



The Impact of Substance Abuse: A Snapshot of Arizona

July 2007

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

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Executive Summary

Every two years, 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 statewide Substance Abuse Epidemiology Profile, which compiles key substance abuse-related findings. This document, a snapshot of the larger report, draws out the most salient and timely findings. It is intended for use by policymakers, policy analysts, and other interested parties.

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. It also touches on the substance abuse-specific indicators set forth by the Governor's Children's Cabinet.

It appears that the number of individuals reporting dependence on alcohol or alcohol abuse has risen significantly in the last five years. Between 2000 and 2005, there was a 50% increase in the percentage of people (aged 12 and older) reporting dependence on or abuse of alcohol—a problem that now afflicts one in ten Arizonans. Further, one in four Arizonans, aged 12 and older, reported binge drinking within the month prior to being surveyed.

Underage drinking is also a concern throughout Arizona. Almost half of Arizona high school students reported drinking at least one alcoholic beverage on more than one of the 30 days preceding the survey and over

20% reported engaging in binge drinking in the two weeks prior to being surveyed—a dispiriting finding given the effects of alcohol on the developing brain and body. Furthermore, over 20% of high school students reported being drunk or high at school in the past year, an indication that the problem can be difficult to contain.

One success is the continued decrease in the incidence of driving under the influence (DUI). Between 2002 and 2005, arrests for DUI decreased by over 16%. While this progress should be acknowledged, the data indicate a need for continued observation.

Though alcohol use 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. The impact of methamphetamine is felt throughout Arizona, as recently detailed in the report issued by Governor Napolitano's Methamphetamine Task Force entitled, *A Plan for Action: Addressing the Methamphetamine Crisis in Arizona*. We continue to learn more about the nature of methamphetamine use and addiction as our state confronts the problem, and some new findings in this report should orient our policymaking choices.

First, new findings show that methamphetamine is the only substance for which middle- and high-school girls report higher usage rates than boys. There is also a disproportionate use of methamphetamine by adult females receiving drug treatment services,

Executive Summary

suggesting that girls may continue to use methamphetamine at higher rates into adulthood. The number of individuals seeking treatment for methamphetamine and the cost of treating individuals for addiction to this substance continue to be remarkably high—an indicator of just how devastating the drug can be. Recent data indicate that the production of this drug is moving out of Arizona, as methamphetamine lab “busts” decrease; however, trafficking across the Mexican border into Arizona has risen as a substitute for in-state production.

Though issues surrounding methamphetamine and alcohol are familiar to many policy-makers, new epidemiological data point to emerging issues in substance abuse that must be addressed. Of concern is the growing abuse of prescription drugs—almost 15% of Arizona youth reported misusing prescription drugs in 2006. While the incidence of drug use tends to rise as youth progress through school, 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. Finally, analysis of treatment admissions by ethnic group indicates varying levels of substance use among ethnic groups, 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.

This snapshot provides hard data that illustrate the severity of substance abuse in Arizona. Alcohol and drug dependence and abuse is consistently higher among 18 to 25-year-olds than individuals in any other age group. Prevention efforts must focus on this age group and the age group preceding it, as youthful experimentation can quickly become adult abuse and dependence. With strong, coordinated efforts, Arizona can make progress in the fight to reduce substance abuse.

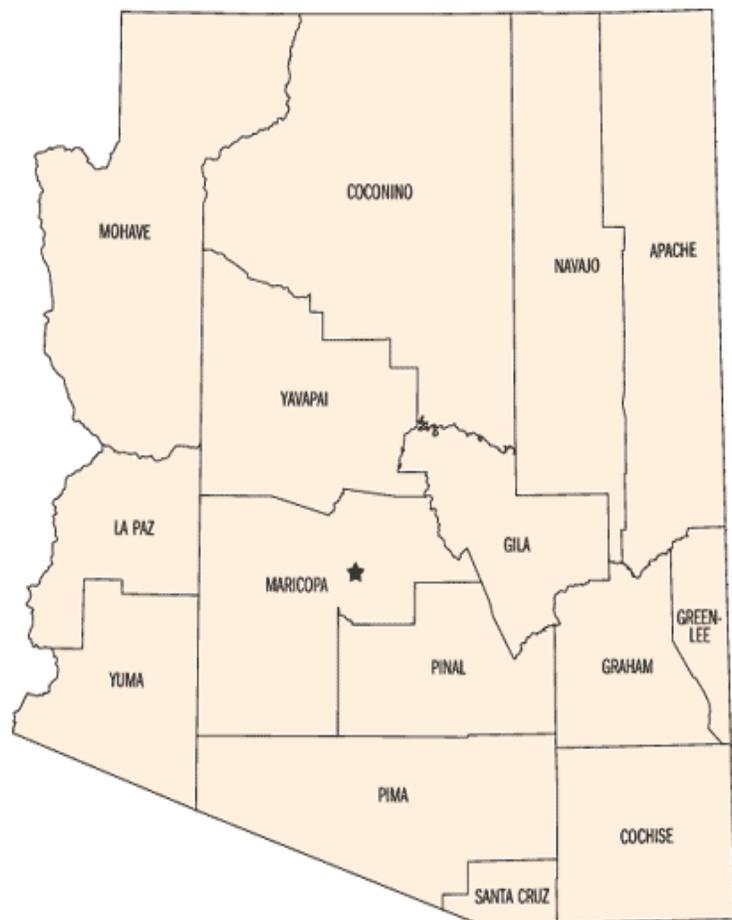
Introduction

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; arrests and injuries related to driving under the influence of alcohol; prevention, treatment, and enforcement efforts related to methamphetamine use in Arizona; and substance abuse-specific indicators set forth by the Governor's Children's Cabinet. This report 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 rapid population growth. The state is comprised of 15 counties and 21 federally-recognized tribes.

As of 2006, Arizona had an estimated population of 6,166,318 (U.S. Census Bureau, Population Division, *2006 Population Estimates*, December 22, 2006). While the overall United States population grew 5.3% between 2000 and 2005, Arizona experienced a 18.1% growth during the same time period. The majority of Arizona's residents live in urban areas within Maricopa County, which is home to more than 3.6 million people, and in Pima County, where some 924,000 people reside. The remainder of



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

Arizona's residents live in the 13 other counties, which are considered rural areas (U.S. Census Bureau, *American Community Survey*, 2005, available at <http://factfinder.census.gov>).

The median Arizona household income is \$41,963, slightly less than the national average of \$43,318. In Arizona, 13.9% of citizens live below the poverty line—slightly higher than the 12.5% national average (U.S. Census Bureau, *American Community Survey*, 2005, available at <http://factfinder.census.gov>).

Overall, 87.4% of Arizona residents describe themselves as White (60.4% non-Hispanic White). Hispanic Arizonans constitute the largest ethnic minority in the state, accounting for 28.5% of the total population. At the national level, only 14.4% of individuals indicate that they belong to this ethnic group. Individuals who report being American Indian make up 5.1% of the population, and many identify themselves as

members of one of the 21 federally-recognized tribes in Arizona. In addition, 3.6% of Arizonans reported that they are Black, 2.2% of the population is Asian, and 1.5% reported a biracial background (U.S. Census Bureau, *American Community Survey*, 2005, available at <http://factfinder.census.gov>).

Arizona is also linguistically diverse. It is estimated that 27.4% of individuals residing in Arizona speak a language other than English at home. This exceeds the 19.4% of the national population that speak a non-English language at home (U.S. Census Bureau, *American Community Survey*, 2005, available at <http://factfinder.census.gov>).

Introduction

Drug Trafficking

Arizona shares approximately 350 miles of border with Mexico, making it susceptible to transnational drug trafficking. In recent years, an increasing number of smugglers have traversed the sparse desert separating Arizona and Mexico to traffic drugs throughout the United States. Mexican smugglers typically conceal cocaine, black tar heroin, methamphetamine and marijuana in hidden vehicle compartments or on human pedestrians. Federal authorities seized 3,025 kilograms of cocaine, 86 kilograms of heroin, 669 kilograms of methamphetamine and 353,409 kilograms of marijuana in 2006. 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 or through relatively unguarded areas, especially the unguarded crossing points between Sierra Vista and Nogales. (Drug Enforcement Administration, 2007 Arizona, available at <http://www.usdoj.gov/dea/pubs/states/arizona.html>).

