

Arizona Profile

cigarettes

The logo for the RIME project, featuring the word "rime" in a stylized, lowercase, serif font. The letters are white and set against a solid black rectangular background. The font has a classic, slightly ornate feel, with the 'i' and 'e' having distinct flourishes. The 'r' is also stylized, with a small loop at the top. The overall impression is clean and professional, suggesting a focus on linguistic or academic research.

traffic accident

treatment

smoking

marijuana



prevention

health car

hero in

teen drinking

lost productivity

cocaine

1 1 1 1 E 1 2 D


I. Introduction

This report is designed to inform the people of Arizona about the dimensions of the problems caused by alcohol, tobacco and illicit drugs, and about public and private initiatives to reduce these problems in the state. The intent is not to evaluate state efforts, but to highlight positive developments and to identify areas to be strengthened. The report focuses on:

- the use and abuse of alcohol, tobacco and illegal drugs;
- drug and alcohol-related crime;
- impact on health;
- costs of substance abuse; and
- Arizona's response to these problems.

The Arizona Profile is one in a series of state profiles prepared by Drug Strategies, a non-profit research institute in Washington, D.C., dedicated to promoting more effective approaches to the nation's drug problems. Drug Strategies has also produced profiles of California, Massachusetts and Ohio. This project is supported by a grant from the Robert Wood Johnson Foundation.




 In preparing this report, Drug Strategies worked with the Governor's Division of Drug Policy, the Arizona Department of Health Services, the Drug and Gang Policy Council and Prevention Resource Center, and the Arizona Attorney General's Office. The Arizona Departments of Correction, Education, Transportation, Revenue and Economic Security were also consulted, as were experts in prevention, education, treatment, law enforcement and criminal justice across the state. A distinguished Advisory Panel guided the project. In addition, interviews with federal and state program officials, representatives from treatment and prevention programs, and community leaders helped provide a comprehensive picture of public and private initiatives. While we are grateful for the insight and wisdom of those who contributed, Drug Strategies takes sole responsibility for the contents of this report.

We will distribute this profile broadly in Arizona to legislators, researchers, business leaders, private organizations, government agencies, community groups and the media. We hope that it will increase public understanding of substance abuse problems in the state and also generate political and financial support for more effective policies and programs.

II. Arizona **Profile**

Population. Rapid population growth and changing demographics have increased demands on Arizona's public resources, including those devoted to combating substance abuse. These trends have intensified the challenges facing a state with an already diverse population.

 Arizona's population, which stood at 4.2 million in 1995, has grown 15 percent since 1990, maintaining the third-fastest growth rate in the country. As in other expanding Southwest border states, nearly a quarter of Arizona's urban residents migrated from other states, Mexico and Central America during the last five years—almost double the average U.S. mobility rate. Illegal immigration along the Arizona-Mexico border is up 34 percent since 1995, and communities bordering southern California are seeing dramatic population growth as well. High migration out of the state has contributed to transience.


In addition to the sheer number of **newcomers**, some localities have experienced disproportionate growth in certain age groups. In Maricopa County, for example, the number of children and elderly residents jumped 40 percent between 1985 and 1995.

Age differences comprise just one dimension of Arizona's diversity. Arizona residents represent a wide range of racial and ethnic groups and economic backgrounds. Moreover, the state's rural and border regions differ from one another and from its metropolitan areas. Hispanics, for example, account for as many as 78 percent of the population in some counties and as few as 4 percent of residents in others. Similar variations apply to the distribution of Native American residents.

Nearly a quarter of northern Arizona residents live below the poverty line, as do one-quarter of blacks and Hispanics. Over half of the Native Americans on reservations also live below the poverty line.

Nearly 85 percent of residents live in metropolitan areas. Phoenix, the seventh-largest city in the nation, is home to 60 percent of Arizona's population. Outside the densely populated cities, Arizona has vast expanses of rural and undeveloped territory. Fifty-two percent of Arizona land is devoted to state parks, and another 28 percent is composed of Native American reservations.






Economy. Fueled by a variety of industries—including services, manufacturing, mining and agriculture—Arizona’s economy consistently ranks among the top five in gross domestic product growth, personal income growth and other growth indicators. The “Grand Canyon State,” one of the nation’s most popular tourist and retirement destinations, has also enticed countless businesses to relocate for its warm climate and low cost of living.

State budget allocations to localities are based primarily on population density. Thus, rural and **border communities** generally have very limited funds, but deliver substance abuse prevention and treatment services over broad geographic areas. In response, rural communities must efficiently stretch funds and coordinate service delivery. In contrast, urban centers have developed more diverse and specialized services to respond to a larger volume and variety of treatment cases.

Native American Tribes. There are 21 distinct Native American tribes in Arizona, and tribes have unique experiences with substance abuse. School and health programs on reservations are the responsibility of individual tribes. Criminal infractions on reservations are handled by tribal courts, police, prosecutors and jails, which operate independent of state agencies.

 While Native American groups promote shared cultural values and mutual respect among tribes, very little data exists that bridges **tribal distinctions** to unify and strengthen responses to substance abuse. Efforts are now underway to coordinate data gathering on substance abuse indicators—particularly prevalence of use. At present, data on the Native American experience with alcohol, tobacco and illicit drugs are scarce.

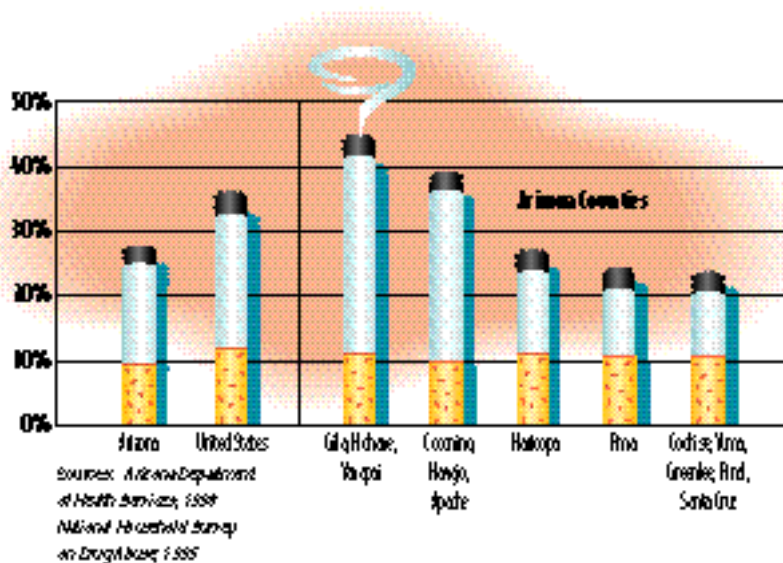
III. Substance Abuse in Arizona

A diverse population, limited prevention resources and close proximity to Mexico create special challenges for those working to combat substance abuse in Arizona. Surveys reveal progress on tobacco use, but rates of alcohol and illicit drug use remain far above national averages. Substance abuse among young people is a crucial challenge to the state's future success.

Tobacco. Despite some progress against smoking, Arizona still must address several areas of concern. In 1996, the Arizona Department of Health Services' first biennial adult tobacco use survey found that 26 percent of men and 22 percent of women in Arizona are smokers. These rates are significantly lower than national figures. (Nationwide, 31 percent of men and 27 percent of women smoke.) Earlier figures from the annual Behavior Risk Factor Surveillance Survey indicate that regular cigarette smoking has been stable in Arizona since 1990 (between 19 and 24 percent of all adults).

Consistent with national trends, adults age 18-24 in Arizona are most likely to smoke (31 percent of men and 24 percent of women). Northern counties have **smoking** rates well above national averages, while metropolitan areas and Southern counties are generally below average. The figures point to vulnerable populations that would benefit from targeted prevention and intervention efforts.

**Young Adult (18-24)
Smoking Rates Vary
Across Arizona**



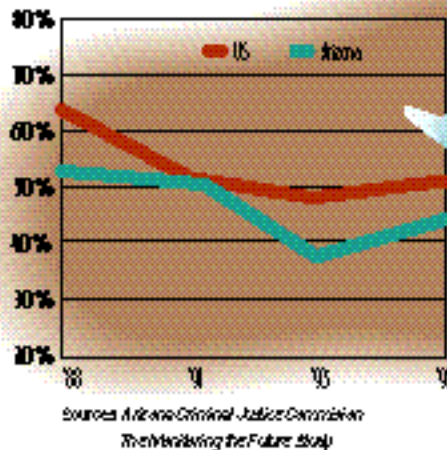
Similarly, data suggest that tobacco use is a growing problem among elementary school children in Arizona. In 1995, the Arizona Criminal Justice Commission reported that by the sixth grade, one in three children in the state had tried cigarettes; in 1991, the proportion was slightly more than one in five. However, among high school students in Arizona, smoking rates have dropped 23 percent since 1989; in 1995, 27 percent of high school students smoked.

One way Arizonans can stem the rise in youth smoking is to counter pro-smoking messages in tobacco advertising with hard facts about tobacco's harmful consequences. In 1996, the Arizona Department of Health Services launched a statewide social marketing campaign to reduce tobacco use by kids. But these efforts must compete with private industry **advertising**. About \$112 million is spent each year by private industry to promote and advertise tobacco and alcohol in Arizona. These figures do not include the increased presence of billboards and other tobacco ads in metropolitan areas since the state's tobacco excise tax went up in 1994.

Alcohol. Arizona has the sixth-highest per capita alcohol consumption rate in the nation—30 gallons per person in 1995. Binge drinking (at least 5 drinks at a time for men, 3 for women) is most common among young adults: in Arizona, one third of adults age 18-24 binge drink (47 percent of men and 18 percent of women). Overall, one in five Arizona adults are binge drinkers.

These behaviors start early, and prevention messages for young people must focus on the consequences of **overindulgence**. Nonetheless, throughout high school, drinking rates in Arizona remain at or below national averages. Arizona's eighth-grade drinking rates match national figures (in 1995, more than half of eighth graders had tried drinking, and one in four drank monthly), and tenth and twelfth grade drinking is consistently below national rates.

12th Grade Drinking Below Average



These figures do not necessarily mean that drinking is below average among all groups of Arizona's young people. While state-specific rates are unavailable, Native American teens consistently use alcohol at higher rates than teens nationwide.

Evidence suggests that overall alcohol consumption is dropping in Arizona. Despite population growth between 1995 and 1996, excise tax revenues for wine dropped 29 percent and those for liquor dropped 41 percent, although revenues from beer sales increased 10 percent. Lower revenues indicate lower total consumption.

Far more than merely a consumption indicator, excise taxes can also serve as a key deterrent to consumption—if they are high enough. Arizona, however, has not raised alcohol taxes since 1984. Excise tax rates on liquor (\$3 per gallon) and beer (16¢ per gallon) are below national averages (\$3.59 and 24¢, respectively). Wine, which accounts for just 14 percent of Arizona alcohol sales, is taxed at 84¢ a gallon, 11¢ above average tax rates.

Illicit Drugs. Overall, one out of nine workers in Arizona tests positive for illicit drugs. And Arizona teens use drugs at rates higher than national averages. But one word dominates Arizona's recent struggle against illicit drugs:

methamphetamine. Between 1994 and 1995, workplace drug tests conducted by Sonora Laboratory Sciences showed slight decreases in marijuana and cocaine use, while methamphetamine use rose 35 percent. Another Arizona lab found that self-reports of methamphetamine as the drug of choice tripled during 1995, and 95 percent of employees using employee assistance programs reported methamphetamine as their primary problem.

