk behaviors than their male counterparts (Arizona Criminal Justice Commission, 2008b).

While this report indicates an overall reduction in underage drinking, our celebrations are tempered by the fact that 8.8 percent of youth reported driving after they had been drinking and numerous youth (almost 3-in-10) reported riding in a car

with someone who was under the influence of alcohol. Furthermore, over 10 percent of 8th graders and over 1-in-5 high school students reported being drunk or high at school in the past year, an indication that the problem is felt not only at home, but also in our schools and in the communities in which we live and work (Arizona Criminal Justice Commission, 2008b).

While the incidence of driving under the influence (DUI) decreased between 2002 and 2005, as evidenced by a 16 percent decrease in the number of arrests for DUI, the number of juvenile and adult arrests for DUI is now on the rise (Arizona Department of Public Safety, 2002, 2003, 2004, 2005, 2006, 2007). Continued observation will reveal whether this is merely an anomaly or whether the number of arrests is truly an artifact of increased drinking and driving behaviors on our roadways.

Though alcohol is the most prevalent substance used by Arizona's youth, some of our young people are abusing a drug which can have a quicker, more destructive impact: methamphetamine. As is true for underage drinking, we can celebrate our successes in reducing methamphetamine use by youth across Arizona. Past 30-day use of methamphetamine has decreased in all counties since 2006, in some instances by 50 percent or more. Such findings should orient our policymaking choices. The number of individuals seeking publicly-funded treatment for methamphetamine and thus, the cost of treating individuals for addiction to this substance, continues to be remarkably high—an indicator of just how devastating the drug can be. Recent data indicate that trafficking of this drug across the Mexican border into Arizona has risen as a substitute for

in-state production and has resulted in an upsurge of border violence as cartels in Mexico vie for territory.

Though issues surrounding methamphetamine and alcohol are familiar to many policymakers, new epidemiological data point to emerging issues in substance abuse that must be addressed and critical populations in need of our attention. Of concern is the growing abuse of prescription and over-the-counter drugs—almost 15 percent of Arizona high school seniors reported misusing prescription drugs in 2008. The use of such substances for reasons other than those ordered by a doctor varies by grade level, gender, racial/ethnic background and county of residence, indicating the potential targets for curbing this disturbing trend. While drug use tends to increase as youth progress through school, the use of inhalants has emerged as a bigger problem among 8th graders than high school students—an abnormality that prevention professionals and school officials should note in their efforts to reach these youth. Another emerging trend that must be examined and monitored is the upsurge in the prevalence of heroin use. In fact, heroin has recently surpassed methamphetamine as the most problematic in terms of hospital discharges and seizures of heroin in Arizona and near its borders have increased.

Analyses indicate that substance abuse treatment admissions vary by geography, which offers some hope that culturally-competent prevention measures, tailored to individual communities and reflective of their needs, might help to lower substance abuse overall.

Data gaps remain an issue in Arizona, but much has been done to alleviate some of the most pressing problems surrounding our collection of data related to substance abuse consumption and consequences in our state. The work of the Arizona Substance Abuse Partnership, its subcommittees and numerous state agencies can be credited with these successes. This report highlights those efforts and the work that remains.

This snapshot provides evidence of the severity of substance abuse in Arizona. Adult alcohol and drug dependence and abuse can begin with early initiation into substance use. Data from the Arizona Youth Survey (AYS) provide us with a wealth of information on the behaviors of youth that put them at risk. Prevention opportunities should be optimized as youthful experimentation can lead to adult abuse and dependence, damaging our social fabric and requiring costly treatment to address. The AYS also illustrates the risk and protective factors that influence the behaviors of the youth in our state. These should be taken into consideration when forming policies and programs aimed at reducing substance abuse in our communities. With continued, strong, coordinated efforts and decisions guided firmly by data, Arizona can make progress in its fight to reduce substance abuse and in so doing, improve the health and well-being of our populace and ensure a prosperous Arizona.

Introduction

This report addresses the prevalence of substance abuse throughout Arizona and the financial burden it places on Arizonans. Special emphasis has been placed on the following categories: underage drinking; adult and juvenile alcohol-related arrests, deaths and injuries related to driving under the influence of alcohol; and the prevention, treatment, and enforcement efforts related to methamphetamine use in Arizona. This report also provides a look at emerging substance abuse issues in Arizona that threaten the health and safety of our state's populace. The conclusion includes recommendations regarding what data should be examined into the future to predict changes and assist us with measuring the impact of our strategies at both a state and community level.

Arizona Demographics

Arizona's diverse population spans more than 113,000 square miles, borders Mexico, and is experiencing significant population growth. The state is comprised of 15 counties and 21 federally-recognized tribes.

As of 2007, Arizona had an estimated population of 6,338,755 (United States Census Bureau, American Fact Finder, *2007 American Community Survey 1-Year Estimates*).

According to the Population Division of the United States Census Bureau, two counties in Arizona—Pinal and Santa Cruz—are among the nation's top 100 fastest-growing counties (Table 5: Housing Unit Estimates for the 100 Fastest Growing Counties With 5,000 or More Housing Units in 2007: April 1, 2000 to July 1, 2007 (HU-EST2007-05)).

The majority of Arizona's residents live in urban areas within Maricopa County, which is home to more than 3.8 million people, and in Pima County, where close to one million people reside. The remainder of Arizona's residents live in the 13 other counties, which are considered rural areas (United States Census Bureau, *Population Estimates*, 2007).

The median Arizona household income in 2006 inflation-adjusted dollars is \$47,265, slightly less than the national average of \$48,451. In Arizona, 14.2 percent of citizens live below the poverty line—slightly higher than the 13.3 percent national average (United States Census Bureau, *American Community Survey*, 2006).

Overall, the overwhelming majority of Arizonans claim only one race (97.6 percent), with over three-quarters or people indicating that they are White (78.3 percent) and less than three percent (2.4 percent) claim a background of two or more races. Hispanic Arizonans constitute the largest ethnic minority in the state (of any race), accounting for 29.7 percent of the total population. At the national level, less than 15 percent of individuals indicate that they belong to this ethnic group. Individuals who report being American Indian make up 4.5 percent of the population in our state (compared to less than 1 percent of the nation), and many identify themselves as members of one of the 21 federally-recognized tribes in Arizona. In addition, 3.6 percent of Arizonans reported that they are

Tribes in Arizona

Ak-Chin Indian Community

Cocopah Tribe

Colorado River Indian Tribes

Fort McDowell Yavapai Nation

Fort Mojave Tribe

Gila River Indian Community

Havasupai Tribe

Hopi Tribe

Hualapai Tribe

Kaibab-Paiute Tribe

Navajo Nation

Pascua Yaqui Tribe

Quechan Tribe

*Salt River Pima-Maricopa
Indian Community*

San Carlos Apache Tribe

San Juan Southern Paiute

Tohono O'odham Nation

Tonto Apache Tribe

White Mountain Apache Tribe

Yavapai-Apache Nation

Yavapai-Prescott Indian Tribe

Black and 2.4 percent of the population is Asian (United States Census Bureau, 2007 *American Community Survey 1-Year Estimates*).

Arizona is also linguistically diverse. It is estimated that 28.5 percent of individuals residing in Arizona speak a language other than English at home. This exceeds the 19.7 percent of the national population that speak a non-English language at home (United States Census Bureau, *American Community Survey*, 2007).



Introduction

Drug Trafficking



Arizona shares approximately 350 miles of border with Mexico, making it susceptible to transnational drug trafficking. According to the Drug Enforcement Administration (DEA), in recent years, an increasing number of smugglers have traversed the sparse desert separating Arizona and Mexico to traffic drugs throughout the United States. Smugglers typically use passenger vehicles as a means of transporting illicit drugs into Arizona as well as using them to traffic bulk currency resulting from drug sales back into Mexico as security at airports becomes tighter. Agents often capture smugglers at one of the three Arizona principal ports of entry—Nogales, Douglas and San Luis. Law enforcement officials report increasing evidence that drug traffickers and illegal immigrants enter Arizona through subterranean tunnels, at least 30 of which have been discovered since 1990, or through relatively unguarded areas in the desert and steep mountain ranges, especially between Sierra Vista and Nogales (Drug Enforcement Administration, 2008 Arizona).

The majority of the production of the methamphetamine found in Arizona occurs in Mexico, and Arizona serves as a distribution hub through which the drug is transported throughout the United States. There are no widely-accepted estimates regarding the amount of methamphetamine produced in Mexico; however, ample law enforcement reporting and drug seizure data at the United States-Mexico border indicate a significant increase in methamphetamine production in Mexico since 2003 (Drug Enforcement Administration, 2007 and 2008 Arizona). Federal authorities seized 964.95 pounds of methamphetamine in Arizona during calendar year 2007 as well as 1,315,391.02 pounds of marijuana, 4,612.61 pounds of cocaine and 195.03 pounds of heroin. The DEA reports an increase of approximately 50 percent in the amount of heroin seized in Arizona between CY 2007 and CY 2008. This trend is in contrast to the reductions in methamphetamine, marijuana and cocaine seizures over the same time period in Arizona and points to a need for further monitoring (Drug Enforcement Administration, personal communication).



Alcohol continues to be the number one substance used by youth, both across the nation and within Arizona. The effects of alcohol can be seen in the public health arena, the justice system and within our families. The study of alcohol use is vital to the understanding of health consequences, as some consumption patterns, such as binge drinking and driving under the influence of alcohol, provide crucial predictive information. According to the *National Survey on Drug Use and Health, 2007* from the Department of Health and Human Services (HHS), almost 1-in-4 Arizonans aged 12 and older reported past 30-day binge drinking.

Of particular concern to our state is the percentage of Arizona youth who drink alcohol and engage in dangerous behaviors while drinking as these young people are damaging their bodies and putting themselves at an increased likelihood of addiction and death by driving after they have been drinking and riding with drivers who are under the influence of alcohol. While alcohol use by adults continues to be a concern, the issue of alcohol consumption among youth has become one of the leading public health problems in this country. In fact, research indicates that underage drinkers are more likely to engage in risky behaviors that harm themselves and others, including using other drugs, drinking and driving, suicide, sexual assault and high-risk sex (United States Surgeon General, 2007). The Arizona Youth Survey (AYS) provides necessary information about underage drinking, including the finding that higher percentages of females engage in alcohol use and binge drinking (34.7 percent vs. 31.3 percent for past 30-day alcohol use and 20.5 percent vs. 19.3 percent for binge drinking). The AYS also finds that youth get their alcohol from a variety of sources, including parents and other family members and friends who buy alcohol for them (Arizona Criminal Justice Commission, 2008c). For these reasons, the main focus of this report is on underage alcohol consumption patterns among Arizona's 8th, 10th and 12th grade youth, but also provides information about the consequences of youth and adult driving under the influence.

Underage Drinking: A National and Statewide Crisis

Underage drinking has received significant attention at both the state and national level. The Surgeon General's *Call to Action to Prevent and Reduce Underage Drinking*, released in March 2007, emphasized that underage drinking puts our youth at greater risk for academic problems, criminal behavior, poor decision making, risky sexual activity, perpetration of physical and sexual assaults, victimization through physical and sexual assaults, damage to their developing brains, and increased likelihood of death.

Underage drinking also imposes an extraordinary financial burden on society at large. According to the Underage Drinking Enforcement Training Center (UDETTC) project of the Pacific Institute for Research and Evaluation (PIRE), in 2005 alone, underage drinking cost Arizona approximately \$1.3 billion dollars in violence, traffic crashes, high-risk sex, property crime, injury, poisonings/psychoses, babies born with fetal alcohol syndrome to underage mothers and substance abuse treatment (Pacific Institute for Research and Evaluation, 2006).

Statewide Coordination

The consequences associated with underage drinking impact our judicial system, the safety of our roadways, and the successful development of our youth. Underage drinking also imposes an extraordinary financial burden on society at large.

For these reasons, the Arizona Substance Abuse Partnership (ASAP) has prioritized four strategic focus areas for 2009, including underage drinking; prescription drug abuse; drug-endangered children protocols; and media campaigns. The four areas for the 2008 calendar year were “The Need for Data-Driven Decision Making and Policy Development;” “Emerging Trends and the State’s Capacity to Respond;” “Need for Treatment within the Child Welfare System;” and “The Need to Enhance Law Enforcement Capacity to Respond to the Importation of Illicit Drugs and the Manufacture of Synthetic Drugs within Arizona.” An Executive Action Briefing (EAB) document was created for each of these areas with specific problem areas identified as well as the agency or agencies responsible for enacting the identified changes. As the areas for 2009 are further articulated, they will also be accompanied by EABs and will be addressed in a strategic manner with the intended outcomes identified and tracked as progress is made. For more information on ASAP, please visit <http://gocyf.az.gov/CYFBoardsComm.asp?Show=DSAP>.

Prevention

In August 2006, Arizona awarded Strategic Prevention Framework State Incentive Grant (SPF SIG) funding to 11 community coalition subgrantees throughout the state in order to:

- prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking
- reduce substance abuse-related problems in communities across Arizona
- and build prevention capacity and infrastructure at the state and community levels.

