

Arizona Department of Health Services/  
Division of Behavioral Health Services

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# SFY 2010-2015 Strategic Plan for Substance Abuse and Suicide Prevention



*Leadership for a Healthy Arizona*

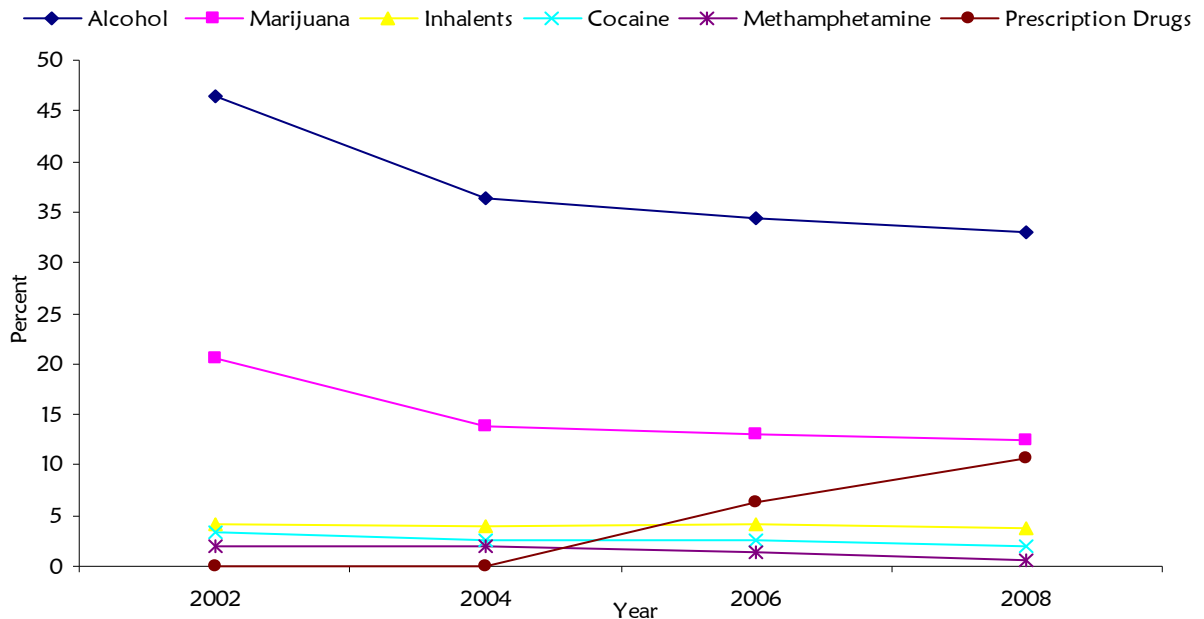
# STRATEGIC ISSUES

Strategic issues are key behavioral health related challenges that Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) intends to address over the next five years. Each issue emerged from an assessment of current strengths, weaknesses, and the behavioral health challenges in Arizona.

## 1. Prevention of alcohol, tobacco and other drugs

Arizona has made progress over the past decade in the prevention of substance use. Use of most substances among high school youth dropped from 2002 to 2008. Figure 1 depicts trends in substance use among youth in Arizona since 2002. Alcohol remains the number one most abused substance by Arizona youths followed by marijuana.

*Figure 1:  
Self Reported 30-Day Substance Abuse Among Arizona Youths*



*Note.* Arizona Criminal Justice Commission (ACJC). Arizona Youth Survey (AYS) State Report, 2002, 2004, 2006 and 2008.

### Arizona Substance Abuse Partnership (ASAP)

ASAP was established through Governor Napolitano's Executive Order 2007-12. This partnership serves as a single statewide council around substance abuse prevention, enforcement, and treatment. The mission of ASAP is to ensure community driven,

agency-supported outcomes to prevent and reduce the negative impacts of alcohol, tobacco and other drugs (Governor's Office of Children, Youth and Families (GOCYF), 2008). ADHS will continue its involvement in ASAP and its subcommittees to coordinate substance abuse prevention.

### Underage Drinking

In 2005, the statewide Underage Drinking Prevention Committee was formed. The purpose of this committee is to coordinate the prevention and reduction of underage drinking (GOYCF, 2008). ADHS will continue to support this committee, monitor implementation of the statewide strategic plan, and facilitate completion of many steps described in the strategic plan. ADHS will facilitate technical assistance, training, recognition, and communication between organizations to develop the capacity of prevention providers, state level organizations and communities to prevent underage drinking. ADHS will develop a database to track education and enforcement activities related to alcohol and tobacco vendors. ADHS will continue to incorporate direct discussion of the harms of alcohol use among youth and the Draw the Line marking initiative into all aspects of prevention programming. To reach young adults who are not in academic settings, ADHS will help to develop alcohol prevention initiatives targeting employers.

