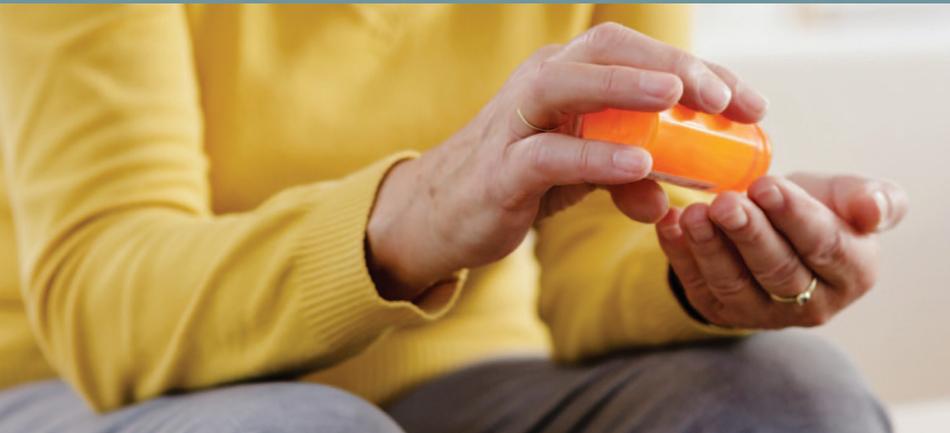




2013 ARIZONA BEHAVIORAL HEALTH
EPIDEMIOLOGY PROFILE

Assessing Substance Abuse Trends Among At-Risk Populations



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JUNE 2013

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Funding for *Arizona Behavioral Health Epidemiology Profile* was provided by the Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), administered by Synectics for Management Decisions, Inc. through a State Epidemiological Outcomes Workgroup (SEOW) subcontract award.

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EXECUTIVE SUMMARY

The *2013 Arizona Behavioral Health Epidemiology Profile* is designed to promote awareness of substance abuse within specific at-risk populations throughout Arizona and the impact of such populations on various public systems. Included in at-risk populations are juveniles and adults within the criminal justice or corrections systems, and other identified groups within the Arizona Department of Health Services (ADHS) system such as veterans, pregnant/parenting females, and intravenous drug users. The data from the surveys, assessments, and in-take summaries that comprise this report highlight alcohol and other drug use (AOD), including tobacco, marijuana, opiates, hallucinogens, and prescription drugs. In addition, 8th, 10th, and 12th grade students, higher education students, and community-dwelling adults are included for the sake of comparison. The final section of this report focuses on statewide efforts to address the increasing misuse of prescription drugs in Arizona.

Arizona Youth

For the past 21 years, the Arizona Criminal Justice Commission (ACJC) has conducted the biennial youth survey, and has used an improved Arizona Youth Survey (AYS) model since 2002. The survey is designed to capture the frequency of use of alcohol, tobacco, and other drugs (ATOD) in 8th, 10th, and 12th grade youth throughout Arizona schools. The survey also includes items related to attitudes about substance use and family risk and protective factors that may impact decisions to engage in substance misuse.

Female youth in Arizona demonstrated a higher lifetime alcohol use than males across 8th, 10th, and 12th grades. While alcohol continued to be the most commonly used substance in Arizona youth, reported levels of 30-day and lifetime use have decreased in 2012 compared to 2010 across all grade levels surveyed. However, 30-day alcohol use among Hispanic youth was highest.

This trend also applied to 30-day and lifetime tobacco use, which was the second most commonly used substance. The 30-day cigarette use was highest among American Indian youth. However, male youth reported higher lifetime use of smokeless tobacco and marijuana. The 2012 AYS indicated decreases in the 30-day and lifetime use for marijuana and prescription drugs.

Arizona Adults

The majority of respondents to the 2010 Arizona Health Survey (AHS) reported they drink occasionally, not every day in the past 30 days (73 percent). On average males indicated the use of more drinks per day than did females: 10 percent of males had 3 or more drinks per day compared to 4 percent of females. Of those who had ever smoked, 42 percent of men were current smokers (past 30 days) as were 45 percent of women.



For marijuana users who used the drug during the past 30 days (55 percent), a higher percentage of males (61 percent) were current marijuana users than females (39 percent).

Lifetime prevalence of illicit drug use was highest among males; adults who identified as non-Hispanic White, African American or Native American; and persons aged 50-59. In fact, adults between the ages of 50-59 were most likely to have ever used illicit drugs (40 percent), whereas those age 70 and older were the least likely (5 percent).

Of the 10 percent who had ever used prescription drugs without a doctor's consent, almost half (48 percent) said they had used prescription pain relievers (e.g., Vicodin, Oxycontin, Percocet or Codeine); and almost one-third (32 percent) had used sedatives (e.g., Valium, Xanax, barbiturates, or prescription sleeping pills).

Use of prescription drugs without a doctor's consent varied by age. Of those who had ever used prescription drugs without a doctor's consent, only 10 percent of the 18-28 year olds were current users of prescription drugs without a doctor's consent. In comparison, 14 percent of respondents in each of the three mid-range age groups (29-39, 40-49, and 50-59) used prescription drugs without a doctor's consent in the last 30 days; 19 percent of those 60-69 years old and 11 percent of those 70 and older were also current users of prescription drugs without a doctor's consent.

Moreover, reported prescription drug use without a doctor's consent varied in racial groups. Whereas less than half of non-Hispanic Whites (45 percent), Hispanic/Latinos (50 percent), African Americans (37 percent) and Asians (27 percent) had used prescription drugs without a doctor's consent in the last 12 months, 85 percent of Native Americans reported such use.

Higher Education Students

More students attending residential state higher education institutions reported using alcohol than any other substance. Alcohol use was substantially higher in those 21 and over as compared to those under 21 years old.

Male students at higher education institutions were more likely to use tobacco products than their female counterparts. Reported tobacco use has increased in all racial groups from 2010 to 2012; however, the greatest increase was for interracial higher education students, which more than doubled from 10.1 percent in 2010 to 20.7 percent in 2012.

About one in five male higher education students reported using marijuana in the past 30 days. In addition, reported marijuana use among Asian/Pacific Islanders nearly doubled from 2010 (5.8 percent) to 2012 (10.7 percent).

Use of prescription drugs varied by gender, age, and race. Use of pain killers decreased from 2010 to 2012 for male and female students. However, reported use of pain killers among Asian/Pacific Islanders increased substantially from 2010 (1.9 percent) to 2012 (9.9 percent) and the reported use of sedatives for Asian/Pacific Islanders increased from 0.6 percent to 4.2 percent. Male higher education students under the age of 21 reported the highest percentage of stimulant use.



Juvenile Offenders

Unlike the general population of juveniles and adults accessing the public behavioral health system, those within the corrections system tend to have greater risk for and fewer protective factors to buffer their use of illegal and illicit drugs. This makes the study of such populations increasingly important for Arizona as the state continues to improve the coordinated approach to provide treatment for individuals with substance abuse challenges.

In 2012, approximately 1.3 percent of the juveniles with a court referral were placed in the Arizona Department of Juvenile Corrections (ADJC). This is a record low percentage of juveniles being placed in secure Arizona facilities. From 2010-2012 nearly 90 percent of juveniles newly admitted in the ADJC were diagnosed as substance dependent or substance abusers. Over the last three fiscal years, an average of 90 percent of ADJC newly committed juveniles were diagnosed as substance abusers and/or substance dependent.

Juveniles referred to the juvenile court for both drugs and alcohol in Arizona have declined by about 20 percent from FY 2009 through FY 2012. While the total numbers of drug and alcohol arrests are down, an increasing percentage of those arrests come from the younger youth served by the juvenile court, especially those under age 13. In addition, African American youth have not experienced the same rate of decline in drug and alcohol arrests as White and Hispanic youth; drug offenses for African American youth have remained steady over the four year period.

Alcohol was the substance most often used during the commission of crime(s), which led to incarceration; one-third of juveniles reported using beer and wine and 28.2 percent reported using hard liquor. In addition, 8.2 percent reported using methamphetamines, which refers to either amphetamine or methamphetamine use.



Adult Offenders

Overall use of alcohol and other drugs has declined among new inmates, from 54.5 percent in FY 2008 to 48.8 percent in FY 2012. Claimed use of alcohol dropped 61.0 percent and use of opiates declined by 21.5 percent; claimed heavy use of alcohol dropped from 12.1 percent of the FY 2008 admissions to only 4.0 percent of the FY 2012 admissions. Marijuana (3.1 percent) and methamphetamine (11.4 percent) are the only substances with increased usage.

These patterns are consistent when demographics are considered. Both females and males, all racial groups, and almost all age groups showed declines in substance use. The percentage of males reporting substance use dropped by 3.2 percent and the percentage of females reporting substance use dropped by 30.5 percent. The less than 19 year age group reported a slight increase of 2.3 percent.

Other At-Risk Populations

Of the Arizona Department of Health Service (ADHS) clients who had a substance use disorder in 2010 and 2012, about 14 percent were pregnant females or females with dependent children. These women were primarily White and non-Hispanic. More pregnant/parenting women in the ADHS system abused alcohol in 2012 (29.6 percent) than in 2010 (24.5 percent).

Of the ADHS clients with a substance use disorder in 2010 and 2012, about 7-9 percent were intravenous (IV) drug users. Most were male and non-Hispanic Whites. There was an increase in the prevalence of IV drug users who used heroin from 2010 to 2012.

In 2012, ADHS had 1,768 veterans enrolled; most veterans were male and non-Hispanic White. Veterans were older (49.69) than the median age for all ADHS clients (28.35). Most were unemployed or not in the labor force (83.9 percent) and the majority received Medicaid benefits (77.7 percent). Of those who abused substances, 29.4 percent abused alcohol, 10.5 percent abused marijuana, and 5.7 percent abused methamphetamines. Moreover, 13.3 percent of veteran IV drug users had a recent arrest.

Prescription Drug Misuse and Abuse Initiative

According to data from Arizona's Prescription Drug Monitoring Program, between 2009 and 2011 there were approximately 10 million Class II-IV prescriptions written each year in Arizona. Prescription pain relievers accounted for over half of the drugs dispensed. Prescription drug misuse in Arizona has been increasing along with the associated consequences.

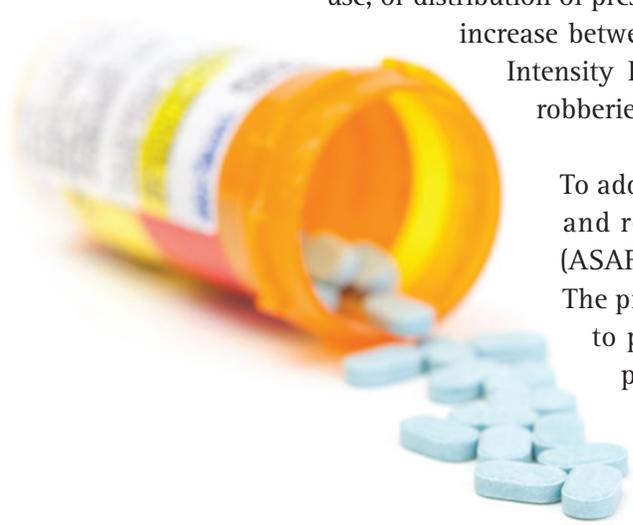
In 2010, 13 percent of Arizona adults reported some type of prescription drug misuse in the past 30 days, with half of the misuse related to prescription pain relievers. Of these, 50 percent reported prescription drug misuse in the past 12 months. Reported drug misuse involved pain relievers (47 percent), sedatives (32 percent), and stimulants (3.3 percent). In addition, adults aged 60-69 years old were significantly more likely to report misusing prescription drugs.