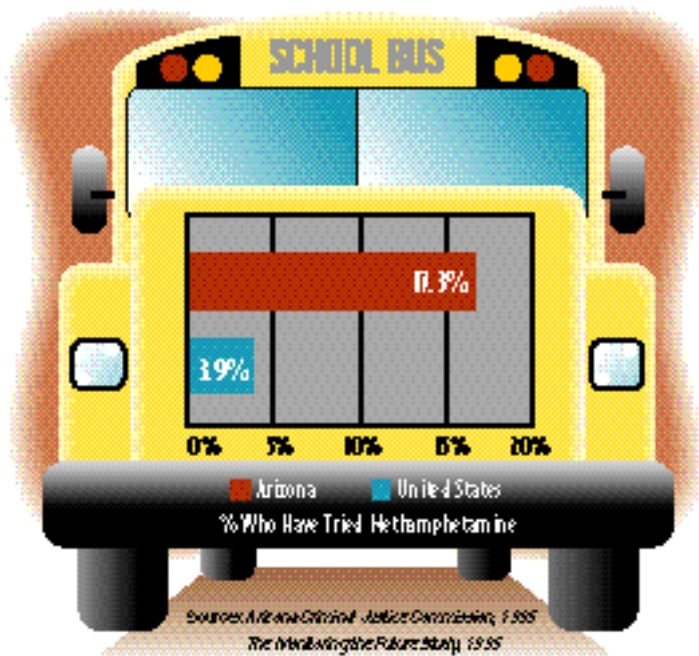
Glorified as a weight-loss tool, methamphetamine has also been used increasingly among Arizona teens. Use by twelfth graders increased 35 percent from 1993 to 1995; at 17 percent, it is four times the national rate. Among younger teens, national rates are so low that they cannot be measured reliably. But in Arizona, 16 percent of tenth graders and 11 percent of eighth graders have tried methamphetamine—double the 1991 rates. One particularly startling statistic is the following: sixth graders in Arizona are more likely to try methamphetamine (7 percent) than high school seniors nationwide (4 percent).

Of course, methamphetamine is not the only drug of concern in Arizona. Inhalant use is also increasing, particularly among the state's **rural youth**. In 1995, 23 percent of rural eighth graders had tried inhalants, up from 16 percent in 1991.

Similarly, marijuana use is on the rise. In 1995, 5 percent of adults in Arizona reported recent marijuana use, compared to 3 percent in 1993. Despite the increase, this rate is slightly below the national average of 8 percent.

Teenage marijuana use, which has been rising nationally since 1992, is even more prevalent in Arizona. In 1995, half of all high school seniors in Arizona had tried marijuana, as had 45 percent of tenth graders and 26 percent of eighth graders. These rates are three to four times higher than in 1991. Nationally, half of the teens who try marijuana become regular users.

12th Grade Methamphetamine Use Four Times Higher Than National Rates



Notably, after a sharp increase in 1993, marijuana use by eighth graders did not continue growing in 1995 (contrary to national trends). Perhaps prevention efforts in middle schools are working, or perhaps eighth-grade marijuana use—now at 26 percent—is reaching peak levels, since three-quarters of eighth graders disapprove of marijuana.

Specific population groups bear special concern. For example, although rates are unavailable for Arizona's Native American population, nationally, these adolescents use marijuana at five times the rate for teens overall, and 20 percent use drugs heavily. Similarly, anecdotal reports warn that misuse and abuse of **prescription drugs** is a huge problem among Arizona's growing population of retirees, although no confirming data are available.

Availability, Attitudes and Perceptions. Attitudes about drugs predict drug use; when teens perceive less danger in drug use or tolerate it more among their peers, they are more likely to use drugs themselves. Between 1989 and 1995, the percentage of Arizona high school students who either “approved” or “didn’t care” about marijuana use rose from 31 to 55 percent. Their attitudes also grew more tolerant toward cocaine, alcohol and drunk driving. Meanwhile, Arizona teens say methamphetamine and marijuana are widely available and easy to obtain.


Kingman

Two implications are clear: First, drug use among Arizona teens will likely continue to rise. Second, the state needs to strengthen teens' resistance skills and reinforce social stigmas against drug use.

The state's long border with Mexico offers a key area of intervention. The border is seen not only as a floodgate for **drug smugglers**, but as an easy entry point for youth who want to obtain alcohol and drugs in Mexico. Border area residents surveyed by the Arizona-Mexico Border Health Foundation say that there is too much alcohol and tobacco advertising in their communities. However, while adults in these areas uniformly disapprove of illicit drugs, just 10 percent participate in neighborhood prevention activities.

Still there is reason for optimism. Arizona voters favor more spending for children's programs by a two-to-one margin, even if it means a tax increase, according to a 1995 survey by Lake Research and Deardourff & Associates. Half of the public also supports a tax increase to fight drugs.

Prevention. Funding for Arizona substance abuse prevention programs increased by \$1.9 million from 1994 to 1995, a period in which prevention dollars were slashed from federal and state programs nationwide. Some prevention programs rely heavily on state and local funds, which pay for 63 percent of prevention initiatives in the Arizona Department of Health Services, 87 percent of prevention activities in the Arizona Criminal Justice Commission, and all of the state's anti-racketeering efforts related to gangs and drugs.

 Nonetheless, in 1995 two-thirds of Arizona's \$25.6 million for substance abuse prevention came from federal funding streams. This included 79 percent of prevention spending by the Arizona National Guard, 90 percent of Department of Education prevention activities and 99 percent of the Governor's policy initiatives. Dependence on federal funds renders these state programs vulnerable to unpredictable changes in the national political landscape.

Arizona devotes more than two-thirds of its prevention funds to youth services and raised those funds by 17 percent between 1994 and 1995. In FY 1994-95, Arizona spent more than \$4 million for K-12 school prevention services and an additional \$725,790 to put DARE into 71 percent of Arizona school districts. The good news is that 93 percent of Arizona school districts have adopted health/prevention education curricula. The bad news is that a third of schools have no clearly defined scope and sequence of instruction for the curricula, and two-thirds do not require completion of the curricula.

But children are only half of the story. If Arizona hopes to build community-based initiatives, the state must boost parents' awareness of their own children's substance abuse problems. Adults in Arizona are worried about substance abuse, but do not know their own kids are in danger. Just 6 percent of Arizona **parents** think their children smoke cigarettes or drink alcohol, and only 4 percent think their children use illegal drugs. The disparity between these figures and the actual rates of use calls for parent education.

Making A Difference

Prevention Programs

Green Valley. Preventing Substance Abuse Among Seniors. Grief, loneliness and physical handicaps place senior citizens at high risk for substance abuse. Green Valley's Elder Education & Prevention Program, run by La Frontera, Inc., prevents substance abuse among retired residents of Southern Arizona. The program began in 1991, and emphasizes education about alcohol—most commonly abused by this population. Seniors learn how alcohol affects their medical conditions, and about the dangers of abusing prescription drugs or mixing them with alcohol and other drugs. La Frontera offers free blood pressure checks, substance abuse information, medication advice and free pill box organizers at the Green Valley Wal-Mart. Activities also include group trips to reduce loneliness and workshops on coping with loss, depression and retirement. In 1995, over 1,300 senior citizens took part in the Green Valley program. For more information, call (520) 625-0876.

Statewide. CHAMPS with Positive Peer Pressure. To have a real impact, peer leaders should represent members of every social group, not just the best students or athletes. CHAMPS (Champs Have and Model Positive Peer Skills) began in 1989, with funds from the Drug-Free Schools and Communities Act. Selected through peer nominations, CHAMPS leaders serve as tutors and peer mediators, and participate in Student Discipline Councils and Student Support Teams. An estimated 30,000 students, teachers and school administrators representing all grade levels have received CHAMPS training since 1989. CHAMPS focusses on decision making, controlling anger and choosing healthy alternatives to alcohol, tobacco and drugs. In the year following participation, CHAMPS schools had an 80 percent drop in discipline referrals, a 70 percent reduction in vandalism incidents, and a 20 percent decrease in absenteeism. The program currently receives funds from Federal Safe and Drug-Free Schools and Communities, State Chemical Abuse, Chapter I & II, and student activity funds. For more details on CHAMPS, call (602) 991-9110.

Tucson. HIV Risk Education Pays Off. Drug users are at increased risk for contracting HIV, due to injection drug use as well as unsafe sexual activity. Reducing high risk behavior through education is the mission of the Community Outreach Project on AIDS in Southern Arizona (COPASA). Started by Amity in 1991 through the University of Arizona, COPASA educates injection drug users on using condoms and cleaning needles, and provides HIV testing and referral for health services. Research on 1,700 participants, funded by the National Institute on Drug Abuse, found that COPASA reduced high risk behaviors among drug users by 15 to 58 percent. Following a minimum of 2 skill building sessions, participants' high risk drug use (injecting with dirty needles) was more easily curtailed than their high risk sexual behavior—a finding which will impact outreach programs nationwide. Other COPASA programs include HIV outreach specifically designed for women drug users, and studies on how drug users establish goals and contemplate changing their lives. For more details, contact COPASA at (520) 744-0048.

Making A Difference

Prevention Programs

Statewide. Powerful Tobacco Messages for Kids. Arizona's Tobacco Education and Prevention Program (AzTEPP) in the Department of Health Services began in January 1996. The program aims to keep all youth and pregnant women in Arizona tobacco free, protect residents from the hazards of environmental tobacco smoke, and provide modern, affordable services to those who wish to quit smoking. Funded by statewide tobacco excise tax revenues, the program has a step-by-step calendar to accomplish these goals by 2001.

Project activities are coordinated through community coalitions, and local schools. Youth access to tobacco and merchant education are also addressed through the local initiatives. Local outcomes will be measured in biennial adult and youth tobacco use surveys. The ad campaign is viewed as a national model and is being replicated in several other states. AzTEPP has a toll-free hotline for smoking cessation (1-800-556-6222), as well as a resource clearinghouse (1-800-432-2772), and an Internet site: <http://www.hs.state.az.us/aztepp>

The Riester Corporation administers the statewide youth media campaign. Five different television commercials (in English and Spanish) have been produced to date, each one featuring intense, humorous graphic images along with the campaign slogan: "Tobacco. Tumor Causing, Teeth Staining, Smelly, Puking Habit." Arizona youth can hear the slogan on their favorite radio stations and print ads are displayed on mall kiosks. T-shirts and baseball caps bearing the slogan are also given to kids. For more information on the Riester Corporation's media campaign, call (602) 220-9242.

Nogales. Crossing Borders for Prevention. In August 1996, U.S. Customs at the Nogales port of entry found 155 pounds of marijuana hidden in a Mexican school bus on a field trip to Tucson. To reduce drug use and trafficking in Arizona, prevention programs must also cross international borders. The VECINOS (Neighbors) Coalition is the only borderwide U.S. coalition working binationally with counterparts in Mexico. Managed by the Arizona-Mexico Border Health Foundation, VECINOS is a coalition of community partnerships, including Santa Cruz County (JUNTOS UNIDOS), Yuma County (Puentes de Amistad) and Cochise County (Compañeros). Supported by CSAP, VECINOS supports collaborative prevention activities with officials and community members in both Arizona and Sonora. Recent activities involved the Mexican Consulate, Municipal Health Departments in Sonora, Mexico, binational health councils, and local schools and law enforcement. Since 1995, VECINOS supported 165 prevention projects in two countries. With support from the U.S. State Department and the U.S.-Mexico Border Health Association, VECINOS will soon publish the first-ever binational substance use survey for the Arizona-Sonora border region. VECINOS shares its international experience by hosting and providing technical assistance to prevention professionals from Peru, Colombia and Bolivia. Binational plans are underway for prevention and treatment services for this border region. To contact VECINOS, call the Arizona-Mexico Border Health Foundation at (520) 761-4412.

Making A Difference

Prevention Programs

Casa Grande. Planting the Seeds for Neighborhood Revitalization.

In addition to helping kids reject drugs, gangs and crime, promising programs give them something to say "yes" to. Seeds of Hope, a non-profit, Christian organization in Casa Grande, does this through neighborhood improvement and positive children's programs. In 1993, Seeds of Hope asked tenants in Cabana Properties rental units to identify concerns about their community, and a five-year community revitalization program followed. To build trust and cooperation with residents, the executive director of Seeds of Hope moved into the community along with his family. Out of the newfound community activism which emerged, one rental unit in the complex was transformed into a community center where children go for ballet and piano lessons, bowling, movies and other social activities. Seeds of Hope founded five separate Boys' and Girls' Clubs chapters at Cabana. For teens, the Big Brother/Big Sister program provides mentors and during the summer, a teacher-supervised program for elementary age children is available five days a week. Funded by the Pinal Gila Behavioral Health Association, Seeds of Hope's next project is a home ownership program, helping residents buy their rental units. For details, call Seeds of Hope at (520) 836-6335.