While methamphetamine production in Mexico has increased sharply, chemical restrictions may make it difficult to sustain current production levels. 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 U.S.-Mexico border indicate a significant increase in methamphetamine production in Mexico since 2003. Further production increases are unlikely in the near future, and sustaining the current high level of production in Mexico has become more difficult, since the Mexican Government recently reduced ephedrine and pseudoephedrine imports from 224 metric tons in 2004 to 132.5 metric tons in 2005 (with a goal of 70 metric tons for 2006). Attempts to defeat the chemical restrictions in Mexico will likely include routing chemical shipments through transit countries, particularly Central and South America, for subsequent smuggling into Mexico (Drug Enforcement Administration, 2007 Arizona, available at <http://www.usdoj.gov/dea/pubs/states/arizona.html>).

Alcohol continues to be the number one substance used by adults and youth, both across the nation and within Arizona. The effects of alcohol can be seen in the public health arena, the justice system, within families, and in our youth. 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. Of particular interest is the percentage of Arizonans (aged 12 and older) reporting past-year dependence on, or abuse of, alcohol—a figure that rose 50% between 2000 and 2005 (from 6.4% to 9.7%). Further, almost one in four Arizonans aged 12 and older reported binge drinking in the 30 days preceding the survey (*National Survey on Drug Use and Health, 2005*. Unpublished Data. Department of Health and Human Services).

While alcohol use by adults continues to be of concern, this report focuses on underage alcohol consumption for two primary reasons. First, alcohol kills six and a half times more youth than all illicit drugs combined (Miller, T., & Pacific Institute Research and Evaluation, 2001). Secondly, children who drink put themselves at risk of perpetrating violence, becoming a victim of violence, or being a victim in a car crash (Hingson, Heeren, Jamanka, et al. 2000).

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 how 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.

"Research shows that young people who start drinking before the age of 15 are five times more likely to have alcohol-related problems later in life. New research also indicates that alcohol may harm the developing adolescent brain. The availability of this research provides more reasons than ever before for parents and other adults to protect the health and safety of our nation's children."

*Acting Surgeon General Kenneth Moritsugu,
M.D., M.P.H.*

Alcohol

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. In 2005, underage drinking cost the state approximately \$1.3 billion dollars. Table 1 provides an illustration of the costs of underage drinking, broken down by problem area. Alcohol psychoses is defined in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition (DSM-IV) (American Psychiatric Association [APA], 1994) as substance-induced psychotic disorders in which a person has hallucinations or delusions that are judged to be due to the direct physiological effects of alcohol. The top three problem categories—youth violence, youth traffic crashes and high-risk sex related to alcohol use—cost the state over \$1 billion dollars alone. If underage drinkers who become violent and/or drink and drive continue these behaviors into adulthood, Arizona will pay long into the future.



Table 1. Costs of Underage Drinking by Problem Area, Arizona, 2005

Problem	Total Costs
Youth Violence	\$508,500,000
Youth Traffic Crashes	\$398,700,000
High-Risk Sex, Ages 14 - 20	\$182,400,000
Youth Property Crime	\$96,700,000
Youth Injury	\$34,800,000
Poisonings and Psychoses*	\$10,200,000
Fetal Alcohol Syndrome among Mothers Aged 15 - 20	\$33,400,000
Youth Alcohol Treatment	\$31,600,000
Total	\$1,296,400,000

*Alcohol psychoses is defined in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition (DSM-IV) (American Psychiatric Association [APA], 1994).

Total is greater than the sum of the total costs due to rounding. Data is garnered from a report instead of in raw form, which does not allow for more accurate tabulation of the total costs.

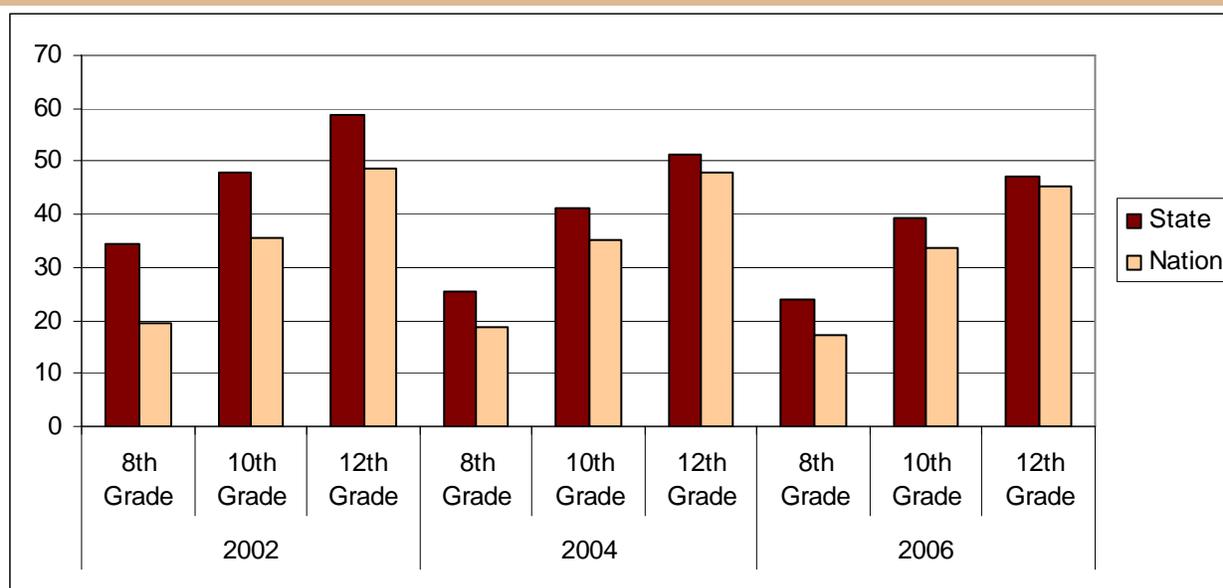
Source: *Underage Drinking in Arizona: The Facts*. Available online at: <http://www.udetc.org/factsheets/Arizona.pdf>



Underage drinking has deleterious effects on students' academic achievement. In Arizona, more than 20% of 10th and 12th grade students, and more than 12% of 8th grade students reported being drunk or high at school in 2006 (*Arizona Youth Survey: State Report, 2006*).

Figure 1 is a graphic representation of how Arizona compares to the nation on past 30-day alcohol use from 2002 to 2006. The data show that alcohol use increases with age, and more Arizona youth report past 30-day alcohol use than the national average, but a reduction in consumption over the years examined is noted.

Figure 1. Comparison of Percentage of Arizona Youth to National Youth Reporting Past 30-Day Alcohol Use.



Source: *Arizona Youth Survey: Unpublished Data, 2006*. Arizona Criminal Justice Commission.

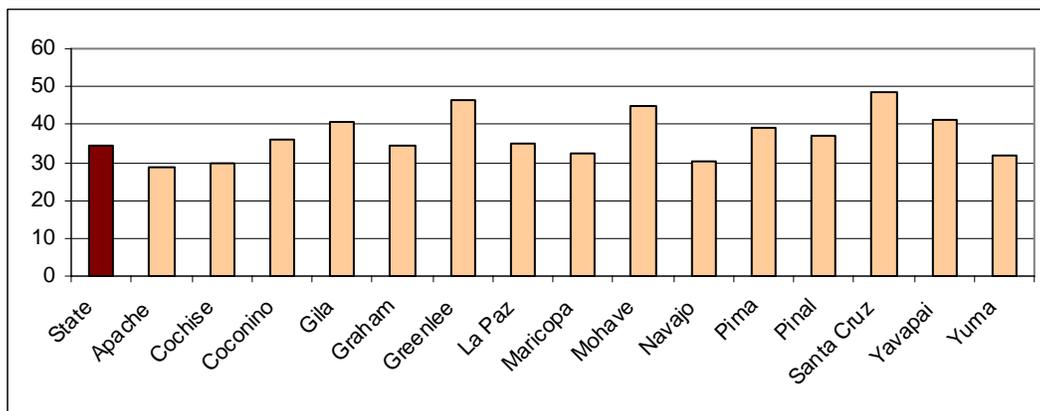
In addition, we know that almost half of high school students across the state reported current alcohol consumption, defined as having at least one drink of alcohol on more than one of the 30 days preceding the survey (Youth Risk Behavior Surveillance System, 2005) and more than one in four underage

respondents (aged 12 - 20) reported past 30-day alcohol use (*State Estimates of Substance Use from the 2003 - 2004 and 2004 - 2005 National Surveys on Drug Use and Health, 2007*, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services).

