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*2006 Arizona Youth Survey*

*Maricopa County*



**REPORT PROVIDED BY:**

Arizona Criminal Justice Commission

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*2006 Arizona Youth Survey*

*Shining Light on Arizona Youth*

Arizona Criminal Justice Commission

**IN PARTNERSHIP WITH:**

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

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# Introduction

## 2006 Arizona Youth Survey Summary for

### Maricopa County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Maricopa County and the State. Because not all students answer all of the questions, the number of students in

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the gender and ethnicity categories will often be less than the total number of students.

## The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

**Table 1. Characteristics of Participants**

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
		3678	100	21970	100	36136	100	60401
Grade								
8	1571	42.7	11337	51.6	17172	47.5	26872	44.5
10	854	23.2	5918	26.9	11079	30.7	19581	32.4
12	1253	34.1	4715	21.5	7885	21.8	13948	23.1
Gender								
Male	1814	50.7	10270	47.6	16972	48.2	28381	48.2
Female	1766	49.3	11324	52.4	18265	51.8	30505	51.8
Ethnicity								
African American	165	4.7	1085	5.3	1894	5.4	2592	4.4
American Indian	82	2.4	466	2.3	832	2.4	3394	5.8
Asian	133	3.8	584	2.8	998	2.8	1341	2.3
Hispanic	789	22.6	6267	30.4	11950	34.0	21376	36.5
Pacific Islander	*	*	181	0.9	319	0.9	457	0.8
White	2318	66.5	12047	58.4	17484	49.8	26761	45.7
Other	n/a	n/a	n/a	n/a	1664	4.7	2696	4.6

\* Pacific Islander was grouped with Asian in 2002

## 2006 Prevention Needs Assessment Risk and Protective Factors

Research on risk and protective factors has important implications for prevention efforts. The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that can lead to the problem. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by preventive interventions that also promote related protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring and tutoring interventions can be provided that will improve academic performance, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

RISK FACTORS	PROBLEM BEHAVIORS				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
<b>Community</b>					
Availability of drugs and firearms	✓	✓			✓
Community laws and norms favorable toward drug use, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
<b>Family</b>					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
<b>School</b>					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
<b>Individual/Peer</b>					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

# The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

## **Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery**

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.  
**Community Resource Assessment:** It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

**Step 2: Mobilize and/or Build Capacity to Address Needs:** Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

**Step 3: Develop a Comprehensive Strategic Plan:** States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

**Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities:** By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website ([www.westcapt.org](http://www.westcapt.org)) contains a search engine for identifying Best Practice Programs.

**Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail:** Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

# Tools for Assessment and Planning

## School and Community Improvement Using Survey Data

### Why the Arizona Youth Survey?

Data from the Arizona Youth Survey can be used to help school and community planners assess current conditions and prioritize areas of greatest need.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help your county and community make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

### What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table below, note your findings as you discuss the following questions.

- Which 3-5 risk factors appear to be higher than you would want?
- Which 3-5 protective factors appear to be lower than you would want?
- Which levels of 30-day drug use are increasing and/or unacceptably high?
  - Which substances are your students using the most?
  - At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
  - Which behaviors are your students exhibiting the most?
  - At which grades do you see unacceptable behavior levels?

### How to decide if a rate is “unacceptable.”

- Look across the charts – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

### Use these data for planning.

- Substance use and antisocial behavior data – raise awareness about the problems and promote dialogue.
- Risk and protective factor data – identify exactly where the community needs to take action.
- Promising approaches – talk with resources listed on the last page of this report for ideas about programs that have proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

### MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

## Practical Implications of the AYS

### No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

## How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

### Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

# How to Read the Charts: Risk and Protective Factor and School Safety Charts

## Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

### *Cut-Points*

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

### *Dots*

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

### *Dashed Line*

Levels of risk and protection in your community also can be compared to a more national sample. The dashed line on each risk and protective factor chart represents the percentage of youth at risk or with protection for the seven state sample upon which the cut-points were developed. The seven states included in the norm group were Colorado, Illinois, Kansas, Maine, Oregon, Utah, and Washington. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