Eloy. Rural Community Maximizes Local Resources. In rural areas, stretching prevention resources is a real challenge. The Pinal Hispanic Council (PHC), an advocacy group formed in 1979, is meeting that challenge. The PHC addresses political, educational and behavioral health issues in the small, mostly Mexican-American community of Eloy, north of Tucson. The PHC provides direct services and successfully coordinates those services with other agencies. In 1991, a million dollar grant from the Center for Substance Abuse Treatment (CSAT) helped the PHC develop effective home-based, outreach treatment services for adolescents, including case management, individual and family counseling, and life skills training for about 100 youth each year. The PHC helps administer two alternative schools for adolescents. Burger King Academy, funded through Burger King, provides life skills training and therapeutic groups, as well as an academic curriculum. Villa Oasis, a facility for court-referred juveniles, provides intensive case management, individual and group therapy, life skills training and aftercare for juvenile probationers and migrants. Through public school Family Resource Centers, PHC offers support groups, crisis intervention, and parent education. Other activities include the Youth Enterprise Project, which teaches youth about business, and substance abuse prevention workshops. HIV and teen pregnancy prevention are also available. Through the Arizona Governor's Alliance Against Drugs, PHC also works with public school, law enforcement and local government officials. Contact the Pinal Hispanic Council at (520) 466-3608 for more information.

IV. **Crime** and **Substance** Abuse

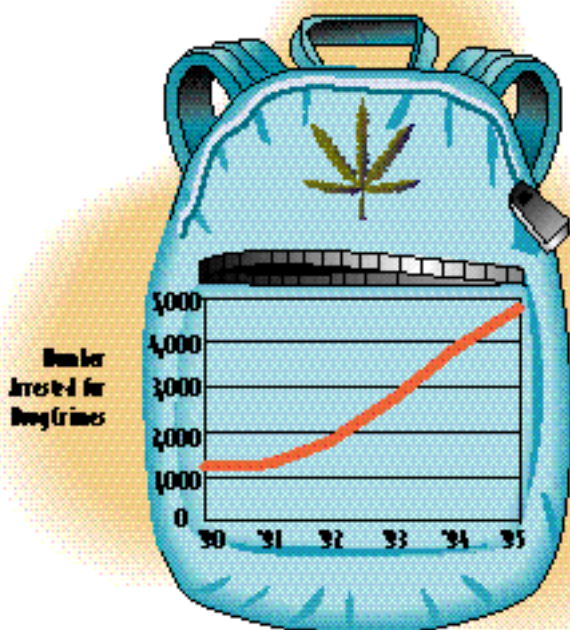
Drugs and alcohol contribute to criminal behavior in part because they weaken inhibitions and impair judgment. For those who profit from the illicit drug trade, competition can stimulate violent crime; for their customers, crime may provide a means of financing their habit. The bottom line: Crime trends reflect the effects of the most severe drug and alcohol problems in the state.

Drug Arrests, Imprisonments and Seizures. Arizona maintains a strong record of drug arrests, particularly in Tucson. In 1995, there were 19,240 arrests for possession of illicit drugs, a 74 percent increase over 1990. During the same period, arrests for drug sales and manufacturing rose 84 percent. Although Tucson is home to just 9 percent of Arizona's residents, the city claims one in four of the state's drug arrests; the drug arrest rate there (1,116 per 100,000) is almost twice the national average.

In Phoenix, the data focus on another story—the rate of drug use among arrestees. According to the 1995 Drug Use Forecasting (DUF) data, 63 percent of adults arrested in Phoenix tested positive for an illegal drug. Among those arrested for drug crimes, the percentage is even higher. Trends are similar for **juvenile arrestees.**

Among the 23 DUF cities nationwide, Phoenix had the second-highest rate of methamphetamine use, with one in five arrestees testing positive. The city now devotes approximately 60 percent of its drug enforcement resources to curbing methamphetamine activity.

Juvenile Drug Arrests Skyrocket

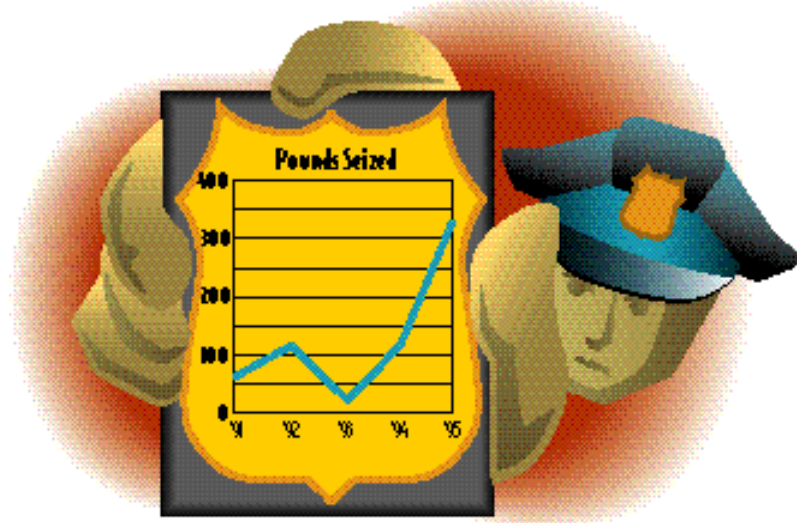


Source: Arizona Department of Corrections

Statewide, Arizona's prisons now house over 23,000 inmates—nearly double the inmate population in 1989. Drug offenders have contributed disproportionately to this increase, representing 22 percent of inmates in 1996, compared to 15.6 percent in 1989.

When it comes to young drug offenders, Arizona arrests many but imprisons few. Juvenile arrests for drug violations more than tripled since 1991, with 4,883 arrests in 1995. But Arizona's mandate to limit the number of incarcerated juvenile offenders has created a shortage of juvenile prison beds. Out of a total of 1,700 youth convicted in 1995, 534 are incarcerated. Minimum sentence guidelines for violent juvenile offenders require that most prison beds go to violent juveniles; nonviolent youth, regardless of their crimes, are placed on probation.

Methamphetamine Seizures Rise Dramatically




Sources: Drug Enforcement Administration
Arizona Department of Public Safety

While marijuana seizures have increased 43 percent since 1991, the big story in seizures is methamphetamine. Seizures of methamphetamine are soaring as the drug spreads throughout the state. In 1994, authorities discovered 770 clandestine methamphetamine labs—four times the number in 1991. In the early 1990's, the Arizona Highway Patrol and other Department of Public Safety task forces seized an average of 77 pounds of methamphetamine annually. In 1995, however, methamphetamine **seizures** tripled to 336 pounds. About 80 percent of this methamphetamine comes from Mexico, often via California.

Treatment for Criminals. Arizona has made significant progress in providing substance abuse treatment for criminals. In 1983, the state began offering treatment for drunk driving (DUI) offenders. In 1993, the legislature allocated \$1.5 million a year for prison-based drug treatment. And by 1996, there were 1,634 beds for in-prison drug and alcohol treatment statewide. While a promising development, these beds do not begin to address the treatment needs of Arizona prisoners: as many as two-thirds may need substance abuse treatment.

Treatment has not been expensive. The cost averages \$10 per day for drug treatment and just \$1 per day for DUI treatment. Wages paid to the Department of Corrections for inmate work details finance the DUI treatment services.

Arizona's **juvenile prisons** contain 128 specialized treatment beds, 48 of which are dedicated to substance abuse treatment. The Department of Juvenile Corrections also has 40 contracts with community providers and a \$10 million annual budget for community corrections, prevention and treatment programs for juvenile probationers and parolees.

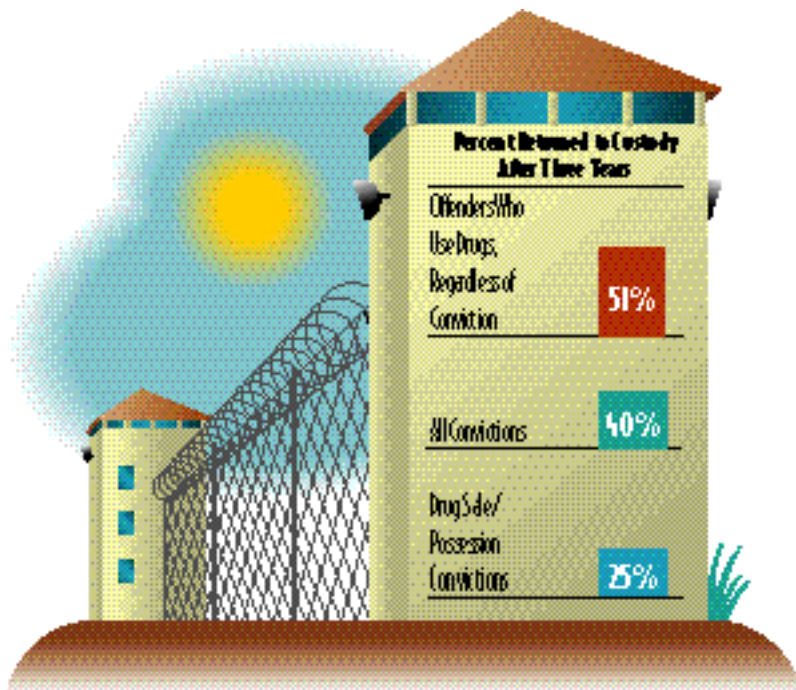
 Court supervised treatment shows promise in Arizona cities. A 1992/93 project by the RAND Corporation studied the effectiveness of mandatory, postadjudication treatment for first-time drug possession felons on probation in Maricopa County. Forty percent of participants successfully completed the mandatory treatment, and those who did had fewer parole violations, particularly drug violations, than treatment dropouts. Now, an interdisciplinary planning committee is studying the feasibility of starting such a drug court in Tucson, and has requested implementation funds from the U.S. Office of Justice Programs. Modeled after successful **drug courts** in other states, the court would defer judgment for some people pleading guilty to felony drug possession, placing them in voluntary court-supervised treatment through partnerships with local treatment providers.

Recidivism. Despite Arizona's progress in providing criminals with substance abuse treatment, more work remains. The state urgently needs targeted drug treatment and rehabilitative services for both inmates and parolees, and continuity of care in the transition from prison to parole.

A recent study of adult prison parolees in Arizona found that 40 percent are reincarcerated within three years following release. Although just 25 percent of drug offenders are returned to custody during that period, the rate is 51 percent among those who use narcotics (cocaine, crack and heroin). Yet Arizona has no separate budget item for after-care services for parolees, and many newly released inmates do not have treatment services upon release. They must compete with the general public for aftercare and recovery services which are already operating over capacity. If continuous treatment is

not immediately accessible following parole, drug users are more likely to relapse and commit new crimes. Additional services are also needed for jail inmates upon release.

Drug Users Most Likely to Return to Prison: Treatment Needed



Source: Arizona Department of Corrections, 1998

Domestic Violence. While stories of gangs often grab the headlines, drugs also promote many other types of crime with less notoriety. Domestic violence is just one example. In Arizona, 37 percent of domestic abuse victims report that their abuse is associated with alcohol use by the abuser. Upon arrest, 75 percent of accused **batterers** nationwide test positive for alcohol.

Gangs and Youth Violence. Violence is related to other problem behaviors, including drug use. Gangs play a role in youth violence and in the drug trade, and preventing gang involvement can reduce these problems. Compared to other states, Arizona has the 11th-highest rate of violent teen death. In 1995, one in three **teenage deaths** in Maricopa County was a homicide, more than twice the rate in 1989. Meanwhile, drug referrals to Maricopa County Juvenile Court saw a threefold increase, rising from 763 in 1990 to 2,199 in 1995.