Likewise, in 2010, 10.4 percent of Arizona youth reported some type of prescription drug misuse in the past 30 days, with an alarming 76.7 percent of the misuse involving prescription pain relievers. The majority of youth (78.6 percent) reported obtaining them from friends and family/home.

Moreover, Arizona has also seen a corresponding, and dramatic, increase in opioid-related cases in Emergency Departments (ED) and drug poisoning deaths involving prescription drugs. Between 2008 and 2010 emergency departments saw a 10.2 percent increase in drug dependency cases. Opioid-related ED visits between 2008 and 2010 increased by 23.68 percent. Between 2006 and 2010, there was a 22.2 percent increase in deaths caused by drug poisonings (986 in 2006; 1,176 in 2010) and 54 percent of these deaths were due to prescription drugs.

Increases in drug-related crime have also been observed. Over 2,000 arrests were made for the possession, use, or distribution of prescription drugs without a valid prescription or license, a 366.1 percent increase between 2001 (433 arrests) and 2010 (2,018 arrests). Moreover, the High Intensity Drug Trafficking Area (HIDTA) reported an increase in pharmacy robberies in Arizona in their 2011 Threat Report.

To address the growing concern over prescription drug misuse in Arizona and related consequences, the Arizona Substance Abuse Partnership (ASAP) has endorsed a Prescription Drug Misuse and Abuse Initiative. The prescription drug abuse reduction strategies are to (1) reduce access to prescription drugs; (2) educate prescribers and pharmacists about prescription drug best practices; (3) enhance prescription drug practice and policies in law enforcement; (4) increase public awareness about the risks of prescription drug misuse; and (5) build resilience in children and adults.



INTRODUCTION

The *2013 Arizona Behavioral Health Epidemiology Profile* is designed to promote awareness of substance abuse within specific at-risk populations throughout Arizona and the impact of such populations on various public systems. In order to provide comparisons between at-risk populations and the general population of Arizonans, this report includes existing substance abuse data for overall adult and youth populations (including Arizona students in higher education systems) as well as substance abuse patterns in adults and juveniles within the corrections system. While past reports have detailed the specificity of types of drugs and frequency of use in the population of Arizona youth and adults, this report focuses on reported substance use upon entrance or interaction with a specific public system.

The five high risk populations emphasized in this report include juvenile offenders, adult offenders, pregnant or parenting women, intravenous drug users, and veterans. The surveys, assessments, and in-take summaries that comprise this report highlight alcohol and other drug use (AOD), such as marijuana, opiates, hallucinogens, and prescription drugs. The final section of this report focuses on statewide efforts to address the increasing misuse of prescription drugs in Arizona.

This report was produced in coordination with the *Arizona Substance Abuse Epidemiology Work Group*, which is comprised of statisticians and data analysts from various state agencies who collaborate and advise on the compilation of epidemiological profiles and reports. The Arizona State Epidemiological Outcomes Workgroup (SEOW hereafter referred to as the Epi Work Group), provides communities, policymakers, and local/state/tribal officials with data on use of alcohol and other drugs among adult and juvenile corrections populations, and other at-risk sub-populations. Through a number of past and current reports, the Epi Work Group also provides data on risk and protective factors associated with different populations, and treatment services or programs currently provided by different agencies.

The Epi Work Group, staffed by the Governor's Office for Children, Youth and Families (GOCYF), also responds to data requests related to applying a data-driven decision-making process and providing information on emerging substance-related issues in the state. This group regularly evaluates data related to substance misuse/abuse and acts as a resource to guide data-driven decision-making processes.

The Epi Work Group compiles data specific to diverse populations regarding the prevalence of substance use and abuse as well as information regarding the resources available to address these concerns. Identifying substance misuse and abuse patterns within the Arizona adult and juvenile corrections system and other at-risk groups is important for extending our understanding of the impact of substance abuse in Arizona. To assess system-wide needs and programming, this report compiles data from multiple sources as shown in the table below. Table 1.1 summarizes the indicators, data sources, and data collection methods used to highlight overall trends in current substance use by gender, age, and race, based upon system-specific data. Also included within the at-risk population sections are descriptions of treatment programs provided within different systems.

TABLE 1.1 | SUMMARY OF DATA, SOURCES, AND COLLECTION METHODS

POPULATIONS	DATA SOURCE	DATA COLLECTION METHOD
SECTION 1: SNAPSHOT OF ARIZONA YOUTH AND ADULTS SUBSTANCE ABUSE TRENDS		
Arizona Youth	Arizona Youth Survey	Biennial survey of Arizona Youth substance use
Arizona Adults	St. Luke's Health Initiative, <i>AZ Health Survey: Adult Substance Use in Arizona 2010</i>	Self-report data from the Arizona Health Survey, a random-digit dial telephone survey of Arizona households sponsored by St. Luke's Health Initiative, 2010
Arizona Higher Education Population	Arizona Institutions of Higher Education Network for Alcohol, Other Drug and Violence Prevention	Higher Education Biennial Campus Survey
SECTION 2: AT-RISK POPULATION – JUVENILE OFFENDERS		
Juvenile Substance Use in the Juvenile Court System	In-take Risk Assessment Survey for youth referred to juvenile court	2008-2012- percentage of youth indicating substance abuse/behavioral health issues
Juvenile Substance Use in Juvenile Corrections	2010-2012 Adolescent Substance Abuse Subtle Screen Inventory (SASSI-A2) and the Criminogenic and Protective Factors Assessment (CAPFA)	In-take assessments of newly committed juveniles
SECTION 3: AT-RISK POPULATION – ADULT OFFENDERS		
Adult Substance Use in Arizona Department of Corrections	Adult Inmate Management System (AIMS)	Inmate self-reported substance use for FY 2008 through FY 2012
SECTION 4: OTHER AT-RISK POPULATIONS		
Arizona Department of Health Services: Populations	Client Information System (CIS)	Annual Demographic Assessment Data
SECTION 5: PRESCRIPTION DRUG MISUSE AND ABUSE INITIATIVE		
Prescription Drug Misuse and Abuse Initiative: Overview of Initiative	Initial information and data on Prescription Drug Monitoring System	2012-2013 Arizona Substance Abuse Partnership (ASAP) summaries

SECTION 1:

Snapshot of Arizona Youth and Adults Substance Abuse Trends

In Fiscal Year (FY) 2012, there were 75,115 children and adults enrolled in Arizona's public behavioral health system who received treatment for substance abuse. Addressing the needs of individuals who use or misuse alcohol, illegal/illicit drugs, and/or prescription drugs necessitates a coordinated effort by substance abuse prevention and treatment providers throughout the state public health system. While the burden of treatment services rests with public providers, substance abuse and misuse exist within other populations in different public service systems throughout Arizona. These populations tend to be at higher risk of substance misuse and abuse while disproportionately impacting systems not explicitly designed to prevent and treat substance abuse.

Included in at-risk populations are adults and juveniles within the criminal justice or corrections systems, and other identified groups within the Arizona Department of Health Services (ADHS) system like veterans, pregnant/parenting females, and intravenous drug users. Unlike the general population of juveniles and adults accessing the public behavioral health system, those within the corrections system tend to have greater risk for and fewer protective factors to buffer their use of illegal and illicit drugs. This makes the study of such populations increasingly important for Arizona as the state continues to improve the coordinated approach to treating individuals with substance abuse challenges. To begin this report, general substance abuse trends in youth and adults will be detailed in order to provide a benchmark for comparing general populations with higher-risk populations.

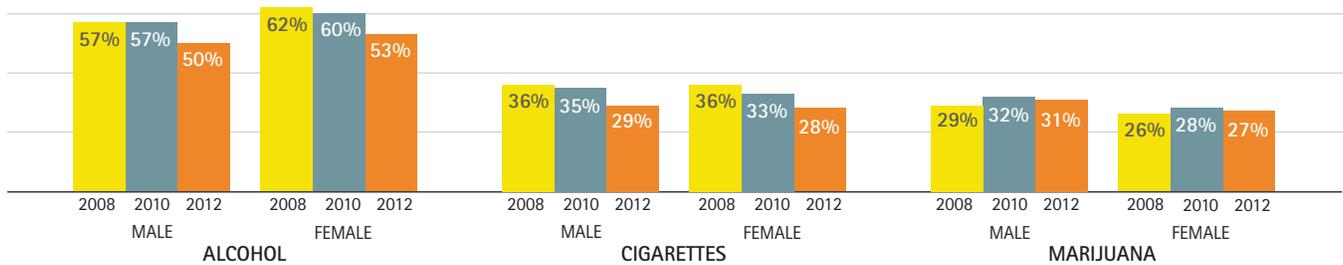
Arizona Youth

For the past 21 years, the Arizona Criminal Justice Commission (ACJC) has conducted the biennial youth survey, and has used an improved Arizona Youth Survey (AYS) model since 2002. The survey is designed to capture the frequency of use of alcohol, tobacco, and other drugs (ATOD) in 8th, 10th, and 12th grade youth throughout Arizona schools. The survey also includes items related to attitudes about substance use and family risk and protective factors that may impact decisions to engage in substance misuse.

Arizona Youth: Gender

Female youth typically tended to demonstrate lower rates of substance use, reflecting an inherent protective factor. However, female youth in Arizona demonstrated a higher lifetime alcohol use than males across 8th, 10th, and 12th grades. On the other hand, male youth reported higher lifetime use of smokeless tobacco and marijuana. Figure 1.1 shows lifetime substance use of three most frequently used substances, reflecting differences between male and female youth in Arizona across different age groups. As the data delineate, lifetime substance use continues to decline for both male and female youth; however, patterns of use continue to differ.

FIGURE 1.1 | PERCENTAGE OF ARIZONA STUDENTS WHO USED AT LEAST ONCE IN THEIR LIFETIME, BY GENDER



Arizona Youth: Age

The most recent survey conducted in 2012 reflected changes in lifetime and 30-day ATOD use among Arizona youth. While alcohol continues to be the most commonly used substance in Arizona youth, reported levels of 30-day and lifetime use have decreased across all grade levels surveyed. This trend also applies to 30-day and to lifetime tobacco use (second most commonly used substance). The 2012 AYS also indicates decreases in the 30-day and lifetime use for marijuana and prescription drugs.

Marijuana is the third most commonly used substance among Arizona youth followed by prescription drugs, both of which youth have reported a decrease in lifetime and 30-day use. Tables 1.2 and 1.3 summarize reported 30-day and lifetime alcohol use among Arizona youth over the past three survey administrations.