In 2005, Arizona's Epidemiology Work Group published [a study of substance abuse statewide](#). **This study concluded that alcohol is the most prevalent and costly substance of abuse in Arizona.** The Pacific Institute for Research and Evaluation (PIRE) estimates the consequences of underage drinking cost Arizona \$1.2 billion annually (2006). Addiction, impaired driving, child abuse and neglect, injuries, and assaults are just a few of the negative health and social consequences associated with alcohol abuse. While there has been a decreasing trend in the use of alcohol among Arizona's youth, the consequences of underage drinking continue to burden Arizona's economy.

Several factors contribute to alcohol addiction in Arizona. Three key factors are age of initiation, perception of harm, and access to alcohol. Abuse of alcohol begins in childhood. When a child under the age of 14 begins to drink alcohol, he or she has a 40% chance of developing an addiction to alcohol or other drugs. Use of alcohol during adolescence causes long-term damage to brain development, structure, and function (National Research Council and Institute of Medicine, 2004). An adult who commences use of alcohol at age 21 has only a 7% chance of developing an addiction. Many Arizona youth get alcohol from family members, some youths request older people to purchase the alcohol for them and others are able to purchase directly from vendors (ACJC, 2008).

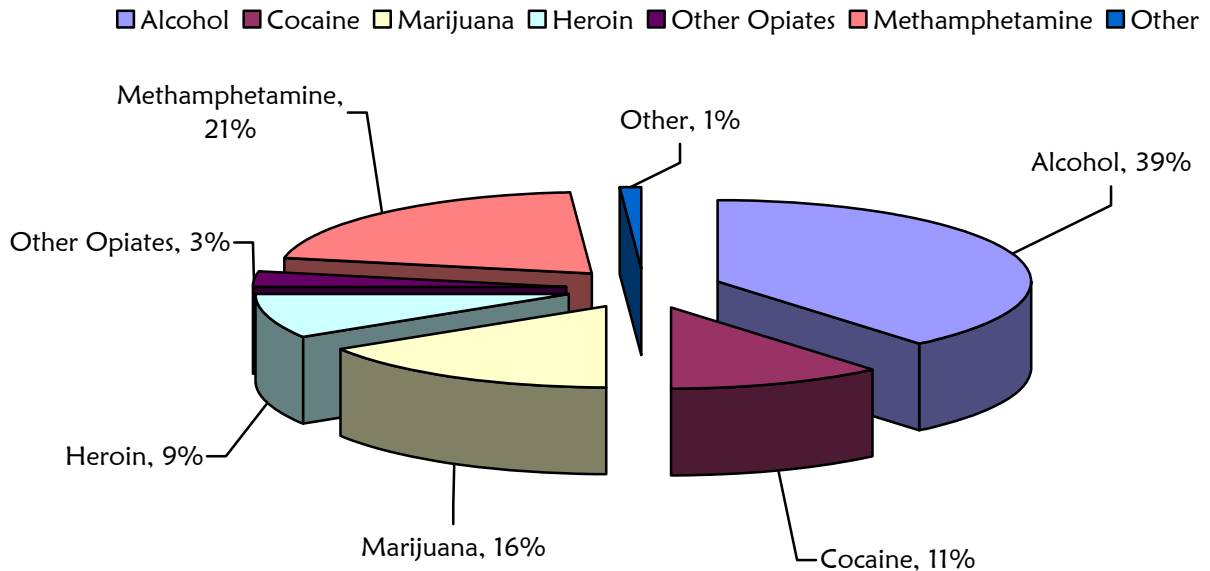
Figure 2 shows the percentage of individuals entering treatment services by primary drug of use. In 2006 and 2007, alcohol was the most frequently used substance by people entering substance abuse treatment services in the State's behavioral health system (Office of Applied Studies, 2007). Arizona youth have higher rates of 30-day alcohol use than youth surveyed nationally and nearly a quarter of Arizona adolescents have

engaged in recent binge drinking (ACJC, 2008).