## School Safety Charts

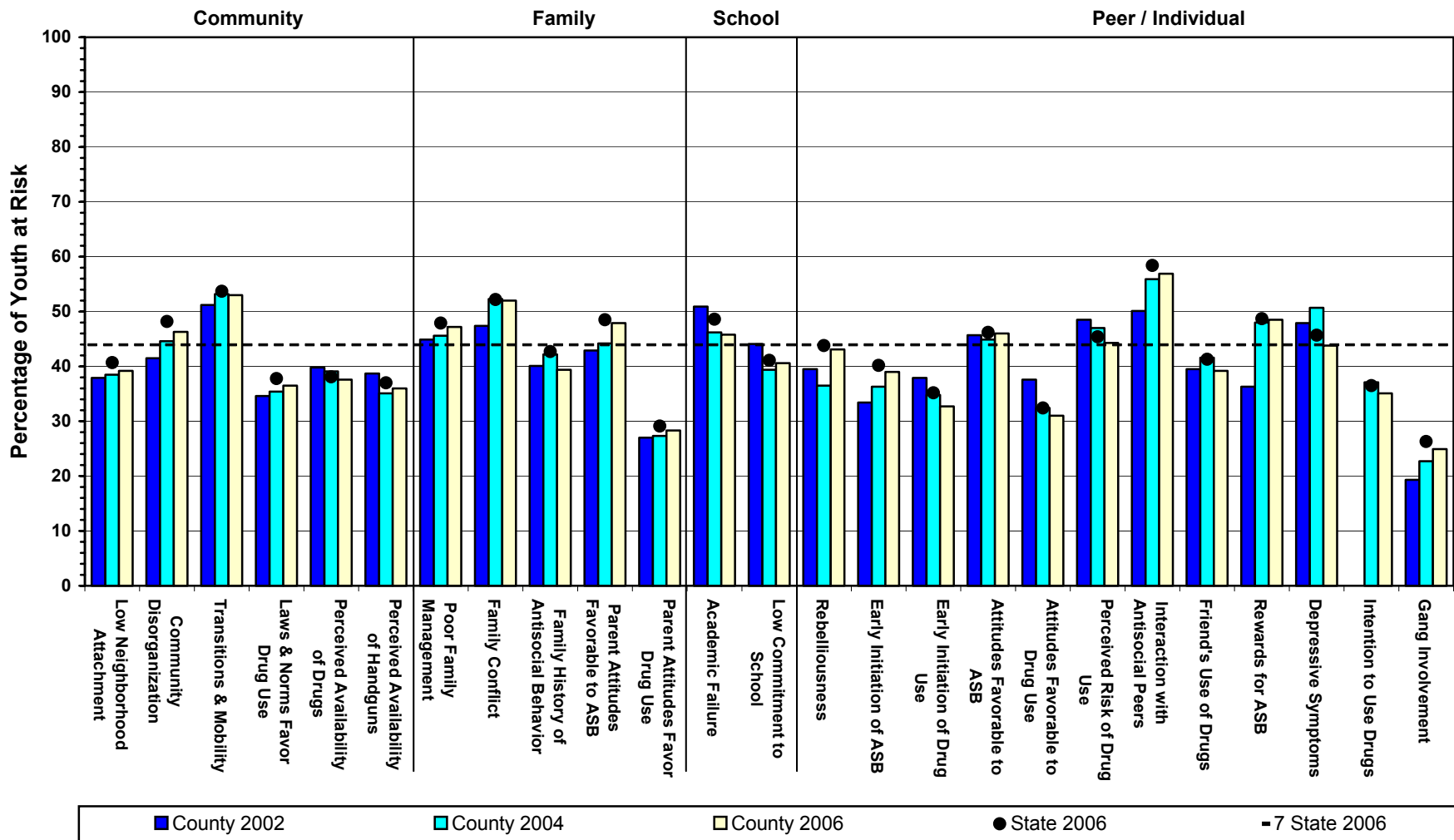
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