TABLE 1.2 | PERCENTAGE OF ARIZONA RESPONDENTS WHO USED ATODS DURING THE PAST 30 DAYS, BY GRADE

	Grade 8 Ages ~ 13-14			Grade 10 Ages ~ 15-16			Grade 12 Ages ~ 17-18			Total		
	2008	2010	2012	2008	2010	2012	2008	2010	2012	2008	2010	2012
Alcohol	23.2	21.9	17.1	37.7	34.7	32.1	46.8	45.0	43.5	33.1	31.9	28.1
Cigarettes	8.7	8.9	7.8	16.6	15.6	14.0	23.9	22.9	21.0	14.7	14.7	12.9
Chewing Tobacco	2.6	2.8	2.1	4.6	5.7	3.9	6.8	8.1	6.6	4.2	5.1	3.8
Marijuana	7.6	8.9	7.7	15.1	17.4	17.7	18.7	21.3	22.5	12.5	14.8	14.3
Hallucinogens	0.8	0.9	0.7	1.9	2.0	1.7	2.4	2.4	2.3	1.5	1.6	1.4
Cocaine	1.0	0.8	0.6	2.2	1.6	1.2	3.2	2.2	2.1	1.9	1.4	1.1
Inhalants	5.4	5.6	4.2	3.0	3.0	2.0	1.6	1.5	1.3	3.8	3.7	2.8
Methamphetamines	0.4	0.2	0.2	0.6	0.5	0.5	0.8	0.6	0.5	0.6	0.4	0.4
Heroin	0.4	0.3	0.3	0.7	1.1	0.4	1.0	1.2	0.5	0.6	0.8	0.4
Ecstasy	0.8	1.7	0.9	1.5	2.9	1.7	2.0	3.4	2.0	1.3	2.5	1.4
Other Club Drugs**	N/A	N/A	0.6	N/A	N/A	0.7	N/A	N/A	0.6	N/A	N/A	0.6
Steroids	0.7	0.5	0.5	1.0	0.7	0.7	1.0	0.6	0.7	0.8	0.6	0.6
Prescription Pain Relievers	6.0	5.7	4.5	9.4	8.9	7.3	10.5	9.7	7.9	8.1	7.7	6.2
Prescription Stimulants	1.6	1.4	0.9	2.9	2.8	2.7	2.1	2.5	3.0	2.1	2.1	2.0
Prescription Sedatives	3.4	3.6	1.9	4.5	4.7	3.3	5.0	4.7	3.2	4.1	4.2	2.7
Prescription Drugs	8.6	8.2	5.7	12.2	11.8	9.3	13.1	12.4	10.0	10.7	10.4	7.9
Over-the-Counter Drugs	5.6	5.4	4.0	6.4	6.3	4.9	5.9	6.3	4.3	5.9	5.9	4.4
Synthetic Drugs**	N/A	N/A	3.8	N/A	N/A	5.0	N/A	N/A	5.2	N/A	N/A	4.5

N/A Indicates a question that was not asked in the 2008, 2010, or 2012 Arizona Youth Surveys.

** Indicates substance categories that were not measured and reported in survey administrations prior to 2012.

TABLE 1.3 | PERCENTAGE OF ARIZONA STUDENTS WHO USED ATODS DURING THEIR LIFETIME, BY GRADE

	Grade 8 Age ~ 13-14			Grade 10 Ages ~ 15-16			Grade 12 Ages ~ 17-18			Total		
	2008	2010	2012	2008	2010	2012	2008	2010	2012	2008	2010	2012
Alcohol	47.8	45.1	37.3	66.2	64.1	59.1	74.8	72.8	69.2	59.6	58.2	51.7
Cigarettes	25.9	23.8	19.7	39.9	37.2	31.7	50.8	46.9	42.1	36.0	34.0	28.8
Chewing Tobacco	7.1	7.1	4.5	12.9	12.5	9.3	17.7	18.1	14.7	11.3	11.7	8.4
Marijuana	16.2	17.8	16.2	32.5	34.3	34.7	43.1	44.7	44.8	27.4	29.9	28.7
Hallucinogens	1.9	2.2	1.7	5.2	5.9	5.2	7.9	9.0	8.4	4.3	5.1	4.4
Cocaine	2.7	2.3	1.5	6.8	5.3	3.9	11.2	8.8	7.4	5.9	5.0	3.7
Inhalants	14.3	14.5	11.4	12.6	11.8	9.4	9.2	9.4	7.4	12.6	12.3	9.8
Methamphetamines	1.2	0.7	0.6	2.4	1.6	1.5	4.0	2.5	1.8	2.2	1.5	1.2
Heroin	1.0	0.9	0.7	2.0	2.6	1.4	3.1	3.4	1.8	1.8	2.1	1.2
Ecstasy	2.2	3.9	2.8	4.9	8.2	7.4	7.0	10.6	10.4	4.2	7.0	6.1
Other Club Drugs**	N/A	N/A	1.9	N/A	N/A	2.5	N/A	N/A	3.1	N/A	N/A	2.4
Steroids	1.7	1.6	1.5	2.3	1.8	1.8	2.4	1.7	1.9	2.0	1.7	1.7
Prescription Pain Relievers	12.2	11.5	8.8	20.5	18.9	15.6	24.6	23.1	20.7	17.6	16.8	13.8
Prescription Stimulants	3.8	3.0	2.0	7.6	7.0	6.6	7.9	8.5	9.9	5.9	5.7	5.3
Prescription Sedatives	8.3	8.7	4.4	12.0	11.5	8.0	13.2	13.4	10.0	10.5	10.8	6.9
Prescription Drugs	17.1	16.5	11.1	25.7	23.7	18.8	28.7	27.3	23.9	22.4	21.5	16.6
Over-the-Counter Drugs	9.7	9.5	7.0	12.9	13.2	10.6	13.4	14.1	12.2	11.5	11.8	9.3
Synthetic Drugs**	N/A	N/A	6.9	N/A	N/A	11.1	N/A	N/A	13.9	N/A	N/A	9.9

N/A - Indicates a question that was not asked in the 2008, 2010, or 2012 Arizona Youth Surveys.

** - Indicates substance categories that were not measured and reported in survey administrations prior to 2012.

Arizona Youth: Race

The AYS data also reflected differences between youth of different racial backgrounds. While 30-day alcohol use among Latino youth was highest, 30-day cigarette use was highest among American Indian youth. Inhalants tended to be the substance least used by youth in the past 30 days followed by prescription drug use.

TABLE 1.4 | PERCENTAGE OF ARIZONA YOUTH WHO USED ATODS DURING THE PAST 30 DAYS, BY RACE, 2010-2012 ARIZONA YOUTH SURVEY

	White		Latino		African American		American Indian	
	2010	2012	2010	2012	2010	2012	2010	2012
Alcohol	30.4	28.0	36.7	31.0	28.2	25.7	34.1	26.8
Cigarettes	14.7	13.0	15.0	13.6	10.0	10.8	22.7	19.5
Marijuana	14.3	13.9	15.3	14.8	14.8	16.6	24.4	19.7
Inhalants	3.2	2.5	4.5	3.7	3.7	3.4	5.5	4.1
Prescription Drugs	10.5	7.9	10.9	8.7	8.8	6.1	12.0	8.3

Arizona Adults

In 2010, the Arizona Health Survey (AHS) was conducted through the St. Luke’s Health Initiative, capturing adult substance use trends. This survey included questions pertaining to past 30-day and lifetime use of alcohol, tobacco, and other illegal/illicit drugs.

Arizona Adults: Gender

The majority of respondents to the 2010 AHS said they drink occasionally, not every day in the past 30 days (73 percent). On average males indicated the use of more drinks per day than did females: 10 percent of males had 3 or more drinks per day compared to 4 percent of females. (See Table 1.5). These responses also provide an average drinks per day response, rather than a response to number of times on the same occasion. Given this definition, 1.3 percent of adults (n=108) said they averaged more than 4 (if female) or 5 (if male) in the past 30 days.

TABLE 1.5 | PERCENTAGE OF ARIZONA ADULTS WHO HAD ALCOHOLIC DRINKS DURING PAST 30 DAYS, BY PER DAY CATEGORY

	Occasional, Not Every Day	1-2	3-5	6 or More	Total
Male	67	23	7	3	100
Female	81	15	3	1	100
Total	73	20	5	2	100

Almost half of Arizona males (49 percent) indicated they had ever smoked tobacco compared to 38 percent of females (Table 1.6). Of those who had ever smoked, 42 percent of men were current smokers (past 30 days) as were 45 percent of women. For marijuana users who used the drug during the past 30 days (55 percent), a higher percentage of males (61 percent) were current marijuana users than females (39 percent). Female marijuana use in the past 30 days was significantly lower than males ($p < 0.01$).

TABLE 1.6 | PERCENTAGE OF ARIZONA ADULTS WHO USED MARIJUANA DURING PAST 30 DAYS, BY GENDER

	None	1-10 Times	11 or More	Total
Male ^a	39	32	29	100
Female ^{**}	61	26	13	100
Total	45	30	25	100

^a Reference Category; Significance: * $p < 0.05$; ** $p < 0.01$.

Females were slightly more likely than males to have used prescription drugs without a doctor’s consent in the last 12 months (48 compared to 44 percent) (Table 1.7). However, in the past 30 days females and males had similar prescription drug use without a doctor’s consent (12 compared to 13 percent). On the other hand more males (37 percent) have used illicit drugs compared to females (25 percent).

TABLE 1.7 | FREQUENCY OF USE OF PRESCRIPTION DRUGS WITHOUT DOCTOR’S CONSENT, PERCENTAGE BY GENDER

	Used Prescription Drugs in the Past 30 Days	In the Last 12 Months, But Not in Past 30 Days	Sometime in Your Lifetime but Not in Past 12 Months	Total
Male	13	31	56	100
Female	12	36	52	100

Arizona Adults: Age

According to the 2010 AHS, almost one-third (31 percent; n=2,541) of all adults had used illegal/illicit drugs in their lifetime. Lifetime prevalence of illicit drug use was highest among males; adults who identified as non-Hispanic White, African American or Native American; and persons aged 50-59. In fact, adults between the ages of 50-59 were most likely to have ever used illicit drugs (40 percent), whereas those age 70 and older were the least likely (5 percent). Rates of use among the categories below the age of 50 ranged from 32 percent for the 29-39 year olds, and 37 percent for the 18-28 and 40-49 year old groups (see Table 1.8).

TABLE 1.8 | FREQUENCY OF EVER USED ILLICIT DRUGS, PERCENTAGE BY AGE

	Yes	No	Total
18-28	37	63	100
29-39	32	68	100
40-49	37	63	100
50-59	40	60	100
60-69	26	74	100
70 and Older	5	95	100
Total	31	69	100

Prevalence of current marijuana use was highest among adults between 40-49 and 50-59 age groups (70 percent) as well as those 70 and older (67 percent). For the younger age groups, 18-28 (54 percent) and 29-39 (44 percent), their rates were significantly ($p < 0.01$) lower than the rate for the reference group of 40-49 year olds (Table 1.9).