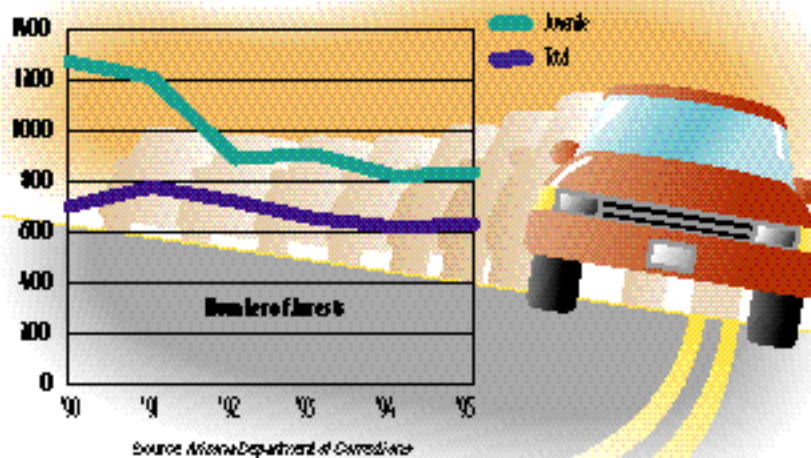
The number of gangs in Arizona grew from 380 in 1991 to over 800 in 1993, with more than 15,000 gang members statewide. In response, the Governor and the Department of Public Safety created the Gang Intelligence Team Enforcement Mission (GITEM), which allows local, county, state and federal criminal justice agencies to collaboratively and rapidly deploy highly trained, mobile forces for gang-related problems. Since July 1994, GITEM has arrested more than 2,200 people (30 percent of them gang members), seized more than 400 firearms and identified over 1,500 new gang members. Highlighted among "Innovative State and Local Programs" by the U.S. Department of Justice, this pioneering program has been studied for replication by other states.

Drunk Driving Declines Among Youth

Drinking and Driving. Arizona has achieved notable success against drunk driving through a combination of prevention campaigns, strict penalties for driving

under the influence and prison-based **treatment** for offenders. In 1996, Mothers Against Drunk Driving gave Arizona its highest ranking (A-) for its drunk driving policies and record.

Despite significant growth in Arizona's population and in arrests for all other crimes, the number of adult drunk driving arrests has held steady over the past five years. And drunk driving among youth dropped 24 percent between 1990 and 1995, even though total juvenile arrests during that period increased by 29 percent.



Tucson. Genesis Through a Treatment Partnership. Nationwide, the substance abuse problems of women in prison are generating creative approaches and partnerships. In this spirit, the Arizona Department of Corrections, in collaboration with the Arizona Department of Health Services, developed a substance abuse treatment program for incarcerated women. Genesis, a 16-bed program in the Southern Arizona Correctional Release Center in Tucson, is a voluntary 12-week program. With over five hours of structured programming daily, treatment addresses the physical, emotional and spiritual components of addiction. Emphasis is on group therapy, with encouragement and feedback from other addicts. Participants are housed separately from other inmates, in order to build openness in group therapy, and insure a drug-free treatment environment. Weekly roundtable discussions with guest lecturers, 12-step meetings, weekly exams on curriculum, journal writing, and random urinalysis are all included in treatment. Started in 1994, Genesis has yielded impressive results. Three months after treatment, 74 percent were still drug-free, nearly half were employed full-time, and three-quarters were still out of prison. For more information on Genesis, call (520) 884-8541.

Maricopa County. Treatment Choices for Female Offenders.

A grant from the Center for Substance Abuse Treatment allowed Maricopa County to establish the Women's Treatment, Services and Supervision Network (WTSSN). This integrated system of assessment and treatment is for substance abusing female offenders in Maricopa County. WTSSN ensures the availability of a continuum of treatment services, and improves treatment access and quality. Partnerships between criminal justice agencies and service delivery systems in the community provide assessments, client matching, and case management to measure and monitor progress. An integrated management information system is used to track female offenders, linking criminal justice and treatment professionals to the most recent information on each offender. Ongoing data collection in this system will be used for local and cross-site evaluation. To learn more, call (602) 506-6456.

Making A Difference

Criminal Justice

Maricopa County. Do Drugs. Do Time. Do Treatment. In response to the Anti-Drug Abuse Act of 1988 and to the national movement toward increasing accountability for drug users, 26 city, county, state and Federal law enforcement agencies in and around Phoenix created the Maricopa County Demand Reduction Program. The initiative integrates community awareness, law enforcement and treatment in a united campaign against drug use. Historically, legal sanctions have stressed reducing the supply of drugs by punishing the drug seller. This program targets co-conspirators in the county's drug problem: predominantly white, middle class, recreational drug users who keep sellers in business. The program slogan "Do Drugs. Do Time" alerts casual users that possession of drugs will result in clear consequences. Each person arrested for drug possession spends time in jail, followed by time in treatment.

The demand reduction program promotes community awareness of drug problems; alerts drug users to legal sanctions; and coordinates a bridge between the criminal justice system and access to treatment. The Neighborhood Counter Drug Mobilization program, school-based Freedom Academy, and public service announcements on television, on city bus placards and billboards, all promote the "Do Drugs. Do Time" slogan. Using sting operations, undercover agents replace arrested drug dealers, and then arrest people attempting to purchase drugs. Law enforcement agents also conduct surveillance in nightclub parking lots, rock concerts and other recreational sites known for public drug activity. Due to extensive media coverage, these efforts alert drug users that drug possession is a felony in Arizona, and that the threat of arrest is real.

Drug users with no felony history may participate in the Maricopa County Adult Diversion Program. The 3 to 6 month treatment program includes random urine tests, drug education workshops, and individual and group counseling. Clients pay treatment fees, legal fees and court costs, and submit a written admission of guilt which is admissible in court, should they fail to complete the treatment and prosecution is pursued. After the first two years of the program, recidivism for those in treatment (11 percent) is less than half the rate of those who do not enter treatment (26 percent). To learn more, call (602) 506-7799.

V. Impact on Health

Alcohol, tobacco and illicit drugs threaten the health of individuals who do not even use them. They also add significantly to Arizona's health care costs. Substance abuse is a major factor in chronic illness, the spread of infectious diseases, hospital emergency room visits, newborn health problems, violence and auto fatalities.

Deaths from Substance abuse. Between 1990 and 1994, the number of drug-related deaths in Arizona rose 36 percent, and the number of alcohol-related deaths rose 25 percent. Although the rising state population could account for some of the increase, the alcohol mortality rate also increased during this period and the drug-related mortality rate nearly doubled. Thus, a larger proportion of the total population now dies from alcohol and drugs. Methamphetamine casts a long shadow; in Phoenix, the number of methamphetamine-related deaths jumped nearly fourfold.

One key to Arizona's escalating alcohol **mortality** rate may be found among Native Americans, who comprise 6 percent of the state's population. Native American alcoholism mortality rates for the Tucson, Phoenix and Navajo reporting sites are seven times those for all other races combined, according to the Indian Health Service.

Across the country, Native Americans die of alcoholism at five times the national rate.

On a positive note, alcohol is causing fewer problems on Arizona highways. Driving fatalities now account for just half of all alcohol-related deaths, compared to 82 percent in 1990. While 25 percent of driving fatalities test positive for alcohol, only 18 percent violate the legal blood alcohol limit (.1 percent).

Smoking remains a lethal problem in Arizona. Causing more than 400,000 deaths in the United States annually, according to the American Cancer Society, smoking-related illnesses kill an estimated 6,000 people in Arizona each year—more than motor vehicle crashes, AIDS and homicides combined.

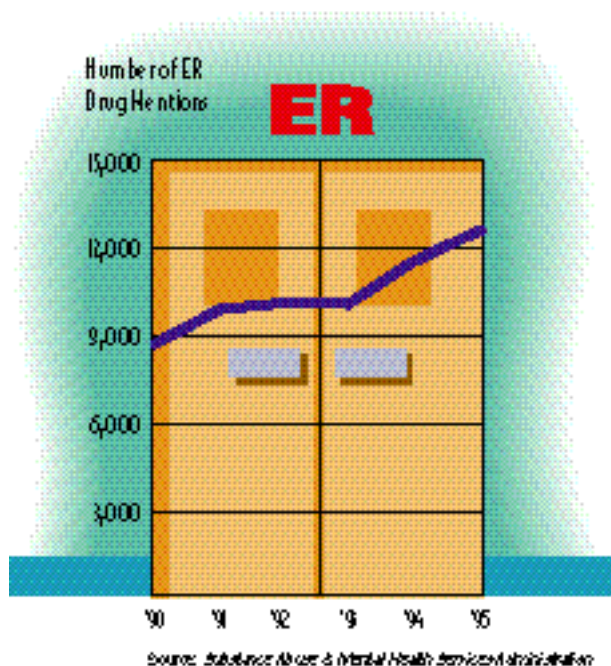
Emergency Room Drug Cases. The impact of substance abuse is felt in Arizona's hospitals as well. Between 1990 and 1995, the Drug Abuse Warning Network reported a 41 percent increase in emergency room drug mentions

in Phoenix. The 1995 figures also include 33 percent more heroin mentions, 72 percent more cocaine mentions, and more than triple the number of **marijuana** mentions.

Methamphetamine cases are also increasingly pervasive in Phoenix emergency rooms.

Impact on Newborns. According to the Arizona Needs Assessment Study, 3.3 percent of pregnant women in the state are addicted to alcohol, .5 percent are addicted to drugs, and 1.3 percent are addicted to both. Based on these percentages, as many as 3,692 of the 72,386 babies born in 1995 may have suffered adverse effects in utero from their mothers' substance abuse.

Drug Cases Rising in Phoenix Emergency Rooms

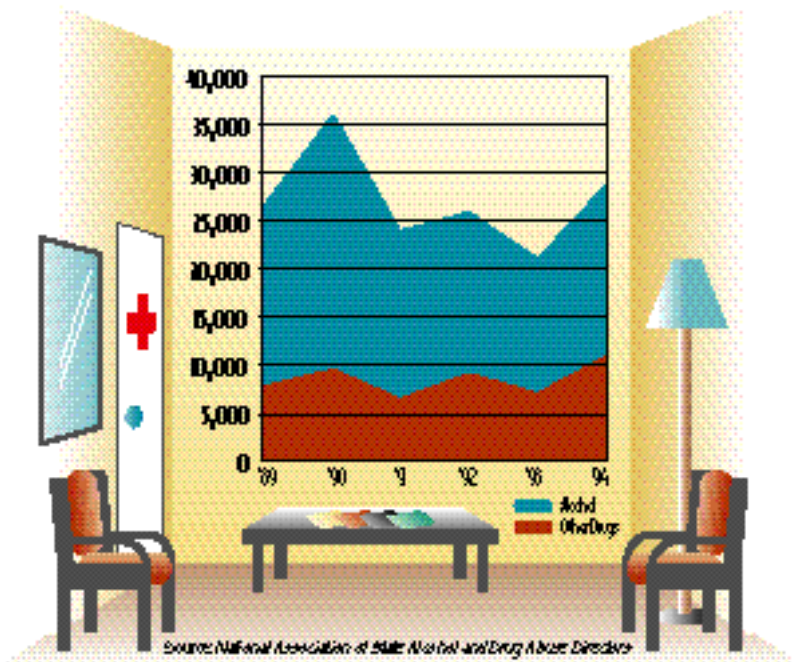


But Arizona's birth records do not begin to capture the problem. Consider fetal alcohol syndrome (FAS), a condition caused by heavy alcohol use during pregnancy and characterized by birth defects, low birth weight and developmental delays. Physicians diagnose FAS at birth, but in Arizona this system is evidently not very reliable; 1995 state records show only 10 babies with FAS (out of more than 72,000 births).

Similar problems prevail in identifying **newborns** exposed to drugs in utero. In Arizona, newborns are tested at the hospital's discretion, whenever drug exposure is suspected. However, these efforts do not provide an accurate count of drug-exposed infants. Until Arizona implements more effective measures of drug and alcohol exposure at birth, the state cannot anticipate related health care, foster care and social services needs, or effectively target prevention efforts.

When necessary medical care is provided, the babies of drug addicts are born drug-free. For example, with prenatal care, medically supervised detoxification and substance abuse treatment, the Pregnancy Addiction Program in Maricopa County has great success: 80 percent of babies born to participants are drug-free and 85 percent are normal birth weight.

Most Treatment in Arizona is for Alcohol Addiction



HIV and AIDS.

With fewer than 4,500 AIDS cases, Arizona has not experienced the epidemic seen in other parts of the country. Nonetheless, HIV and AIDS cases are increasing quickly in some groups, particularly among Hispanics in the Southern part of the state. Although prevention messages have effectively reached homosexuals and hemophiliacs, more education and outreach are needed for drug users. Injection drug users account for 22 percent of Arizona's AIDS cases, and half of the state's female AIDS cases are injection drug users or their sex partners.

One promising intervention: The Community Outreach Project on AIDS in

Southern Arizona (COPASA) has reduced high-risk behaviors among drug users in Tucson through education about using condoms and **clean needles** to prevent the spread of HIV.