# Risk and Protective Factor Profiles

*Elevated Risk and Protection*

## RISK PROFILE

2006 Maricopa County Student Survey, Grade 8



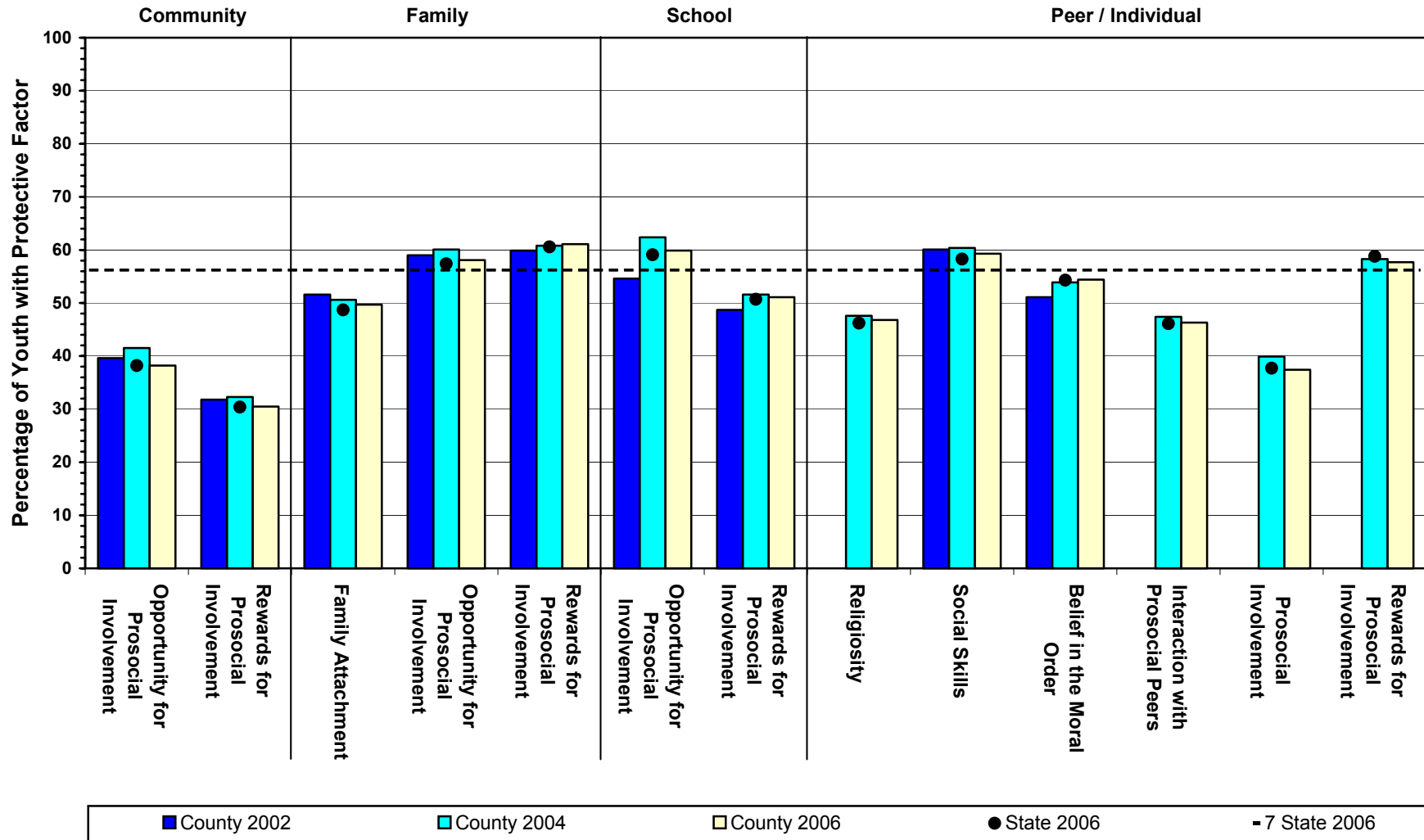
\*Not available, scale not included in 2002 survey