TABLE 1.9 | PAST 30-DAY MARIJUANA USE, PERCENTAGE BY AGE

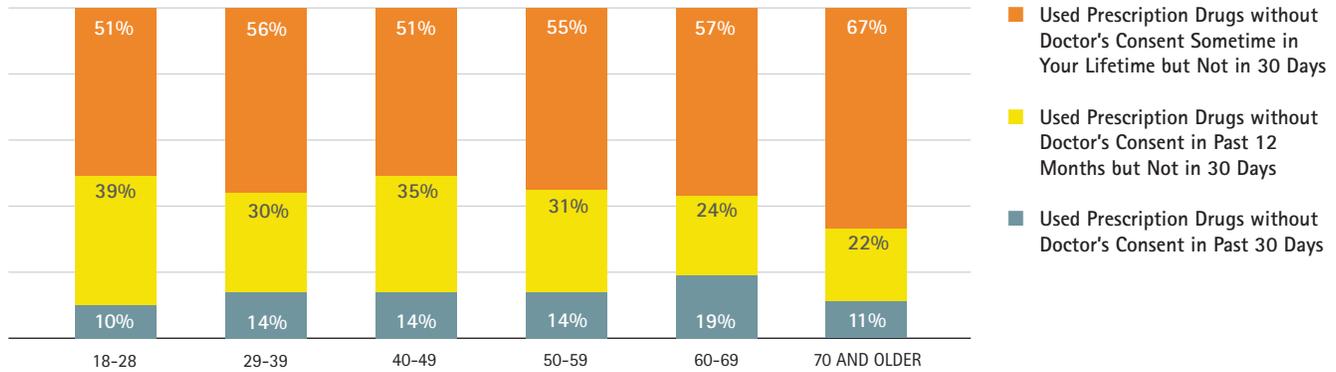
	None	1-10 Times	11 or More	Total
18-28**	46	31	23	100
29-39**	56	17	27	100
40-49 ^a	30	31	39	100
50-59	30	54	16	100
60-69	46	27	27	100
70 and Older	33	32	35	100
Total	44	31	25	100

^a Reference Category; Significance: * $p < 0.05$; ** $p < 0.01$.

Of those who had ever used prescription drugs without a doctor's consent, only 10 percent of the 18-28 year olds said they were current users in the past 30 days. In comparison, 14 percent of respondents in each of the three mid-range age groups (29-39, 40-49, and 50-59) were current users of prescription drugs without a doctor's consent in the last 30 days; 19 percent of the group 60-69 and 11 percent of those 70 and older were also current users (Figure 1.2).

Of the 10 percent who had ever used prescription drugs without a doctor's consent, almost half (48 percent) said they had used prescription pain relievers (e.g., Vicodin, Oxycontin, Percocet or Codeine); almost one-third (32 percent) had used sedatives (e.g., Valium, Xanax, barbiturates, or prescription sleeping pills); and 3.3 percent said they had used stimulants, amphetamines or uppers (e.g., Ritalin, Adderal or Dexedrine).

FIGURE 1.2 | PERCENTAGE OF CURRENT PRESCRIPTION DRUG MISUSE, BY AGE



Of those who misused any prescription drug, the highest rate was among 60-69 years olds (19 percent) compared to the average of 13 percent (Table 1.10). Of those who had misused pain relievers, over half (58 percent of users) of those 18-28 had used them on more than 20 occasions in the past 30 days. Nationally, from 2002 to 2009, there was an increase of current nonmedical use of prescription drugs among young adults aged 18-25 (from 5.5 to 6.3 percent), driven primarily by an increase in pain reliever misuse (from 4.1 to 4.8 percent).

TABLE 1.10 | FREQUENCY OF USE OF PRESCRIPTION DRUGS WITHOUT DOCTOR'S CONSENT, PERCENTAGE BY AGE

	Used Prescription Drugs in the Past 30 Days	In the Last 12 Months, But Not in Past 30 Days	Sometime in Your Lifetime but Not in Past 12 Months	Total
18-28	10	39	51	100
29-39	14	30	56	100
40-49	14	35	51	100
50-59	14	31	55	100
60-69	19	24	57	100
70 and Older	11	22	67	100
Total	13	33	54	100

Arizona Adults: Race

According to the 2010 AHS Survey, a higher percentage of Hispanics/Latinos (78 percent) currently used marijuana compared to other ethnic groups. This was statistically significantly ($p < 0.01$) higher than the comparison group of non-Hispanic Whites (50 percent) (Table 1.11).

TABLE 1.11 | PAST 30-DAY MARIJUANA USE, PERCENTAGE BY ETHNICITY

	None	1-10 Times	11 or More	Total
Non-Hispanic White ^a	50	25	25	100
Hispanic/Latino ^{**}	22	53	25	100
Black or African American	60	2	38	100
Asian, Pacific Islander, or Native Hawaiian	0	100	0	100
Native American or American Indian	41	50	9	100
Total	45	31	24	100

Whereas less than half of non-Hispanic Whites (45 percent), Hispanic/Latinos (50 percent), African Americans (37 percent) and Asian (27 percent) had used prescription drugs without a doctor's consent in the last 12 months, 85 percent of Native Americans reported such use (Table 1.12).

TABLE 1.12 | FREQUENCY OF USE OF PRESCRIPTION DRUGS WITHOUT DOCTOR'S CONSENT. PERCENTAGE BY ETHNICITY

	Used Prescription Drugs in the Past 30 Days	In the Last 12 Months, But Not in Past 30 Days	Sometime in Your Lifetime but Not in Past 12 Months	Total
Non-Hispanic White	13	32	55	100
Hispanic/Latino	13	37	50	100
African American	16	21	63	100
Asian, Pacific Islander, or Native Hawaiian	23	4	73	100
Native American or American Indian	1	84	15	100
Total	13	33	54	100

Arizona Higher Education Population

The Arizona Institutions of Higher Education Network for Alcohol, Other Drug and Violence Prevention (AZIHE Network) was formed in the early 1990's to address issues among students attending Arizona's Institutions of Higher Education. Member institutions meet to share programming strategies and to determine gaps in programming. The Biennial Survey (begun in 2004) provides necessary data to determine programming needs and to examine changes in behaviors across time related to alcohol, other drugs, and violence.

The Biennial survey includes a random sample of students who were selected at Arizona State University (ASU), Northern Arizona University (NAU) and the University of Arizona (UA) in each survey year. An email invitation with the survey link was sent to the selected students in mid-February of the survey collection year. A reminder email was sent two weeks later and the survey was closed in mid-March (prior to Spring Break).

Table 1.13 shows substance use data from 2010 and 2012 by age and gender, including those individuals under the age of 21 and those 21 and older. Among students in institutions of higher education, females tended to use substances less frequently than males in the 30 days prior to when the survey was administered. While alcohol use among males and females tended to be similar, males reported greater marijuana and tobacco use. About one in five male higher education students reported using marijuana in the past 30 days. Male higher education students under the age of 21 reported the highest stimulant use.

TABLE 1.13 | PERCENTAGE OF ARIZONA HIGHER EDUCATION STUDENTS SUBSTANCE USE IN THE PAST 30 DAYS, BY GENDER

	2010				2012			
	Under 21		21 and Older		Under 21		21 and Older	
	Males	Females	Males	Females	Males	Females	Males	Females
Tobacco	23.5	12.9	22.5	14.8	27.7	12.1	25.2	13.3
Alcohol	49.5	46.0	71.8	72.7	50.9	51.0	73.8	74.3
Marijuana	22.0	12.8	18.0	11.8	24.3	17.9	18.0	9.5
Pain Killers*	11.5	7.3	10.6	7.1	7.0	5.7	7.3	5.8
Sedatives*	5.4	2.9	4.9	3.1	3.3	2.9	3.3	4.1
Stimulants*	8.1	4.8	6.6	4.7	8.8	6.8	7.1	5.0

* Pain Killers (e.g., OxyContin, Vicodin, Codeine); Sedatives (e.g., Xanax, Valium); Stimulants (e.g., Ritalin, Adderall).

Substance use among higher education students varied by race. Reported tobacco use has increased in all racial groups from 2010 to 2012; however, the greatest increase was for interracial higher education students, which more than doubled from 10.1 percent in 2010 to 20.7 percent in 2012. In addition, reported marijuana use among Asian/Pacific Islanders nearly doubled from 2010 (5.8 percent) to 2012 (10.7 percent). Moreover, reported use of pain killers among Asian/Pacific Islanders increased substantially from 2010 (1.9 percent) to 2012 (9.9 percent) and the reported use of sedatives increased from 0.6 percent to 4.2 percent.

TABLE 1.14 | SUBSTANCE USE IN HIGHER EDUCATION STUDENTS, BY RACE FOR 2010 AND 2012

	2010						2012					
	AfA	A/PI	C	H	NA	I	AfA	A/PI	C	H	NA	I
Tobacco	12.5	9.0	18.2	17.7	18.1	10.1	15.6	10.7	20.1	18.9	18.5	20.7
Alcohol	54.7	40.6	63.7	62.9	41.5	57.0	50.0	46.7	66.8	59.2	42.2	63.2
Marijuana	19.0	5.8	16.4	14.6	5.3	15.2	17.5	10.7	18.4	16.1	7.8	18.4
Pain Killers	9.4	1.9	9.7	6.2	6.5	6.3	7.8	9.9	5.8	8.3	6.2	9.2
Sedatives	4.7	0.6	4.3	4.0	2.1	2.5	0	4.2	3.9	3.3	1.5	2.3
Stimulants	7.8	4.5	6.0	5.0	4.3	5.1	4.7	3.4	7.4	6.5	4.6	4.7

AfA=African American, A/PI=Asian/Pacific Islander, C=Caucasian, H=Hispanic, NA=Native American/Alaskan Native, I=Interracial.

Substance Use Prevention and Treatment Available to Individuals in Higher Education

At each university, counseling services are available for substance use issues. These services are provided at minimal cost and are generally short term. If needed, referrals are made to the community for more intensive or longer-term treatment. Prevention programming is also provided on each campus. This includes positive normative media, online education (e.g., Electronic Check Up to Go, Alcohol EDU) and classroom presentations. For those who receive alcohol sanctions, students receive more in-depth education either online or in a group setting (depending on the campus). Early intervention is provided for those students identified as already having substance use issues through BASICS (Brief Alcohol Screening and Intervention for College Students), a one-on-one intervention that has been rigorously researched and shown to be effective.

SECTION 2: At-Risk Population - Juvenile Offenders

The Juvenile Justice Services Division of the Administrative Office of the Courts oversees the Juvenile Courts of the State of Arizona, as well as manages the Juvenile Online Tracking System (JOLTS) database for the State of Arizona. Each police agency submits referrals for delinquent or incorrigible offenses to the juvenile court of their respective county. The charges on the referral are subsequently entered into the JOLTS or the Integrated Court Information System (ICIS) database. The following data were extracted from JOLTS, which houses the data for 14 of the 15 counties in Arizona, and the ICIS, which is used by the Maricopa County Juvenile Court. The data represent the number of complaints with at least one drug or alcohol count.

All juveniles in the state of Arizona between the ages of eight and 17 are eligible for referral to the juvenile court should they commit a delinquent or incorrigible act. Delinquent acts are those acts that would be crimes if committed by an adult. Incorrigible acts are those behaviors that are only illegal due to the age of the youth. Examples of incorrigible acts are curfew violations and truancy.