Such goals are accomplished through numerous environmental strategies, which focus on changing the aspects of the environment that contribute to the use of alcohol and other drugs.

Strategies include:

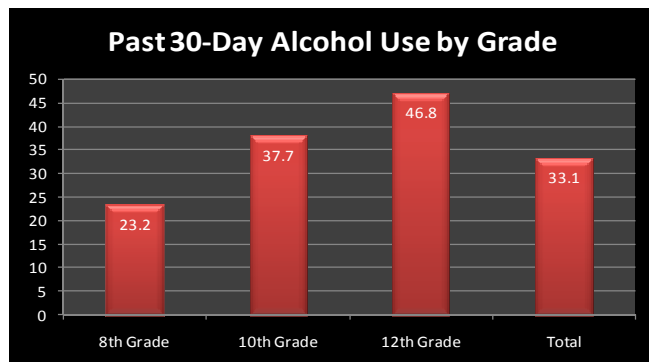
- limiting access to substances
- changing social norms that are accepting and permissive of substance abuse, including adult perceptions of underage drinking
- changes to public laws, policies, and practices to create environments that decrease the probability of substance abuse.

Since the original subgrantee awards were made in 2006, seven additional tribal subgrantee awards have been made to address the substance abuse prevention needs of our state’s tribal population. In addition, a tribal capacity grant has been awarded to the Inter

Tribal Council of Arizona (ITCA) to aid in their ability to assist tribes in assessing and building their data capacity.

As can be seen in Figure 1, underage drinking is a focus of ASAP because of the high percentage of youth who report drinking: 23.2 percent of 8th graders, 37.7 percent of 10th grade youth and 46.8 percent of high school seniors reported drinking alcohol during the past 30 days. This translates to almost 1-in-4 8th graders, over 1-in-3 10th grade youth and almost 1-in-2 high school seniors who are engaging in alcohol use and may be distracted from activities such as college preparation. While these statistics are cause for concern, we can celebrate that underage drinking has been on the decline since 2002, from 46.4 percent of 8th, 10th and 12th grade youth reporting past 30-day alcohol use in 2002 to 33.1 percent of such youth reporting use in 2008 (Arizona Criminal Justice Commission, 2006; Arizona Criminal Justice Commission, 2008b). During this time, Arizona’s Underage Drinking (UAD) Prevention Committee was es-

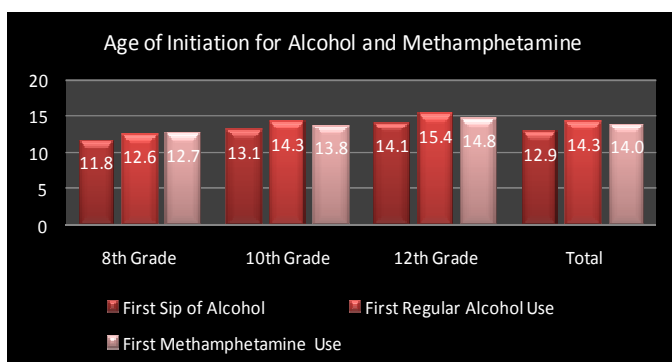
Figure 1. Percentage of Arizona Youth Reporting Past 30-Day Alcohol Use by Grade, 2008.



Source: Arizona Youth Survey: 2008 Arizona Profile Report. Arizona Criminal Justice Commission.

tablished in 2005 and in 2007 became a sub-committee under the Arizona Substance Abuse Partnership (ASAP). The Governor’s Office for Children Youth and Families—Division for Substance Abuse Policy leads this interagency committee that works to coordinate underage drinking prevention efforts across relevant state systems. The committee has worked tirelessly to address the problem of underage drinking in Arizona by assessing statewide epidemiological data, resources, strategies and policies, and building relationships with tribes, youth, law enforcement, government agencies, and community coalitions. Through combining resources, practice, and research, the committee is collaborating across state systems to reduce underage drinking. Partners on the committee include deputy directors, decision makers and representatives from government and advocacy agencies that directly influence underage drinking. Due to concern about high rates of underage alcohol use and binge drinking, many community coalitions

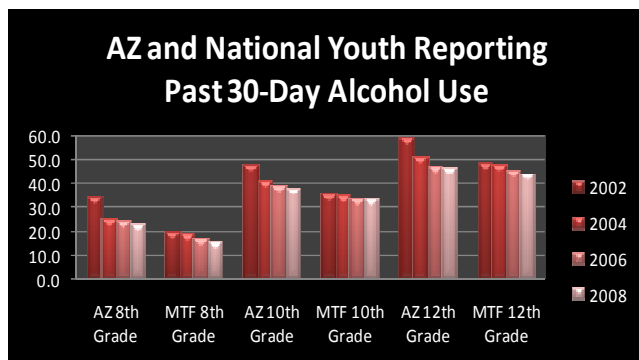
Figure 2. Age of Initiation for Alcohol Compared to Methamphetamine by Grade, 2008.



Source: Arizona Youth Survey: 2008 Arizona Profile Report. Arizona Criminal Justice Commission.

Alcohol

Figure 3. Comparison of Percentage of Arizona Youth to National Youth Reporting Past 30-Day



Arizona Data Source: Arizona Youth Survey: *State Report, 2002, 2004, 2006, 2008 Arizona Profile Report*. Arizona Criminal Justice Commission.

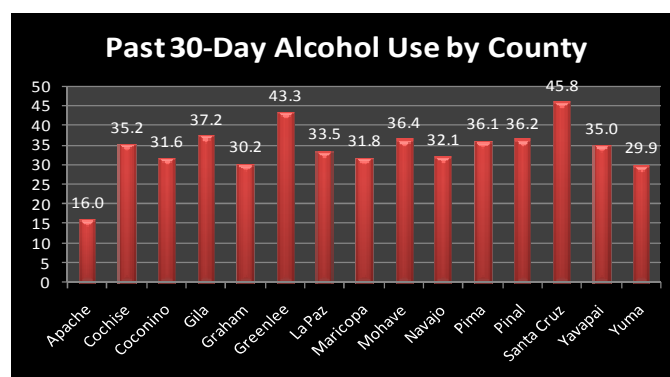
in Arizona’s 15 counties funded through the Strategic Prevention Framework Stage Incentive Grant (SPF SIG) of the Governor’s Office for Children, Youth and Families (GOCYF), Division for Substance Abuse Policy (DSAP) focus their activities on strategically implementing environmental policy changes to reduce underage drinking, including the *Draw the Line* social norms campaign aimed at changing adult perceptions and behaviors related to underage drinking. For more information on the campaign, please visit <http://www.drawyourline.com>.

Figure 2 illustrates the age of initiation reported by grade level for alcohol and methamphetamine and Figure 3 indicates the percentage of Arizona and their peers across the nation who report past 30-day alcohol use. According to Figure 3, while a higher percentage of Arizona youth at all grade levels reported past 30-day use of

alcohol than did their peers across the nation, this rate has declined at every survey administration. This is a great accomplishment, but one that should be cautiously celebrated as the 2008 AYS survey finds that more than 20 percent of Arizona 8th graders (more than 1-in-5), almost 40 percent of 10th grade youth (almost 2-in-5) and over 45 percent of high school seniors reported drinking alcohol within the 30 days preceding the survey. These findings require our attention to determine how to continue to reduce these rates and to accelerate this downward trend.

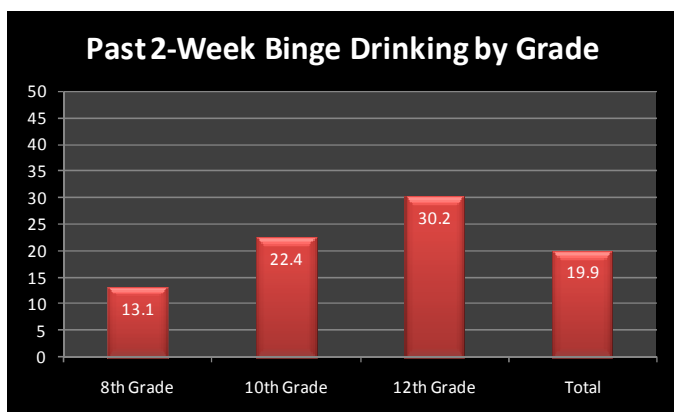
There are clear differences in reported alcohol use by youth’s county of residence, as can be seen in Figure 4. It is important to note that no high schools in Apache County participated in the AYS in 2008, resulting in a county sample of 8th grade youth only. Therefore, the data by county presented here should be interpreted with this in mind. It is important to recognize disparities in risk factors across counties, but equally as impor-

Figure 4. Percentage of Arizona Youth Reporting Past 30-Day Alcohol Use by County.



Source: Arizona Youth Survey 2008. Unpublished Data. Arizona Criminal Justice Commission.

Figure 5. Percentage of Arizona Youth Reporting Past 2-Week Binge Drinking by Grade, 2008.



Source: Arizona Youth Survey: 2008 Arizona Profile Report. Arizona Criminal Justice Commission.

tant is an examination of the strengths (i.e., protective factors) that each community has to build upon. Such information is available through the AYS, which is based upon the nationally-recognized Risk and Protective Factor model developed in 1989 by J. David Hawkins, Ph.D. and Richard F. Catalano, Ph.D. at the University of Washington. This model identifies factors that increase the risks of the development of problem behaviors while also identifying the factors that decrease such risk (i.e., protective factors) (Arizona Criminal Justice Commission, 2006).

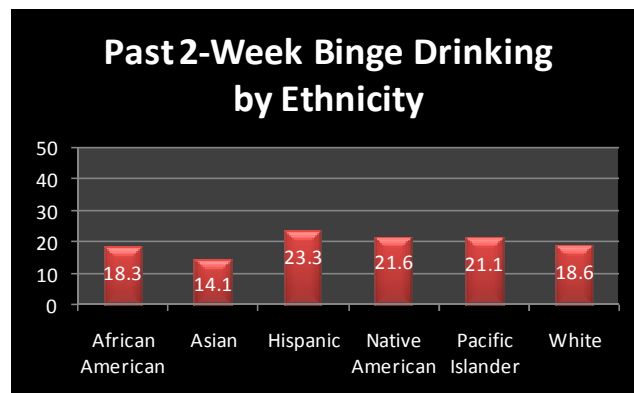
The AYS finds that over 40 percent of surveyed youth in eight counties indicated that they have opportunities for prosocial involvement in their communities, potentially reducing the likelihood of problem behavior, such as substance abuse. Further, between 30–50 percent of 8th, 10th and 12th graders indicated that they are rewarded for participating in such prosocial involvement (Arizona Criminal Justice Commission, 2008c).

While there are serious harms associated with any alcohol use by youth, the consequences associated with underage drinking are exacerbated when youth drink heavily. Binge drinking, defined as the consumption of five or more drinks in one sitting on at least one day within the two weeks preceding the survey, often leads to impairment that can cause injury. Binge drinking may also be a better marker for alcohol abuse or dependence in youth or later in adulthood than overall alcohol use.

Overall, almost 1-in-5 Arizona 8th, 10th and 12th graders reported binge-drinking in the two weeks prior to responding to the survey (see Figure 5). The percentage of high school seniors (over 3-in-10) bingeing on alcohol is especially troubling.

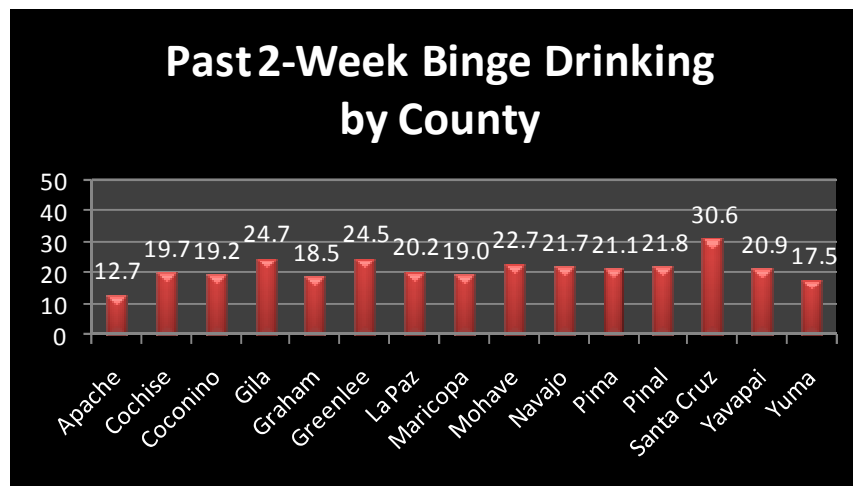
Figures 5 and 6 illustrate the percentage of Arizona youth who report engaging in this risk-taking behavior. Similar to past 30-day

Figure 6. Percentage of Arizona Youth Reporting Past 2-Week Binge Drinking by Race/Ethnicity.



Source: Arizona Youth Survey 2008. Unpublished Data. Arizona Criminal Justice Commission.