# Risk and Protective Factor Profiles

*Elevated Risk and Protection*

## PROTECTIVE PROFILE

2006 Maricopa County Student Survey, Grade 8



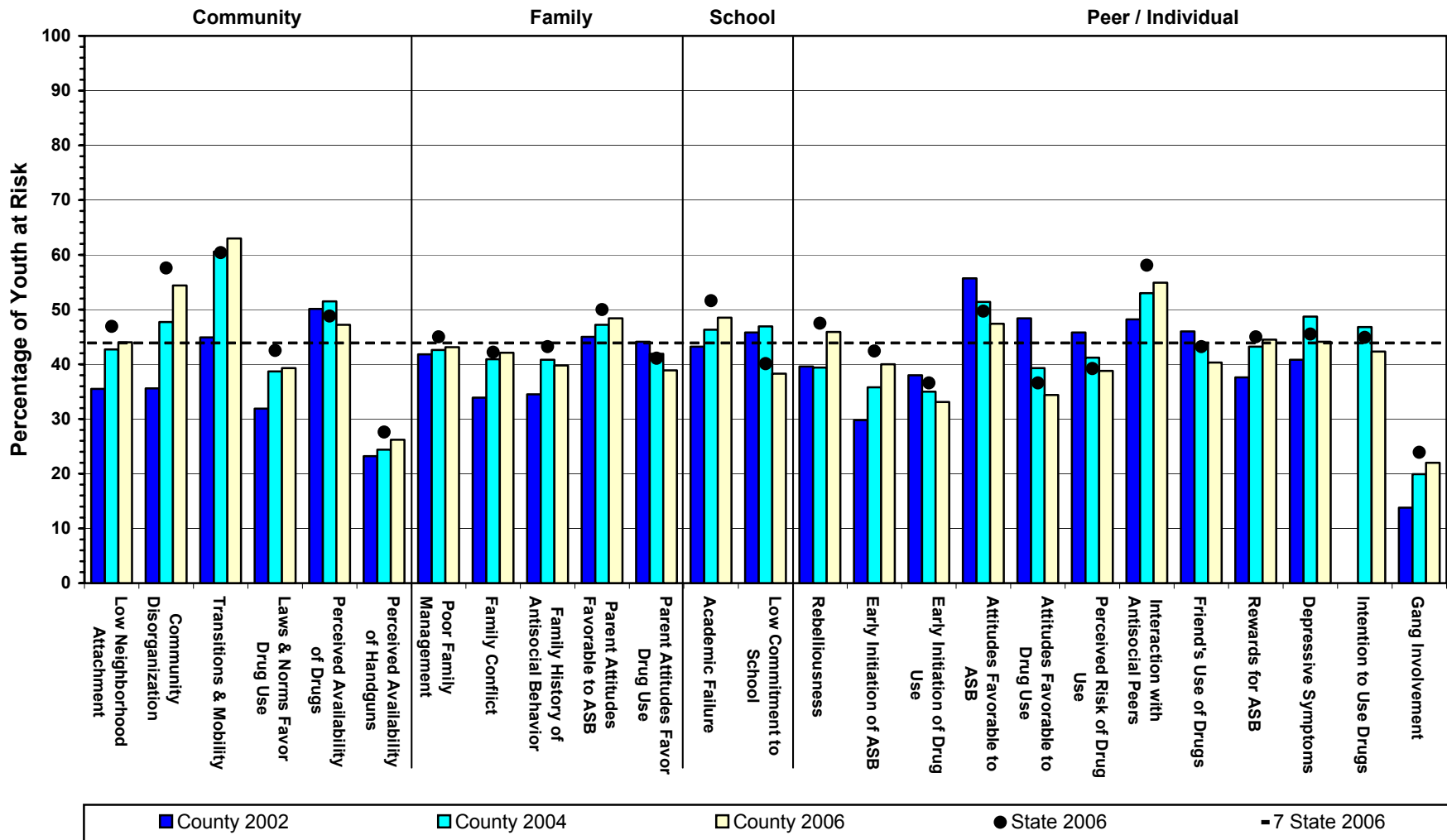
\*Not available, scale not included in 2002 survey