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*Figure 2:  
Primary drug reported at admission to treatment among Arizonans*

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(Arizona Department of Health Services, 2008 Treatment Episode Data Set)

### Methamphetamine

As shown in figure 2 above, the second most frequent drug of abuse among those seeking treatment is methamphetamine. In 2008, 21 percent of individuals entering substance abuse treatment services reported methamphetamine as the primary drug of use (Arizona Department of Health Services, 2008). Elimination of demand for methamphetamine continues to be a priority due to the high costs to society. While the state has made progress in decreasing the rate of methamphetamine use, the devastating effect of this drug is still evident. According to [the GOCYF's "The Impact of Substance Abuse: A Snapshot of Arizona,"](#) this is demonstrated by the high rate of hospital admissions related to methamphetamine at 90 per 100,000 people.

In accordance with the Arizona Methamphetamine Task Force Action Plan, ADHS will continue to advance statewide screening for individuals with substance abuse disorders, develop capacity of communities to prevent meth and sustain current efforts.

### Prescription Drug Abuse

Prescription drug abuse is the one substance which is increasing in use among Arizona youths. While both national and state data indicate significant decreases in alcohol and

drug use, the abuse of prescription drugs is a growing problem, especially among youth. According to the [latest Arizona Youth Survey data](#), the percentage of Arizona Youth Reporting Past 30-Day Prescription Drug Use increased from 6.3 in 2006 to 10.7 in 2008.

Between 2002 and 2007, the rate of current use of prescription pain relievers among adults age 18 to 25 increased from 4.14 to 4.6 percent (National Survey on Drug Use and Health (NSDUH), 2007). Arizona has experienced an unprecedented increase in the mortality rate for accidental drug poisoning among middle-aged adults from 7.9 deaths per 100,000 in 1997 to 19.6 in 2007 (Arizona Department of Health Services, Vital Statistics Report, 2007).

Older adults represent another group of particular concern. The level of current illicit drug use among those aged 55 to 59 more than doubled from 2002 to 2007 (Office of Applied Studies, 2007). Greater rates of illicit drug use among the “baby boom” generation and increases in the prescription of medications indicates that the number of persons aged 50 or older who abuse prescription drugs may greatly increase over the next two decades (Colliver, 2006).

### Tobacco

A requirement of the Substance Abuse Prevention and Treatment (SAPT) Block Grant, an important source of funding for DBHS prevention programs is the Synar Amendment. This amendment focuses on reducing youth access to cigarettes and other tobacco products. The statute requires Arizona to enact laws making it illegal for youth younger than 18 to purchase tobacco products, and requires the ADHS to conduct annual random inspections to determine merchant compliance with state law. Arizona proves its compliance with help from prevention providers who form teams that conduct inspections of vendors across the state using 16-year-old youths. Results from the compliance checks will be released to the appropriate Regional Behavioral Health Authority (RBHA) and/or prevention provider in that geographic location. Accordingly, RBHAs and prevention providers need to continue collaborative relationships with tobacco prevention efforts. Merchant education is a key strategy for the Synar program and is a priority for DBHS.