Alcohol

We can also monitor general trends in alcohol consumption among students across counties. The data suggest that underage drinking is more prevalent in rural areas. The following graph (Figure 2) illustrates this, as Santa Cruz, Mohave, Greenlee, Gila, and Yavapai Counties had the highest percentages of youth who reported past 30-day alcohol use.

Figure 2. Percentage of 8th, 10th, and 12th Grade Students Combined Reporting Past 30-Day Alcohol Use, Arizona, 2006.



Arizona Data Source: *Arizona Youth Survey: State Report, 2006*. Arizona Criminal Justice Commission.

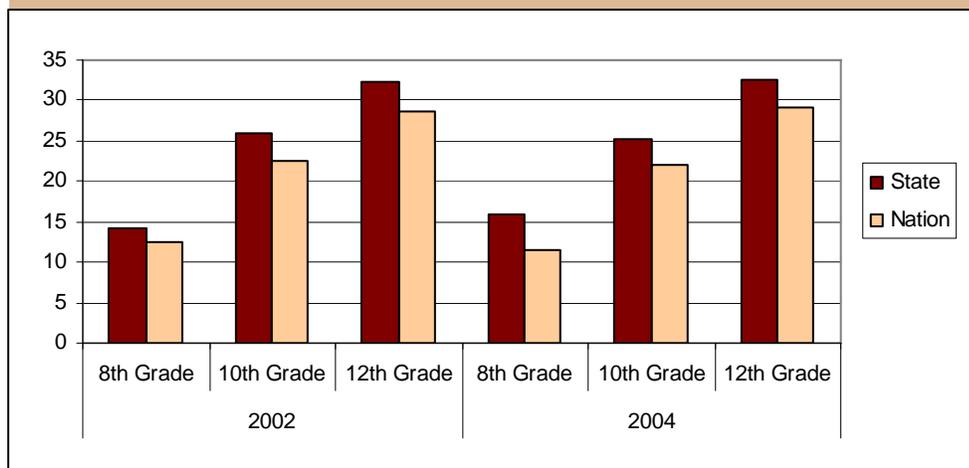
National Data Source: *Monitoring the Future, 2006*.

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, 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.



Figure 3 shows the percentage of students who reported binge drinking, both in Arizona and nationwide, and indicates that in both 2002 and 2004, more Arizona youth in 8th, 10th and 12th grades reported binge drinking than did youth nationally, which may in part explain the high costs of underage drinking in Arizona.

Figure 3. Comparison of Percentage of Arizona Youth to National Youth (8th, 10th, and 12th Grade Students) Who Reported Past 2-Week Binge Drinking, 2002 - 2004.

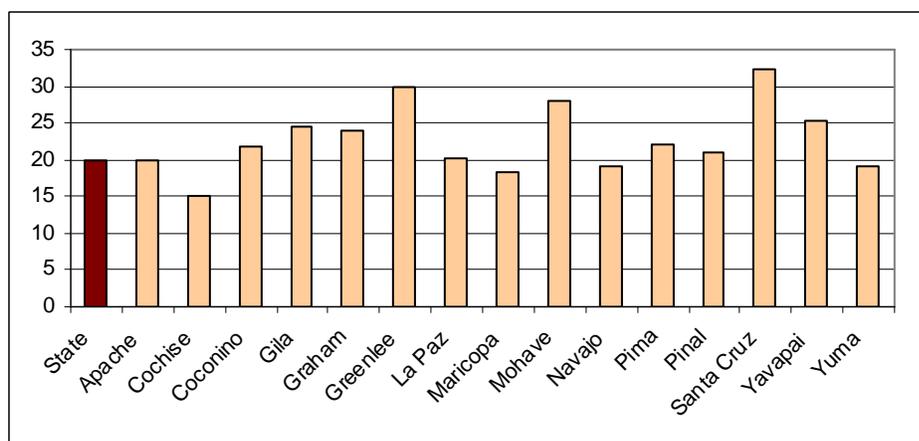


Arizona Data Source: Arizona Youth Survey: State Report, 2006. Arizona Criminal Justice Commission.

National Data Source: Monitoring the Future, 2006.

Figure 4 indicates that the percentage of youth who reported binge drinking within the 2 weeks preceding the survey varied widely by county. The counties with the highest percentages of youth who reported binge drinking were: Gila, Greenlee, Mohave, Santa Cruz and Yavapai. These same five counties also had the highest percentages of youth who reported past 30-day alcohol use. Interestingly, youth in Apache, Graham and Yuma Counties had high percentages of youth who reported past 2-week binge drinking, but none of these counties had the highest percentage of youth who reported past 30-day alcohol use. This may indicate that prevention efforts targeted at these counties need to focus on the harmful effects of binge drinking rather than on overall alcohol use. When we examine binge drinking

Figure 4. Percentage of 8th, 10th, and 12th Grade Students Combined Who Reported Past 2-Week Binge Drinking, by County, 2006.



Source: Arizona Youth Survey: County Reports, 2006. Arizona Criminal Justice Commission. Retrieved from: http://azcjc.gov/pubs/home/2006_AYS_County_Reports.pdf

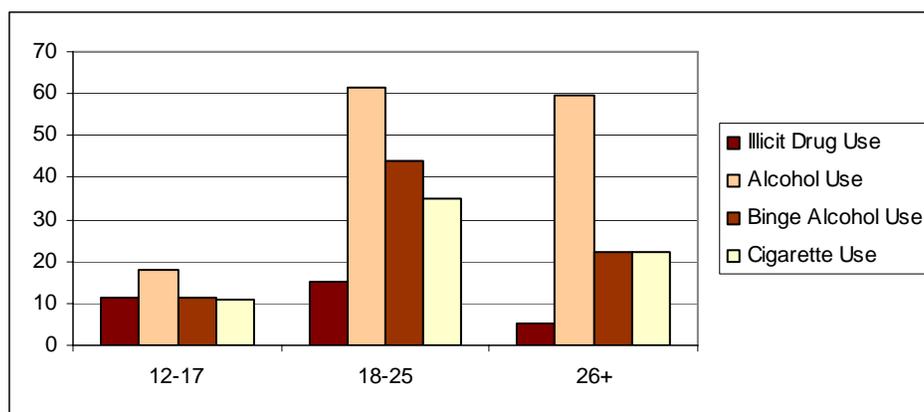
Alcohol

overall (among 8th, 10th and 12th grade students combined), we note that nine counties had higher percentages of youth who reported binge drinking than the overall state average (*Arizona Youth Survey: County Reports, 2006*. Arizona Criminal Justice Commission).

Binge Drinking Among Individuals Between the Ages of 18 and 25

The years when an individual is transitioning to adulthood can be troubling, as higher substance abuse occurs between the ages of 18 and 25. Figure 5 illustrates that a higher percentage of Arizona residents ages 18 - 25 experience numerous problems related to substance abuse, including binge drinking, than individuals in other age groups. The Substance Abuse and Mental Health Services Administration

Figure 5. Selected Indicators of Substance Use, Estimated Percentages, by Age Group, Arizona, 2004 - 2005 Averages.



Note. Use refers to past-month use.

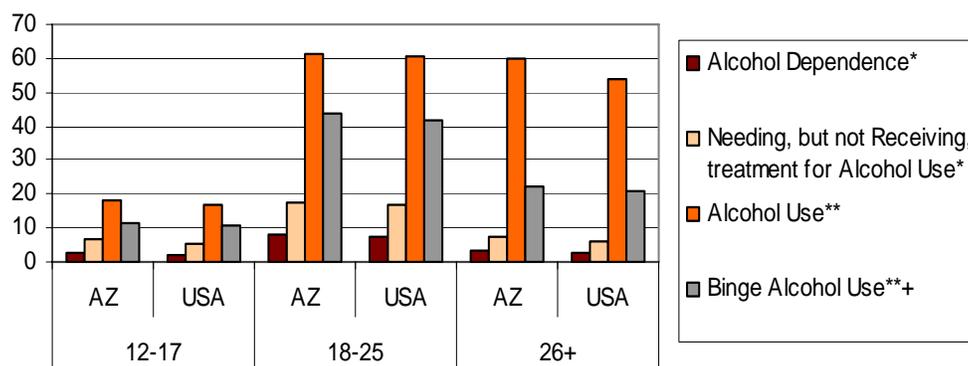
Note. Binge alcohol use is defined as consuming five or more alcoholic drinks on the same occasion on at least 1 day within the last 30 days.