Figure 7. Percentage of Arizona Youth Reporting Past 2-Week Binge Drinking by County.



Source: Arizona Youth Survey 2008. Unpublished Data. Arizona Criminal Justice Commission.

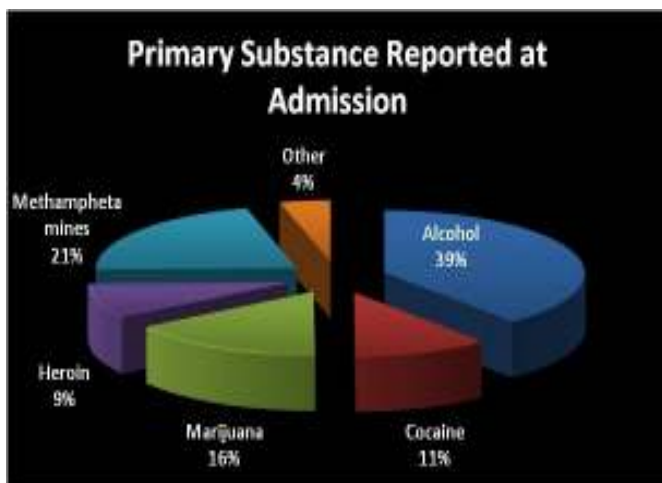
alcohol use, past 2-week binge drinking has been on the decline since 2002. While 23.7 percent of 8th, 10th and 12th grade youth reported past 2-week binge drinking in 2002, 19.9 percent of such youth reported this behavior in 2008 (Arizona Criminal Justice Commission, 2006; Arizona Criminal Justice Commission, 2008b).

When we more closely examine who is reporting binge drinking, we note differences by race/ethnicity. Figure 6 indicates that Hispanic youth are the most likely to report engaging in binge drinking behavior (23.3 percent), while Asian students appear to be the least likely to do so (14.1 percent). African American and White youth are almost equally as likely, on average, to demonstrate this type of risk-taking behavior (18.3 percent vs. 18.6 percent, respectively).

Figure 7 indicates the large differences in youth binge drinking by county. Lower percentages of youth appear to be bingeing in some counties (with less than 20 percent reporting such use) while between 25–30 percent of youth in other counties indicated that they drank more than five drinks within one sitting on at least one occasion in the past two weeks.

Treatment

Figure 8. Percentage of Adult Clients Receiving Publicly-Funded Substance Abuse Treatment Services by Primary Drug Reported at Admission.



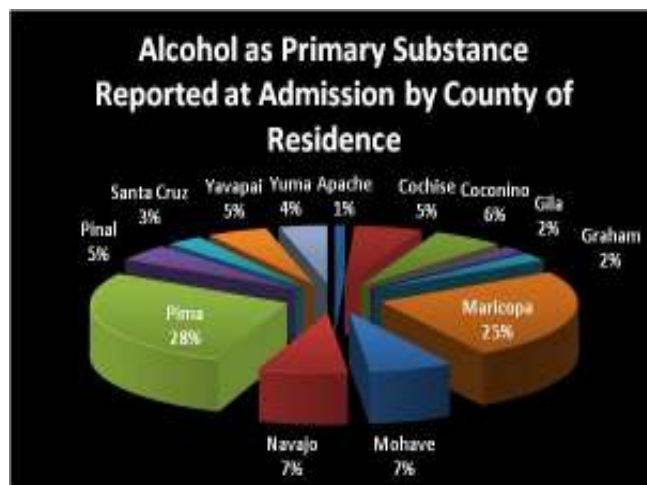
Arizona Department of Health Services. (FY 2008). *Treatment Episodes Data Set (TEDS)*. Unpublished Data.

Note. "Other" category is inclusive of categories with very small N's, including other opiates; other hallucinogens; other stimulants; benzodiazepine; other non-barbituates, sedatives or hypnotics; and inhalants.

The percentage of clients indicating alcohol as their primary substance is greater than those who report methamphetamine (39 percent vs. 21 percent, respectively). High percentages of clients also reported marijuana, cocaine and heroin, indicating that our treatment providers are faced with the need to address multiple types of substance abuse and dependence.

Figure 9 highlights the county of residence of clients who reported alcohol as their primary substance at treatment admission; a higher percentage of clients reporting alcohol live in Pima County, followed closely by Maricopa County. Such information should be compared to the location of substance abuse treatment service providers in order to assess the availability of services in relation to the location of clients.

Figure 9. Percentage of Adult Clients Receiving Publicly-Funded Substance Abuse Treatment Services Reporting Alcohol as Primary Substance at Admission by County of Client Residence.



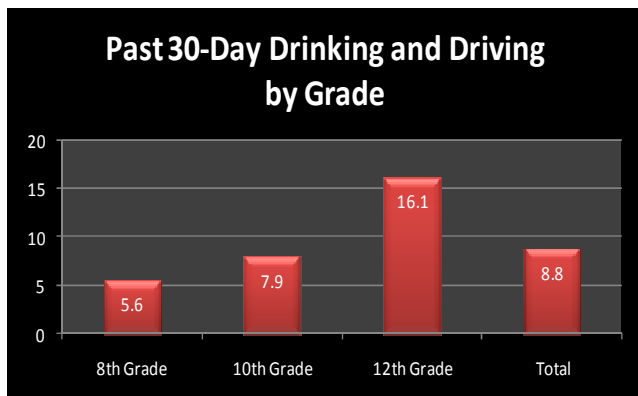
Arizona Department of Health Services. (FY 2008). *Treatment Episodes Data Set (TEDS)*. Unpublished Data.

Note. Greenlee County had 22 clients who reported alcohol at admission; La Paz County had 14 such clients; and there were eight clients from out of state who reported alcohol at admission. These numbers have been eliminated from this graph for ease of readability.

Alcohol

Driving Under the Influence

Figure 10. Percentage of Arizona Youth Reporting Past 30-Day Drinking and Driving by Grade.



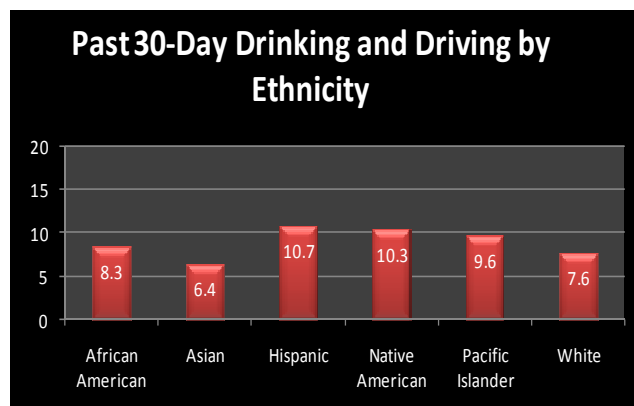
Source: Arizona Youth Survey: 2008 Arizona Profile Report. Arizona Criminal Justice Commission.

Driving after drinking is a dangerous activity that is detrimental to our communities and to the families in our state. The high percentage of youth who report such behavior should be cause for concern and immediate action. According to the 2008 Arizona Youth Survey (Figure 10), over 5 percent of 8th graders indicate that they have driven after they have been drinking, not whether they have driven when they are drunk. Almost 8 percent of those in 10th grade and over 16 percent of high school seniors report such dangerous behavior (almost 1-in-6 high school seniors surveyed). Driving under the influence appears to be a risk-taking behavior in which boys engage more than girls as 9.8 percent of

8th, 10th and 12th grade male youth and 7.8 percent of their female counterparts indicated that they had driven after drinking (Arizona Criminal Justice Commission, 2008c).

Overall, 8.8 percent of youth surveyed reported driving after drinking alcohol in 2008, compared to 10 percent in 2006 (Arizona Criminal Justice Commission, 2008c). When we examine the percentage of youth who drove after drinking by race/ethnicity, higher percentages of youth reporting Hispanic, Native American and Pacific Islander race reported this behavior than did overall (see Figure 11). Higher percentages of youth in these same groups also reported binge drinking, indicating that, rather than being prone to just one type of risky behavior, they may be engaging in a number of such activities, putting them at even great risk of harm.

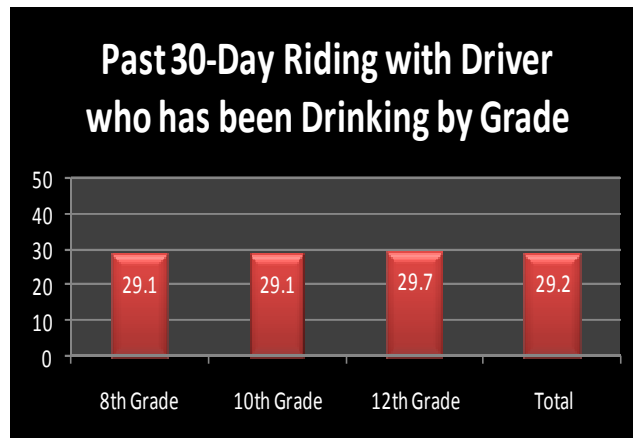
Figure 11. Percentage of Arizona Youth Reporting Past 30-Day Drinking and Driving by Race/Ethnicity.



Source: Arizona Youth Survey 2008. Unpublished Data. Arizona Criminal Justice Commission.

A high percentage of youth report riding with someone who had been drinking (Figure 12). Almost 30 percent of 8th, 10th and 12th graders in Arizona reported being in this dangerous situation within the 30 days preceding this survey. Information about the relationship of the student to the impaired driver is not available. Therefore, the youth who were riding with someone who had been drinking may have been in the car with parents or other relatives or in the car with friends (Arizona Criminal Justice Commission, 2008b). As opposed to driving after drinking, a behavior that more male youth engaged in than females, a higher percentage of females responded that they had ridden in the car with a driver who had been drinking (55.0 percent vs. 45.0 percent) (Arizona Criminal Justice Commission, 2008c).

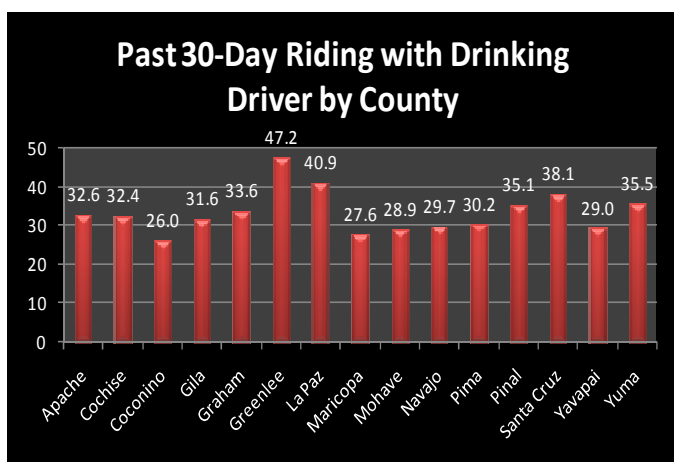
Figure 12. Percentage of Arizona Youth Reporting Past 30-Day Riding with Driver who has been Drinking by Grade.



Source: Arizona Youth Survey: 2008 Arizona Profile Report. Arizona Criminal Justice Commission.

In comparison to the 2008 data, the 2006 Arizona Youth Survey found that almost 1-in-3 (31.9 percent) Arizona 8th, 10th and 12th grade students reported riding with someone who had been drinking alcohol and over 1-in-9 reported driving after drinking alcohol, which means that while the percentage of youth who have been in a vehicle with someone who has been drinking is still high, a reduction since 2006 is a cause for cautious celebration and continued monitoring for future improvements.

Figure 13. Percentage of Arizona Youth Reporting Past 30-Day Riding with Driver who has been Drinking by County.



Source: Arizona Youth Survey 2008. Unpublished Data. Arizona Criminal Justice Commission.

When these data are examined by the students' county of residence (Figure 13), we note that 11 of the state's 15 counties exceed the statewide average of 29.2 percent, with six counties having over a third of youth reporting having ridden with someone within the prior 30 days after the person had been drinking. This information indicates an urgent need to address this problem.

Alcohol

Table 1. Youth and Adult DUI Arrests, Arizona, 2002 - 2007

	2002	2003	2004	2005	2006	2007
Juvenile DUI Arrests	605	612	595	516	604	600
Adult DUI Arrests	41,146	38,924	37,802	34,859	35,273	38,709

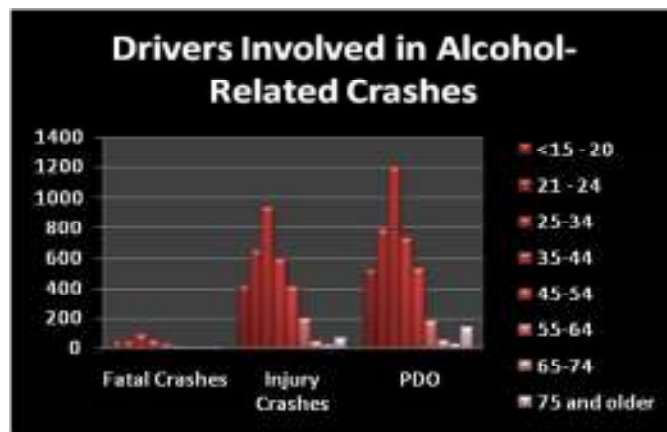
Source: *Crime in Arizona, 2002; 2003; 2004; 2005; 2006; 2007.* Arizona Department of Public Safety.