Treatment for Substance Abuse. Arizona's substance abuse treatment caseload in 1994 was up 35 percent over 1993, and the 10,527 people treated for drug addiction in 1994 represented the state's highest drug caseload on record. Nonetheless, most treatment in Arizona is for alcohol addiction. Fortunately, Arizona has a well-developed treatment infrastructure, and at least part of the caseload increase has been due to better case finding and more effective referrals.

The foundation for Arizona's treatment system was laid back in the 1960's, when the state began funding treatment for substance abuse. Today, services include comprehensive case management; residential, outpatient and group therapy; and special programs for **pregnant women**, minorities and HIV-positive drug users.

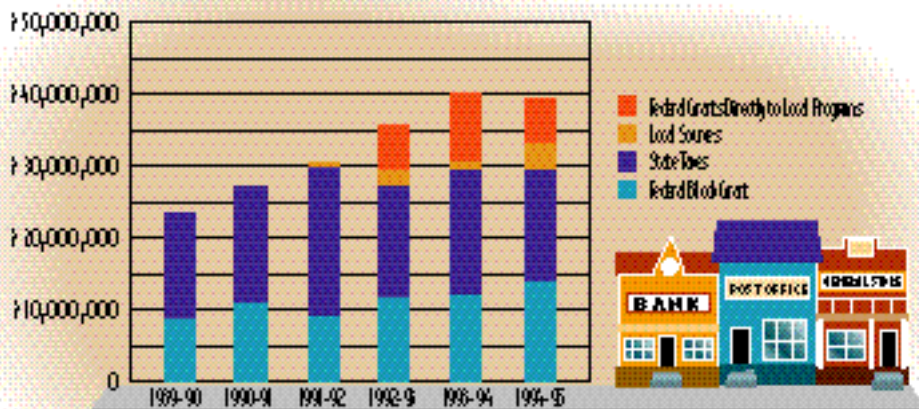
Funds are distributed to local treatment providers through subcontracts with Arizona's five Regional Behavioral Health Authorities (RBHAs), which promote prevention and treatment services tailored to meet local needs in distinct areas of the state. For example, while Maricopa County's RBHA, ComCare, reimburses treatment providers for services as they are rendered, the RBHA for Arizona's southern counties uses a risk-based, managed behavioral care model.

Access to treatment is a continuing challenge. Treatment facilities in rural areas are centrally located to draw clients from broad geographic regions. The large staffing requirements of these all-purpose facilities make it very difficult to provide a full continuum of care to rural residents. Lack of long-term treatment and transportation are also primary barriers to service delivery in remote parts of the state.

Over the years, coverage for impoverished citizens has improved dramatically. In 1982, Arizona became the first state to provide Medicaid services through a managed care system. In 1995, managed care coverage was extended to substance abuse and mental health services for all Medicaid recipients. And in November 1996, the system's chief limitation—that few indigent residents were eligible for federal matching funds—was eliminated by **ballot initiative**. Health services for many more poor Arizonans will now be covered in part by federal dollars.

Currently, 80 percent of alcohol and drug treatment is funded by the Arizona Department of Health Services, including block grant funds from the Federal Center for Substance Abuse Treatment. While total treatment spending increased 42 percent between 1991 and 1995, more than half of the increase came from local funds or federal demonstration grants to local organizations. There has been virtually no increase in state dollars in

Increasing Treatment Needs Met by Local Initiatives, Not State Funds



Source: Arizona Drug and Gang Prevention Resource Center

recent years. Consequently, in real, inflation-adjusted dollars, Arizona's total treatment funds have declined since the late 1980's.

Making A Difference

Treatment Programs

Phoenix. Mobilizing Treatment and Prevention in the Streets. That's the edict of TERROS, a community-based organization providing mobile prevention, education and treatment services to the Phoenix area as part of ComCare's community outreach and crisis response system. A grassroots program, TERROS started in 1969 as a crisis hotline and drop-in program. Today, it is a multi-service center serving thousands of individuals and families annually. Mobile services make it unique. TERROS has two mobile psychiatric crisis counseling units, responding to over 5,000 drug and alcohol-related crises each year. Dispatched by local fire and police department emergency response systems, mobile units have been available 24 hours a day, seven days a week since 1986. Its HIV Street Outreach Program conducts HIV testing, counseling, treatment referral, and prevention education in communities with intravenous drug users. Program staff provide referral and educational services, and distribute condoms to addicts in shooting galleries. TERROS also provides school-based HIV education. To learn more about the many programs at TERROS, call (602) 234-8900.

Tucson. Responding to the Needs of a Changing Community. As Tucson and surrounding areas have grown in recent years, CODAC Behavioral Health Services have expanded as well. Since 1970, CODAC has battled substance abuse in Pima County. Initially funded by a million dollar grant from the National Institute of Drug Abuse, CODAC created a network of treatment and prevention programs to meet the multiple needs of its community. For preschool children there is Building Me, a prevention program which encourages self-awareness, building resistance to alcohol and other drug abuse later in life. In 1983, CODAC introduced Project Pride into Pima County elementary schools. Project Pride helps children avoid involvement with alcohol and other drugs, with a focus on personal goals and conflict resolution. It has been used in hundreds of Arizona schools. Las Amigas is a residential program for pregnant and post-partum women who have lost custody of their children due to substance abuse. With a focus on family reunification, this CSAP-funded program has a 100 percent reunification rate among mothers who complete treatment. CODAC also offers outpatient treatment and related services for adults, adolescents, and those referred by the criminal justice system. For further information, contact CODAC at (602) 327-4505.

Making A Difference

Treatment Programs

Phoenix. Empowering Arizona's Most Troubled Citizens. Methadone maintenance programs return hope to heroin addicts when other treatments fail. Valle del Sol is Arizona's largest methadone maintenance program. Begun in 1968, Valle del Sol has three sites serving over 700 people in the Phoenix metropolitan area. It is unique because it treats the most challenging drug addicts: chronic heroin addicts, most of whom are also HIV positive, pregnant and/or mentally ill. Prescribed doses of methadone, a legal narcotic, are used in conjunction with testing, group counseling and support services. After progressing through the program, clients eventually take their methadone at home and report to the program just once or twice a week. Valle del Sol participants play a unique role in their own treatment, with a Client Advocacy Group that advises staff on client needs. Valle del Sol's Hispanic Leadership Institute uses the same philosophy of empowerment, training people to be leaders within their communities. To learn more about Valle del Sol, call (602) 258-6797.

Pascua Yaqui Reservation. Moving Down the PATH to Recovery.

Alcoholism is a virtual epidemic among the American Indian population, with alcoholism mortality among American Indians residing on reservations nearly 7 times higher than the national rate. The Pascua Alcoholism Treatment Home (PATH), located on the Pascua Yaqui Indian reservation, is making a difference in the lives of alcoholic women. Using a 12-step model tailored to meet the needs of American Indian women, the entirely female staff incorporates spiritual exploration and culturally familiar elements, such as talking circles, and "sweats" for prayer and meditation. During a three day "vision quest" in the wilderness, clients use meditation to help them envision a life free from addiction. Each client writes her life story, which then forms the basis for her specialized treatment plan. After three years, 50 percent of PATH clients have completed treatment. Originally funded by CSAP, the program currently receives tribal funds and funding through the Arizona Department of Health Service. PATH also has programs for Native American men. PATH phone numbers: (520) 883-5145 (women's programs) and (520) 883-5152 (men's programs).

Phoenix. Making Treatment a Family Affair. EMPACT believes that effective treatment involves the abuser's family and social support system, treating the individual within the community that cultivated the addiction. Using a behavioral model, EMPACT produces change through brief, solution-focused interventions. Its Teen Substance Abuse Treatment Services (TSATS) program, funded by CSAT, provides outpatient treatment to chemically dependent youth ages 13 to 18. A home-based program, TSATS uses strategic interventions to build upon each family's strengths emphasizing parenting skills, consistency, limit setting and positive interaction. Individual treatment focuses on effective communication, managing emotions, conflict resolution, and drug education. EMPACT's treatment program for juveniles in the criminal justice system uses the same approach. EMPACT started in 1985, and serves more than 2,000 people each year. To learn more about EMPACT, call (602) 784-1514.

VI. Costs of Substance Abuse

Amidst pressures to expand state funding for drug and alcohol programs, concern is mounting that Arizona may be unable to meet the demands of its growing population. Already, substance abuse reaches deep into taxpayers' pockets, increasing the costs of health care, foster care, criminal justice and other services.

Smoking. Cancer, heart disease and respiratory illness related to smoking result in enormous health care costs, as well as **lost productivity** and reduced quality of life. Overall, direct and indirect costs for smoking-related illnesses in Arizona will reach at least \$2,000 per smoker in 1996—a total of \$1.4 billion.

Driving Under the Influence. The Arizona Department of Transportation estimates that economic losses due to alcohol-related accidents cost the state \$352 million in 1995. This figure includes \$192 million for fatalities, \$138 million for injuries and \$22 million in property damage.

Incarceration. Incarcerating an adult prisoner in Arizona costs approximately \$16,400 a year. In 1995, the state spent \$305 million on adult incarceration—\$72.8 million for drug offenders alone. Most juvenile drug offenders in Arizona are on probation, which costs between \$1,500 and \$3,000 per case each year, excluding treatment costs.

Treatment. Arizona spent \$39 million on treatment for 48,619 people in 1995—an average of \$805 per client. Half of the money came from federal funding streams.

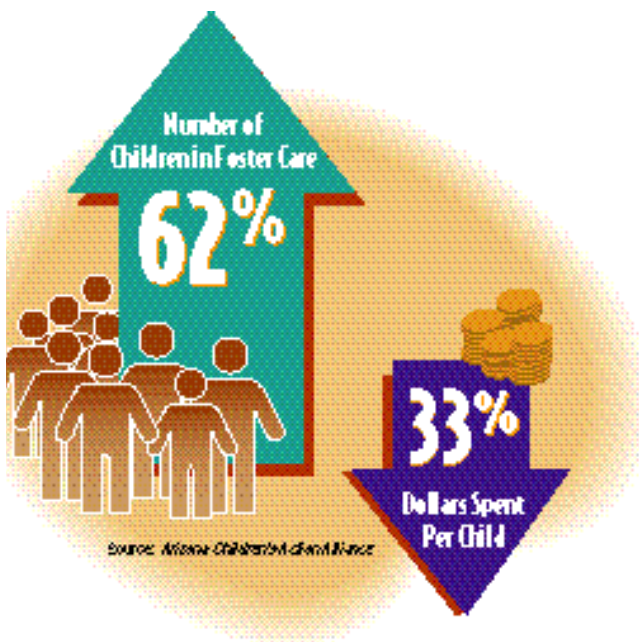
Infant Care. Some states estimate that the cost of neonatal intensive care for low birth weight babies ranges from \$25,000 to \$35,000 per child. At least 19 percent of the 9,361 tobacco and alcohol exposed infants born in Arizona in 1994 were low birth weight or premature. Their neonatal care cost at least \$17 million.

Foster Care. Substance abuse is a primary factor in nearly 90 percent of Arizona's child abuse and neglect cases. Per capita

foster care placements increased 26 percent between 1990 and 1995. And while the total number of **children** in foster care increased 62 percent between 1990 and 1996, foster care expenditures rose by only 8 percent during that time. As a result, Arizona now spends \$6,639 per child in foster care, compared to \$9,946 in 1990. That's a dramatic decline.

AIDS. At \$102,000 per case, lifetime health care costs for AIDS cases in Arizona are estimated at \$448 million, and estimated costs for drug-related AIDS cases are at least \$99 million. HIV cases cost an additional \$18.7 million each year (\$5,150 per case). But actual costs will exceed these figures, since they do not include the cost of protease inhibitor medications (estimated at \$15,000 per case annually), or indirect costs, such as reduced quality of life, lost wages and reduced productivity.

Foster Care Dollars Stretched to Meet Rising Caseload



Making A Difference

Workplace


Over two-thirds of workers in Arizona say drug use by co-workers affects productivity, and 80 percent support drug education and assistance programs for workers and their families. Many employers are also involved in partnerships to reduce drug and alcohol problems in their communities.