Source: *State Estimates of Substance Use from the 2004 - 2005 National Surveys on Drug Use and Health*. Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.

(SAMHSA)—provider of the data displayed in Figure 6—defines binge drinking as the consumption of five or more drinks on the same occasion on at least one day within the last 30 days. Further, SAMHSA defines alcohol dependence based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* (American Psychiatric Association [APA], 1994) that relate to health and emotional problems associated with alcohol use; attempts to cut down on use; and tolerance, withdrawal, and other symptoms associated with the consumption of alcohol. It is important to gauge the proportion of the population that is dependent upon alcohol as dependence is more indicative of a severe substance problem than alcohol abuse. In addition, we know that those who become dependent upon or abuse alcohol were more likely to have begun drinking before the age of 15 (Grant & Dawson, 1997). Finally, SAMHSA indicates that an individual who is needing, but not receiving, treatment for alcohol use is a person who meets the criteria for abuse of, or dependence on, alcohol according to the DSM-IV, but has not received specialty treatment for alcohol abuse/dependence in the past year.

Figure 6 compares Arizonans to the percentage of individuals in the nation by age group who are estimated to drink alcohol, engage in binge drinking, be dependent upon alcohol or need, but not receive, treatment for alcohol use. These data indicate that both binge alcohol use and overall alcohol use should be of greater concern than alcohol dependence or needing, but not receiving, treatment for alcohol use. Further, Figure 6 indicates that while slightly higher percentages of Arizonans reported alcohol use and binge alcohol use than did respondents across the nation, Arizona mirrors national alcohol use trends.

Figure 6. Comparison of Percentage of Arizonans to the Nation on Several Indicators of Alcohol Use and Consequences, 2004 – 2005.



* Past year dependence/treatment need

** Past month use

**+ Binge alcohol use is defined as consuming five or more alcoholic drinks on the same occasion on at least 1 day within the last 30 days.

Source: *Changes in Prevalence Rates of Drug Use between 2002 - 2003 and 2004 - 2005 among States*. Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.

Driving Under the Influence

Arizona bears a great burden due to DUI-related loss of life, pain and suffering, property damage, and medical costs. Figure 7 indicates that of alcohol-related fatalities, injury accidents, and motor vehicle crashes that cause property damage, drivers between the ages of 25 and 34 are

Figure 7. Number of Drivers Involved in Alcohol-Related Crashes by Age Group, Arizona, 2005.



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

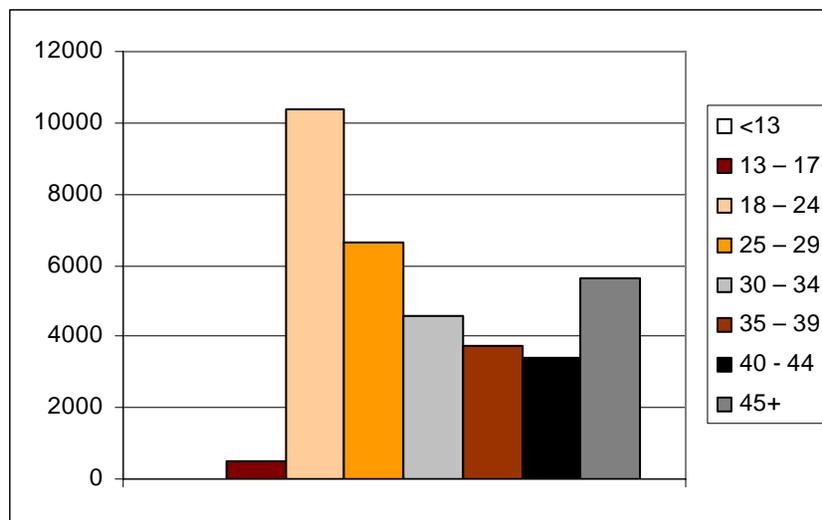
Alcohol

typically behind the wheel. However, if we combine the age categories inclusive of drivers between the ages of 0 and 20 and 21 and 24, we note that drivers between the ages of 0 and 24 had more alcohol-related accidents than did those between the ages of 25 and 34, indicating that both youth and young adults are engaging in a behavior that causes great harm.

In addition to injuries, fatalities and property damage, driving under the influence has profound effects on the legal system and the productivity of Arizonans. Among adults, more arrests were made for DUI than for drug sale and manufacturing/possession combined. Specifically, 34,859 adult arrests and 516 juvenile arrests were made for DUI in 2005 (*Crime in Arizona, 2005*. Arizona De-

partment of Public Safety). Among adults, 4,127 were given probation for their DUI charge (*Arizona Adult Probation Population, 2006*. Adult Probation Services Division, Administrative Office of the Courts). Figure 8 illustrates that the largest number of arrests were for those drivers between the ages of 18 and 24.

Figure 8. Arrests for Driving Under the Influence of Alcohol by Age Group, Arizona, 2005.



Source: Crime in Arizona, 2005. Arizona Department of Public Safety.

Another measure of DUI comes from self-reports of driving under the influence of alcohol or riding as a passenger with someone known to have been drinking. In 2005, over one in three Arizona high school students reported driving with someone who had been drinking alcohol and over one in nine reported driving after drinking alcohol. Information about the relationship of the student to the impaired driver is not available. However, due to the large number of youth who reported driving after drinking alcohol, it is likely that the majority of youth who reported riding with someone who had been drinking were in the car with friends, as opposed to family members (*Arizona Youth Survey: State Report, 2006*. Arizona Criminal Justice Commission).

In conclusion, we find that alcohol continues to be the most frequently used substance by adults and youth in Arizona, placing a large financial and social burden on the state. While underage drinking and the costs related to DUI arrests and alcohol-related motor vehicle accidents remain high, we find

Table 2. Youth and Adult DUI Arrests, Arizona, 2002 - 2005

	2002	2003	2004	2005
Juvenile DUI Arrests	605	612	595	516
Adult DUI Arrests	41,146	38,924	37,802	34,859

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

that both juvenile and adult DUI arrests have been decreasing. The data in Table 2 indicate that both juvenile and adult DUI arrests decreased approximately 16% between 2002 and 2005 (from 605 to 516 for juveniles and from 41,146 to 34,859 for adults). We also note that underage drinking, including binge drinking, appears to be more prevalent in rural areas and we find that substance abuse in Arizona is more prevalent between the ages of 18 and 25, a trend that is consistent with that found nationwide.

Methamphetamine

Methamphetamine is a significant threat to the health and safety of all Arizona residents. 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. In fact, while Arizona represents only 13% of the southwest U.S.-Mexico border, an estimated 40% of all drugs that cross this border are seized in Arizona. According to the Drug Enforcement Administration (DEA), Mexican-produced methamphetamine is the most common type of methamphetamine encountered in Arizona (<http://www.usdoj.gov/dea/pubs/states/arizona.html>).

Prevention

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, while we have federal estimates of methamphetamine use among adults in Arizona, 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.

Table 3 shows a downward or stable trend in past-year methamphetamine use, depending on the age group of interest, in a national sample of individuals aged 12 and older. It also informs us that nationally, individuals between the ages of 18 and 25 are most likely to use methamphetamine, indicating a need to focus prevention efforts at earlier ages to avoid the use of this substance.

Table 4 compares Arizona 8th, 10th, and 12th graders to youth across the nation and indicates that Arizona youth are more likely to use methamphetamine during the 30-day period preceding the survey than are youth across the nation. 10th grade appears to be an especially high-risk time for these students as a higher percentage of

Table 3. Percentage of Respondents Reporting Past-Year Methamphetamine Use, U.S.

	2002	2003	2004
Individuals (12 and older)	0.7	0.6	0.6
Adolescents (12-17)	0.9	0.7	0.6
Adults (18-25)	1.7	1.6	1.6
Adults (26 and older)	0.4	0.4	0.4

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *National Survey on Drug Use and Health*, cited in National Drug Intelligence Center, U.S. Department of Justice, *National Drug Threat Assessment*, 2006.