Driving under the influence has profound effects on the legal system and the productivity of Arizonans. Examining and monitoring data on the legal consequences longitudinally is important for determinations about programming needs. This is evident in Table 1 where we see that the number of adult DUI arrests recorded by the Arizona Department of Public Safety (DPS) appear to be on a downward trend until 2005 but begin to climb after this time. Juvenile arrests for DUI also decline until 2005 but increase in 2006 and remain stable in 2007. Preliminary data from 2008 also shed light on the prevalence of drivers getting behind the wheel after drinking or drug use: thus far in 2008, DPS reports that there have been a total of 4,643 arrests (adult and juvenile combined) by the Arizona Highway Patrol for alcohol-related DUI and another 927 arrests for drug-related DUI (Arizona Department of Public Safety, Unpublished Data).

In addition to the costs of criminal justice processing from arrest to sentencing adults and juveniles for DUI, Arizona bears a great burden due to DUI-related loss of life, pain and suffering, property damage, and medical costs. According to the Arizona Depart-

ment of Transportation (ADOT), in 2006 (the most recent year for which data are available), the state suffered an economic loss of \$547,203,000 due to fatalities, incapacitating and non-incapacitating injuries and property damage (Arizona Department of Transportation, 2006). According to Figure 14, of alcohol-related fatalities, injury accidents, and motor vehicle crashes that cause property damage (PDO), drivers between the ages of 25 and 34 are typically behind the wheel. However, if we combine the age categories inclusive of drivers younger than 20 and 21 to 24, we note that drivers younger than 24 had roughly the same number of fatal alcohol-related accidents as those between the ages of 25 and 34, indicating that both youth and young adults are engaging in a behavior that leads to death, and drivers younger than 25 have more alcohol-related accidents that result in injuries and property damage than do those between the ages of 25 and 34.

Figure 14. Number of Drivers Involved in Alcohol-Related Crashes by Age Group, Arizona, 2005.



Source: 2005 Arizona Crash Facts Summary, Arizona Department of Transportation.

Note. PDO refers to crashes involving property damage.

Methamphetamine is a significant threat to the health and safety of all Arizona residents. However, methamphetamine appears to be more problematic for females than males. In fact, the AYS indicates that a higher percentage of female youth than their male peers reported past 30-day methamphetamine use (.6 percent vs. .5 percent) (Arizona Criminal Justice Commission, 2008c). The production, distribution, and use of methamphetamine is of special concern because of the pervasiveness of the problem in Arizona and our proximity to the Mexican border, a principal port of entry for drug smuggling. According to the Drug Enforcement Administration's (DEA) most recent information, Mexican-produced methamphetamine is the most common type of methamphetamine encountered in Arizona (Drug Enforcement Administration, 2008). More information on the prevention, treatment and enforcement efforts underway in Arizona related to methamphetamine can be found on this and the following pages.

Prevention

As a result of its innovative and groundbreaking efforts surrounding the prevention of methamphetamine abuse, Arizona was selected as one of only eight states in the country to participate in the Department of Justice (DOJ), Office of Community Oriented Policing Services (COPS) Methamphetamine Initiative. This initiative provides Arizona with the assistance and expertise of Strategic Applications International (SAI) who are assisting Arizona in establishing and enhancing problem-solving strategies that encourage community policing efforts designed to combat the use and distribution of methamphetamine.

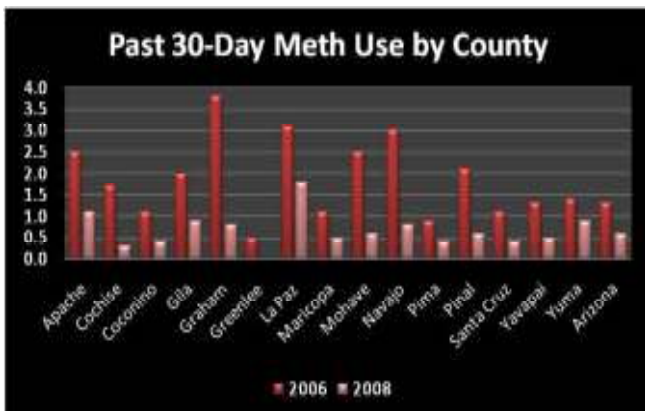
In addition, *The National Summit*, held this year in Washington, D.C., brought together 21 states, including Arizona, to utilize a facilitated planning process to develop action plans that incorporated evidence-based and culturally-appropriate practices and policies to respond to methamphetamine use among justice-involved individuals, lesbian, gay, bisexual and transgender (LGBT) individuals, and women. A State Action Team from Ari-

zona was selected and participated in *The Summit*, a working meeting that resulted in concrete action steps for implementation. The goals of this meeting were:

- to synthesize local successes, move states to action and promote the development of national strategies that participants can use to strengthen and expand existing efforts back home;
- identify culturally and linguistically appropriate and relevant products that reflect promising areas of research and evidence-based practices in prevention, intervention, treatment and recovery management in order to assist communities in their response to methamphetamine use in critically-affected populations;
- and to forge collaborations across federal, state, local and tribal government agencies and with community partners and establish a mechanism for the creation of collaborative plans with all federal Co-Sponsors similar to that which currently exists between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control (CDC).

Methamphetamine

Figure 15. Percentage of Arizona Youth Reporting Past 30-Day Methamphetamine Use by County.



Source: Arizona Youth Survey 2008. Unpublished Data. Arizona Criminal Justice Commission.

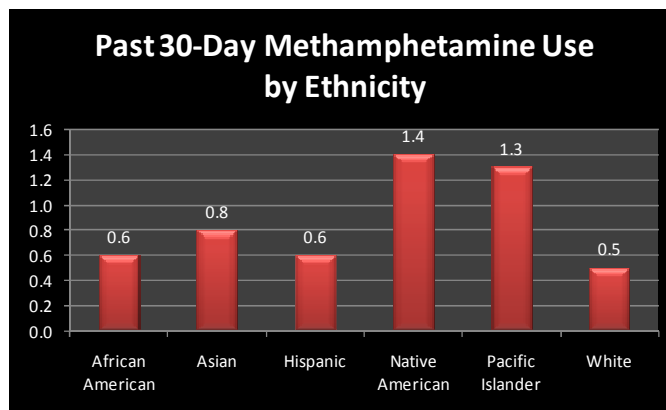
In order to understand where prevention efforts should be targeted, we must identify populations that are more likely to use methamphetamine. For instance, the Arizona Youth Survey provides excellent data delineating use patterns and related behaviors among 8th, 10th and 12th graders. However, our knowledge of the full impact of methamphetamine, including how best to prevent its use and its associated consequences, would be expanded by an adult substance abuse prevalence survey similar to the Arizona Youth Survey already conducted in Arizona.

According to Figure 15, methamphetamine use by youth in Arizona varies by geography and has decreased in all counties, in some instances by 50 percent or more. The percent of youth reporting past 30-day meth use varies from 0.3 percent to 1.8 percent. These data indicate a need to look further into the risk and protective factors associated with youth in each county to determine the reasons behind the differential

use patterns and the fact that youth in rural counties are more likely to report recent methamphetamine use than are youth in urban areas and thus, to assess varying programming needs by county that build upon individual, community, family and school strengths. This significant achievement resulted from the coordinated strategies and efforts underway in Arizona to reduce the impact of methamphetamine on our communities.

Youth reporting their racial/ethnic background as White, African American and Asian were the least likely to report past 30-day methamphetamine use while Native American and Pacific Islander 8th, 10th and 12th graders were the most likely to report such use (see Figure 16). These findings indicate differential needs for various populations, which should be addressed at the community and state level and should inform programming and other prevention efforts, especially given that these populations also indicated higher percentages of youth using other drugs.

Figure 16. Percentage of Arizona Youth Reporting Past 30-Day Methamphetamine Use by Race/



Source: Arizona Youth Survey 2008. Unpublished Data. Arizona Criminal Justice Commission.

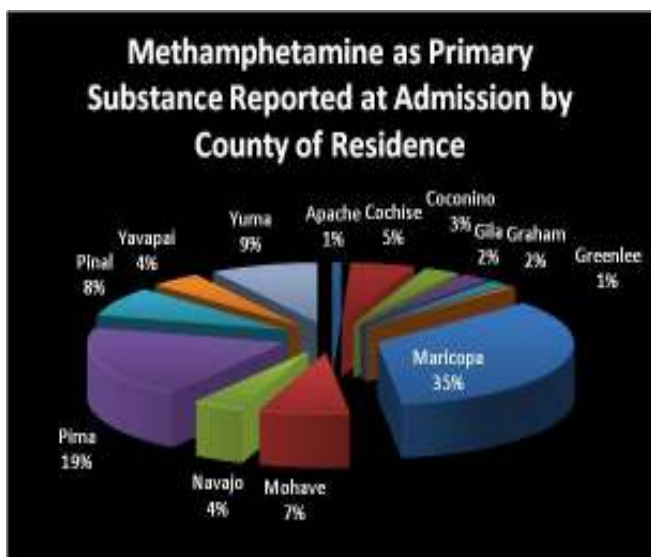
Treatment

Treating methamphetamine addiction is, as the data on the following pages demonstrate, a priority in Arizona. A three-year \$8.3 million competitive discretionary grant by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) was awarded to Arizona in September, 2007. The goals of the grant are to expand substance abuse treatment service capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services for methamphetamine-affected clients. Arizona's Access to Recovery (ATR) program has developed and implemented a cost-effective treatment and recovery support services voucher system for individuals with methamphetamine-related substance use disorders who are involved in a county-based adult drug court. Objectives include the development and implementation of a voucher-driven process for methamphetamine users that offers a choice of service providers and the creation of a broad network of eligible treatment and recovery support service providers for adult drug court-involved methamphetamine users. Still in its first year, the ATR program has already resulted in 229 clients served.

The information emerging from the drug courts throughout Arizona for Fiscal Year 2008 indicates that methamphetamine remains the primary drug of choice among clients. For FY 2008, Arizona drug courts reported serving 1,526 individuals, of which 53 percent listed methamphetamine as their primary drug of choice. The rural drug courts reported a higher percentage of individuals using methamphetamine than the overall rate: 100 percent of clients seen in Cochise County; 83 percent of individuals presenting in Yuma County; and 81 percent of those in Gila County. The urban drug courts, which include Maricopa and Pima, reported 63 percent and 44 percent of clients indicating methamphetamine as their drug of choice, respectively (Administrative Office of the Courts, Adult Probation Services, Unpublished Data).

Methamphetamine

Figure 17. Percentage of Adult Clients Receiving Publicly-Funded Substance Abuse Treatment Services Reporting Methamphetamine as Primary Substance at Admission by County of Client Residence.



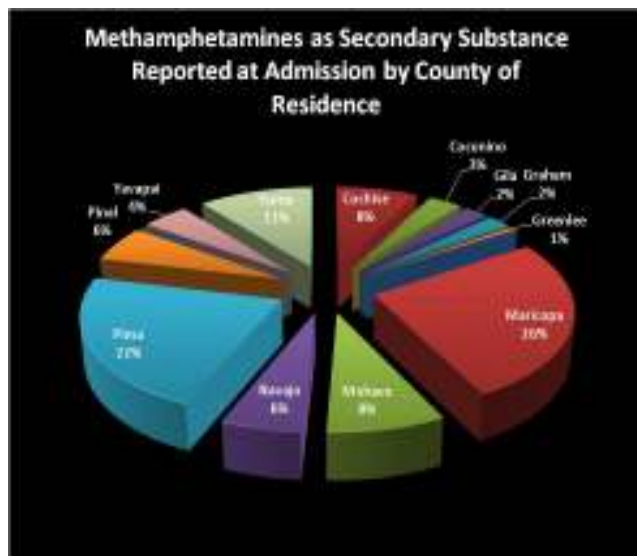
Arizona Department of Health Services. (FY 2008). *Treatment Episodes Data Set (TEDS)*. Unpublished Data.

Note. Greenlee County had 22 clients who reported alcohol at admission; La Paz County had 14 such clients; and there were eight clients from out of state who reported alcohol at admission. These numbers have been eliminated from this graph for ease of readability.

Figure 17 indicates that of adult clients admitted to publicly-funded substance abuse treatment services who reported methamphetamine as their primary drug, over one-third reside in Maricopa County and almost 1-in-5 (19 percent) lives in Pima County. Other counties also have significant numbers of clients reporting methamphetamine as their primary drug of choice.

Figure 18 indicates that a high percentage of clients reporting methamphetamine as their secondary substance at treatment admission also report Maricopa County (26 percent) and Pima County (22 percent) as their county of residence. The same counties as were indicated for methamphetamine-addicted clients were the same locations with high percentages of clients reporting methamphetamine as a secondary substance at treatment admission.