Statewide. Helping Businesses Say "Drugs Don't Work." Drug and alcohol abuse affect the productivity of American industry. Three quarters of drug users nationwide are employed, and substance abuse costs American businesses an estimated \$100 billion annually. To combat this problem, businesses in Arizona launched Drugs Don't Work in Arizona (DDWA), a statewide public-private partnership that helps medium-size and small companies solve substance abuse problems. DDWA brings cost-effective drug-free workplace education and assistance to Arizona's business community. With financial support from businesses around the state, and state and Federal governments, its business-led marketing teams provide grants to chambers of commerce, business associations and community coalitions. Since 1994, DDWA has helped more than 800 businesses and is currently evaluating the effectiveness of drug-free workplace programs in Arizona. For more information about Drugs Don't Work in Arizona, call (602) 248-8453.

Phoenix. Motorola and Health Professionals Wake Up Teens. Increasingly, private industry is sharing the responsibility of youth prevention efforts. Created after a four-year old died in a drive-by shooting in Phoenix, Wake Up! is aimed at preventing youth gang involvement. This school-based partnership program is funded by the Motorola Corporation, the Phoenix Police Department, and the Arizona Hospital and Health Care Association. In Wake Up!, school resource officers promote healthy alternatives to violence and teach conflict resolution. The curriculum demonstrates the impact of violence on the community and enlists youth involvement. A music video produced by Motorola depicts the inevitable consequences for a young boy involved in drug-related gang violence. The Phoenix chapter of Parents of Murdered Children also participated in the video, which features photographs of children killed by gang violence. At the end of the Wake Up! presentation, students sign a pledge to stay clear of gangs, crime and drug use. To learn more, call (602) 495-5004.

Tucson. Partners for a Drug-Free Workplace. The unique needs of businesses in southern Arizona are the priority of Arizonans for a Drug-Free Workplace. Originally called Tucsonans for a Drug-Free Workplace, the group was formed in 1987 by the Tucson Rubber Corporation and the Pima County Sheriff's Office. This Chamber of Commerce committee grew into a separate organization in 1990, with a \$5,000 grant from the Arizona Cardinals. Annual fundraising events, like the golf tournament sponsored by the Sierra Tucson and Norwest Bank in 1995, help the organization gain private sector support. About 1,000 businesses in Arizona and across the country obtain assistance from Arizonans for a Drug-Free Workplace. Resources include workshops and newsletters for businesses; a 223-page guide to a drug-free workplace; an employee assistance consortium for small businesses; a national toll-free telephone line; and a membership program. To learn more or become a member of Arizonans for a Drug-Free Workplace, call 1-800-529-3339 or (520) 740-5063.

VII. The Arizona **Response**

 Throughout this report, we include examples of promising public and private programs in Arizona. The initiatives described are not an exhaustive list, but examples of efforts which are making a difference in reducing alcohol, tobacco and drug problems across the state.

Arizona has initiated a broad range of programs to monitor and intervene in substance abuse problems.

An emerging theme of state efforts is comprehensive prevention.

Governor's Initiatives. The Governor's Division of Drug Policy (GDDP), was formed in 1986 to reduce substance abuse through prevention, treatment and law enforcement. The GDDP:

- facilitates school and university-based assessments of substance abuse problems;
- promotes legislation;
- supports drug-free workplace initiatives;
- oversees statewide councils, including the Governor's Alliance Against Drugs, the Governor's Commission on Youth, and the Drug and Gang Policy Council; and
- funds and oversees the Drug and Gang Prevention Resource Center.


Complementing the GDDP, the Arizona Criminal Justice Commission (ACJC) is a governor-appointed panel, established in 1987. It administers the Byrne Grant Program, Arizona's victims' compensation program, a biennial student substance use survey in the public schools, and multi-agency anti-gang and anti-drug efforts.

A third executive branch program was created by the Governor's Office of Community and Family Programs in 1991. A neighborhood revitalization initiative, Project Intervention distributes federal grant dollars to **neighborhood** associations for local job training, substance abuse and housing initiatives. Funding for Project Intervention enjoys broad support in the legislature, and future projects will be funded through state, rather than federal dollars.

These state efforts are augmented by public-private partnerships. The Partnership for a Drug-Free Arizona (PDFA) receives approximately \$1.2 million a year in free advertising for public service announcements aimed at preventing illicit drug use. The Governor's office heads a media committee made up of radio and television station managers and newspaper editors from around the state to make the free advertising possible. Recently, the media partners and PDFA have stepped-up efforts to educate the public about the dangers of methamphetamine. A Governor appointed "meth czar"—the first in the nation—leads this effort.

Legislation and Ballot Initiatives. The citizens of Arizona have repeatedly supported anti-substance abuse measures, many of which have been on the cutting edge nationally. For example, the National Institute for a Drug-Free Workplace called Arizona's 1994 Drug-Free Workplace Act the best in the nation. The legislation establishes voluntary guidelines for workplace testing practices and disciplinary actions. However, it is more comprehensive than laws in other states, and allows employers greater latitude in employee testing practices and workplace drug policies.

In 1973, long before the national outcry against second-hand smoke, Arizona became the first state to ban smoking in public places, including elevators, libraries, theaters, museums, concert halls and buses. In November 1994, Arizona voters approved a ballot initiative to raise the state's tobacco excise tax from 18¢ to 58¢ per pack, creating the fourth-highest **cigarette tax** in the nation (only the District of Columbia, Hawaii and Michigan have higher tax rates). Tobacco tax revenues more than doubled the next year, from \$53 million to \$109 million. And the policy bore fruit during FY 1996, when Arizona's tobacco tax revenues dropped 14 percent—which suggests that increasing consumer costs for cigarettes deters smoking.

 In November 1996, the Arizona electorate passed three ballot initiatives which will directly affect substance abuse treatment and criminal justice practices. The most controversial is Proposition 200, which mandates release and treatment for nonviolent first and second time drug offenders; prevents early release of violent drug offenders; and legalizes doctors' prescriptions for marijuana and other controlled substances. The move also calls for more state funding of prevention aimed at youth, emphasizing parent involvement. Proposition 200 was approved by 65 percent of the voters.

Proposition 102 requires juveniles age 15 and older to be prosecuted as adults for murder, armed robbery and forcible sexual assault. This initiative may free-up juvenile prison beds, making them available for nonviolent juveniles—such as repeat drug offenders—and thus increase the need for prison-based treatment for juveniles.


The initiative passed by a 63 percent majority.

Finally, Proposition 203 changes Arizona's Medicaid eligibility requirements, allowing all indigent residents to qualify for federal subsidies of state-sponsored health care. Previously, only those earning less than one-third the federal poverty level qualified. The initiative means more state residents can qualify for federal matching funds for substance abuse treatment and other medical services. Federal foster care funds to Arizona, which are based on the **Medicaid** subsidy rate, will also rise. This long-overdue measure passed by an overwhelming 72 percent majority.

Measuring the Problem. Arizona has numerous efforts underway to examine substance abuse problems from different perspectives. For instance, the Drug and Gang Prevention Resource Center (PRC) conducts the most comprehensive program inventory of any state. Funded by several executive branch councils, PRC also collects and disseminates trend data on substance abuse indicators, evaluates programs and provides technical assistance.

To estimate the extent of alcohol and drug abuse, the Arizona Department of Health Services (ADHS) was awarded a federal contract to conduct a series of substance abuse needs assessments. The Arizona Needs Assessment Study (AzNAS) includes:

- a telephone survey of 8,666 adults statewide;
- a social indicator study;
- a household survey of Native Americans;
- a study of arrestees' treatment needs; and
- a study of treatment utilization trends.

 AzNAS will identify regions with high treatment needs but limited resources, guide allocation of funds, improve services and provide a baseline against which to measure the success of future efforts.

Similarly, the Governor's Division of Drug Policy is piloting a community-level assessment process to tailor **funding** and programming to local needs. In 1997, Eloy, Arizona will be the first community in the nation to complete a comprehensive study of substance abuse indicators using recently published guidelines.



The Arizona Department of Education conducts annual Comprehensive Health and Prevention Program Surveys (CHAPPS) which reveal the extent to which prevention and referral resources are available through local schools. These surveys are used to plan improvements in health education, teacher training and program evaluation.

In addition, several agencies conduct surveys of substance use prevalence and attitudes among Arizona teens, including:


- the Arizona Criminal Justice Commission (biennial substance abuse youth survey);
- the Department of Health Services (biennial AzTEPP youth survey);
- the Department of Education (Youth Risk Behavior Survey); and
- the University of Arizona (Teen Opinion Poll in Arizona).

Finally, Arizona has placed increasing priority on measuring the prevalence of substance use among adults. Efforts include:

- annual Behavior Risk Factor Surveillance Surveys (BRFSS) conducted for the Centers for Disease Control and Prevention;
- 1988 and 1990: Arizona Criminal Justice Commission adult **drug use** surveys;
- 1993: Maricopa County Needs Assessment Project's statewide health services survey;
- 1995: Arizona-Mexico Border Health Foundation surveys in Santa Cruz, Yuma and Cochise Counties; and
- The Arizona Needs Assessment Study.

Battling Tobacco. On the tobacco front, Arizona has launched several exciting and ambitious new efforts. Arizona's Tobacco Education and Prevention Program (AzTEPP) in the Department of Health Services began in January 1996, funded by tobacco excise tax revenues. Primarily focusing on teens and pregnant women, the program aims by 2001 to change tobacco policies, keep youth tobacco-free, protect residents from environmental tobacco smoke and provide modern, affordable services to those who wish to quit smoking. Local outcomes will be measured in biennial surveys.

The Coalition for a Tobacco-Free Arizona aims to decrease smoking rates by 10 percent by the year 2000. As part of the national Full Court Press program, which is funded by the Robert Wood Johnson Foundation, **teens** in Tucson perform skits, distribute newsletters in the community, identify merchants selling tobacco to minors and study the placement of tobacco billboards.

 The state has hired a private firm to conduct random surveillance of tobacco retailers and outlets. Since late 1995, adolescents working for the program have attempted to purchase cigarettes in various outlets. The firm monitors employees' responses, including whether they requested age verification. Arizona will use the data to design targeted interventions.


In August 1996, Arizona joined several states who are suing the major tobacco manufacturers, holding them responsible for health problems of residents who use tobacco. In October, the Attorney General changed the focus from health care cost recovery to racketeering.

VIII. Looking to the Future

To reduce substance abuse, Arizona must develop customized solutions for specific subpopulations through community mobilization. However, these locally driven solutions must be integrated into a larger framework of comprehensive prevention. The balance will be found in building public agency partnerships and public-private collaborations, and in strengthening trust between communities, especially where barriers to cooperation now exist. The state will have to remain vigilant in a number of key areas, and invest funds where they will be most effective.

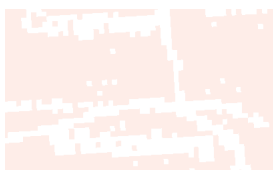
Accountability and Cost-Effective Ideas. Through a commitment to quality and cost-effectiveness, Arizona has realized substantial savings in social programs. For example, the state has been a pioneer in government-run managed health care systems, reducing per capita costs and saving up to \$52 million a year by promoting competition and cost containment. The cornerstone is a monitoring system that uses sound **scientific data** to drive policy. The state must consistently measure the prevalence of problems and the cost-effectiveness of responses. Tracking such data over time is essential to making pragmatic rather than ideological policy and funding decisions.

To that end, the state's annual Program Inventory provides excellent opportunities to correct weaknesses in program services or funding streams. Likewise, the Arizona Needs Assessment Study will offer critical data on substance abuse problems in specific populations and regions of the state.