# Risk and Protective Factor Profiles

*Elevated Risk and Protection*

## RISK PROFILE

2006 Maricopa County Student Survey, Grade 10

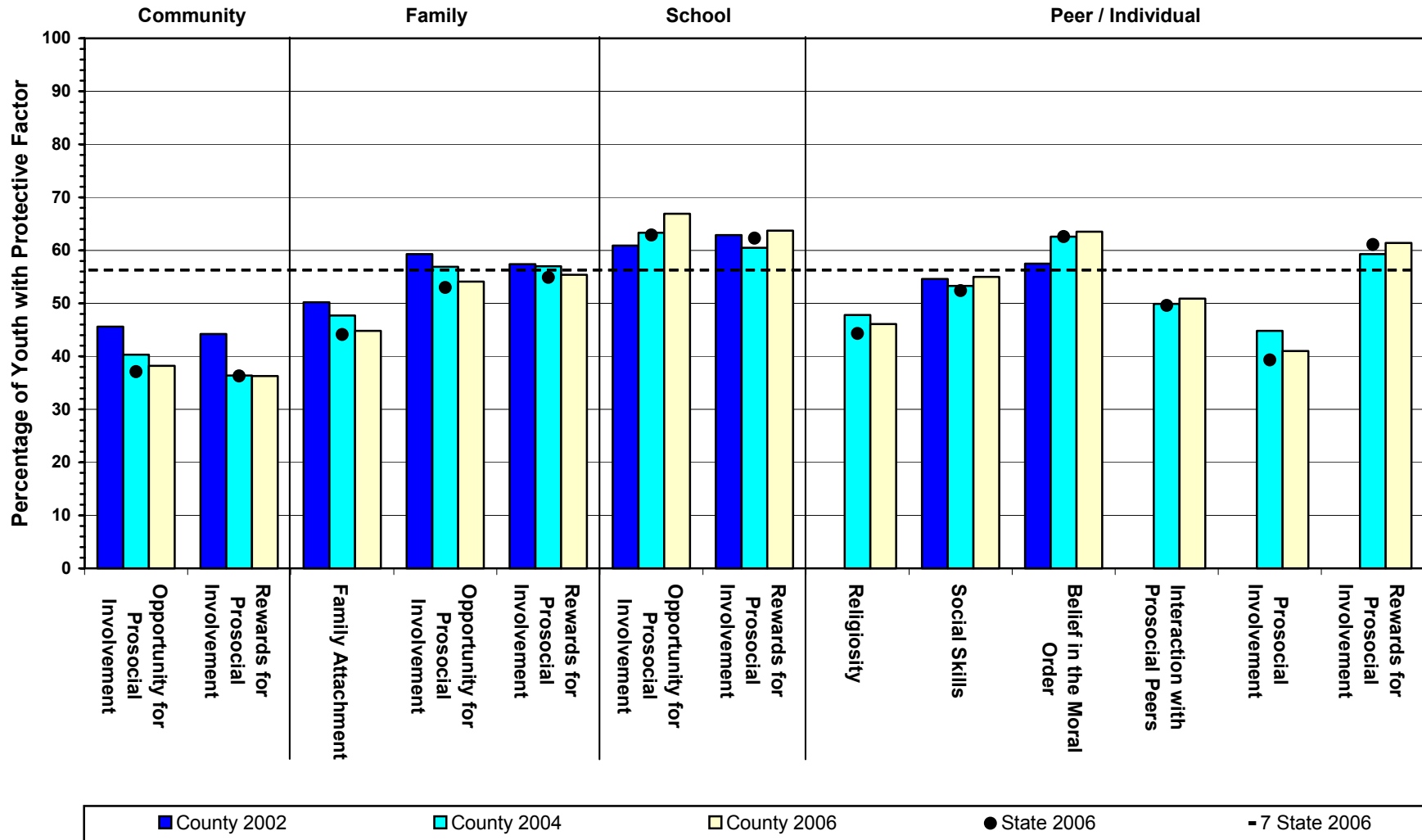


\*Not available, scale not included in 2002 survey

# Risk and Protective Factor Profiles

*Elevated Risk and Protection*

## PROTECTIVE PROFILE 2006 Maricopa County Student Survey, Grade 10



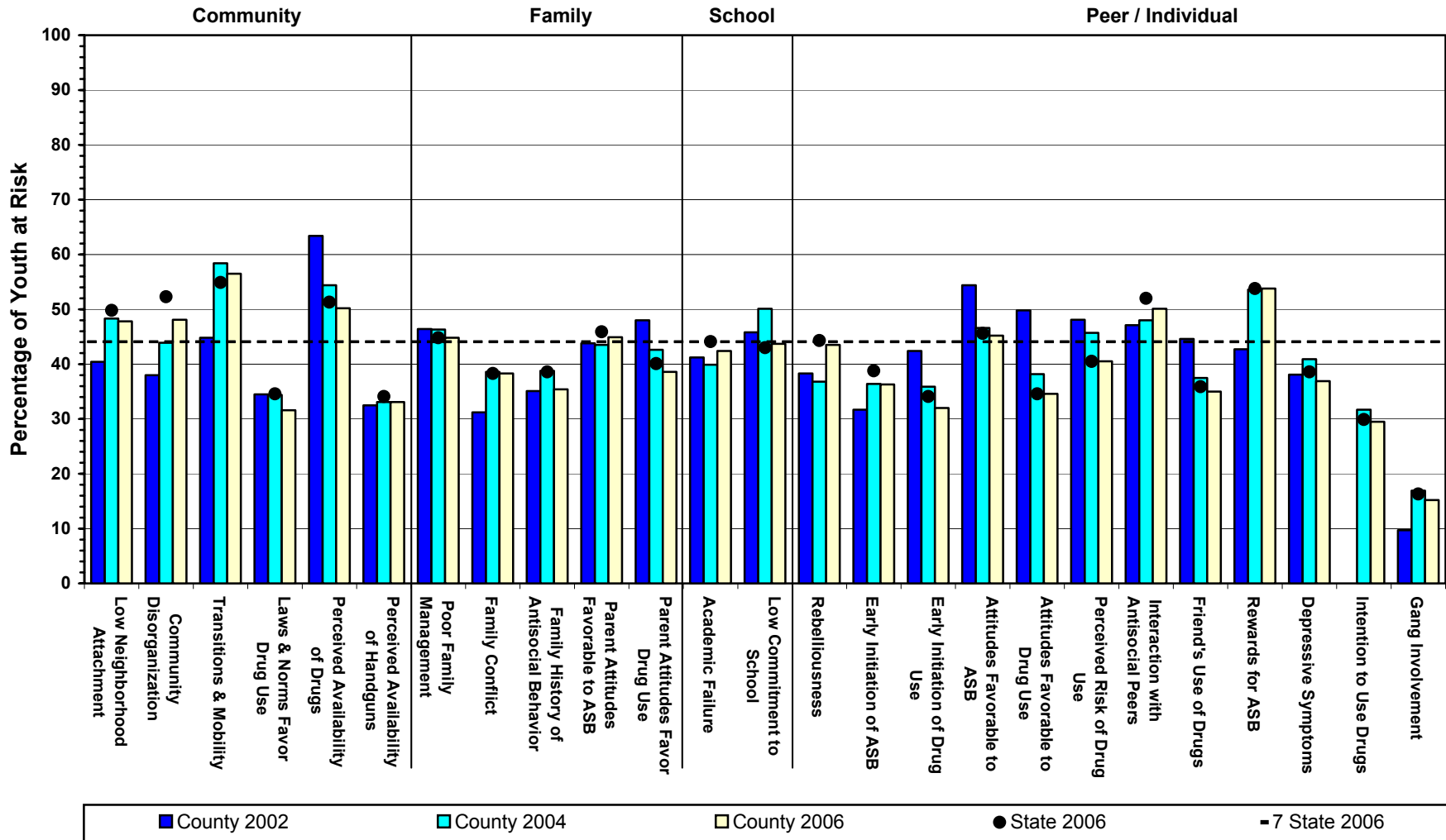
\*Not available, scale not included in 2002 survey