Figure 18. Percentage of Adult Clients Receiving Publicly-Funded Substance Abuse Treatment Services Reporting Methamphetamine as Secondary Substance at Admission by County of Client Residence.



Arizona Department of Health Services. (FY 2008). *Treatment Episodes Data Set (TEDS)*. Unpublished Data.

Note. Apache County had three clients who reported methamphetamine at admission; La Paz County had one such client; Santa Cruz County had three such clients; and there were no clients from out of state who reported methamphetamine at admission. These numbers have been eliminated from this graph for ease of readability.

Methamphetamine

Table 2: Hospital Admission Rates (per 100,000 Population) for Methamphetamine, Cocaine, and Heroin/Opioid, Arizona (1990-2007)

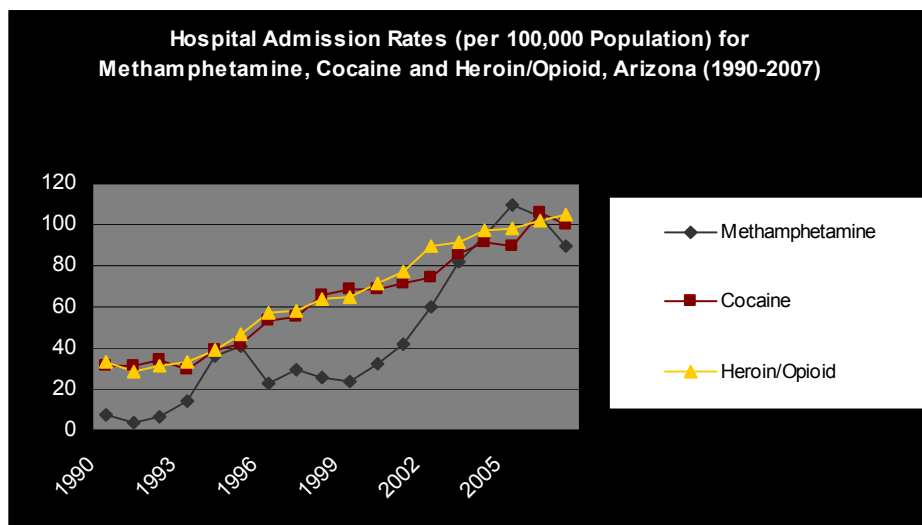
	Methamphetamine	Cocaine	Heroin/Opioid
1990	8	31	33
1991	4	31	29
1992	7	34	31
1993	14	30	33
1994	36	39	39
1995	41	42	47
1996	23	53	57
1997	30	55	58
1998	26	66	64
1999	24	69	65
2000	32	69	71
2001	42	71	77
2002	60	74	90
2003	82	86	91
2004	94	91	97
2005	110	90	98
2006	104	106	102
2007	90	100	105

Source: Cunningham, J.K., *Methamphetamine, Cocaine, and Heroin/Opioid Hospital Admissions in Arizona: Trends and Regional Variations (1990-2005)*. Unpublished Data, 2006, 2007. Department of Family and Community Medicine, The University of Arizona.

Figure 19 is a graphic representation of the data in Table 2, which indicates the rate of hospital admissions for methamphetamine, cocaine and heroin/opioids. This information indicates that the rates of hospitalization for methamphetamine surpassed those for heroin/opioids in 2005 and those for cocaine in 2004.

However, changes that require further examination and monitoring have occurred in the past two years. Namely, hospital admission rates for heroin/opioids surpassed those for both methamphetamine and cocaine in the previous year. A continued examination of these data will reveal if efforts to combat methamphetamine continue to be successful and will illustrate whether the need for heroin treatment will continue to rise.

Figure 19. Hospital Admission Rates (per 100,000 Population) for Methamphetamine, Cocaine and Heroin/Opioid, Arizona (1990–2007).



Source: Cunningham, J.K., *Methamphetamine, Cocaine, and Heroin/Opioid Hospital Admissions in Arizona: Trends and Regional Variations (1990-2005)*. Unpublished Data, 2006, 2007. Department of Family and Community Medicine, The University of Arizona.

Methamphetamine

Enforcement

In collaboration with the Attorney General's Office, Maricopa, Pinal, Pima, Cochise and Yavapai counties are adopting new Drug Endangered Children (DEC) Protocols to guide their partnership with enforcement and Child Protective Services. Six other counties are currently drafting protocols that are anticipated to be adopted in 2009. These adoptions of DEC protocols will translate to the establishment of such protocols in 11 of Arizona's 15 counties by 2009.

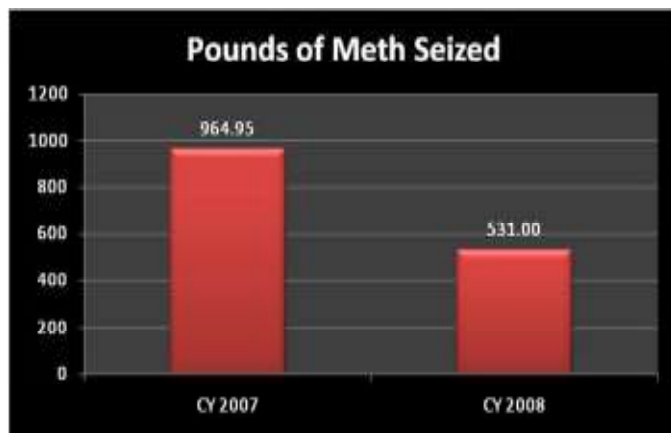
In late January 2009, the Governor's Office for Children, Youth and Families—Division for Substance Abuse Policy, the High Intensity Drug Trafficking Area (HIDTA) and the United States Attorney's Office for the District of Arizona's Office will host the Arizona Tribal Drug Endangered Children (DEC) Workshop. This is the second tribal DEC workshop of its kind to be held in the United States and is modeled after the success of the Wisconsin DEC Workshop. Targeted participants for the workshop are tribal law enforcement, social services, tribal leaders, educators and health practitioners. The Workshop will provide an overview of DEC protocols and the role that the different agencies/partners can play in protecting children in these dangerous situations, taking into account the uniqueness of tribal communities around the state and the differences in available resources. Workshop participants will work on tabletop exercises within their tribal groups to draft DEC protocols, Memorandums

of Understanding (MOUs) and work through problem solving for DEC scenarios.

Data from the Drug Enforcement Administration (DEA) and the High Intensity Drug Trafficking Area (HIDTA) regarding methamphetamine seizures at or near the border and methamphetamine labs and incidents allow a comparison of the primary and secondary substances reported at treatment admission with the availability of the drug to those using it.

Figure 20 indicates that there has been an almost 50 percent reduction in the amount of methamphetamine seized in comparison to CY 2007 and decreases were also noted in the pounds of marijuana and cocaine seized during this time period (Drug Enforcement Administration, personal communication). Data from 2007 indicated that methamphetamine was the primary substance most often

Figure 20. Pounds of Methamphetamine Seized in Arizona by the Drug Enforcement Administration.



Source: Drug Enforcement Administration. Personal Communication.

reported at treatment admission for women and the second most often reported substance at admission for male treatment clients (Arizona Department of Health Services, Division of Behavioral Health Services, 2006). Methamphetamine remains the second most-often reported substance by clients in the publicly-funded treatment system (with alcohol being the most frequently reported substance of abuse). This indicates that although there is less of the drug being seized, addiction to this insidious substance remains an issue in need of our continued attention and efforts.

In addition, information from the HIDTA Southwest Methamphetamine Initiative indicates a decreased number of domestic meth labs seized nationally between 2007 and 2008 (from 2,808 to 2,187 as of October 1, 2008). Information indicates that smaller laboratories remain the majority of such labs seized with each having the capacity to produce less than two ounces of methamphetamine per manufacturing cycle (HIDTA Southwest Methamphetamine Initiative, personal communication).

The HIDTA Southwest Methamphetamine Initiative also indicates that city ordinances to control and regulate the retail sales of pseudoephedrine products necessary for the manufacture of methamphetamine enacted by approximately 30 cities across Arizona have contributed, in part, to the decreases in the availability of methamphetamine. Also contributing to the decreases is the reduction since 2004 in the amount of pseudoephedrine allowed into Mexico. While 224 tons of pseudoephedrine was allowed into the country in 2004, that

amount was reduced to 170 tons in 2005, to 70 tons in 2006 and finally, to 12 tons in 2007. The current year is the first in which Mexico has not allowed any pseudoephedrine to cross over its borders (HIDTA Southwest Methamphetamine Initiative, personal communication).

The reduction in purity levels and rise in the price of methamphetamine noted are also indicative of a reduction in availability as the lessened supply drives up the price of the drug. The majority of methamphetamine seizures are now occurring in California rather than in Arizona (HIDTA Southwest Methamphetamine Initiative, personal communication).

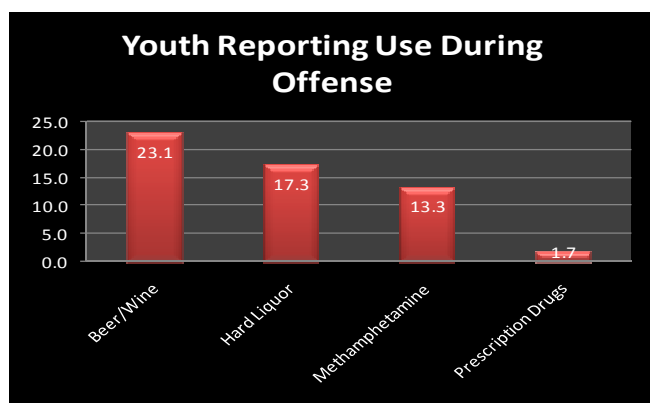
However, as of November 7, 2008, the number of clandestine methamphetamine labs seized in Arizona has increased, from six in 2007 to 29 in 2008, in part due to the large amounts of pseudoephedrine that are being obtained through organized “Smurfing” (a procedure by which an individual/s goes from store to store buying the maximum amount allowed). Law enforcement officers in neighboring states indicate that similar patterns appear in their communities (HIDTA Southwest Methamphetamine Initiative, personal communication). Such information and communication with our federal partners should always inform our decisions as looking beyond the state allows us to examine the actions at the federal level and those occurring internationally that may impact our populace.

Critical Populations

Understanding and addressing the needs of groups of people disproportionately affected by substance abuse and mental health issues is especially crucial as these individuals may come into contact with numerous systems at various points in their lives, including the child welfare system and the criminal justice system. Addressing their needs benefits them, their families and the state as a whole. The data and information on this and the following pages will examine the substance abuse and mental health issues of Arizona’s committed youth and the incarcerated adults in Maricopa County in an effort to better understand the needs of these critical populations.

Committed Youth

Figure 21. Percentage of Arizona Youth Committed to the Department of Juvenile Corrections Reporting Substance Use During Offense by Substance.

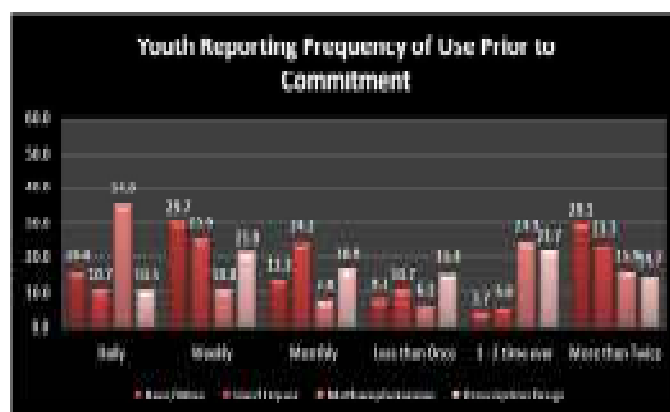


Source: Arizona Department of Juvenile Corrections. Unpublished Data 2008.
 Note. Methamphetamine use refers to either amphetamine or methamphetamine use.

Figure 21 indicates that of youth who committed crimes and were committed to juvenile correctional facilities in Arizona (according to data from the Arizona Department of Juvenile Corrections (ADJC)), approximately 1-in-4 indicated that they had been drinking beer or wine when they committed the offense and over 17 percent had been drinking hard liquor when the offense was committed. In comparison, over 15 percent indicated that they had been using methamphetamine at the time of the crime.

The percentage of Arizona youth reporting substance use prior to their commitment in Arizona’s juvenile correctional facilities varies greatly by the type of substance used and the frequency with which it is used (see Figure 22). For example, amphetamine/methamphetamine use was most often reported to be used daily prior to commitment while beer/wine and hard liquor were reportedly used weekly prior to commitment. This could indicate a higher propensity to

Figure 22. Percentage of Arizona Youth Committed to the Department of Juvenile Corrections Reporting Frequency of Substance Use Prior to Commitment.



Source: Arizona Department of Juvenile Corrections. Unpublished Data 2008.
 Note. Methamphetamine use refers to either amphetamine or methamphetamine use.