Table 4. Comparison of Percentage of Arizona and National 8th, 10th, and 12th Grade Youth Who Reported Past-30 Day Use of Methamphetamine, 2006

	Arizona	United States
Grade 8	1.00	0.60
Grade 10	1.70	0.70
Grade 12	1.40	0.90

Arizona Data Source: Arizona Youth Survey: State Report, 2006.

Arizona Criminal Justice Commission.

National Data Source: Monitoring the Future, 2006.

Methamphetamine

them reported using methamphetamine than did 8th and 12th graders (both in Arizona and nationally).

While it is useful to understand the overall use of methamphetamine across Arizona, due to the diversity of our state, county estimates can be more helpful in our prevention efforts. Table 5 highlights the significant differences in methamphetamine use by locale. It is important to note that neither of the most populous counties (Maricopa and Pima) have the highest percentages of youth who reported methamphetamine use. Instead, youth methamphetamine use appears to be higher in Arizona's rural areas.

According to a report by the National Center on Addiction and Substance Abuse at Columbia University entitled, *The Formative Years: Pathways to Substance Abuse Among Girls and Young Women Ages 8 - 22*, girls may be more vulnerable to becoming addicted to substances (2003). Girls and young women have weight concerns and unhealthy dieting behaviors that may increase their risk for substance abuse, they are more frequently the victims of sexual and physical abuse—another factor that may increase the risk for substance use—and girls that use substances are more likely to be depressed and suicidal. The report also notes that amphetamines leave the

Table 5. Percentage of Arizona Students* Who Reported Using Methamphetamine in the Past 30 Days, Statewide and by County, Arizona, 2006

County	Percent
Apache	2.50
Cochise	1.70
Coconino	1.10
Gila	2.00
Graham	3.80
Greenlee	0.50
La Paz	3.10
Maricopa	1.10
Mohave	2.50
Navajo	3.00
Pima	0.90
Pinal	2.10
Santa Cruz	1.10
Yavapai	1.30
Yuma	1.40
Arizona	1.30

* Students in 8th, 10th and 12th grades combined.

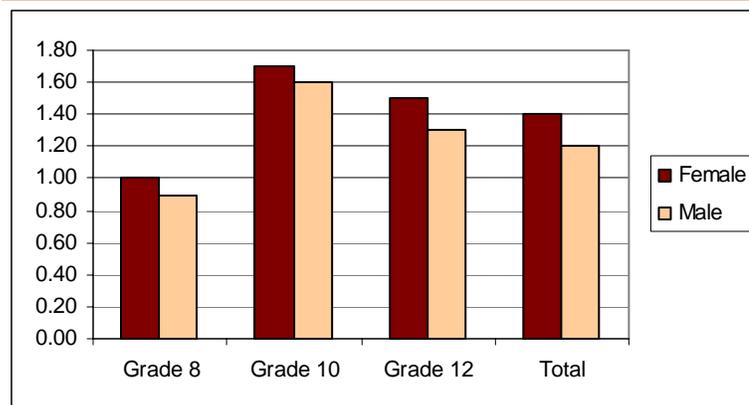
Source: *Arizona Youth Survey: State Report, 2006*. Arizona Criminal Justice Commission. Retrieved from: http://azcjc.gov/pubs/home/2006_AYS_County_Reports.pdf.

body more quickly in the presence of testosterone, which could indicate differential consequences for girls, as the drug may be present in their bodies for longer periods after use. For these reasons, it is imperative to understand differences in the prevalence of methamphetamine use in Arizona by gender so that our prevention, treatment and enforcement efforts can account for the differential needs of female and male users.

Methamphetamine

We find that while higher percentages of boys in Arizona report overall substance use, higher percentages of girls reported past 30-day use of methamphetamine at 8th, 10th and 12th grades (Figure 9) (*Arizona Youth Survey: State Report, 2006*). Not only are higher percentages of girls reporting methamphetamine use but they may be more susceptible to becoming addicted to the substance than boys (National Center on Addiction and Substance Abuse at Columbia University, 2003).

Figure 9. Percentage of Students Reporting Past 30-Day Methamphetamine Use by Substance, Grade and Gender, Arizona, 2006.



Source: *Arizona Youth Survey: State Report, 2006*. Arizona Criminal Justice Commission.

Treatment

As noted in the previous section, methamphetamine use may impact women differently than it does men. Differences by gender can be seen in the substance abuse treatment system. Table 6 presents the number of admissions to publicly funded substance abuse treatment services in Arizona. This information is categorized by the primary substance used within the 30 days preceding the survey and is also broken down by gender in order to illustrate the disproportionate use of methamphetamine by women. Approximately 21%

Table 6. Primary Substance Reported Upon Treatment Admission by Gender, Arizona, 2006

	GENDER				Total
	Male		Female		
	N	Percent	N	Percent	
None	6,534	43.27	3,325	42.17	9,859
Alcohol	3,683	24.39	1,387	17.59	5,070
Cocaine or Crack	895	5.93	452	5.73	1,347
Marijuana or Hashish	1,246	8.25	533	6.76	1,779
Heroin	657	4.35	323	4.10	980
Other Opiates and Synthetics	129	0.85	116	1.47	245
Other Hallucinogens	9	0.06	8	0.10	17
Methamphetamine	1,819	12.05	1,655	20.99	3,474
Other Stimulants	6	0.04	7	0.09	13
Benzodiazepine	24	0.16	26	0.33	50
Other Sedatives or Hypnotics	16	0.11	12	0.15	28
Inhalants	3	0.02	1	0.01	4
Other	17	0.11	21	0.27	38
Unknown	63	0.42	19	0.24	82
Total	15,101	100.00	7,885	100.00	22,986

Note. Primary substance reported upon treatment admission is a self-report of the primary substance used during the last 30 days by the client; "None" indicates that a client reported no substance use in the past 30 days.

Note. Total is more than 100 due to rounding.

Source: Treatment Episodes Data Set (TEDS), 2006 Unpublished Data, Department of Health Services.

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of women who entered treatment reported methamphetamine use, while only 12% of men did so. This translates to approximately one in five women and one in eight men who reported using methamphetamine as their primary substance.

There has been a consistent decrease in the number of youth and adults reporting lifetime and past 30-day methamphetamine use and a corresponding decrease in the number of methamphetamine-related lab seizures and overall methamphetamine possession, distribution and production arrests. However, the economic, public health and social burdens of methamphetamine use upon the citizens of Arizona have increased. This is especially evident in the number of substance abuse treatment and hospital/emergency department admissions. Considering the increasing number of admissions to treatment services, current data suggest that methamphetamine use has a disproportionate impact on health care admissions and the public substance abuse treatment system; more methamphetamine users are seeking treatment from an already overburdened behavioral health system.

As shown in Table 7, rates of hospital admissions for methamphetamine, cocaine and heroin/opioid abuse have increased from 1990 to 2005. However, beginning around 1999, the rate of increase is steepest for methamphetamine. Notably, the rate of hospital admissions is over four times higher in 2005 than it was only six years earlier.

While hospital admissions for methamphetamine outnumbered those for cocaine in 2004, methamphetamine substantially outnumbered admissions for both cocaine and heroin/opioids in Arizona for the first time in 2005. Recall that in 1990, hospital admissions for methamphetamine were approximately one-quarter of those for cocaine or heroin/opioids.

Table 7: Hospital Admission Rates (per 100,000 Population) for Methamphetamine, Cocaine, and Heroin/Opioid, Arizona (1990-2005)

	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

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

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Table 8 compares enrollment in the public substance abuse treatment system by the primary substance reported upon admission, as well as by the percentage of respondents reporting use of that substance in Arizona. Admissions to the public treatment system for methamphetamine use are disproportionately high compared to past-year methamphetamine use in the population. Specifically, while only 1.3% of the population was estimated to be using methamphetamine, 29% of those enrolled in the publicly-funded substance abuse treatment system reported it as their primary substance.

Table 8. Comparison of Enrollments in Substance Abuse Treatment Programs by Primary Substance Reported at Admission to Past-Month Prevalence of Substance Use, Arizona

Primary Substance	Enrollment ^a	Percentage of Total Enrollment	Prevalence
Alcohol	14,988	35	9.52 ^{b*}
Methamphetamine	12,496	29	1.30 ^{c**}
Heroin	5,914	14	0.20 ^{c**}
Marijuana	5,571	13	10.60 ^{c**}
Cocaine	4,296	10	3.80 ^{c**}
Total	43,265	100	

Note. Total equals more than 100 due to rounding.