While the total numbers of drug and alcohol arrests are down, an increasing percentage of those arrests come from the younger youth served by the juvenile court, especially those under age 13. This trend merits monitoring as the age of onset is an important predictor of both future use of substances as well as delinquent/criminal behavior.

TABLE 2.1 | ALL JUVENILES WITH DRUG OR ALCOHOL REFERRALS, BY GENDER, RACE, AGE AND YEAR

Counts	FY 2009	FY 2010	FY 2011	FY 2012	% Change 09-12
Juveniles	13,315	12,735	11,857	10,921	-17.98%
Female	3,719	3,548	3,269	3,106	-16.48%
Male	9,596	9,187	8,588	7,815	-18.56%
African American	678	679	660	674	-0.59%
Asian	94	93	93	80	-14.89%
White	6,717	6,096	5,716	5,161	-23.17%
Hispanic	4,691	4,771	4,273	4,008	-14.56%
Native American	954	942	944	835	-12.47%
Pacific Islander	5	3	5	5	0.00%
Other/Unknown	176	151	166	158	-10.23%
8-12 Years	256	308	287	282	10.16%
13	602	614	622	595	-1.16%
14	1,420	1,384	1,399	1,181	-16.83%
15	2,411	2,360	2,308	2,144	-11.07%
16	3,796	3,550	3,284	2,945	-22.42%
17	4,830	4,519	3,957	3,774	-21.86%

Note. This table presents all juveniles who were referred to the juvenile court for a complaint that had at least one drug or alcohol count during four fiscal years, FY 2009-FY 2012. Youth may have received more than one count or referral during a fiscal year, but all figures are calculated for only the first drug or alcohol count within each year.

Juveniles referred to the juvenile court for both alcohol and drug offenses are declining in Arizona by about 20 percent over the last four fiscal years, from FY 2009 through FY 2012. However, African American youth have not experienced the same rate of decline in drug and alcohol arrests as White and Hispanic youth: drug offenses for African American youth have remained steady over the four year period.

TABLE 2.2 | ALL JUVENILES WITH DRUG REFERRALS BY GENDER, RACE, AGE AND YEAR

Counts	FY 2009	FY 2010	FY 2011	FY 2012	% Change 09-12
Juveniles	8,201	7,642	7,475	6,753	-17.66%
Female	1,687	1,529	1,519	1,386	-17.84%
Male	6,514	6,113	5,956	5,367	-17.61%
African American	495	488	477	496	0.20%
Asian	68	64	58	52	-23.53%
White	4,049	3,523	3,496	3,074	-24.08%
Hispanic	3,024	3,021	2,879	2,653	-12.27%
Native American	491	481	492	418	-14.87%
Pacific Islander	4	2	3	4	0.00%
Other/Unknown	70	63	70	56	-20.00%
8-12 Years	211	262	255	247	17.06%
13	487	471	506	485	-0.41%
14	1,019	1,011	1,036	860	-15.60%
15	1,610	1,556	1,532	1,418	-11.93%
16	2,288	2,074	1,992	1,738	-24.04%
17	2,586	2,268	2,154	2,005	-22.47%

Note: This table presents all juveniles who were referred to the juvenile court for a complaint that had at least one drug count during four fiscal years, FY 2009-FY 2012. Youth may have received more than one count or referral during a fiscal year, but all figures are calculated for only the first drug count within each year.

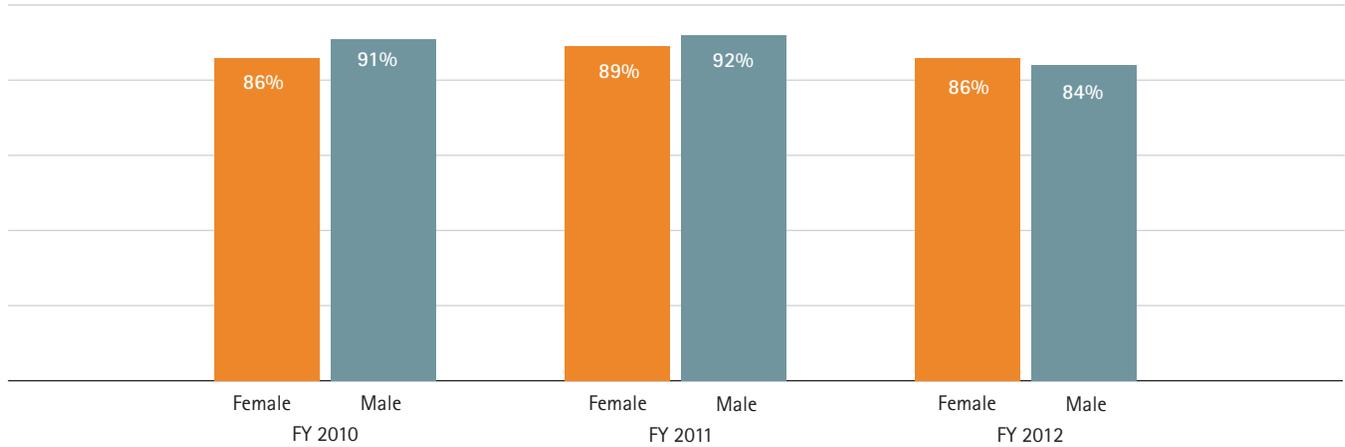
TABLE 2.3 | ALL JUVENILES WITH ALCOHOL REFERRALS, BY GENDER, RACE, AGE AND YEAR

Counts	FY 2009	FY 2010	FY 2011	FY 2012	% Change 09-12
Juveniles	6,353	6,159	5,411	5,033	-20.78%
Female	2,277	2,268	1,993	1,928	-15.33%
Male	4,076	3,891	3,418	3,105	-23.82%
African American	231	240	221	213	-7.79%
Asian	33	37	41	33	0.00%
White	3,324	3,132	2,762	2,521	-24.16%
Hispanic	2,083	2,097	1,715	1,645	-21.03%
Native American	566	552	560	510	-9.89%
Pacific Islander	2	1	2	1	-50.00%
Other/Unknown	114	100	110	110	-3.51%
8-12 Years	51	52	40	40	-21.57%
13	140	156	134	145	3.57%
14	466	431	442	378	-18.88%
15	985	982	933	904	-8.22%
16	1,898	1,806	1,609	1,443	-23.97%
17	2,813	2,732	2,253	2,123	-24.53%

Note: This table presents all juveniles who were referred to the juvenile court for a complaint that had at least one alcohol count during four fiscal years, FY 2009-FY 2012. Youth may have received more than one count or referral during a fiscal year, but all figures are calculated for only the first drug or alcohol complaint within each year.

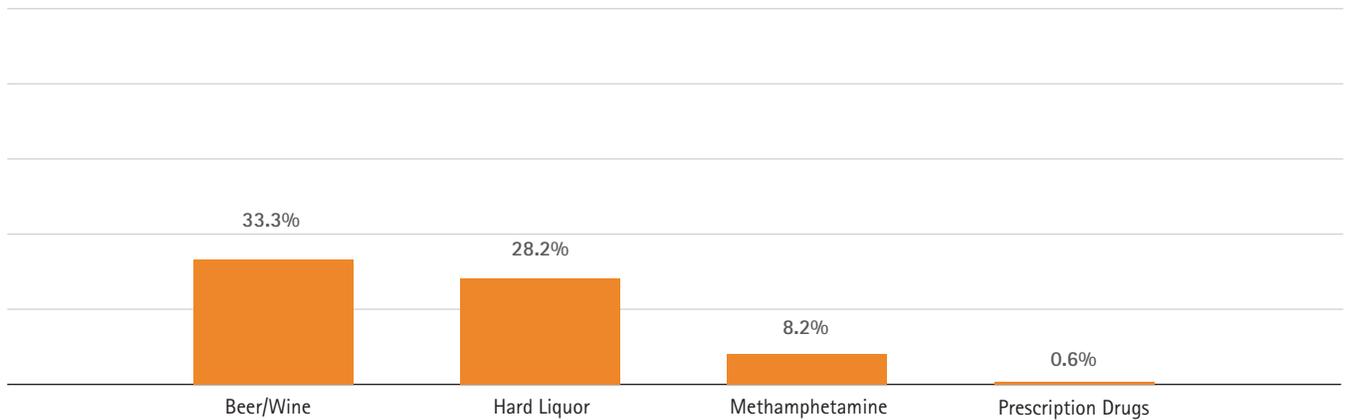
In 2012, approximately 1.3 percent of the juveniles with a court referral were placed in the Arizona Department of Juvenile Corrections (ADJC). This is a record low percentage of juveniles being placed in secure Arizona facilities. From 2010-2012 nearly 90 percent of juveniles newly admitted in the ADJC were diagnosed as substance dependent or substance abusers. Over the last three fiscal years, an average of 90 percent of ADJC newly committed juveniles were diagnosed as substance abusers and/or substance dependent (Figure 2.1).

FIGURE 2.1 | ADJC NEW COMMIT SUBSTANCE ABUSE/DEPENDENCE PREVALENCE, BY GENDER AND FISCAL YEAR



The percentage of juveniles who reported substance use during the commission of the crime(s), which led to incarceration is shown in Figure 2.2. Alcohol was reported most often; one-third of juveniles reported using beer and wine and 28.2 percent reported using hard liquor. In addition, 8.2 percent reported using methamphetamines, which refers to either amphetamine or methamphetamine use.

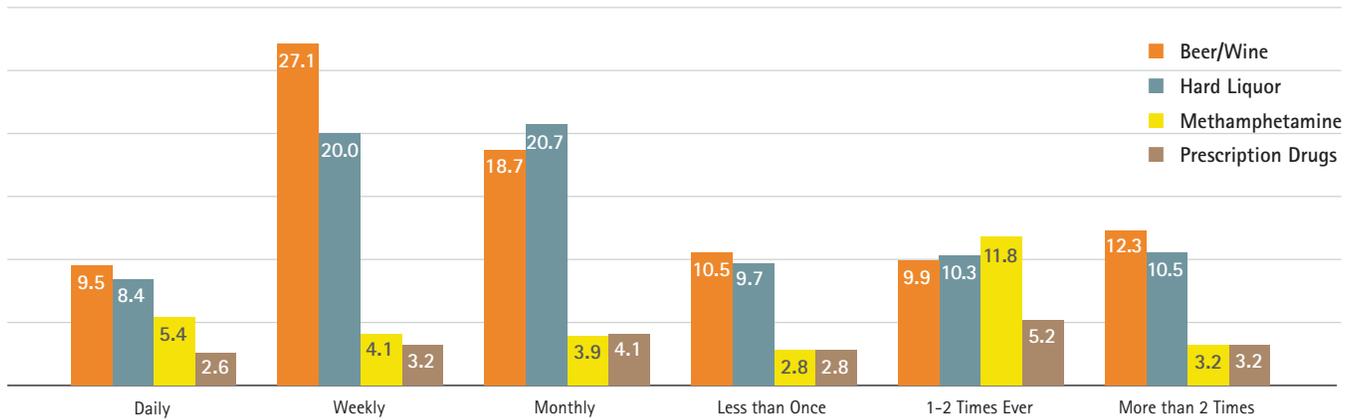
FIGURE 2.2 | PERCENTAGE OF INCARCERATED JUVENILES WHO REPORTED USING A SUBSTANCE DURING THE COMMISSION OF A CRIME FOR 2010



Source: Research and Development ADJC, Unpublished Data.