# Risk and Protective Factor Profiles

*Elevated Risk and Protection*

## RISK PROFILE

### 2006 Maricopa County Student Survey, Grade 12



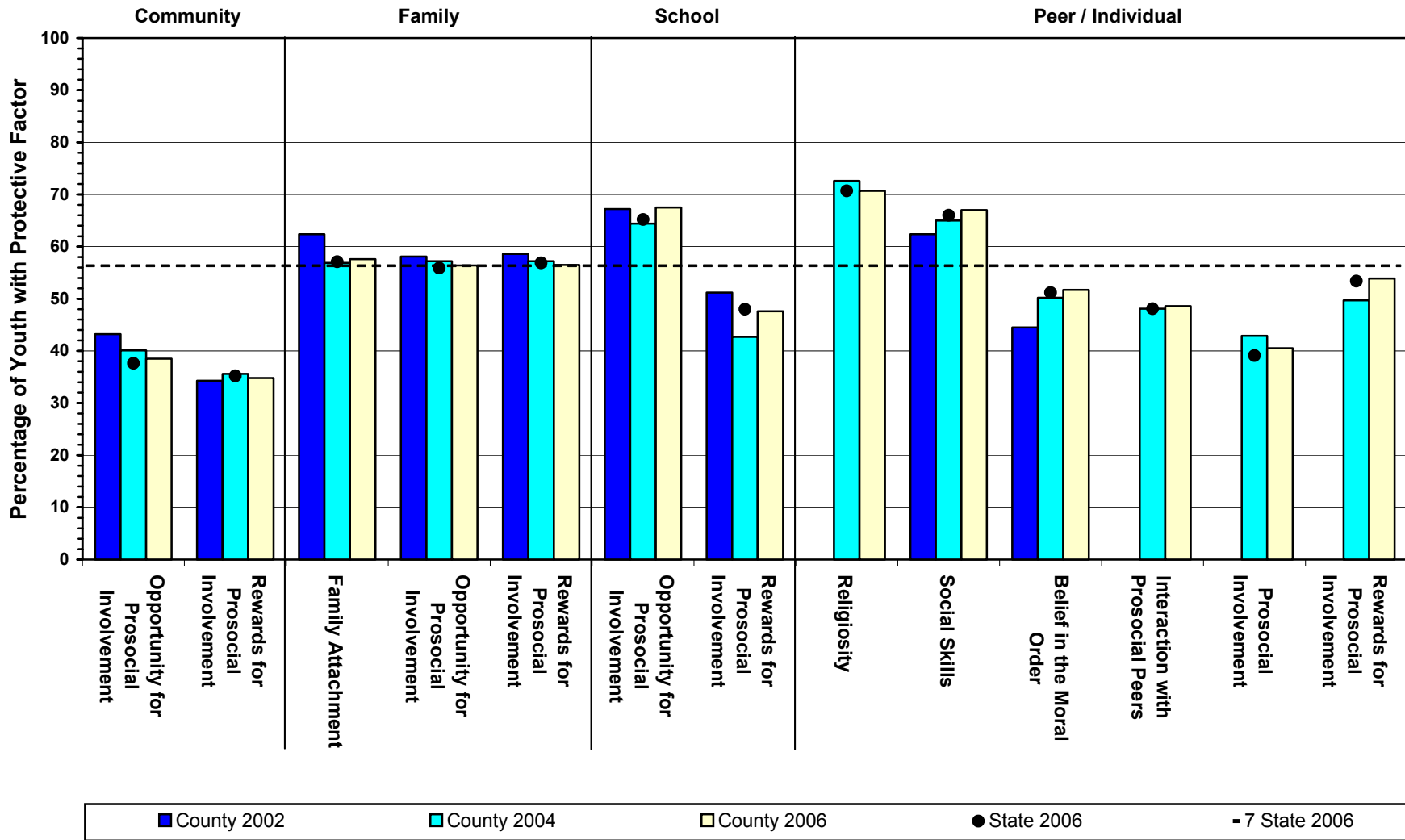
\*Not available, scale not included in 2002 survey