Critical Populations

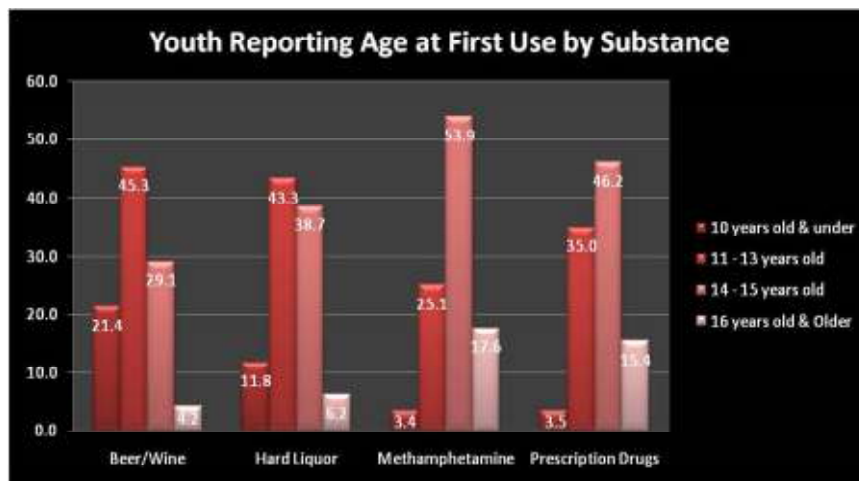
commit crime for those youth who are using methamphetamine.

The average age of initiation among youth in juvenile correctional facilities in FY 2008 varied by substance (Figure 23). The majority of youth indicated that they began drinking beer/wine between the ages of 11 and 13 though a high percentage (approximately 10 percent) indicated that they began drinking beer/wine at 10 years old or younger, again indicating a need for prevention efforts targeted at increasing the age of initiation. The majority of juvenile offenders who indicated the use of hard liquor indicated that they started between the ages of 11 and 13, but an almost equally high percentage indicated that they began such use between the ages of 14 and 15 years of age. The use of amphetamine/methamphetamine appears to have be-

gun for this population between the ages of 14 and 15 for the majority of respondents, but approximately one-quarter of them indicated that they began such use between the ages of 11 and 13 years old, illustrating that alcohol may indeed serve as a gateway drug for methamphetamine.

The use of prescription drugs by juvenile offenders appears to have begun for the majority of respondents between the ages of 14 and 15 years of age, although over 30 percent started misusing prescriptions at a younger age (between the ages of 11 and 13).

Figure 23. Percentage of Arizona Youth Committed to the Department of Juvenile Corrections Reporting Age at First Use by Substance.

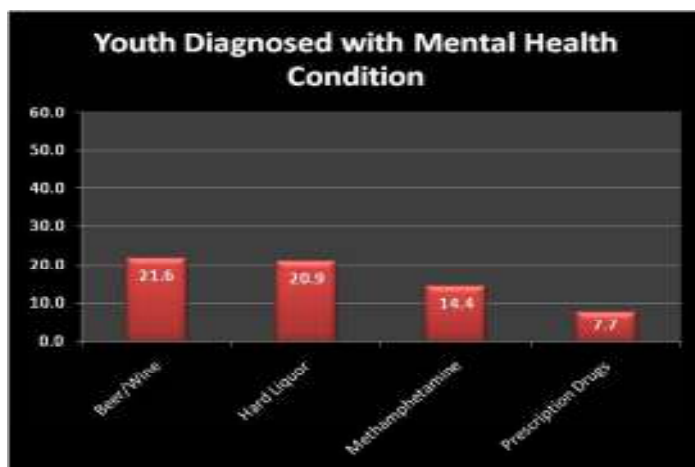


Source: Arizona Department of Juvenile Corrections. Unpublished Data 2008.

Note. Methamphetamine use refers to either amphetamine or methamphetamine use.

Critical Populations

Figure 24. Percentage of Arizona Youth Committed to the Department of Juvenile Corrections Diagnosed with Mental Health Condition by Substance.



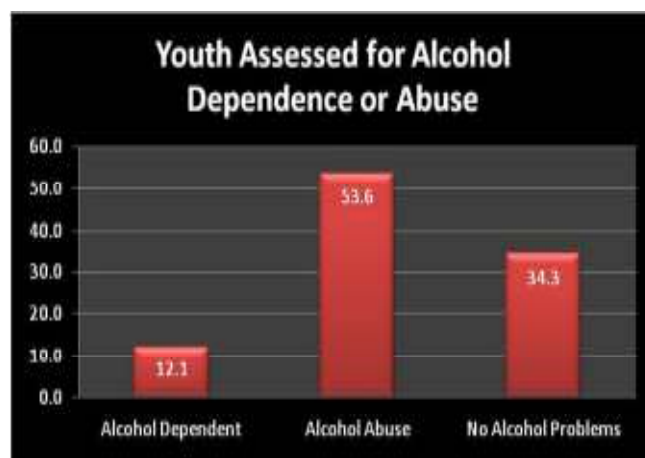
Source: Arizona Department of Juvenile Corrections. Unpublished Data 2008.

Note. Methamphetamine use refers to either amphetamine or methamphetamine use.

Youth who engage in early initiation and use/abuse of substances are more likely to become dependent on drugs and alcohol and can also suffer from mental health conditions (Figure 24). Over 20 percent (21.6 percent) of youth in juvenile correctional facilities in FY 2008 who were diagnosed with mental health conditions reported drinking beer/wine and 20.9 percent reported drinking hard liquor. Almost 15 percent reported amphetamine/methamphetamine use and 7.7 percent reported misusing prescription drugs. These data indicate a strong relationship between the mental health of Arizona youth and substance abuse, especially the use of alcohol, methamphetamine and prescription drugs.

Figure 25 indicates that over 1-in-10 youth assessed in Arizona’s juvenile facilities in FY 2008 were diagnosed as alcohol dependent and over half (53.6 percent) were diagnosed as having symptoms of alcohol abuse. Only a little over one-third of youth committed to juvenile correctional facilities showed no signs of abuse or dependency. These numbers are troubling given that, without treatment, alcohol dependency and abuse will likely continue into adulthood, continuing to harm our populace and state.

Figure 25. Percentage of Arizona Youth Committed to the Department of Juvenile Corrections Assessed as Alcohol Dependent or Abusing Alcohol.



Source: Arizona Department of Juvenile Corrections. Unpublished Data 2008.

Incarcerated Adults

Monitoring the co-occurrence of substance abuse and mental health issues is of concern to Arizona because of the complexity of treating both conditions simultaneously. One way to examine the prevalence of co-occurring disorders is with the Arizona Arrestee Reporting Information Network (AARIN), a grant-funded research project operated by researchers from Arizona State University's (ASU) Center for Violence Prevention and Community Safety. This project is sponsored by the Maricopa County Board of Supervisors. AARIN is modeled after the National Institute of Justice's (NIJ) ADAM program. The AARIN program provides a cost-effective means of detecting the drug use patterns of arrestees in Arizona to be utilized as an early warning and monitoring system, and as a research platform to serve as a guide for data-driven policy decision-making. The interviews are conducted by trained staff in one-on-one confidential interviews with recent arrestees and detainees. All interviews are anonymous and voluntary.

The project began in January 2007 and is concerned with both adult and juvenile, female and male offenders. While Pima County was an ADAM site from 1998 to 2003, the data collection project is not currently being conducted in any other counties, a data gap that needs rectified in order to further our knowledge base on this vulnerable population.

The AARIN project is an ongoing collection,

analysis and reporting mechanism for drug use and drug-related activities of those individuals arrested in Maricopa County at five booking facilities across the county, three adult and two juvenile detention facilities. Data are collected and reported on a quarterly basis throughout the year. The core survey instrument administered to arrestees begins with a set of questions about the arrestees' past and current drug use, drug dependency, and the drug treatment or detox that they have received or are currently receiving. This is followed by an assessment of the arrestees' criminal history, firearm possession and gang involvement, victimization experiences and their current and past mental health status. The final stage of the process is the collection of a urine specimen designed to scientifically validate drug use among the detained population in Maricopa County.

In addition to the core instrument, the AARIN project uses addenda instruments. During 2007, interviews included the Dual Diagnosis addendum in order to better examine the relationship between arrestees' drug abuse or dependency and mental health problems. This critical information is pertinent for the development of policy geared toward the special needs of those suffering from both substance abuse/dependency issues and mental health concerns. Since January 2008 and continuing through the calendar year, interviews are conducted using the Methamphetamine and Drug Market Addenda (for more information on the project, visit, <http://cvpcs.asu.edu/AARIN/>).

Critical Populations

Figure 26. Distribution of Arizona Arrestee Reporting Information Network Sample by Co-occurring Disorder Risk Categories.

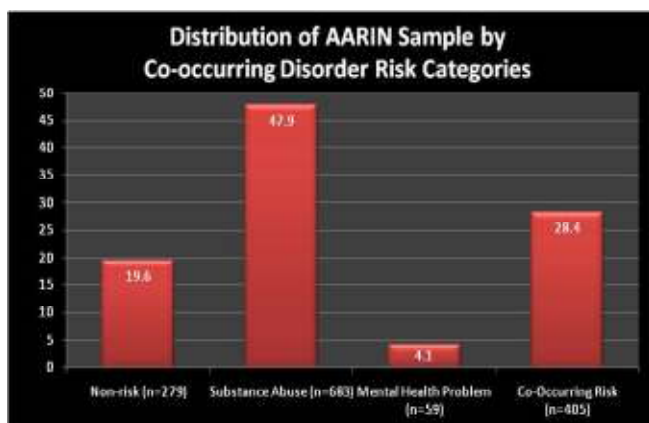


Figure 26 indicates the adults incarcerated in Maricopa County who were assessed for substance abuse. Almost half (47.9 percent) were found to be substance abusers without co-occurring mental health issues. Approximately 1-in-5 (19.6 percent) individuals was determined to have neither a substance abuse nor a mental health issue. The occurrence of a mental health problem without a co-occurring substance abuse concern was rare in the sample as only 4.1 percent were diagnosed as having only a mental health issue without substance abuse. The population found to be especially vulnerable are the almost 3-in-10 (28.4 percent) who were found to have *both* a substance abuse problem and a mental health issue. This information highlights the special needs of the individuals who come into contact with our criminal justice system and hints at the complexities of treating this population.

Figure 27 gives us further information on

this important finding. While almost half of the adult population in the criminal justice system in Maricopa County have a substance abuse issue and almost 30 percent have co-occurring concerns, less than 5 percent of those who were assessed between 2007–2008 were currently receiving treatment. Over one-quarter had received treatment in the past and almost 1-in-3 indicated that they felt they needed treatment. Ensuring treatment for those that feel the need for treatment is a great first step in addressing the issue of dependency.

Figure 27. Distribution of Arizona Arrestee Reporting Information Network Sample by Substance Abuse Treatment Need and Receipt.

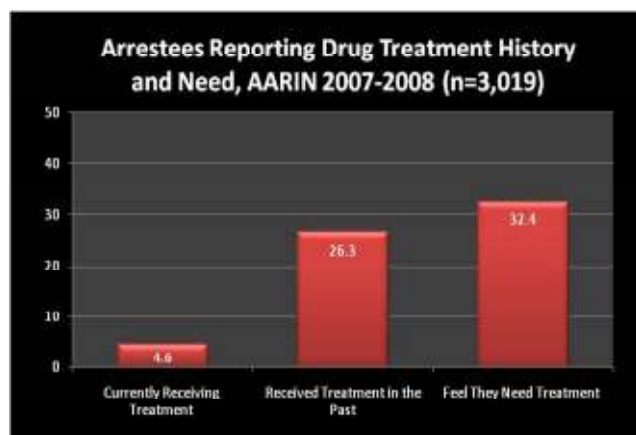
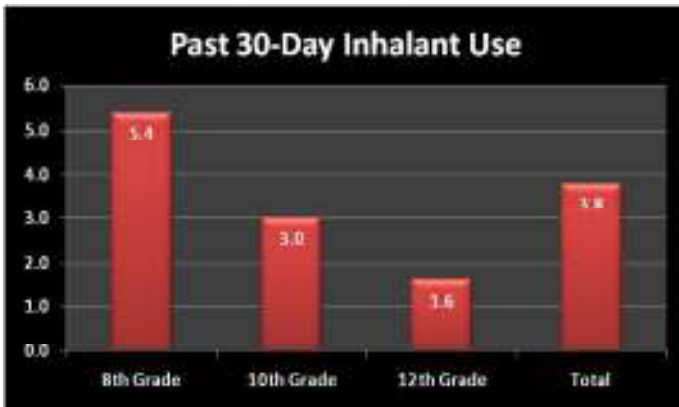


Figure 28. Percentage of Arizona Youth Reporting Past 30-Day Inhalant Use.