Figure 2.3 shows the frequency of substance use by the types of substances used. This chart shows that alcohol was more frequently used than any other substance (often on a weekly or monthly basis prior to commitment), while methamphetamines, for example, were reportedly used one to two times prior to commitment.

FIGURE 2.3 | PERCENTAGE OF JUVENILES INDICATING FREQUENCY OF SUBSTANCE USE PRIOR TO COMMITMENT FOR 2010



The Research and Development Bureau of the ADJC defines substance abuse as a maladaptive pattern of substance use leading to a clinically-significant impairment or distress, as manifested by one or more of the following recurrent/continuing disturbances to a juvenile’s life within a 12-month period:

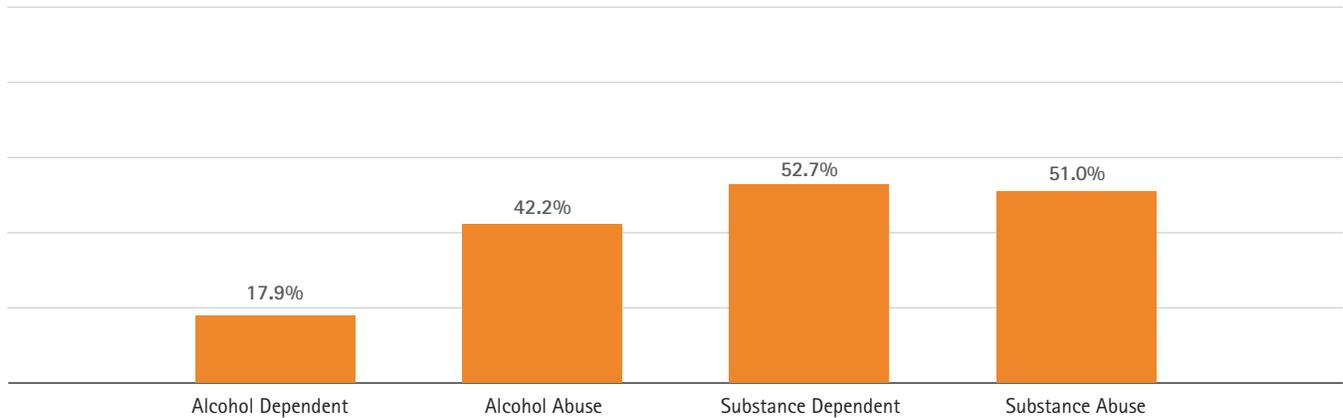
- Substance use resulting in a failure to fulfill major role obligations at work, school, or home;
- Substance use in which it is physically hazardous;
- Substance-related legal problems; and/or
- Substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance use.

Similarly, substance dependence is a maladaptive pattern of substance use leading to a clinically-significant impairment or distress, as manifested by three or more of the following that occur at any time in the same 12-month period:

- Tolerance to or withdrawal from the substance;
- Taking the substance in larger amounts or over a longer period than intended;
- A persistent desire or unsuccessful efforts to cut down or control use;
- Spending a great deal of time in activities necessary to obtain the substance, use it or recover from the effects of it; and/or
- Giving up or reducing important social, occupational, or recreational activities because of substance use.

Upon entering the ADJC, juveniles may be diagnosed with alcohol abuse or dependency, substance abuse or dependency, or be found to have no alcohol or substance abuse or dependency issues. Indeed, juveniles assessed by Arizona’s juvenile corrections facilities were diagnosed with alcohol dependency (17.9 percent), alcohol abuse (42.2 percent), substance dependency (52.7 percent), and substance abuse (51 percent) (as shown in Figure 2.4). Juveniles may have more than one substance use disorder; therefore, totals may equal more than 100 percent.

FIGURE 2.4 | PERCENTAGE OF ARIZONA JUVENILES COMMITTED TO ADJC ASSESSED WITH ALCOHOL OR SUBSTANCE DEPENDENCY OR ABUSE FOR 2010



Given the high prevalence of alcohol and substance issues present in the juvenile corrections population, treatment is provided during time of incarceration.

Treatment Available for Incarcerated Youth

All juveniles who are identified as substance users receive treatment services. Youth who are identified as having severity indicators and complications associated with substance dependency are admitted to intensive treatment in a Chemical Dependency Treatment Unit (Table 2.4). Youth who are admitted for treatment typically spend six to nine months in the program. Those with more complex needs or who are particularly resistant to treatment stay the longest.

TABLE 2.4 | CRITERIA FOR ADMITTING JUVENILE OFFENDERS TO A CHEMICAL DEPENDENCY TREATMENT UNIT

SEVERITY INDICATORS	COMPLICATIONS
Number of substance abuse/dependency diagnoses	Substance abuse being a primary factor in the youth's criminal behavior
Number of symptoms of substance dependency	Substance abuse that was life threatening
	Substance abuse that exacerbates a mental health problem

*Note. ADJC uses both the Adolescent Substance Abuse Subtle Screen Inventory (SASSI-A2) and the Criminogenic and Protective Factors Assessment (CAPFA v3) to guide the diagnosis.

Evidence-based treatment options include Seven Challenges, Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy (CBT). Seven Challenges is an innovative approach to substance abuse treatment, which utilizes learning a comprehensive decision making model. DBT is the primary skill-building component of the treatment program. DBT teaches youth skills, which improve healthy and effective interpersonal relationships, by teaching youth to self-regulate their emotions, and to better tolerate distress. In addition, youth learn components of New Freedom, which are used in the treatment program for general coping skills and relapse prevention.

These youth also attend a weekly Alcohol and Other Drug (AOD) Education group. Topics include the effects of substances on physical health and wellbeing and how substance use/abuse impact relationships with family members. Every housing unit has a TEEN Alcoholics Anonymous (AA) group in which all youth may voluntarily participate.

Primarily substance treatment is provided through group psychotherapy and group psycho-education. All youth in the substance treatment program receive individual psychotherapy as needed; those youth with co-occurring issues are seen individually based on mental health issues and/or other needs. A model has been developed in which youth assist their peers through the treatment process.

A recent Correctional Program Checklist (CPC) evaluation of the ADJC substance abuse treatment program found the program to be effective in reducing recidivism. The strengths of ADJC's substance treatment program include the following characteristics:

- (1) Staff take advantage of the variety of assessment tools provided by ADJC, which allows them to determine the risk, needs, and response of offenders in the program;
- (2) The program is coordinated and staffed by professionals who have advanced educational degrees, as well as extensive experience working with juvenile offenders; and
- (3) Unit supervisors and case managers are skilled Corrections professionals with experience in working with troubled juveniles.

SECTION 3: At-Risk Population – Adult Offenders

The mission of the Arizona Department of Corrections (ADC) is to serve and protect the people of Arizona by securely incarcerating convicted felons, by providing structured programming designed to support inmate accountability and successful community reintegration, and by providing effective supervision for those offenders conditionally released from prison. ADC is responsible for receiving individuals who have been sentenced to prison by Arizona courts and serves the entire State of Arizona. As the mission states, ADC is charged with securely incarcerating convicted felons, with providing structured programming designed to support inmate accountability and successful community reintegration, and with providing effective supervision for those offenders conditionally released from prison.

The ADC data provide an overview of substance use and treatment needs for new inmates admitted from FY 2008 through FY 2012. Cases are comprised of newly-admitted, first-time inmates for the Department and do not include those with a previous prison term or a parole revocation. The data tables show the number of new inmates who claim heavy use of alcohol or any use of other drugs; the types of drugs they report they have used; and the programming intervention level, moderate or intensive, recommended.

The substance use data provided are from the Adult Inmate Management System (AIMS), the primary data source for all inmates committed to ADC. The treatment need data are based on inmates' self-reported drug use, obtained via inmate/staff interviews, collateral information found in court documents and the results of the self-administered Texas Christian University Drug Screen II (TCUDS), also collected during intake. The treatment capacity data are based on current full-time positions that are dedicated to providing treatment services and were provided by the Administrator for Counseling and Treatment Services. These positions are based in the prisons and have been trained in program content delivery.

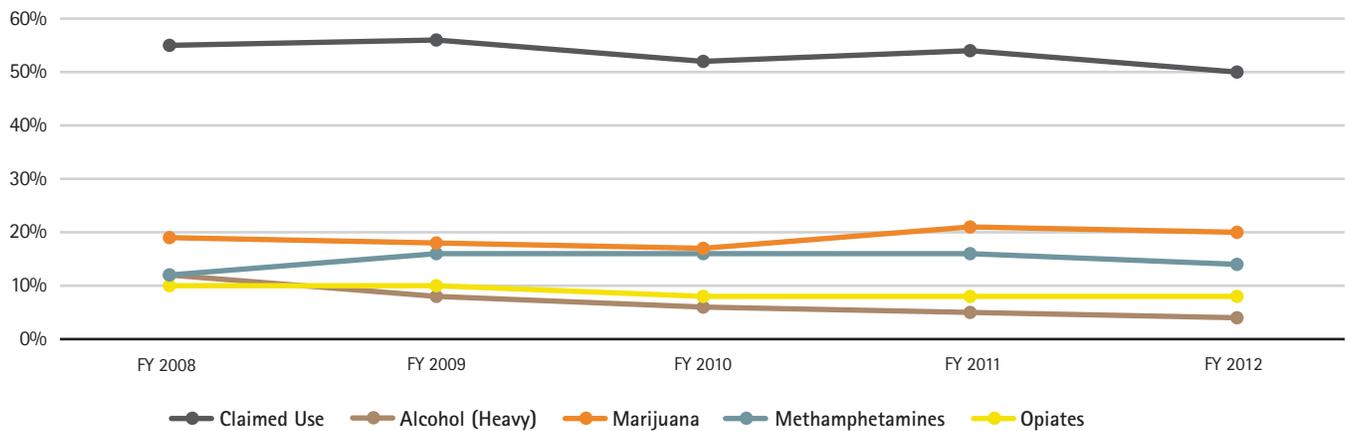
The ADC processes new admissions at one of three intake centers where staff conduct physical and mental health screenings and collect a wealth of background information, including alcohol and drug use. Drug use and programming needs are captured via staff/inmate interviews, collateral information found in court documents and the TCUDS. Once the intake process is complete, inmates are assigned to other prisons around the state based on their relative risk level and their programming needs. Inmates with substance use histories are placed on a need for treatment roster based on a composite score indicating whether the treatment should be moderate or intensive.

Treatment programming is based on whether the inmate was convicted of and sentenced for Driving Under the Influence (DUI) or for another substance-related offense. DUI treatment combines, at minimum, 16 hours of education and 20 hours of treatment. For other inmates, moderate treatment programming consists of approximately 96 hours of treatment while intensive treatment programming provides between 144 and 192 hours of treatment, depending on the specific program. ADC prisons offer five main categories of treatment as shown in Table 3.1.