# Risk and Protective Factor Profiles

*Elevated Risk and Protection*

## PROTECTIVE PROFILE

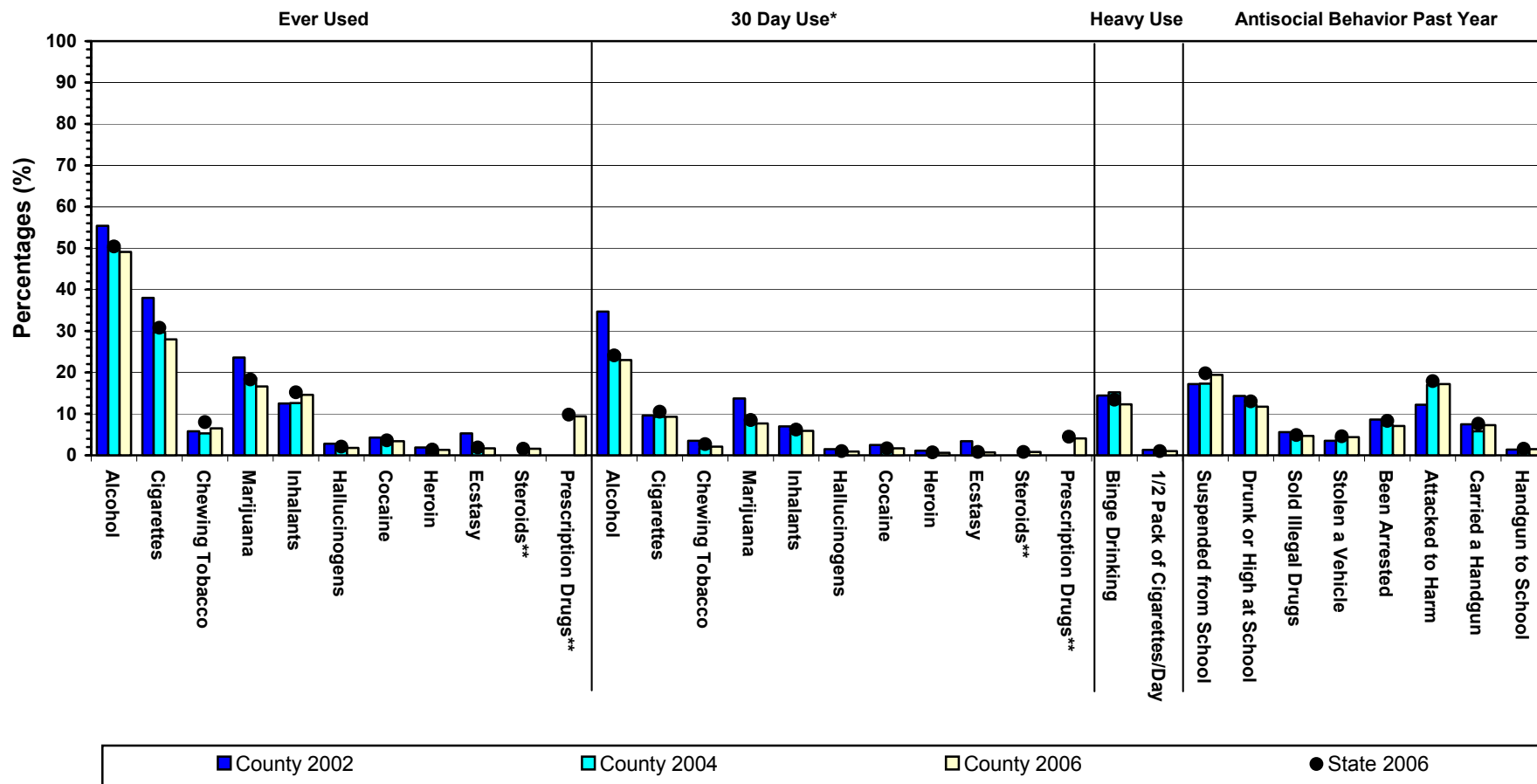
2006 Maricopa County Student Survey, Grade 12