## **2. Suicide**

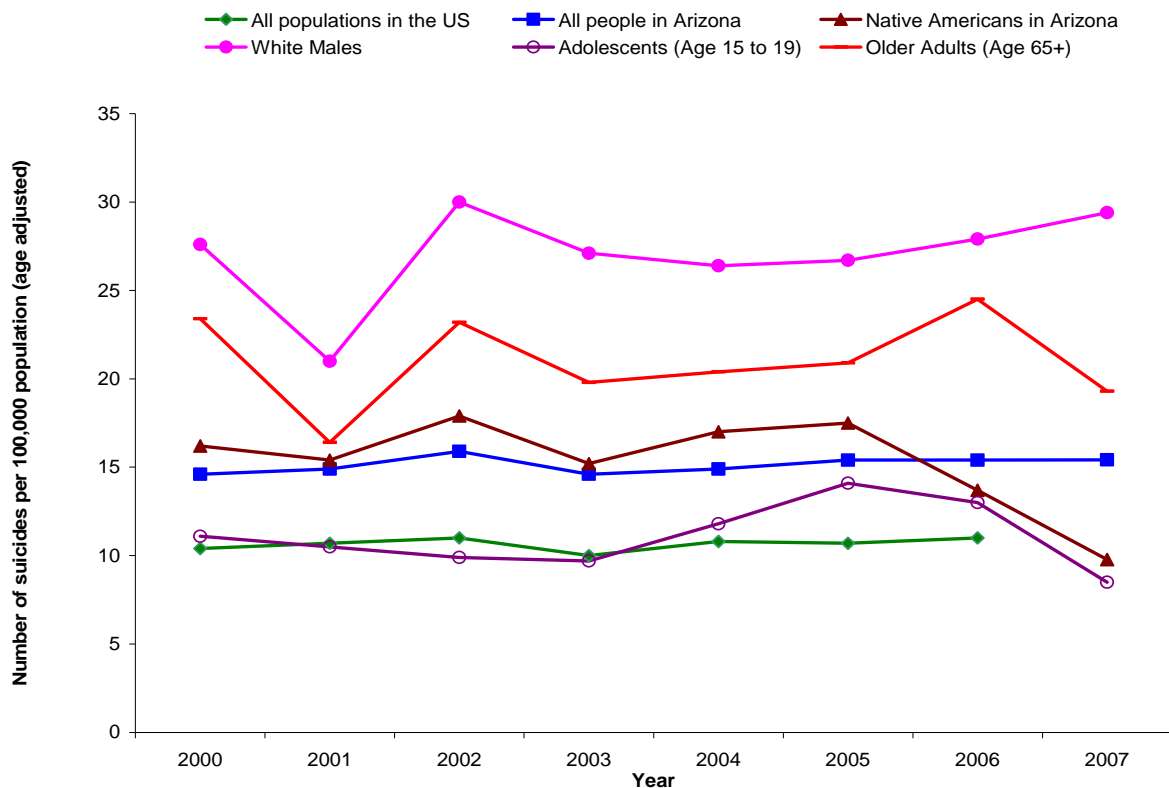
Youths with a substance abuse disorder have three times the rates of mental health disorders, compared with youths without alcohol or drug disorders (Kandel, 1999). The use of alcohol among early adolescents has is associated with a range of suicidal behaviors including ideation, attempts, and completions (Windle, 1992).

Arizona’s suicide prevention efforts use multiple strategies for various populations. Suicide is a consequence of complex interactions among biological, psychological, cultural, and sociological factors. In collaboration with the Arizona Suicide Prevention

Coalition, ADHS has developed comprehensive plan to reduce suicide using universal, selected and indicated approaches. DBHS is committed to strengthening partnerships/collaborations with other state agencies as well the Arizona Suicide Prevention Coalition to coordinate activities and strategies included in the state strategic plan.

As depicted in Figure 3 below, Arizona had a consistent rate of suicide in 2005, 2006, and 2007 at 15.4 per 100,000 people (Arizona Department of Health Services, Vital Statistics Report, 2005, 2006 and 2007). Historically, rates of suicide in Arizona are exceptionally high among young Native American men, and White men, particularly those in the 65+ age range.

*Figure 3:  
Trends in suicide completions in Arizona*



Note: ADHS Bureau of Public Health Statistics. Retrieved December 9, 2008 from <http://www.azdhs.gov/plan/report/im/im/im07/3/index.htm>.

### 3. Workforce Development

The Workforce Development Subcommittee of the Arizona Substance Abuse Partnership (ASAP) identified the training and technical assistance needs of the prevention workforce. These initiatives include: the implementation of a statewide evidence-based

review process, the semi-annual evaluation of all prevention programs using the ADHS/DBHS Prevention database and the systematic credentialing of the State's Prevention workforce.

#### **4. ADHS/DBHS strategic plan for 2010-2015**

DBHS has established goals for 2010-2015 in its prevention system based on its priority focus areas around substance abuse and suicide. The state level priority goals are based on state level data indicating the primary alcohol, tobacco and other drug (ATOD) consumption problem and related consequences faced by Arizona. Tables 1 and 2 provide DBHS' logic model and priorities for preventing substance abuse.

Table 1: ADHS substance abuse prevention logic model including 2010 to 2015 goals