* indicates percent reporting past year alcohol dependence or abuse.

** indicates percent reporting past year use.

^aEnrollment figures are for fiscal year 2005.

^bAnnual averages of 2003 and 2004 National Surveys on Drug Use and Health.

^cAnnual averages of 2002, 2003, and 2004 National Surveys on Drug Use and Health.

Source: Arizona Department of Health Services, *Statewide Substance Abuse Utilization Management Report*, (2006), Unpublished Data, reported to Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *National Survey on Drug Use and Health*.

The *National Survey on Drug Use and Health* (2002, 2003, and 2004 averages) estimates that more individuals have used marijuana and cocaine in the past year than have used methamphetamine; however, the percentage of marijuana and cocaine users enrolled in Arizona's public treatment system is less than the percentage enrolled for methamphetamine use. Data in Table 8 indicate that past-year estimates for alcohol dependence or abuse are more than seven times higher than past year estimates for methamphetamine use, but admissions for alcohol use are only 1.2 times as high as admissions for methamphetamine use.

Table 9. Units of Service by Primary Substance at Admission, Fiscal Year 2005, Arizona

	Total units	Percent of Total units	Percent of Enrollees
Heroin	715,115	28.93	14.00
Methamphetamine	645,886	26.13	29.00
Alcohol	634,067	25.65	35.00
Marijuana	253,139	10.24	13.00
Cocaine	223,460	9.04	10.00
Total	2,471,667	100.00	100.00

Note. Total is more than 100 due to rounding.

Source: Arizona Department of Health Services, *Statewide Substance Abuse Utilization Management Report*, (2006)

Unpublished Data.

Considering the proportion of admissions for the top five primary substances to the public treatment system in Tables 9 and 10, heroin and methamphetamine users consume a disproportionate share of services, in terms of absolute number of service units and average units of services per 1,000 member months, with member months defined as the number of months an individual is enrolled. To

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calculate the member months for a period of time, the number of enrollees is multiplied by the number of months each member is enrolled.

Methamphetamine users consume more treatment services than alcohol users even though there are approximately 20% more alcohol users in the public treatment system than methamphetamine users. Heroin users consume approximately 29% of the services spent on the top five primary substances, yet heroin users constitute only 14% of the public treatment population.

Methamphetamine abusers use 22% more services than alcohol users. Over 4,307 methamphetamine users receive services in a month. Heroin users utilize almost three times the services as alcohol users and more than double the services of methamphetamine and cocaine users.

Table 10. Average Units of Service per 1,000 Member Months by Primary Substance at Admission, Fiscal Year 2005, Arizona

Service	Alcohol Use Combined	Methamphetamine	Cocaine	Heroin	Marijuana
Treatment	1,692.21	1,849.49	1,160.17	877.04	1,939.87
Support	1,008.55	1,147.55	1,918.82	4,899.32	1,063.11
Behavioral Health Day*	308.92	608.43	268.64	111.67	367.50
Rehabilitation	158.63	277.76	104.61	76.02	177.27
Residential	125.59	228.65	380.39	86.57	69.06
Medical	110.00	118.16	418.53	3,950.57	101.64
Pharmacy	59.00	39.49	47.52	45.75	45.19
Crisis Intervention	31.95	19.87	20.54	10.20	14.23
Inpatient	30.56	17.89	15.42	19.43	8.59
All Services	3,525.41	4,307.29	4,334.64	10,076.57	3,786.46

* The Arizona Department of Health Services defines "Behavioral Health Day" program services as regularly-scheduled, either on an hourly, half-day or full-day basis, and may consist of therapeutic nursery, in-home stabilization, after-school programs, and specialized outpatient substance abuse programs. These programs can be provided to an individual, a group of individuals, and/or to families in a multitude of settings and are grouped into the following three subcategories: Supervised; Therapeutic; and Psychiatric/Medical.

Source: Arizona Department of Health Services, *Statewide Substance Abuse Utilization Management Report*, (2006), Unpublished Data.

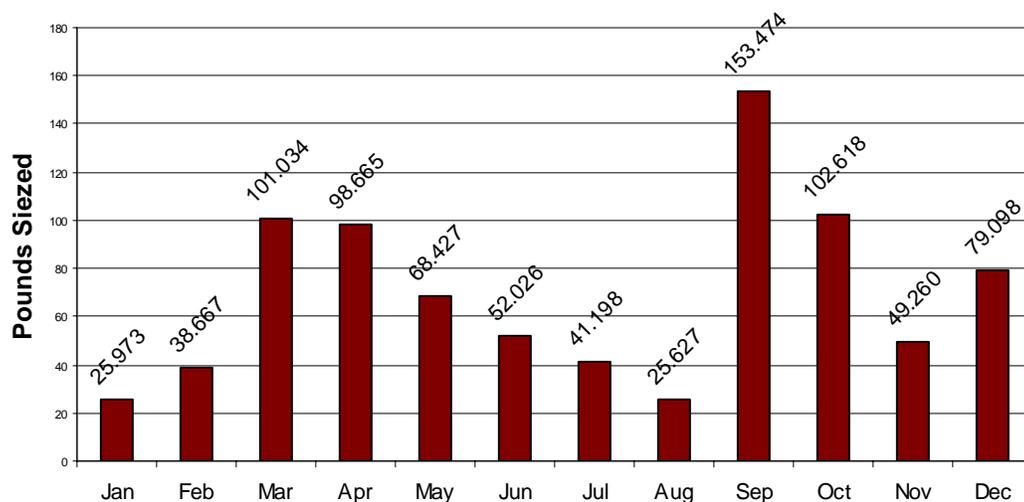
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Enforcement

Emerging information from the drug courts throughout Arizona indicates that methamphetamine use plays a significant role in the number of individuals entering the judicial system. For example, 100% of the 30 individuals served in the Cochise County Adult Drug Court indicated that methamphetamine was their primary drug. The same holds true for 96% of those presenting at the Maricopa County Adult Drug Court and more than three-quarters of those served at the Yuma County Adult Drug Court. Finally, over half of those served at the Gila County Adult Drug Court specified methamphetamine as their primary drug.

Data from the High Intensity Drug Trafficking Areas (HIDTA) Highway Interdiction Initiative indicate that there were a total of 412 seizures within Arizona reported to the HIDTA Intel Center during the 2006 calendar year, which totaled 1,031.85 pounds. Of this amount, Figure 10 illustrates that approximately 836 pounds were seized as a result of port of entry inspections and highway interdictions from the Mexican border north to Casa Grande (HIDTA, personal communication).

Figure 10. Methamphetamine Seizures in Pounds, Casa Grande South, Arizona, 2006.



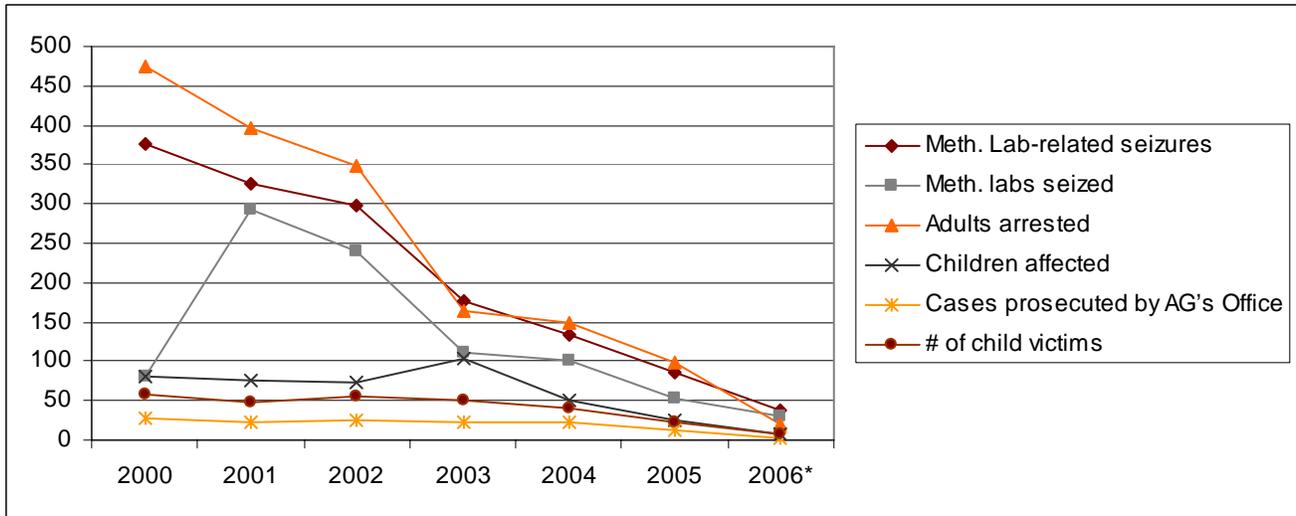
Source: Office of National Drug Control Policy, High Intensity Drug Trafficking Areas (HIDTA) Highway Interdiction Initiative, (2006), Unpublished Data.