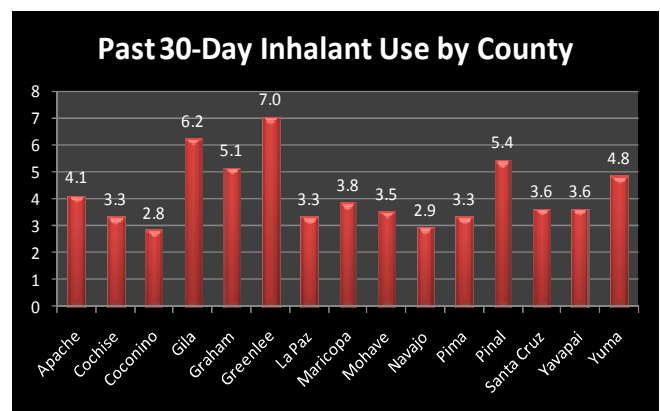
Source: Arizona Youth Survey: 2008 Arizona Profile Report. Arizona Criminal Justice Commission.

Overall, Arizona has been successful in its attempts to reduce substance use among our youth. The years between 2000 and 2006 saw a decline in methamphetamine-related consequences in Arizona, including the number of lab seizures, adults arrested, children affected, disposal costs and cases prosecuted by the Office of the Attorney General (Arizona Attorney General’s Office, 2006). Further, data in this report indicate that we have also had much success in reducing underage drinking. While these data are cause for celebration, we must be cautious in our interpretations and remain poised to act on emerging concerns in our state.

For example, emerging trends noted last year (Governor’s Office of Children, Youth and Families, 2007), indicated that typically, older youth are more likely to use substances than younger students. In contrast, data from last year and this year indicate that higher percentages of Arizona 8th graders reported the use of inhalants than did 10th and 12th

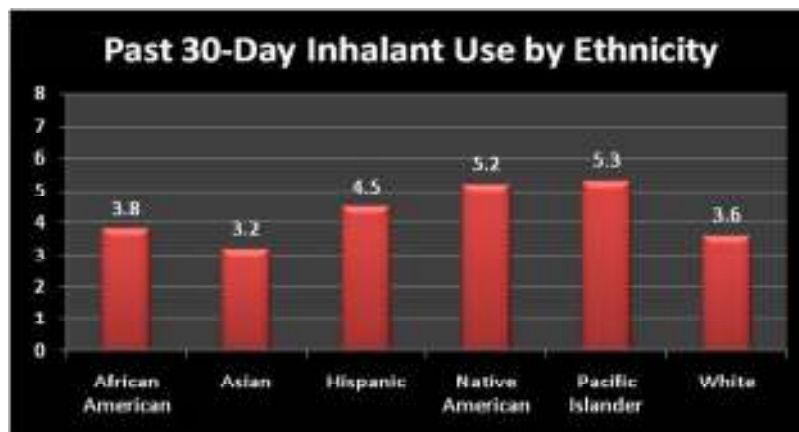
graders (Arizona Criminal Justice Commission, 2008b, see Figure 28), a pattern that mirrors a national trend (Monitoring the Future Study, 2007). This finding requires continued monitoring because of the damaging effects of inhalants on the developing brain. Over 5 percent of Arizona 8th graders indicated using inhalants within the 30 days preceding the survey. This is in comparison to 3 percent of 10th grade youth and only 1.6 percent of high school seniors. The AYS also indicates that, similar to underage drinking and methamphetamine use, female youth are more likely than their male peers (4.6 percent vs. 3.0 percent, respectively) to report past 30-day inhalant use (Arizona Criminal Justice Commission, 2008c). The Monitoring the Future Survey indicates that nationwide, lifetime, annual and 30-day rates of inhalant use by 8th graders have increased and perceptions of the harmfulness of inhalant use and disapproval of such use is down among this group of youth (Monitoring the Future Survey, 2007).

Figure 29. Percentage of Arizona Youth Reporting Past 30-Day Inhalant Use by County of Residence.



Source: Arizona Youth Survey 2008. Unpublished Data. Arizona Criminal Justice Commission.

Figure 30. Percentage of Arizona Youth Reporting Past 30-Day Inhalant Use by Race/Ethnicity.



Source: *Arizona Youth Survey 2008*. Unpublished Data. Arizona Criminal Justice

Differences in use are also found by county (see Figure 29) with less than 3 percent of surveyed youth reporting inhalant use in some counties and 6 percent in other counties. Community protective factors should be considered when designing programs and activities to address such use and build upon the strengths of the families and youth in these otherwise high-risk areas.

Racial/ethnic variations are noted in Figure 30, where we see that Native American and Pacific Islander youth appear to be the most susceptible to the dangers of inhalant use. It is important to remember that factors that act as buffers for each racial/ethnic group should be examined in detail and used as a base for decisions on the data we have about the communities in which we hope to reduce the use of inhalants and other drugs in order to design culturally-competent responses to this and other issues.

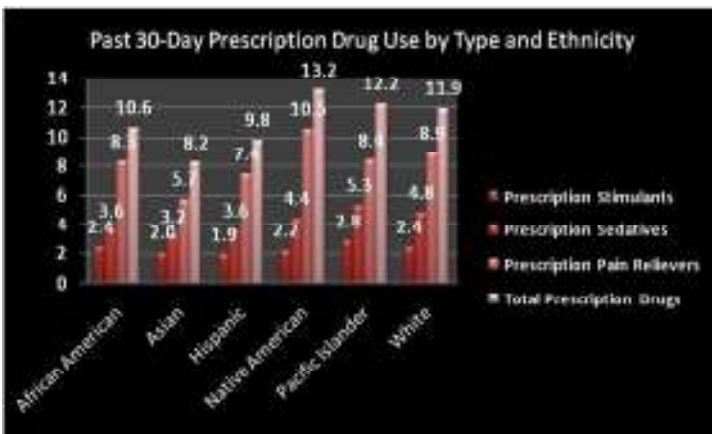
The 17th annual *National Inhalants and Poisons Awareness Week* (NIPAW), a campaign consisting of public health education and prevention strategies, will be March 15–21, 2009. Local coordinators, coalitions and other interested parties can learn about what they can do in their communities to reduce inhalant use and request toolkits to aid in their prevention efforts online at <http://www.inhalants.org/nipaw.htm>.

Emerging Issues—Updates

The misuse of prescription drugs is a topic that has received national attention. Over 6 percent of Arizona 8th, 10th and 12th grade youth reported the misuse of prescription drugs in the 30 days prior to the 2006 survey (Arizona Criminal Justice Commission, 2006). Due to a need to determine the types of prescriptions abused by our state’s youth, the wording of the questions surrounding the misuse of prescription drugs was changed for the 2008 administration of the Arizona Youth Survey (e.g., to delineate stimulant, sedative and pain reliever use).

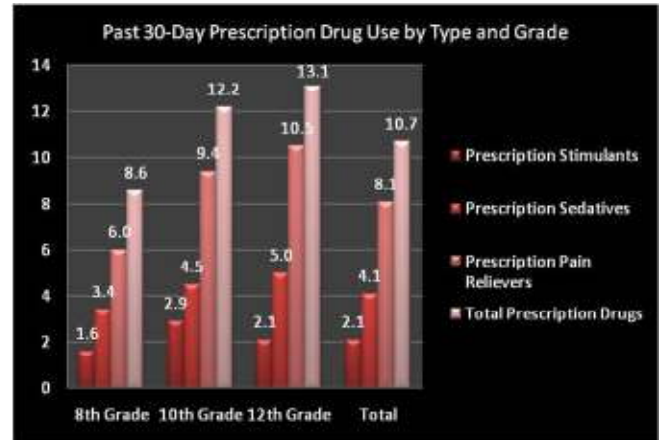
The 2008 AYS data indicate numerous differences by a variety of demographic indicators. For example, a higher percentage of female youth reported past 30-day prescription drug use: stimulant use (2.2 percent vs. 2.0 percent); sedative use (5.1 percent vs. 3.2 percent); overall prescription drug use (11.9 percent vs. 9.5 percent); and narcotic use (8.7 percent vs. 7.5 percent) than did their male counterparts. Total prescription drug use (i.e., any use of prescription drugs in any of the categories listed)

Figure 32. Percentage of Arizona Youth Reporting Past 30-Day Prescription Drug Use by Type of Prescription and Race/Ethnicity.



Source: Arizona Youth Survey 2008. Unpublished Data. Arizona Criminal

Figure 31. Percentage of Arizona Youth Reporting Past 30-Day Prescription Drug Use by Type of Prescription and Grade.



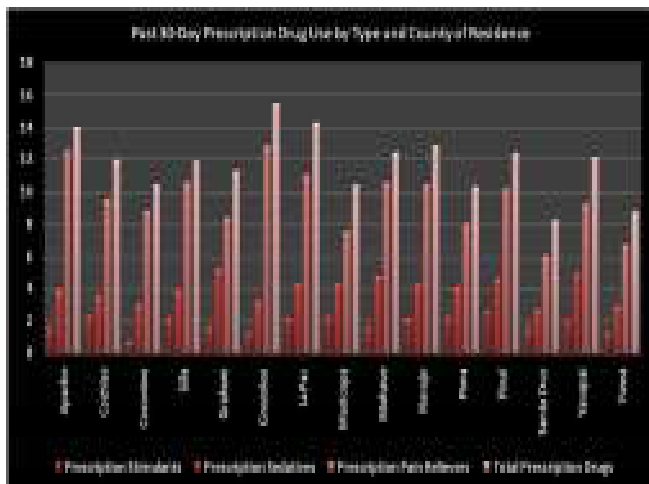
Source: Arizona Youth Survey: 2008 Arizona Profile Report. Arizona Criminal Justice Commission.

for 8th grade youth in 2008 is higher than the percentage of 8th, 10th and 12th grade youth overall who indicated such use in the 2006 survey. Figure 31 indicates that the use of prescription stimulants appears to be highest among 10th graders and sedative use the highest among 12th grade students. Higher percentages of high school seniors also reported pain reliever use than did their peers in 8th and 10th grade. Overall, more than 1-in-10 youth indicated any misuse of prescription drugs in the prior 30 days (10.7 percent of 8th, 10th and 12th graders combined). Overall, prescription pain relievers are, by far, the most abuse prescription drug among youth.

Figure 32 indicates that there is little variation overall by race/ethnicity for total prescription drug use, with Asian youth reporting the lowest use. For the other racial/ethnic groups, roughly 1-in-10 youth sur-

Emerging Issues—Updates

Figure 33. Percentage of Arizona Youth Reporting Past 30-Day Prescription Drug Use by Type of Prescription and County of Residence.

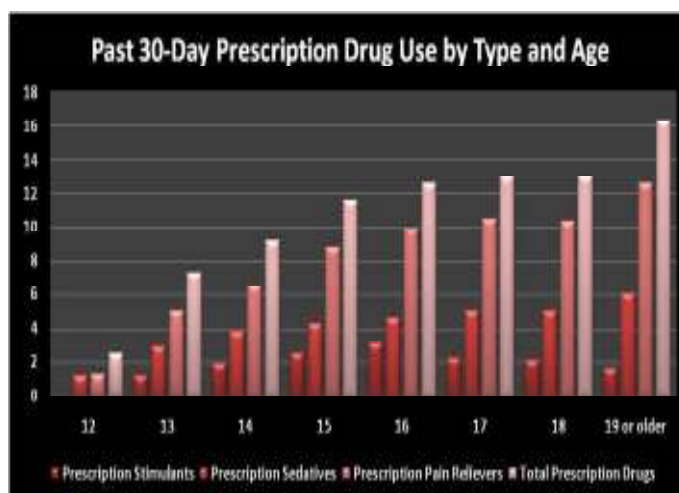


Source: *Arizona Youth Survey 2008*. Unpublished Data. Arizona Criminal Justice Commission.

veyed indicated any form of prescription drug misuse. While rates of prescription stimulant use do not vary widely by race/ethnicity, sedatives appear to be more widely used by youth reporting Pacific Islander, White or Native American heritage. Of the various prescription drug categories, pain relievers seem to be misused most, with 1-in-10 Native American youth admitting to such use. Information such as this should be used to inform programs aimed at reducing the availability of prescriptions to all youth, but particularly to those youth who report disproportionate use.

Information in Figures 33 and 34 indicate that prescription drug use varies by county of residence and age group, with youth in rural areas and older youth being more likely to report this dangerous behavior. These findings again point to the necessity of customizing programs to the needs of the youth based on where they live, their age and their racial/ethnic background, remembering also to examine the strengths upon which these groups can build.

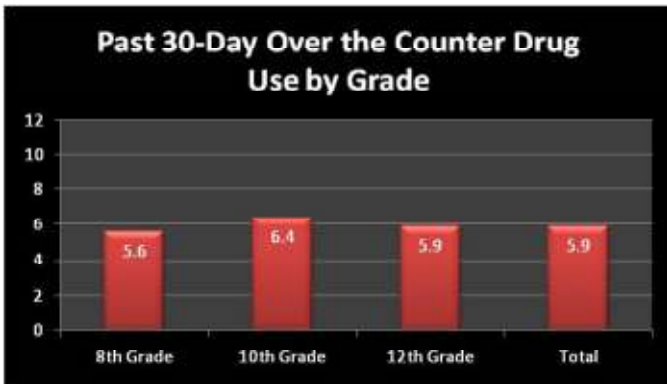
Figure 34. Percentage of Arizona Youth Reporting Past 30-Day Prescription Drug Use by Type of Prescription and Age.