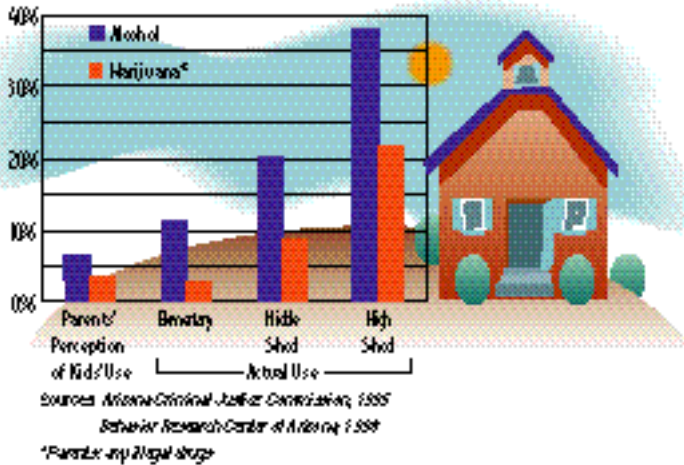
 Given the alarming trends in teen drug use in Arizona, youth prevention should be a prominent theme in coming years. But gathering consistent data to guide new programs and policies poses a challenge, placing extra burdens on schools to meet the needs of multiple agencies. In 1988, the Arizona Criminal Justice Commission recommended that collaborative survey projects be undertaken with the Department of Education. Despite the cost-effectiveness and scientific merits of a cooperatively funded and administered student substance use survey, attempts to develop such a multi-purpose tool have failed. This effort should be redoubled.

Tobacco Initiatives. Arizona's new tobacco program has made an impressive start. Careful planning will sustain its initial success. Three areas merit particular attention.

First, the concentration of smoking among young adults underscores the need for educational efforts targeting adults as well as vigorous youth prevention programs. Of the \$109 million in tobacco tax revenues in 1995, three-quarters was earmarked for tobacco health research, **prevention** and state supported health care. But the state legislature has frozen about half of the earmarked funds while various state agencies compete for access to the tobacco tax dollars. These dollars should be used for anti-tobacco efforts as soon as possible.



Parents Underestimate Drug and Alcohol Use by Kids



The AzTEPP biennial surveys of youth and adults indicate where prevention is most needed. Such data may strengthen political support for tobacco control initiatives, and free necessary funds.

Cigarette sales on Native American reservations are not subject to state excise taxes. And although 12 of Arizona's 21 tribes have implemented their own tobacco taxes, **billboards** across the state encourage smokers to buy cigarettes on reservations to save taxes. The state should increase awareness campaigns and outreach efforts near reservations, and create incentives for reservations to tax tobacco products.

Parental Involvement. Arizona parents grossly underestimate their own children's alcohol, tobacco and drug use. Therefore, educating parents should be the centerpiece of the state's new focus on reinvesting in communities. In addition, many adults in Arizona are binge drinkers or smokers, whose habits at home compete with publicly funded prevention messages aimed at youth. Prevention campaigns should challenge parents to be role models as well as community volunteers.

Emergency Rooms. In 1997, the Arizona Department of Health Services will implement a new state law requiring all non-Federal hospitals to report emergency room data to the state. The expansion in reporting will create a comprehensive picture of emerging drug problems, which the state can use to target new initiatives.

Treatment. To reduce the state's treatment costs, Arizona officials must create incentives for private insurance plans to cover substance abuse treatment as fully as they cover treatment for other chronic illnesses. Nationally, private insurance plans do not currently provide such parity.


Employee assistance plans (EAPs) that encourage early assessment and referral are also **cost-effective.** The average annual cost of the most popular EAPs is just \$15 per employee. Employers should be urged to adopt these plans.

Finally, publicly funded treatment must be made more accessible in outlying areas of the state, where many indigent residents live. The Department of Health Services should work with the Regional Behavioral Health Authorities to develop standards and common outcomes measures for prevention, outreach and treatment services. A treatment clearinghouse and technical assistance agency, working in partnership with state sponsored prevention resources, would facilitate progress.

Treating Criminals. Treatment has been shown to reduce criminal justice costs over the long term, but in the absence of carefully planned continuing care for parolees, the state's investment in prison-based treatment will fail. Substance abuse is a strong predictor of recidivism, and rates of reincarceration in Arizona indicate that more extensive treatment services are needed for criminals. The Department of Corrections should sponsor further studies documenting the costs and benefits of prison-based treatment. Such efforts will build political support for expanding prison-based intervention. The state should expand and fortify existing **partnerships** with community treatment providers, and continue to seek input from those providers in developing effective programs. Jail inmates are also in urgent need of drug and alcohol treatment. Without such services, jail inmates are more likely to reoffend upon release.


HIV and AIDS. The U.S. Conference of Mayors, the National Institute on Drug Abuse and the Federal Center for Substance Abuse Treatment contribute research funds for HIV outreach for Arizona's injection drug users. However, few state funds have gone into broad application of these prevention efforts, and the state has not articulated a policy on HIV education and prevention among drug users. These deficiencies must be remedied.

Child Welfare. Arizona voters have repeatedly indicated in surveys that they favor more spending for children's programs and anti-drug initiatives. One place to begin is reliably estimating newborn exposure to alcohol, tobacco and drugs through screening of newborns at birth. Once the state begins tracking this information, it will be able to anticipate related health care, foster care and social services needs, and effectively target prevention efforts. Based on such figures, Ohio has built early intervention programs, realizing savings of \$40,000 per child in neonatal intensive care costs alone.

 Two successive legislative panels have overseen perinatal substance abuse issues and initiatives in Arizona. Recommendations from the 1995 oversight committee included early identification, prevention, case management and program evaluation goals, as well as treatment priorities for pregnant offenders, teenagers and the entire population of substance-abusing pregnant women.

Further, the Arizona Department of Economic Security (DES) recommended that the Legislature's Committee on Child Welfare fund drug treatment for families with substance-exposed infants and for cases in which parental **substance abuse** contributes to the need for child protective services. Reforms in the national welfare system will require Arizona to re-examine the goals, administration and effectiveness of its social welfare programs—an excellent opportunity to act on this recommendation.

As for older children, high rates of school dropout, youth violence and teenage pregnancy in Arizona, as well as rising rates of substance abuse, point to the difficulties of preventing high-risk behaviors. Arizona's new Student Achievement Program, which establishes new graduation standards for public schools, exemplifies how innovation can expedite reform. Such innovation will be critical to moving people off welfare, reducing child and elder abuse and creating a more productive workforce.

 The Children's Action Alliance, a statewide policy and advocacy organization, informs Arizona's child welfare debate by describing trends in critical outcomes.

The scientifically sound, user-friendly reports include data on youth violence, teen births, child abuse and neglect, poverty and other **risk factors** that impact not only substance abuse, but also children's ability to thrive. Hard facts are sorely needed to inform Arizona's social policy. The tools the Children's Action Alliance provides should be put to use.

Setting an Example. We conclude this discussion of Arizona's future with some comments about methamphetamine. As one of the primary entry points of methamphetamine into the national drug scene, Arizona has had to develop new law enforcement and prevention strategies. The success of these strategies—and of Arizona's ongoing efforts to develop new responses to the fast-growing methamphetamine problem—will prove a key litmus test of the state's overall performance in its battle against substance abuse.

But methamphetamine abuse is not isolated to the Southwest; Arizona's experience serves as a warning to the rest of the nation. Arizona's responses to methamphetamine and other substance abuse challenges can stand as positive examples to other states facing similar threats in the future.

IX. Sources

- "Arizona Special Report: What Arizona Employers Think About Drug Abuse." Washington, DC: Institute for a Drug-Free Workplace, 1994.
- "90% of Parents Believe Their Kids Are 'Clean'—AZ Drug Study Says Otherwise." Phoenix: Behavior Research Center of Arizona, Rocky Mountain Poll, October, 1996.
- "3 States Join 10 Suing Tobacco Firms: Actions Seek Recovery of Costs of Treating Smoking-Related Illnesses." *The Washington Post*, August 22, 1996, A-12.
- The Adult Community-Based Survey on Substance Abuse, Southern Arizona Border Region Analysis*. Tucson: Arizona-Mexico Border Health Foundation, July 1996 (draft report).
- Fredrick Beauvais, "Trends in Drug Use Among American Indian Students and Dropouts, 1975-1994." *American Journal of Public Health*, 86:1594-1598.
- Rosa Conception, "More teens here using drugs." *The Yuma Daily Sun*. August 22, 1996.
- Patrick A. Curtis, Jennifer D. Boyd, Mary Leipold, et al., *Child Abuse & Neglect: A Look at the States*. Washington, DC: Child Welfare League of America, 1995.
- Elizabeth Piper Deschenes, Susan Turner and Peter W. Greenwood, "Drug Court or Probation?: An Experimental Evaluation of Maricopa County's Drug Court." *The Justice System Journal*, 18(1), 1995, 55-73.
- "Drug smugglers use children's bus." *Nogales International*, August 9, 1996.
- Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA)*. Sacramento, CA: California Department of Alcohol and Drug Programs, 1994.
- George Hacker and Laura Anne Stuart, *Double Dip: The Simultaneous Decline of Alcohol Advertising and Alcohol Problems in the United States*. Washington, DC: Center for Science in the Public Interest, 1995.
- "Highlights of Arizona Public Opinion Poll on Children's Issues." Phoenix: Children's Action Alliance, 1995.
- "HIV/AIDS Reports for Pima County." Tucson, AZ: Mexican American Studies and Research Center, University of Arizona, 1996.
- Investing in the Workplace: How Business and Labor Address Substance Abuse*. Washington, DC: Drug Strategies, 1996.
- Jon Jeter, "Mothers Find Fragile Hope in P.G. Programs for Addicts." *The Washington Post*, November 13, 1995, p. C4.
- The Kids Count Data Book: State Profiles of Child Well-Being*. Baltimore, MD: Annie E. Casey Foundation, 1996.
- Richard Kluger, *Ashes to Ashes: America's Hundred Year Cigarette War, the Public Health, and the Unabashed Triumph of Phillip Morris*. New York: Alfred A. Knopf, 1996.
- Domenica Marchetti, "Charities Try to Snuff Out Smoking." *The Chronicle of Philanthropy*, Vol. VII (No. 24), October 3, 1996.
- Kathleen Morgan, Scott Morgan and Neal Quitno, *State Rankings 1996: A Statistical View of the 50 United States*. Lawrence, KS: Morgan Quitno Press, 1996.
- National, State and Regional Trends, 1977-1993*. Washington, DC: National Institute on Alcohol and Alcoholism, 1995.
- Ohio Profile*. Washington, DC: Drug Strategies, 1995.
- Rating the States: A Report Card on the Nation's Attention to the Problem of Alcohol and Other Drug-Impaired Driving*. Irving, TX: Mothers Against Drunk Driving, 1996.
- Regional Indicator Analysis Report: Indicator-Based Profile of the Arizona Border Region*. Tucson: Arizona-Mexico Border Health Foundation, 1996.
- A. Reiss and J. Roth, *Understanding and Preventing Violence*. Washington, DC: National Academy Press, 1993.
- Dorothy Rice and Wendy Max, *The Cost of Smoking in California*. San Francisco, CA: University of California, Institute for Health and Aging, 1994.
- Sally Stevens, "Reducing HIV Risk Behaviors: Perceptions of HIV Risk and Stage of Change." *Journal of Drug Issues*, 26(3), 1996, 607-618.
- The Standards Primer: A Resource for Accelerating the Pace of Reform*. Washington, DC: Education Leaders Council, The Center for Education Reform, 1996.
- State Alcohol Taxes and Health: A Citizen's Action Guide*. Washington, DC: Center for Science in the Public Interest, 1996. (Appendix B)
- The State of Arizona's Children*. Phoenix: Children's Action Alliance, 1996.
- State Resources and Services Related to Alcohol and Other Drug Abuse Problems for Fiscal Year 1994*. Washington, DC: National Association of State Alcohol and Drug Abuse Directors, 1996.
- "Surveillance for Smoking-Attributable Mortality and Years of Potential Life Lost, by State." *Morbidity and Mortality Week in Review*, Vol. 43, June 10, 1994.
- Kris Mayes and Martin Van Der Worf, "Tobacco Suit Pits Governor Against Woods." *Arizona Republic*, October 18, 1996, A-1.
- Tobacco Use in California: An Evaluation of the Tobacco Control Program, 1989-1993*. Sacramento, CA: California Department of Health Services, 1994.
- "Trends in Drug Use Among American Indian Students and Dropouts, 1975 to 1994." *American Journal of Public Health*. Vol. 86. November 1996, 1594-1597.
- Gerald Williams, Fredrick Stinson, Sophia Stewart, et al. *Apparent Per Capita Alcohol Consumption: National, State and Regional Trends, 1977-1993*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 1995.