In addition, the Maricopa HIDTA Methamphetamine Task Force, working in partnership with the Drug Enforcement Administration, conducted an intensive investigation into an Internet supplier of red phosphorous—a necessary precursor chemical used to make methamphetamine—which led to the arrest of the owner of the web-based company in Scotland. The customer list seized from the company led to the discovery and seizure of over 100 methamphetamine labs in the United States, 20 of which were located in Arizona. This highlights the international reach of methamphetamine and emphasizes the difficulty of eradicating methamphetamine from our state (<http://www.azcentral.com/community/tempe/articles/tr-methbust0530-CR.html>, May 30, 2007 article).

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Figure 11 illustrates the great reductions that have been made in the number of methamphetamine lab-related seizures, labs seized, adult arrests, children affected, and cases prosecuted by the Arizona Attorney General's Office.

Figure 11. Trends in Incidences of Methamphetamine-Related Consequences, 2000 – 2006.



Source: Data for the table were derived from information provided by the Drug Enforcement Administration, DEA, High Intensity Drug Trafficking Area (HIDTA) Task Force, Maricopa, Pima, and Pinal Counties' Child Protective Services (CPS) and County Attorney's Offices as compiled in the, *Arizona Alliance for Drug Endangered Children Program, 2006 Annual Report*, Arizona Attorney General's Office.

Table 11 indicates the number of methamphetamine lab incidents that occurred in Arizona as well as the number that occurred nationwide. It also illustrates the decreasing number of methamphetamine labs by reporting the percentage of these incidents that occurred in Arizona.

Table 11. Methamphetamine Lab Incidents, Comparison of Arizona to Nation, 2001 – 2006

	Arizona	U.S.	Percent of U.S. Meth Lab Incidents that Occurred in Arizona
2001	320	13537	2.36
2002	254	16212	1.57
2003	119	17356	0.69
2004	71	17170	0.41
2005	75	12484	0.60
2006	14	6435	0.22

Note. Not all 50 states reported.

Source: Data for the table were derived from information provided by the Drug Enforcement Administration, DEA, High Intensity Drug Trafficking Area (HIDTA) Task Force (<http://www.usdoj.gov/dea/pubs/states/arizonap.html>) and (http://www.usdoj.gov/dea/concern/map_lab_seizures.html).

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Numerous efforts by state and federal agencies aim to reduce the use and distribution of methamphetamine in Arizona. Law enforcement agencies throughout Arizona have taken an active role in providing leadership and support to local community coalitions in an effort to develop effective strategies to combat methamphetamine.

The Arizona Department of Public Safety continues to take the lead in monitoring and tracking certain precursor chemicals commonly used in the production of methamphetamine. In addition, the HIDTA Maricopa Methamphetamine Lab Task Force has been active in combating the effects of methamphetamine, including conducting investigations into suspicious purchases of pseudoephedrine and other chemicals. Further, the HIDTA partners with the HIDTA Southwest Methamphetamine Initiative, the Phoenix Police Department Drug Enforcement Bureau, and other agencies to provide methamphetamine awareness presentations to schools, businesses, community groups and other government agencies. The HIDTA also provides a Clandestine Lab Certification course twice a year to law enforcement officers across the state in order to ensure that an adequate number of lab-certified officers are available in each region of the state to respond to and safely dismantle

methamphetamine labs. Recognizing the dangers to children found in methamphetamine environments, state law enforcement agencies now work with Child Protective Services to effectively apply the Drug Endangered Children protocols. Federal and state agencies have been providing assistance to the Indian Tribes in the form of training and other resources to address methamphetamine abuse and distribution on reservation lands.

In summary, while we know that Arizona youth are more likely to use methamphetamine than are youth across the nation, the lack of an adult prevalence survey in Arizona limits our abilities to make more definitive conclusions about methamphetamine use among Arizona adults. Our analyses also indicate that youth methamphetamine use appears to be higher in Arizona's rural areas and disproportionately affects females, including the use of substance abuse treatment services. Considering the increasing number of admissions to treatment services in the population, current data suggest that methamphetamine use has a disproportionate impact on health care admissions and public substance abuse treatment, has a large impact on the judicial system in Arizona, and our border with Mexico is targeted by those seeking to traffic methamphetamine throughout the United States.

Children's Cabinet

The membership of the Governor's Children's Cabinet includes directors of all of Arizona's child-serving state agencies, as well as key gubernatorial policy advisors and is chaired by Governor Janet Napolitano. The Children's Cabinet meets quarterly to remove barriers to success by focusing attention and resources on Arizona's children, families and communities and by coordinating policies and service-delivery systems. The Children's Cabinet has identified three priority goals:

- Children have access to affordable, high-quality physical and behavioral health care and grow up in healthy environments.
- Children start school ready to succeed and have quality educational experiences from preschool through graduate school (P-20).
- Children live in safe, stable and supportive families and neighborhoods.

The Children's Cabinet has a vested interest in several indicators of substance abuse: youth cigarette use and the consumption of alcohol and methamphetamine. As noted earlier, alcohol use by youth can lead to impairment, injury and sometimes death. In addition, we know the dangers of methamphetamine use are extreme, and such use can often lead to criminal behaviors that also endanger our children. Finally, smoking cigarettes, especially because youth may become addicted more easily than adults, can be predictive of illness that may have long-term consequences.



Table 12 indicates that a higher percentage of youth reported the use of alcohol in the 30 days preceding the survey than those who reported cigarette or methamphetamine use. With the exception of methamphetamine, as children progress through school, the data indicate that substance use increases.

Table 12. Percentage of Students Reporting Past-30 Day Substance Use by Substance and Grade, Arizona, 2006

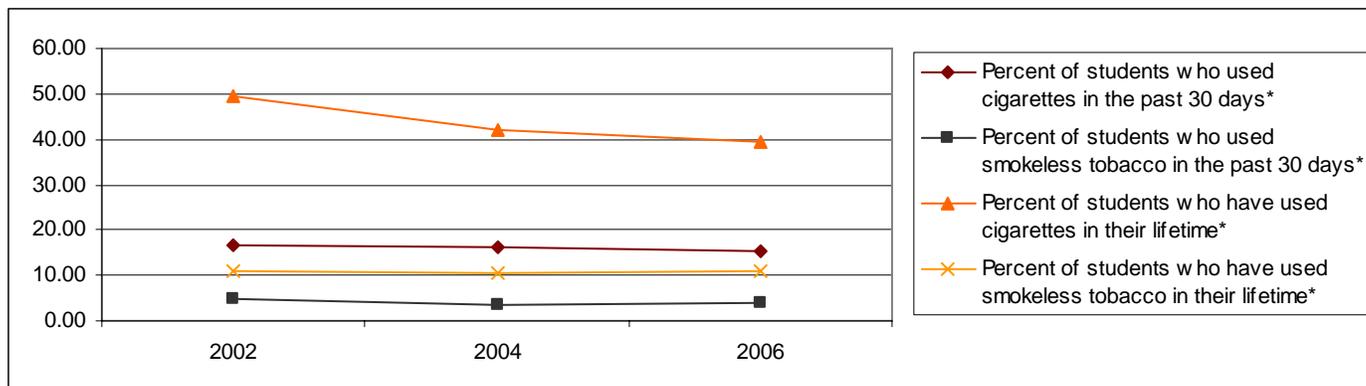
	Grade 8	Grade 10	Grade 12	Total
Alcohol use	24.10	39.20	47.00	34.40
Cigarette use	10.50	17.10	21.80	15.30
Methamphetamine	1.00	1.70	1.40	1.30

Source: *Arizona Youth Survey: State Report, (2006)*. Arizona Criminal Justice Commission.