Behavioral Health Consequences	Behavioral Health Trends	Goal	Key Intervening Variables	Objective	Projects, Initiatives, Strategies
Underage drinking costs Arizona over 1.2 billion dollars annually in health care, accidents, incarceration, violence unplanned pregnancies and other consequences	Alcohol is the most prevalently used substance by Arizona youths (AYS, 2008)	Decrease youth 30 day use of alcohol to 30%	Youth perception of availability of alcohol (AYS, 2008)	1. Decrease the % of youth who perceive it is easy to obtain alcohol to 55%	<ul style="list-style-type: none"> <li>a) Assessment of local policies related to underage drinking in Arizona</li> <li>b) Quarterly newsletter for community anti-substance abuse coalitions</li> <li>c) Recognition of communities that implement strategies recommended by the state UAD prevention plan</li> <li>d) Monitor implementation of statewide UAD strategic plan</li> </ul>
				2. Increase vendor compliance with youth access laws to 93%	<ul style="list-style-type: none"> <li>a) Vendor education and recognition</li> <li>b) On-line vendor database</li> <li>c) Develop a Synar strategic plan</li> </ul>
			Parent attitudes favor use of alcohol	3. By the end of SFY2010 increase the percentage of parents who do not think it is acceptable for a young person to drink alcohol under any circumstance	<ul style="list-style-type: none"> <li>a) Encourage RBHA inclusion of alcohol abuse prevention in all life skills and family support, social marketing, and leadership programs</li> <li>b) Incorporation of Draw the Line into existing program activities</li> </ul>
			Community capacity to implement evidence based, cost effective prevention strategies	4. Increase the % of ADHS funded prevention programs which meet criteria for evidence based to 95%	<ul style="list-style-type: none"> <li>a) Analysis and collection of data on common performance measures</li> <li>b) Annual evidence based practice reviews of all programs</li> </ul>
				5. By the end of SFY 2011 increase the % of ADHS prevention programs which demonstrate culturally based development of programming in their annual program description to 90%	<ul style="list-style-type: none"> <li>a) Develop advanced cultural competency training</li> <li>b) Provision of training and TA to communities with disparity in needs</li> </ul>
				6. Increase the mean score on the coalition functioning scale by an average of 1 point by the completion of SFY 2010	<ul style="list-style-type: none"> <li>a) Continued training for communities and providers in Strategic Prevention Framework (SPF) process</li> <li>b) Refinement of ADHS policies and procedures to ensure programmatic congruence with SPF</li> <li>c) Form a statewide evaluation committee</li> </ul>
Increase in hospitalizations for drug poisonings	Trend in increased 30 day abuse of prescription drugs among teens.	Decrease youth 30 day abuse of prescription drugs to 5% (AYS, 2008)	Perception of harm among youth (AYS, 2008)	7. At the completion of SFY 2010, increase the % of youth involved in ADHS prevention programs who perceive substance abuse is harmful by 20%	<ul style="list-style-type: none"> <li>a) Marketing and education targeting employer health, wellness, and safety programs</li> <li>b) Develop programming targeting young adults</li> <li>c) Inclusion of information and education on the harmfulness of substances</li> <li>d) Provide trainings for substance abuse prevention coalitions and providers, focusing on the epidemiology of prescription drug abuse and evidence based practices in reduction of prescription drug abuse.</li> <li>e) Distribute new SAPT funds to communities via RBHAs to be used for</li> <li>f) Education of medical providers (including physicians and pharmacists), schools, faith-based organizations and others regarding prescription drug abuse and diversion</li> <li>g) Provide guidance to families for the proper storage of prescription drugs.</li> <li>h) Conduct activities to change youth perceptions and norms about prescription drug abuse</li> </ul>

Table 2: ADHS suicide prevention logic model including 2010 to 2015 goals

Behavioral Health Consequences	Behavioral Health Trends	Goal	Key Intervening variables	Objective	New initiatives and projects
High rates of suicide completion in Arizona	11% of Arizonans experience serious distress and 7% have a major depressive episode each year.	Reduce the rate of completed suicide to 10 per 100,000, by 2015.	Access to community resources	A. Increase gatekeeper comfort with intervention & referrals by 5%	<ul style="list-style-type: none"> <li>a) Substance abuse educational and screening materials to schools, medical, and community settings</li> <li>b) Training in how to use the screening, early identification, brief intervention, and referral resources</li> <li>c) Track access to treatment via early identification and referral tracking</li> <li>d) Inclusion of gatekeeper education in substance abuse prevention programs</li> <li>e) Continued participation in the Arizona Suicide Prevention Coalition</li> </ul>
	35.5% of persons who used illicit drugs in the past month have had a major depressive disorder in the past year (NSDUH, 2007).		Coping, problem solving, help seeking skills	B. Increase life satisfaction to 10% among ADHS program participants as measured by the end of SFY 2010	<ul style="list-style-type: none"> <li>a) Annual update of practice protocols</li> <li>b) Support innovative evidence based strategies to promote healthy aging</li> <li>c) Development of programming for persons with chronic physical health conditions and/or disabilities</li> </ul>
			Family conflict	C. Increase parent child bonding among ADHS prevention program participants by 5% by the end of SFY 2010	<ul style="list-style-type: none"> <li>a) Continue to support RBHA inclusion of prevention strategies which improve the health and functioning of families.</li> </ul>