Source: *Arizona Youth Survey 2008*. Unpublished Data. Arizona Criminal Justice Commission.

New Emerging Issues

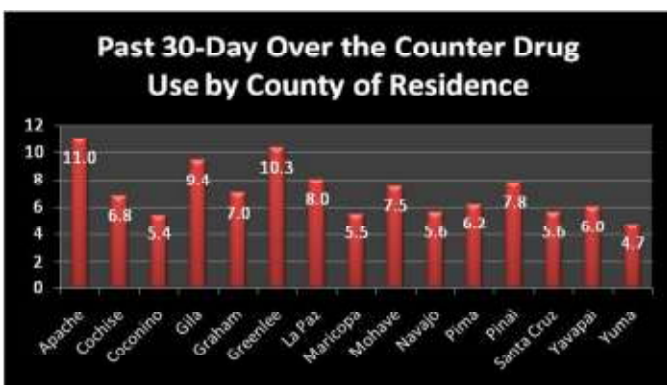
Figure 35. Percentage of Arizona Youth Reporting Past 30-Day Over the Counter Drug Use by Grade.



Source: Arizona Youth Survey: 2008 Arizona Profile Report. Arizona Criminal Justice Commission.

The 2008 administration of the Arizona Youth Survey was the first year in which youth use of over-the-counter medications was measured. This examination into the potential misuse of over-the-counter medications uncovered that, as is true for prescription stimulants, a higher percentage of youth in 10th grade report misusing over-the-counter medications. This finding may be related to the transition to high school and exposure to the associated pressures (see

Figure 36. Percentage of Arizona Youth Reporting Past 30-Day Over the Counter Drug Use by County of Residence.

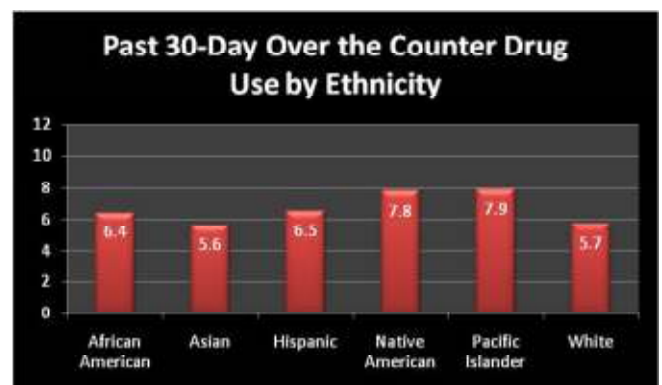


Source: Arizona Youth Survey 2008. Unpublished Data. Arizona Criminal Justice Commission.

Figure 35). The AYS also finds that higher percentages of female youth than male youth report past 30-day over-the-counter drug use (6.5 percent vs. 5.3 percent) (Arizona Criminal Justice Commission, 2008c). Similar to prescription drug misuse, abuse of over-the-counter drugs is dangerous as youth who are misusing over-the-counter medications are likely unaware of potential interactions that the medications may have with other drugs they are taking, including illicit and prescription drugs and alcohol.

Figures 36 and 37 report on such use by county of residence and race/ethnicity (respectively) and indicate a pattern seen elsewhere in this report: youth reporting Native American and Pacific Islander racial background are at an increased risk for over-the-counter drug misuse and youth in rural counties are more likely to misuse such medications than youth in urban areas.

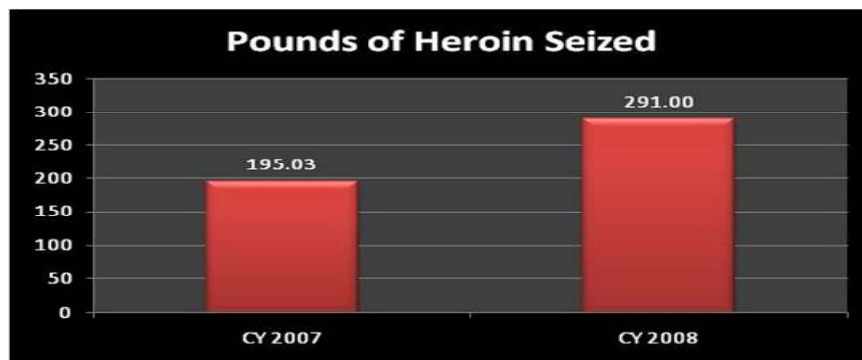
Figure 37. Percentage of Arizona Youth Reporting Past 30-Day Over the Counter Drug Use by Race/Ethnicity.



Source: Arizona Youth Survey 2008. Unpublished Data. Arizona Criminal Justice Commission.

New Emerging Issues

Figure 38. Pounds of Heroin Seized in Arizona by the Drug Enforcement Administration.



Source: Drug Enforcement Administration. Personal Communication.

The DEA reports an increase of approximately 50 percent in the amount of heroin seized in Arizona between CY 2007 and CY 2008 (see Figure 38). This trend is in contrast to the reductions in methamphetamine, marijuana and cocaine seizures over the same time period in Arizona and requires attention due to the increase in the number of hospital admissions for heroin noted earlier in this report.

When we examine youth heroin use, we find that while the percentage of 8th grade youth in Arizona who reported past 30-day heroin use has decreased since 2004 (from 0.6 percent in 2004 to 0.4 percent in 2008 and the percentage of 10th graders reporting such use has remained stable over the same time period (0.7 percent), the percentage of high school seniors who reported heroin use has increased at each survey administration (0.7 percent in 2004, 0.8 percent in 2006 and 1.0 percent in 2008), indicating that youth who are entering adulthood appear to be most at risk of heroin use and the consequences associ-

ated with the drug. Further, a higher percentage of Arizona youth report heroin use than their peers across the nation. Similar to the other substances examined in this report, differences by gender and county were noted. A slightly higher percentage of 8th grade girls reported past 30-day heroin use in 2008, but more males than females reported using the drug in 10th and 12th grade. While some counties had no youth who reported heroin use, others appear to bear more of the burden associated with the drug (Arizona Criminal Justice Commission, 2008a).

We must continue to monitor this drug's toll on our state as the increased heroin seized at the border translates to increased demand for the drug in our state and an increased cost to our state for hospital admissions and substance abuse treatment services, a cost we clearly cannot afford to pay.

Data gaps limit our knowledge and hinder our ability to evaluate the full impact of substance abuse in Arizona. A strategic focus area of the Arizona Substance Abuse Partnership in 2008 was “The Need for Data-Driven Decision Making and Policy Development” and its subcommittee, the Substance Abuse Epidemiology Work Group has identified and works to address gaps in our knowledge and make recommendations when appropriate for redressing such deficits. Some examples of data gaps follow as a means of illustrating issues we face in our attempts to better understand substance abuse and its associated consequences.

Data from official criminal justice information systems tracks offense information based on Arizona Revised Statutes (A.R.S.). Usually this involves possession, and not use. Reporting anything other than the categories provided for in A.R.S. Chapter §13-3401 is impossible due to the limitations of the statutes regarding specific drugs. The A.R.S. groups drugs into major categories and drugs may fall into multiple categories (i.e., these categories are not mutually exclusive). For example, LSD is considered a dangerous drug and also a hallucinogen in A.R.S. and methamphetamine and steroids are both reported as a dangerous drug. The prescription drug category defined in A.R.S. relates to all prescription drugs that do not have a dangerous drug or narcotic drug in them. Therefore, Vicodin® (an opiate) remains categorized as a narcotic drug and not as a prescription drug. Reporting on prescription drugs is problematic as abuse of drugs like

Vicodin® and Oxycontin® are most likely reported as narcotics along with heroin and cocaine. Therefore, determining precisely which drugs are being abused is impossible. Such information would help us better understand the specifics of what law enforcement contend with and the drugs for which individuals are being arrested. Further, due to the hundreds of police agencies in Arizona, drug offenses may not be consistently reported across the state as there is no standard way of reporting them across jurisdictions.

As discussed earlier in this report, the lack of an adult prevalence survey in Arizona requires our attention. Obtaining detailed information on the substance use patterns of adults not involved in the criminal justice or treatment systems would give us a more comprehensive picture of substance use among adults. Redressing this situation would enable policy that is more responsive to the needs of our adult population.

Further, the AARIN data discussed herein is vital to our understanding of the co-occurrence of substance abuse and mental health concerns and should be adopted by other counties so that the needs of rural Arizona are better understood and policy can be developed to address their special needs.

While data gaps remain, much work has been undertaken this year that enhances our knowledge of substance abuse in Arizona. For example, the *Substance Abuse*

Data Gaps

Treatment Services Capacity Report, written in response to *Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services (CPS)*, reports on Arizona's capacity to provide substance abuse treatment services to those in need of such treatment and describes the collaborative efforts undertaken by multiple agencies to determine this information (Governor's Office, 2008).

Another data gap addressed in response to *Executive Order 2008-01* was a lack of data on substance abuse in families involved in the child welfare system. The *2007 Substance Abuse Epidemiology Profile* identified the measurement of substance abuse and the substance abuse prevention needs of families involved in Arizona's child welfare system and those in communities with high rates of child welfare involvement as an original goal of the Strategic Prevention Framework State Incentive Grant (SPF SIG) awarded to the state. In December, 2008, the Arizona Department of Economic Security (DES) instituted several enhancements to the Strengths and Risks Assessment in their Children's Information Library and Data Source (CHILDS) system. These changes were designed to assist DES's Division of Children, Youth and Families in capturing data on the number of children, parents and other caregivers requiring substance abuse assessment and treatment services and the type of service to which they will be referred.

Questions added to the 2008 administration of the Arizona Youth Survey aim to support the efforts of the Underage Drinking (UAD) Committee of the Arizona Substance Abuse Partnership with information on where youth get their alcohol. This information will prove useful to the UAD Committee as they work to address youth access to alcohol and attempt to change adult perceptions of underage drinking.

The Substance Abuse Epidemiology Work Group currently serves as a channel through which substance abuse-related data requests from various state agencies, community coalitions and partners, policymakers and other interested parties are filtered. However, at this time, there is no dedicated alcohol and drug data repository that acts as a single point of contact for those interested in learning more about and accessing substance abuse data. Such a clearinghouse would optimally be staffed with individuals focused on obtaining a comprehensive collection of substance abuse data from various sources. Such a system would allow for the development of a more complete understanding of Arizona's substance abuse issues, and be responsible for addressing related substance-abuse data issues, including the standardization of data and definitions across agencies. Such an innovative solution could include the Substance Abuse Epidemiology Work Group as an advisory board, thus institutionalizing and sustaining the group's efforts to promote data-driven decision-making in Arizona.

The analyses for this report indicate that underage drinking is on the decline. However, it remains a pressing concern as approximately 1-in-3 8th, 10th and 12th grade youth in Arizona reported past 30-day alcohol use and almost 1-in-5 reported binge drinking within the past two weeks. Further, the use of alcohol, prescription drugs, inhalants and over-the-counter drugs are especially problematic for teenage girls. Also disturbing due to the destructive impact of crashes resulting from drunk driving is the finding that 8.8 percent of youth reported driving after they had been drinking and numerous youth (almost 3-in-10) reported riding in a car with someone who was under the influence of alcohol. Further, after a reduction in the number of arrests for DUI between 2000 and 2005, arrests are once again on the rise for both adults and juveniles.

In addition to the successes we have seen around underage drinking, we can also take great pride in the reduction of methamphetamine use among our state's youth; between 2006 and 2008, a greater than 50 percent reduction in the percent of youth reporting the recent use of methamphetamine was noted by the Arizona Youth Survey (i.e., from 1.3 percent in 2006 to 0.6 percent in 2008).

However, we must be cautious in our celebrations as both alcohol and methamphetamine use remain problematic, especially among our state's most critical populations. High percentages of youth detained in our state's correctional facilities indicated that they had been drinking or using meth prior to committing crime and high percentages of adults incarcerated in

Maricopa County reported substance abuse and the co-occurrence of substance abuse concerns and mental health issues. Drug courts also indicate the impact of methamphetamine on our state's judicial system.

We can also be proud of the strides we have made in Arizona to expand the data capacity of our state. However, the absence of an Arizona adult-prevalence survey seriously hinders our abilities to gauge the prevention, treatment, and enforcement needs among our state's adult population. Other data gaps, including the lack of the AARIN project outside of Maricopa County, also speak to the areas that still require our attention and efforts.

The data presented in this report offer a robust picture of the impacts of alcohol and methamphetamine on our state and warn of emerging concerns in need of further monitoring. The findings contained here-in should be used to guide decisions about the allocation of resources, including the funding of prevention, treatment and enforcement efforts, and should be utilized to inform the public about the prevalence of substance use and its associated consequences. This report facilitates data-driven decisions and solutions to the critical substance abuse problems facing Arizona, providing a foundation for reducing the state's substance abuse problem and aiding our ability to examine our efforts longitudinally.

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