Children's Cabinet

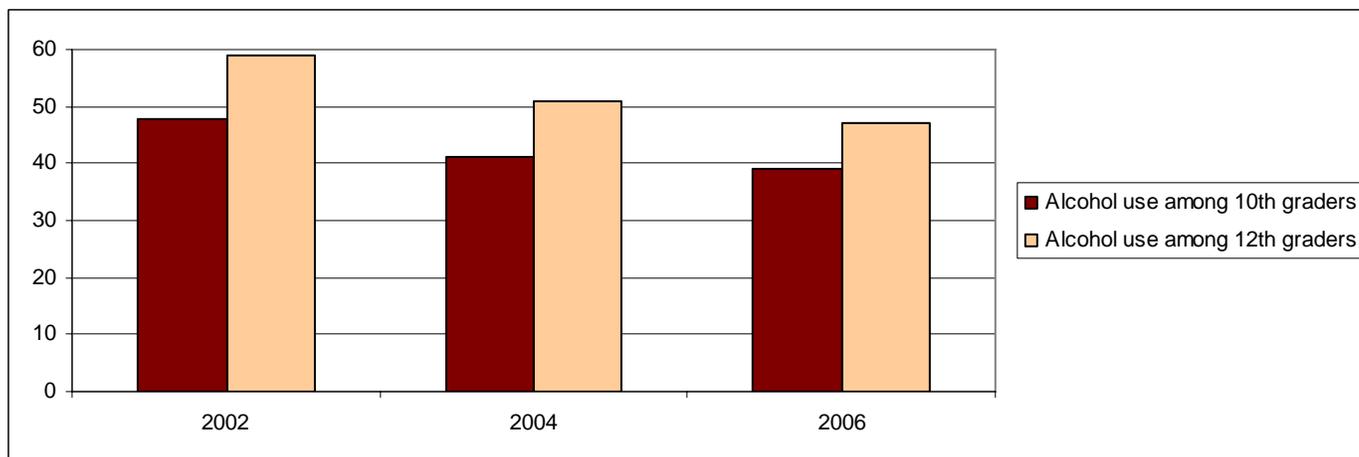
Figure 12 offers hope that efforts to curb tobacco use have been successful; both cigarette and smokeless tobacco use among Arizona youth have decreased from 2002 to 2006. Figure 13 represents the downward trend in high school students' use of alcohol.

Figure 12. Trends in Percentage of Youth Reporting Tobacco Consumption, Arizona, 2002 - 2006.



Source: *Arizona Youth Survey: State Report, (2006)*. Arizona Criminal Justice Commission.

Figure 13. Trends in Percentage of High School Students Reporting Current Alcohol Use, Arizona, 2002 - 2006.



Source: *Arizona Youth Survey: State Report, (2002); (2004); (2006)*. Arizona Criminal Justice Commission.
 Note. These data are indicative of alcohol use on at least 1 day in the 30 days preceding the survey.

Children's Cabinet

The data provided on youth substance abuse will be published in an inaugural report on outcomes for children, which will encompass child and adolescent health, the spectrum of education from early childhood education through high school graduation, child welfare, economic stability and juvenile justice in Arizona. The Children's Cabinet report will provide a baseline for future reports that will help measure trends and progress towards the three priority goals: children have access to affordable, high-quality physical and behavioral health care and grow up in healthy environments; children start school ready to succeed and have quality educational experiences from preschool through graduate school (P-20); and children live in safe, stable and supportive families and neighborhoods.

Emerging Issues

In the analyses conducted for this report, successes in substance abuse prevention, treatment and enforcement were noted. It is important to examine both successes and areas of concern in order to determine which areas show improvement and what issues may need more intensive efforts. Further, some areas that were not examined within the body of this report are worthy of note and may require further monitoring.

Overall, Arizona has been successful in its attempts to reduce substance use among our youth and we have also seen decreases in the prevalence of arrests for driving under the influence of alcohol. 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. While these data are cause for celebration, we must be cautious in our interpretations. The disproportionately-destructive impact of methamphetamine means that while these successes are a step in the right direction, serious financial and social burdens are still being felt throughout Arizona. Further, while adult arrests for drug possession increased, arrests for drug sale/manufacturing and DUI offenses decreased. DUI arrests, in particular, decreased over 16% between 2002 and 2005. While we can recognize positive movement, we must maximize efforts to accelerate it. Data demonstrate that while use and a number of consequences have been reduced, we

are still experiencing a disproportionate burden on our treatment system, hospitals, and law enforcement and child welfare systems.

For example, an emerging trend was noted in the analyses conducted for this report. Typically, we find that older youth are more likely to use substances than are younger students. However, we find that higher percentages of Arizona 8th graders reported the use of inhalants than did 10th and 12th graders (*Arizona Youth Survey: State Report, 2006*), a pattern that mirrors a national trend (Monitoring the Future, 2006, <http://monitoringthefuture.org/data/06data/pr06t3.pdf>). This is especially worthy of monitoring because of the damaging effects of inhalants on the developing brain.

The misuse of prescription drugs is a topic that has received national attention. We find that almost 15% of Arizona youth reported the misuse of prescription drugs in 2006. Unfortunately, comparisons to national prevalence rates cannot be made at this time because of differences in state and federal survey designs.

Several noteworthy findings regarding the treatment of substance abuse were noted in our analyses. For example, while treatment admissions for illicit drugs are 9 times higher than admissions for alcohol, a higher percentage of people needed, but did not receive, treatment for alcohol use than for illicit drug use in the past year. Future analyses should examine the reasons these

individuals are less likely to receive treatment services in order to guide decisions about their care.

Further, there were striking differences in the primary substance reported upon treatment admission by ethnic classification. White respondents were more likely to report alcohol than other substances, though methamphetamine followed closely behind. The most often-cited primary substance for American Indians seeking treatment was alcohol. Further, higher percentages of American Indian 8th, 10th and 12th grade youth reported past 30-day cigarette, methamphetamine and other drug use than students in other racial/ethnic categories, indicating that for many American Indians, substance use patterns may be different in adolescence than for those who seek treatment. The most often cited primary substance by African Americans was crack

cocaine, followed closely by alcohol. Further, a higher percentage of Pacific Islander students reported past 30-day alcohol and binge alcohol use than did other students. These findings indicate the need to monitor substance abuse by ethnicity in order to provide culturally-competent prevention and treatment efforts.

Finally, in addition to differences in substance abuse trends by ethnic classification, differences in consumption patterns were also noted by age. Specifically, a consistently higher percentage of individuals between the ages of 18 and 25 reported alcohol or illicit drug dependence or abuse than those in other age categories and were the most likely to report that they needed, but did not receive, treatment for alcohol and illicit drug use.

Conclusions

The analyses for this report indicate that the most often-reported substances used in the 30 days preceding the survey among Arizona youth were alcohol, cigarettes and marijuana; specifically, we find that over one in ten youth reported using marijuana or cigarettes in the past 30 days, and over one-third reported alcohol use during the same time period. By comparison, only 1.30% of 8th, 10th and 12th grade students in 2006 reported using methamphetamine in the past 30 days. This indicates the need for further analysis and reporting on the impact of these substances on Arizona's youth. For this reason, future reports will examine the impact of marijuana, tobacco, prescription drug misuse, and other substances not detailed in this report in order to expand our knowledge of these public health concerns. However, the absence of an Arizona adult-prevalence survey seriously hinders our abilities to gauge the prevention, treatment, and enforcement needs among the adult population. Reports on specific substances of interest to Arizona will allow for a better understanding of how they affect

our populace, including the financial and social impact they have on Arizona.

The data presented in this report give a robust picture of the impacts of alcohol and methamphetamine on our state and its inhabitants. The findings contained herein 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 and provides a foundation for reducing the state's substance abuse problem.

The Substance Abuse Epidemiology Work Group will issue a plan of action to address the specific gaps in data identified in this report in the full 2007 Substance Abuse Epidemiology Profile to be released in the fall of 2007.

For more information on this report or on substance abuse data in Arizona, please contact:

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Funding provided by the Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) and the Arizona Parent's Commission on Drug Education and Prevention.

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