TABLE 3.1 | TREATMENT TYPE, DOSAGE, AND CURRICULUM FOR ADC

TREATMENT TYPE	DOSAGE	CURRICULUM
Moderate	Inmates meet two times per week for two hours each session. Program length is six months and total dosage is approximately 96 hours.	Base curriculum is Hazelden's <i>Living in Balance</i> . Female inmates also work from Najavits' <i>A Woman's Addiction Workbook</i> .
Intensive	Inmates meet two times per week for two hours each session. Program length is twelve months and total dosage is between 144 and 192 hours.	Base curriculum is the extended version of Hazelden's <i>Living in Balance</i> . Females also work from Najavits' <i>A Woman's Addiction Workbook</i> .
Co-occurring	Inmates meet two times per week for two hours each session. They also take part in psycho-educational classes and peer-led classes. Program length is six months and total dosage is approximately 96 hours.	Base curriculum is Peterson's <i>Working With Offenders Who Have Co-occurring Mental and Addictive Disorders</i> .
In-house with Residence	Inmates meet four times each week for two hours each session. They also participate in psycho-educational classes, peer-led sessions, and Moral Reconation Therapy. Program length is 60 to 90 days and total dosage is approximately 70 to 100 hours.	Base curriculum is a combination of Hazelden's <i>Living in Balance</i> , Hazelden's <i>A New Direction</i> , and Peterson's <i>Working With Offenders Who Have Co-occurring Mental and Addictive Disorders</i> .
DUI	Inmates complete a minimum of 16 hours of DUI education and 20 hours of DUI treatment.	Curriculum varies by location but all follow standards set by the Office of Behavioral Health Licensing.

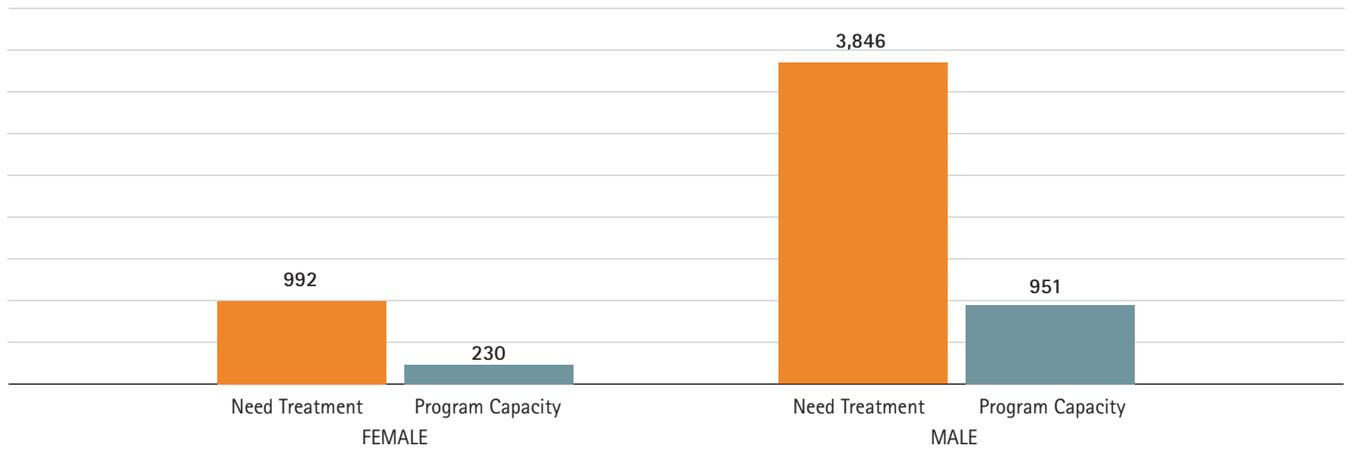
FIGURE 3.1 | CLAIMED USE OF AOD AND TYPES, FY 2012 PRISON ADMISSIONS



Overall use of alcohol and other drugs is declining among new inmates, from 54.5 percent in FY 2008 to 48.8 percent in FY 2012. While marijuana, methamphetamine, and opiate use seem stable, claimed heavy use of alcohol has dropped from 12.1 percent of the FY 2008 admissions to only 4.0 percent of the FY 2012 admissions.

These patterns are consistent when demographics are considered. Both females and males, all racial groups, and almost all age groups showed declines in use. The percentage of males reporting use dropped by 3.2 percent and the percentage of females reporting use dropped by 30.5 percent. The less than 19 year age group reported a slight increase of 2.3 percent. Marijuana (3.1 percent) and methamphetamines (11.4 percent) are the only substances with increased usage. Claimed use of alcohol dropped 61.0 percent and use of opiates declined by 21.5 percent.

FIGURE 3.2 | NEW ADMISSIONS NEEDING TREATMENT VS. PROGRAM CAPACITY



During FY 2012, a total of 4,838 new admissions (992 females and 3,846 males) were classified as needing either moderate or intensive substance abuse treatment. During that time, a total of 1,181 treatment program slots were available for both moderate and intensive treatment programs.

SECTION 4: Other At-Risk Populations

Of the Arizona Department of Health Service (ADHS) clients who had a substance use disorder in 2010 and 2012, about 14 percent were pregnant females or females with dependent children (Table 4.1). These women were primarily White and non-Hispanic. More pregnant/parenting women in the ADHS system abused alcohol in 2012 (29.6 percent) than in 2010 (24.5 percent). Those women with a recent arrest decreased from 12.2 percent in 2010 to 10.6 percent in 2012.

TABLE 4.1 | ADHS PREGNANT /PARENTING FEMALES WITH A SUBSTANCE USE DISORDER AS COMPARED TO ALL ADHS CLIENTS WITH A SUBSTANCE USE DISORDER, FOR 2010 AND 2012

	2010	2012	All Clients with a Substance Use Disorder 2010	All Clients with a Substance Use Disorder 2012
Total in Population	9,777	10,979	70,179	75,115
Median Age (Years)	31.7	31.98	35.0	34.44
Race				
White	80.7%	81.0%	81.9%	83.1%
Black	6.7%	7.3%	6.9%	7.1%
Native American	10.2%	9.8%	9.1%	7.8%
Asian	0.3%	0.3%	0.3%	0.4%
Hawaiian	0.5%	0.3%	0.5%	0.3%
Multiracial	1.7%	1.3%	1.4%	1.3%
Ethnicity				
Hispanic	26.5%	25.0%	25.5%	26.5%
Not-Hispanic	73.5%	75.0%	74.5%	73.5%
Percent Attending School	9.5%	10.5%	14.1%	15.4%
Percent with HS Diploma / GED or Greater	60.0%	64.4%	56.4%	59.6%
Percent with a Recent Arrest	12.2%	10.6%	15.5%	14.1%
Housing Status				
Homeless	3.0%	3.5%	5.1%	5.1%
Not Homeless	97.0%	96.5%	94.9%	94.9%
Primary Substance				
Alcohol	24.5%	29.6%	28.9%	35.2%
Methamphetamine	14.1%	25.2%	8.7%	14.2%
Crack/Cocaine	4.6%	4.4%	4.1%	4.8%
Marijuana	13.6%	20.3%	18.1%	26.1%
Heroin	4.2%	7.3%	6.9%	9.7%

Of the ADHS clients with a substance use disorder in 2010 and 2012, about 7-9 percent were intravenous (IV) drug users (Table 4.2). Most were male and non-Hispanic Whites. There was an increase in the prevalence of IV drug users who used heroin from 2010 to 2012.

TABLE 4.2 | INTRAVENOUS DRUG USERS AS COMPARED TO ALL ADHS CLIENTS WITH A SUBSTANCE USE DISORDER, FOR 2010 AND 2012

	2010	2012	All Clients with a Substance Use Disorder 2010	All Clients with a Substance Use Disorder 2012
Total in Population	5,125	6,684	70,179	75,115
Median Age (Years)	39.6	35.27	35.0	34.44
Gender				
Male	63.0%	61.4%	57.2%	55.9%
Female	37.0%	38.6%	42.8%	44.1%
Race				
White	91.0%	93.6%	81.9%	83.1%
Black	2.5%	2.3%	6.9%	7.1%
Native American	3.9%	2.7%	9.1%	7.8%
Asian	0.2%	0.2%	0.3%	0.4%
Hawaiian	1.5%	0.5%	0.5%	0.3%
Multiracial	0.9%	0.7%	1.4%	1.3%
Ethnicity				
Hispanic	26.2%	24.7%	25.5%	26.5%
Not-Hispanic	73.8%	75.3%	74.5%	73.5%
Percent Attending School	4.1%	5.1%	14.1%	15.4%
Percent with HS Diploma / GED or Greater	61.4%	69.7%	56.4%	59.6%
Percent with a Recent Arrest	16.4%	14.2%	15.5%	14.1%
Housing Status				
Homeless	9.7%	9.0%	5.4%	5.1%
Not Homeless	90.3%	91.0%	94.6%	94.9%
Primary Substance Type				
Heroin	68.3%	75.7%	6.9%	9.7%
Methamphetamine	15.9%	18.0%	8.7%	14.2%
Alcohol	6.4%	0.1%	28.9%	35.2%
Crack/Cocaine	3.1%	1.4%	4.1%	4.8%
Marijuana	2.8%	0.1%	18.1%	26.1%
Other Opiates	2.7%	4.0%	2.7%	5.3%
Other Substances	0.7%	0.7%	4.4%	3.1%

In 2012, ADHS had 1,768 veterans enrolled; most veterans were male and non-Hispanic White (Table 4.3). Veterans were older (49.69) than the median age for all ADHS clients (28.35). Most were unemployed or not in the labor force (83.9 percent) and the majority received Medicaid benefits (77.7 percent). Of those who abused substances, 29.4 percent abused alcohol, 10.5 percent abused marijuana, and 5.7 percent abused methamphetamines. Moreover, 13.3 percent of veteran IV drug users had a recent arrest.

TABLE 4.3 | ADHS VETERANS DRUG USE STATISTICS FOR 2012

Veterans (Enrolled FY 2012)	Enrolled Veterans ¹	All Members Enrolled FY 2012
Total in Population	1,768	213,588
Median Age (Years)	49.69	28.35
Gender		
Male	78.6%	48.8%
Female	21.4%	51.2%
Race		
White	86.1%	85.2%
Black	7.5%	7.4%
Native American	4.5%	4.8%
Asian	0.5%	0.7%
Hawaiian	0.1%	0.3%
Multiracial	1.2%	1.7%
Ethnicity		
Hispanic	16.6%	31.8%
Not-Hispanic	83.4%	68.2%
Percent Attending School	10.6%	36.3%
Employment Status		
Employed	16.1%	13.0%
Unemployed	36.8%	31.0%
Not in Labor Force	47.1%	56.0%
Percent with a Recent Arrest	13.3%	6.3%
Housing Status		
Homeless	0%	2.4%
Not Homeless	100%	97.6%
Primary Substance Type		
Heroin	4.9%	3.2%
Methamphetamine	5.7%	4.8%
Alcohol	29.4%	13.3%
Crack/Cocaine	2.3%	1.6%
Marijuana	10.5%	8.8%
Other Opiates	2.6%	1.8%
Other Substances	1.3%	1.1%
Behavioral Health Category		
Child (<18 years)	2.1%	32.2%
Adult – SMI	42.2%	19.2%
Adult – GMH	33.4%	33.1%
Adult – SA	22.2%	15.5%
Financial Eligibility Status		
Title-19 Medicaid	77.7%	84.7%
Non-Medicaid	22.3%	15.4%
Region		
NARBHA	23.0%	14.4%
Cenpatico 2	2.9%	3.1%
Cenpatico 3	4.1%	3.3%
Cenpatico 4	5.9%	5.4%
CPSA	33.0%	23.4%
Magellan	30.7%	49.0%

¹ DBHS began tracking veteran status of its members in January 2012; therefore information on this population is limited at this time.