Arizona Materials

Department of Health

- AIDS Summary.* Disease Prevention Services, 1996.
- Arizona Needs Assessment Study.* Division of Behavioral Health Services, unpublished data, 1996.
- Behavioral Risk Factor Surveillance System.* Arizona Office of the Centers for Disease Control and Prevention. 1990-1994.
- Drug Abuse Trends in Phoenix and Arizona.* Community Epidemiological Work Group, June 1995.
- Drug-Related Mortality: Arizona, 1986-1994.* Arizona Center for Health Statistics, 1996.
- Proposed Tobacco Use Prevention Plan for the State of Arizona.* Arizona Tobacco Education and Prevention Program, August 1995.
- Who is at Risk for HIV and AIDS in Arizona? An Epidemiologic Profile for HIV Prevention and Community Planning.* Office of HIV/AIDS, 1996.

Department of Economic Security

- 1990 Bureau of the Census Statistics and Estimates.* Population Statistics Unit, 1996.
- 1990 Census of Population and Housing.* Population Statistics Unit, 1991.

Criminal Justice Commission

- Arizona Drug, Gang and Violent Crime Control: 1996 Strategy.*
- Crime and the Criminal Justice System in Arizona: The 1995 White Paper.*
- Drug Use in Arizona: Survey of the High Schools, Colleges and the Public,* 1988.
- Substance Abuse and Public School Students - Arizona 1995: A Survey of Elementary, Middle and High School Students in Arizona.*
- Substance Abuse and Public School Students - Arizona 1993: A Survey of Elementary, Middle and High School Students in Arizona.*
- Substance Abuse in Arizona/Gang Activity in Arizona 1991: Survey of Public Schools, Institutions of Higher Education and Law Enforcement Authorities.*
- Substance Abuse in Arizona, 1990: Survey of Public Schools, Institutions of Higher Education, and the Public.*

Department of Revenue

- Annual Report,* 1996.
- Luxury Tax Collected, September 1996,* Luxury Tax Division.

Department of Education

- Chemical Abuse Prevention Program Report, School Year 1994-1995.*
- Comprehensive Health and Prevention Program Survey, 1996,* unpublished data.

Other Arizona Sources

- 1995 Annual Report.* Arizona Department of Corrections, Phoenix, AZ: 1995.
- Motor Vehicle Crash Facts for Arizona.* Arizona Department of Transportation, 1991-1995.
- 1995 Narcotics Strategic Summary.* Arizona Department of Public Safety, 1996.
- Report to the Governor and the Legislature.* Advisory Council on Perinatal Substance Abuse, December 31, 1995.
- "House Bill 2220: Report on Conference Committee." State of Arizona House of Representatives Forty-First Legislature, April 14, 1994.
- Socioeconomic Indicators for Maricopa County.* Data Network for Human Services, June 1996.
- State of Arizona Substance Abuse Prevention, Education and Treatment Program Inventory and State Agency Analysis, 1995.* Drug and Gang Prevention Resource Center, 1996.
- State of Arizona Tax Handbook,* 1995 edition. Joint Legislative Budget Committee, 1995.

Federal Materials

Department of Health and Human Services

- Fred Hellinger, *Forecasting the Medical Costs of the HIV Epidemic: 1991-1994.* Agency for Health Care Policy and Research, 1995.
- Lloyd Johnston, Patrick O'Malley, James Bachman, et al. *National Survey Results on Drug Abuse from the Monitoring the Future Study.* Substance Abuse and Mental Health Services Administration, 1991-95.
- Preliminary Estimates from the 1995 National Household Survey on Drug Abuse.* National Institute on Drug Abuse, 1996.
- Regional Differences in Indian Health.* Indian Health Service, 1995.
- Trends on Indian Health - 1995.* Indian Health Service, 1995.

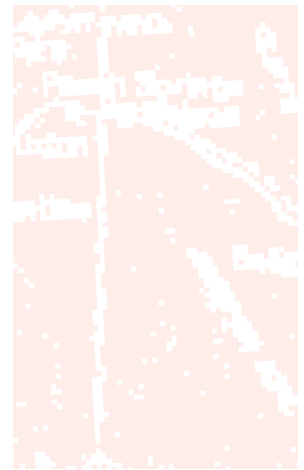
Department of Justice

- 1995 Drug Use Forecasting: Annual Report on Adult and Juvenile Arrestees.* National Institute of Justice, June 1996.
- Innovative State and Local Programs.* Bureau of Justice Assistance, 1996.
- Sourcebook of Criminal Justice Statistics, 1994.* Bureau of Justice Statistics, 1995.

Other Federal Materials

- Arizona Medicaid: Competition Among Managed Care Plan Lowers Program Costs.* General Accounting Office, October, 1995.
- The Economic Costs of Motor Vehicle Crashes.* National Highway Traffic Safety Administration, 1994.
- Foster Care: Parental Drug Abuse Has Alarming Impact on Young Children.* General Accounting Office, 1994.
- Traffic Safety Facts: State Alcohol Estimates.* National Highway Traffic Safety Administration, 1992-1995.
- Young Children in Foster Care.* General Accounting Office, 1994.

Reference **Charts**



Alcohol Use

Teenagers		1991	1993	1995
12th grade	lifetime	80.9%	71.5%	72.8%
	past 30 days	50.7%	37.1%	43.0%
10th grade	lifetime	73.8%	67.3%	68.7%
	past 30 days	40.5%	30.9%	39.2%
8th grade	lifetime	58.3%	56.6%	54.5%
	past 30 days	26.7%	25.8%	24.6%
6th grade	lifetime	51.1%	45.8%	32.0%
	past 30 days	3.4%	8.9%	13.6%

Source: Arizona Criminal Justice Commission

Tobacco Use

Current Smoking		1990	1992	1994	1996
Overall		21%	19%	23%	23%
Male		22%	22%	21%	26%
Female		19%	17%	25%	22%
18-24		21%	20%	34%	28%
25-34		26%	20%	21%	25%

Sources: Behavioral Risk Factor Surveillance System (1990, 1992, 1994)
AzTEPP Adult Tobacco Use Survey (1996)

Drug Use

		1991	1993	1995
Marijuana				
12th grade	lifetime use	42.7%	41.9%	48.5%
	past 30 days	15.5%	17.6%	22.6%
10th grade	lifetime use	9.6%	33.7%	44.8%
	past 30 days	11.4%	17.2%	22.1%
8th grade	lifetime use	6.9%	25.4%	25.6%
	past 30 days	6.6%	12.9%	12.1%
6th grade	lifetime use	2.1%	6.1%	13.4%
	past 30 days	.5%	1.6%	7.1%
Methamphetamine				
12th grade	lifetime use	13.3%	12.8%	17.3%
	past 30 days	4.3%	4.0%	6.7%
10th grade	lifetime use	9.1%	8.9%	16.4%
	past 30 days	3.1%	4.1%	6.5%
8th grade	lifetime use	5.3%	11.5%	10.6%
	past 30 days	2.4%	2.7%	4.6%
6th grade	lifetime use	n/a	n/a	6.9%
	past 30 days	n/a	n/a	5.1%
Inhalants				
12th grade	lifetime use	16.0%	17.0%	15.6%
	past 30 days	3.2%	4.6%	5.1%
10th grade	lifetime use	15.4%	19.5%	18.7%
	past 30 days	4.1%	5.4%	5.6%
8th grade	lifetime use	16.6%	22.4%	21.1%
	past 30 days	7.9%	9.0%	8.4%
6th grade	lifetime use	11.3%	13.2%	14.8%
	past 30 days	5.0%	9.1%	6.3%

Source: Arizona Criminal Justice Commission

n/a: not available

Alcohol Consumed

Fiscal Year	1992	1993	1994	1995	1996
Gallons of Beer (millions)	105.6	109.0	114.6	112.6	120.6
Gallons of Liquor (millions)	5.9	5.8	5.9	5.9	6.0

Source: Arizona Department of Revenue

Attitudes and Perceptions

High school students who approve or don't care about peers':

	1989	1991	1993	1995
Alcohol use	52.8%	55.9%	61.3%	66.8%
Marijuana use	31.1%	33.2%	45.7%	54.6%
Cocaine use	16.6%	14.1%	21.8%	26.1%
Driving under the influence	11.5%	13.1%	21.1%	20.4%

Source: Arizona Criminal Justice Commission

Parent's estimates of kid's substance use

	<u>Parent's Perceptions</u>	<u>Elementary</u>	<u>Actual Use By Kids</u> <u>Middle School</u>	<u>High School</u>
Alcohol	6%	11%	20%	38%
Marijuana	4%	3%	9%	22%

Sources: The Arizona Criminal Justice Commission, 1995
The Rocky Mountain Poll, Behavior Research Center of Arizona, 1996

Excise Tax Revenues

	1991	1992	1993	1994	1995
Tobacco (millions)	\$51.8	\$52.5	\$53.7	\$53.1	\$109.2*
Alcohol (millions)	\$39.8	\$41.1	\$40.8	\$42.3	\$42.0

Source: Arizona Department of Revenue

* in 1994, Arizona's tobacco excise tax rate rose from 18¢ to 58¢ per pack, causing a substantial revenue increase the following year

People in Treatment

	1989	1990	1991	1992	1993	1994
Alcohol	7,525	26,002	17,111	16,987	14,186	18,258
Other Drugs	18,458	9,949	6,914	8,705	7,072	10,527

Source: National Association of State Alcohol and Drug Abuse Directors

Phoenix Emergency Room Records

	1990	1991	1992	1993	1994	1995
Drug Episodes	5,225	5,918	6,103	5,930	6,879	7,449
Drug Mentions	8,820	9,907	10,074	10,010	11,563	12,479
Cocaine	614	803	908	838	1,067	1,055
Marijuana	120	129	171	226	453	431
Heroin/Morphine	353	348	324	487	483	470

Source: Drug Abuse Warning Network

Drug Arrests

	1990	1991	1992	1993	1994	1995
Drug Arrests	14,063	14,746	15,954	18,493	21,550	24,724
Sale	2,985	3,684	4,026	4,183	4,790	5,484
Possession	11,078	11,062	11,928	14,310	16,760	19,240
% of total arrests	7%	7%	8%	9.5%	10%	11%
Juvenile Drug arrests	1,273	1,368	1,870	2,825	3,930	4,883
% of total juvenile arrests	2%	2%	3%	5%	6%	7%

Source: Arizona Department of Public Safety



Prisoners

	1989	1990	1991	1992	1993	1994
Total Inmates	12,640	13,699	14,701	15,884	16,845	18,608
Drug Offenders	1,975	2,672	2,916	3,009	3,462	4,172
% of Inmates	16%	20%	20%	19%	21%	22%

Source: Arizona Criminal Justice Commission

Recidivism

% Returned to Custody After 3 Years (1995)

All Drug Offenses	25.2%
All Offenders	40%
Offenders Who Use Drugs, Regardless of Offense	51%

Source: Arizona Department of Corrections

Drug Use by Arrestees in Phoenix

% Testing Positive Any Illicit Drug	1991	1992	1993	1994	1995
Male	42%	47%	62%	65%	63%
Female	61%	63%	62%	67%	63%
Juvenile Male			36%	51%	48%

Source: Drug Use Forecasting, National Institute of Justice

Drug Seizures

	1991	1992	1993	1994	1995
Marijuana (lbs.)					
State	23,000	26,500	35,500	35,000	43,500
Federal*	42,063	53,637	30,257	31,647	49,750
Methamphetamine (lbs.)					
State	48	70	10	30	250
Federal*	8	40	12	89	86
Cocaine (lbs.)					
State	2,300	3,800	2,900	500	1,700
Federal*	6,924	4,218	1,753	2,345	6,369

Sources: Drug Enforcement Administration
Arizona Department of Public Safety

* includes the Drug Enforcement Administration, Immigration and Naturalization Service, and U.S. Customs

Prevention and Treatment Dollars

	1991	1992	1993	1994	1995
Prevention	\$13.8	\$18.8	\$24.7	\$21.3	\$25.8
Treatment	\$27.4	\$30.0	\$35.7	\$40.2	\$39.2

Source: Arizona Drug and Gang Prevention Resource Center

Children in Foster Care

	1990	1991	1992	1993	1994	1995	1996
	3,374	3,747	3,824	4,008	4,082	4,857	5,477

Source: Children's Action Alliance