SECTION 5:

Prescription Drug Misuse and Abuse Initiative

In November 2011, the Centers for Disease Control and Prevention (CDC) issued a report indicating that deaths from prescription (Rx) pain relievers had reached epidemic proportions in the United States (CDC Vital Signs November 2011). It was estimated that 40 deaths per day are due to prescription drugs, exceeding the number of deaths related to heroin and cocaine combined. For the first time in history, drug poisoning deaths have become the number one cause of accidental deaths in America.

Arizona is no exception to this problem. According to data from Arizona's Prescription Drug Monitoring Program, between 2009 and 2011 there were approximately 10 million Class II-IV prescriptions written each year in Arizona. Prescription pain relievers accounted for over half of the drugs dispensed. In 2010, 13 percent of Arizona adults reported some type of prescription drug misuse in the past 30 days, with half of the misuse related to prescription pain relievers. Likewise, in 2010, 10.4 percent of Arizona youth reported some type of prescription drug misuse in the past 30 days, with an alarming 76.7 percent of the misuse involving prescription pain relievers.

Arizona has also seen a corresponding, and dramatic, increase in opioid-related cases in Emergency Departments and drug poisoning deaths involving Rx drugs (Arizona Department of Health Services).

To address the growing concern over Rx drug misuse in Arizona and related consequences, the Arizona Substance Abuse Partnership (ASAP) has endorsed a Prescription Drug Misuse and Abuse Initiative. Prescription drug abuse is a problem that impacts Arizona communities and families. Whether prescription medications are misused by individuals with a valid prescription or by those who obtain them illegally, the risks and potential consequences are significant. In order to design effective solutions the problem must be clearly identified.

Identifying the Problem

There were approximately 10 million Class II-IV prescriptions written in Arizona in 2011.

- Pain relievers accounted for over 50 percent.
- Sedatives accounted for almost 37 percent.
- Stimulants accounted for 9 percent.

Who is Affected?

Youth

- 10.4 percent of 8th, 10th and 12th grade youth reported prescription drug misuse; 76.7 percent of which was the misuse of pain relievers, 40.6 percent was sedative misuse, and 20.5 percent was stimulant misuse.
- 68.6 percent of these youth reported using both prescription drugs and alcohol in the past 30 days, with 27.6 percent reporting prescription drug misuse and (heavy) binge drinking.
- The majority of youth (78.6 percent) reported obtaining them from friends and family/home.

Adults

- 11 percent of surveyed adults reported misusing prescription drugs in 2010.
- Of these, 50 percent reported prescription drug misuse in the past 12 months.
- 47 percent of adults reported misused pain relievers, 32 percent misused sedatives, and 3.3 percent misused stimulants.
- Adults aged 60-69 years old were significantly more likely to report misusing prescription drugs.

Consequences

- Between 2008 and 2010 emergency departments (ED) saw a 10.2 percent increase in drug dependency cases.
- Opioid-related ED visits between 2008 and 2010 increased by 23.68 percent in dependency cases.
- Between 2006 and 2010, there was a 22.2 percent increase in deaths caused by drug poisonings (986 in 2006; 1,176 in 2010); 54 percent of these deaths were due to prescription drugs.

Crime

- Over 2,000 arrests were made for the possession, use, or distribution of prescription drugs without a valid prescription or license, a 366.1 percent increase between 2001 (433 arrests) and 2010 (2,018 arrests).
- The High Intensity Drug Trafficking Area (HIDTA) reported an increase in pharmacy robberies in Arizona in their 2011 Threat Report.

Factors Amplifying the Problem

Prescription drugs appear to be more socially acceptable than other illicit substances. Problems are amplified by a false perception of “safety” because when used as prescribed they are intended to help people.

Results from the 2010 Arizona Youth Survey revealed that for every additional risk factor to which youth are exposed, and the prevalence of prescription drug misuse increases. Conversely, the more protective factors to which youth are exposed reduced the prevalence of prescription drug misuse. For example, youth who reported misusing prescription drugs were more than two times as likely to have attitudes that favor drug use, and having friends who used drugs.

Prescription Drug Abuse: Reduction Strategies

These findings suggest that one possible prescription drug reduction strategy would be to engage in efforts to shift perceptions about the social acceptance and risks related to prescription drug misuse.

Recognizing the costs and impact of prescription drug misuse/abuse, the Arizona Substance Abuse Partnership (ASAP) decided to bring together stakeholders to create a multi-systemic strategy to combat prescription drug abuse. In February 2012, the Arizona Criminal Justice Commission, the High Intensity Drug Trafficking Area program, and staff of the Governor’s Office for Children, Youth and Families held the Prescription Drug Expert Panel meeting, which brought together insurance industry representatives, law enforcement, county attorneys,

prevention coalition representatives, physicians, and other key stakeholders to develop a comprehensive set of strategies that incorporates specific objectives for law enforcement/criminal justice personnel and the medical/treatment and prevention communities. Supported by Epi Work Group data to ensure data-driven decision making, ideas from this meeting were synthesized into five key Prescription Drug Prevention Strategies, which are being tested through the Arizona Rx Drug Reduction *Pilot Project* in three counties:

Strategy One: Reduce Access to Rx Drugs

For the obvious reason that Rx drug abuse could not occur if the drugs themselves were not attainable it is, as a first strategy, important to reduce access to prescription drugs. By providing something as simple as permanent Rx drop boxes, for example, drugs can be kept from those who would otherwise misuse or abuse them. Similarly, strategic placement of signs around popular retail stores can help remind community members the importance of properly storing Rx drugs. Together, these types of efforts will minimize the quantity of Rx drugs available.

Strategy Two: Educate Prescribers and Pharmacists about Rx Drug Best Practices

Excluding the unfortunate illegal means, Rx drugs are made available by doctors who prescribe them and from pharmacies that provide them. It is, therefore, critical they are well educated on the, “Best Practices of Rx drugs.” It would also be ideal if the countless pharmacies across the state would operate by the same “Best Practices” standards. For these reasons an evidence-based Best Practice curriculum is currently being developed by the Arizona Department of Health Services. What has yet to be done, however, which is a main part of this strategy, is providing a broad intra-agency position statement that can offer a unified standard and voice on Rx Drug Best Practices.

Strategy Three: Enhance Rx Drug Practice and Policies in Law Enforcement

Law enforcers are critical “front line” players in efforts to decrease Rx drug abuse. This strategy includes the education of officers on the prevalence of Rx drug abuse and related crimes as well as, how to properly read prescription bottles and scripts; and how to recognize and discern the different types of pills.

Strategy Four: Increase Public Awareness about the Risks of Rx Drug Misuse

This strategy targets the general public and aims to create a sense of urgency about the risks of abusing Rx drugs through using social media efforts, incorporating uses of evidence-based curriculums and enhancing partnerships with key stakeholders such as Drug Free America. Having a sense of urgency in the community on this issue is important to help the message spread.

Strategy Five: Build Resilience in Children and Adults

This final strategy aims to build on the general awareness of Rx drug abuse to foster a deeper sense of resilience among parents and youth. Including youth-focused curriculums, this strategy also utilizes a train-the-trainer model. In combination with the previous four, this strategy is designed to influence a cultural paradigm shift regarding Rx drug abuse that can last for years to come.

CONCLUSIONS

Arizona Youth

The Arizona Youth Survey (AYS) has provided valuable information for targeting prevention and treatment efforts for Arizona students. When examining substance use patterns, alcohol has consistently been the most used and abused substance by youth.

In fact, alcohol was the substance used most often in the commission of a crime by youths. Efforts need to be made to increase protective factors and reduce risk for substance use for incarcerated juveniles. The consequences of continued substance abuse could have long-lasting effects for these youths. Substance dependency and abuse treatment while incarcerated must be a priority. Providing necessary substance abuse treatment while incarcerated could be pivotal in preventing future substance related crime and other negative health consequences.

Arizona Adults

Alcohol was the most used and abused substance among Arizona adults. In the general population, males were abusing alcohol, marijuana, and illicit drugs at consistently higher rates than females. Alcohol use among males and females who are in higher education institutions tended to be similar. Alcohol use in pregnant and/or parenting females in the ADHS system has increased from 2010 (24.5 percent) to 2012 (29.6 percent). The consequences of abusing alcohol while pregnant are well known and the impact on children who live in homes with an alcohol-abusing parent cannot be overlooked. Alcohol abuse treatment must be widely available to those who need it.

In addition, the misuse of prescription drugs in Arizona adults is of concern and varies by race. A disturbing increase in the misuse of painkillers among Asian/Pacific Islander higher education students was observed. An alarming number of adult survey respondents reported ever using a prescription drug without a doctor's consent with nearly half of non-Hispanic Whites and Hispanics and 85 percent of Native Americans reporting prescription drug misuse. In 2010, 13 percent of Arizona adults reported some type of prescription drug misuse in the past 30 days, with adults reporting misuse related to prescription pain relievers (47 percent), sedatives (32 percent), and stimulants (3.3 percent).

Adult Offenders

When examining rates for adult offenders, reported use of alcohol and other drugs by gender, race, and all age groups decreased among new inmates. While overall use of alcohol and other drugs declined among new adult inmates, from 54.5 percent in FY 2008 to 48.8 percent in FY 2012, treatment for incarcerated adults has not always been available.

Treatment programming is based on whether the inmate was convicted of and sentenced for Driving Under the Influence (DUI) or for another offense. During FY 2012, a total of 4,838 new admissions (992 females and 3,846 males) were classified as needing either moderate or intensive substance abuse treatment. During that time, a total of 1,181 treatment program slots were available for both moderate and intensive treatment programs. Obtaining necessary substance abuse treatment while incarcerated has the potential to change the lives of adult offenders both in prison and upon release.

Further Considerations

The Prescription Drug Misuse and Abuse Initiative targets the misuse of prescription drugs with the following strategies: (1) reduce access to prescription drugs; (2) educate prescribers and pharmacists about prescription drug best practices; (3) enhance prescription drug practice and policies in law enforcement; (4) increase public awareness about the risks of prescription drug misuse; and (5) build resilience in children and adults. The Initiative's successful strategies and activities begun in three pilot counties and across multiple agencies should be continued and expanded to further reduce prescription drug misuse in Arizona.

Some at-risk populations in Arizona have been identified and discussed within the context of this report. Certainly, this is not an exhaustive list of at-risk populations. All Arizonans are affected in some way by substance use and abuse. As a society, we must expand prevention and resiliency efforts and make treatment options available to those in need. Effective substance abuse treatment changes lives and allows people to participate more fully in their communities.