\*Not available, scale not included in 2002 survey

# ATOD Use and Antisocial Behavior

## ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Maricopa County Student Survey, Grade 8



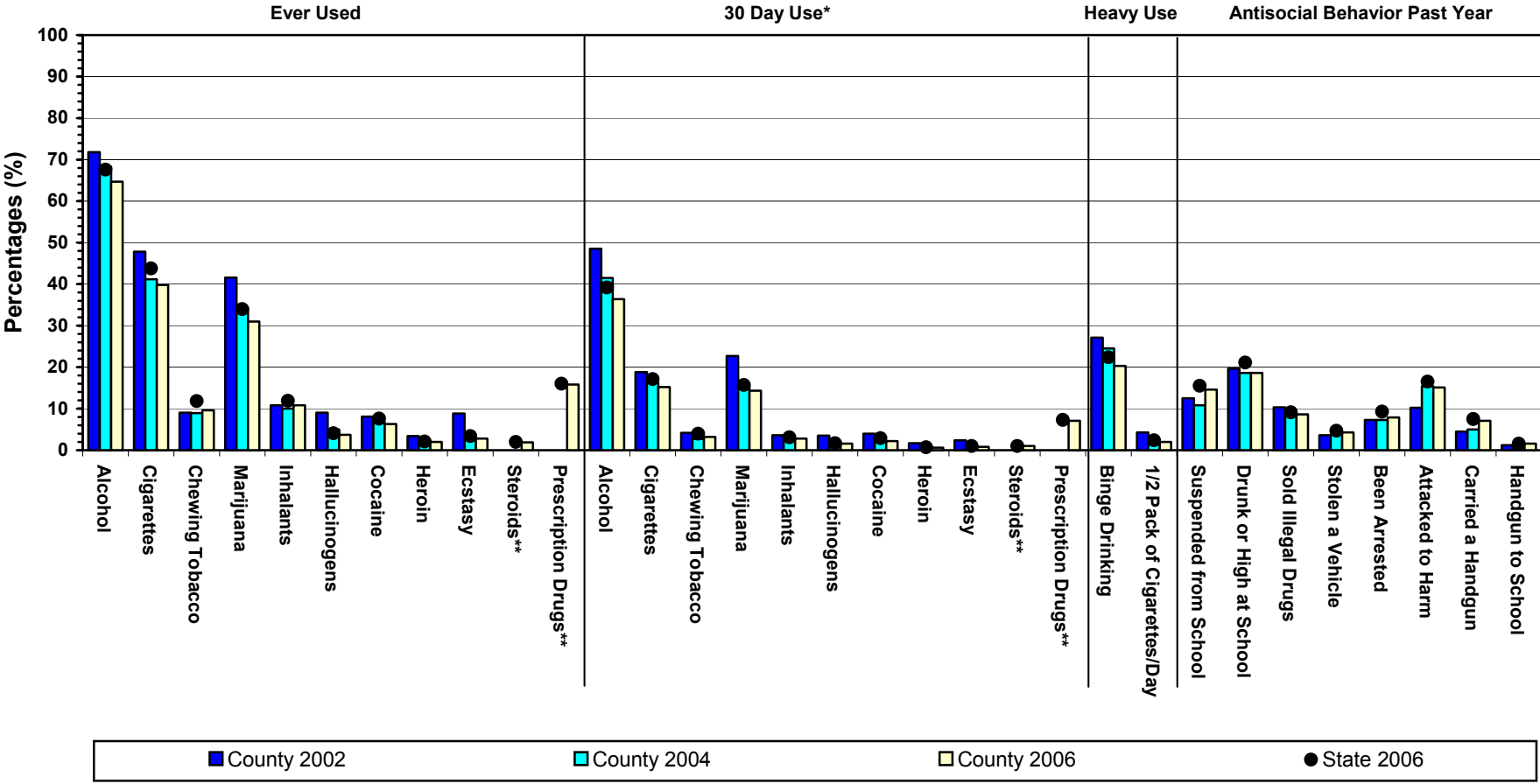
\*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

\*\* Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

# ATOD Use and Antisocial Behavior

## ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Maricopa County Student Survey, Grade 10



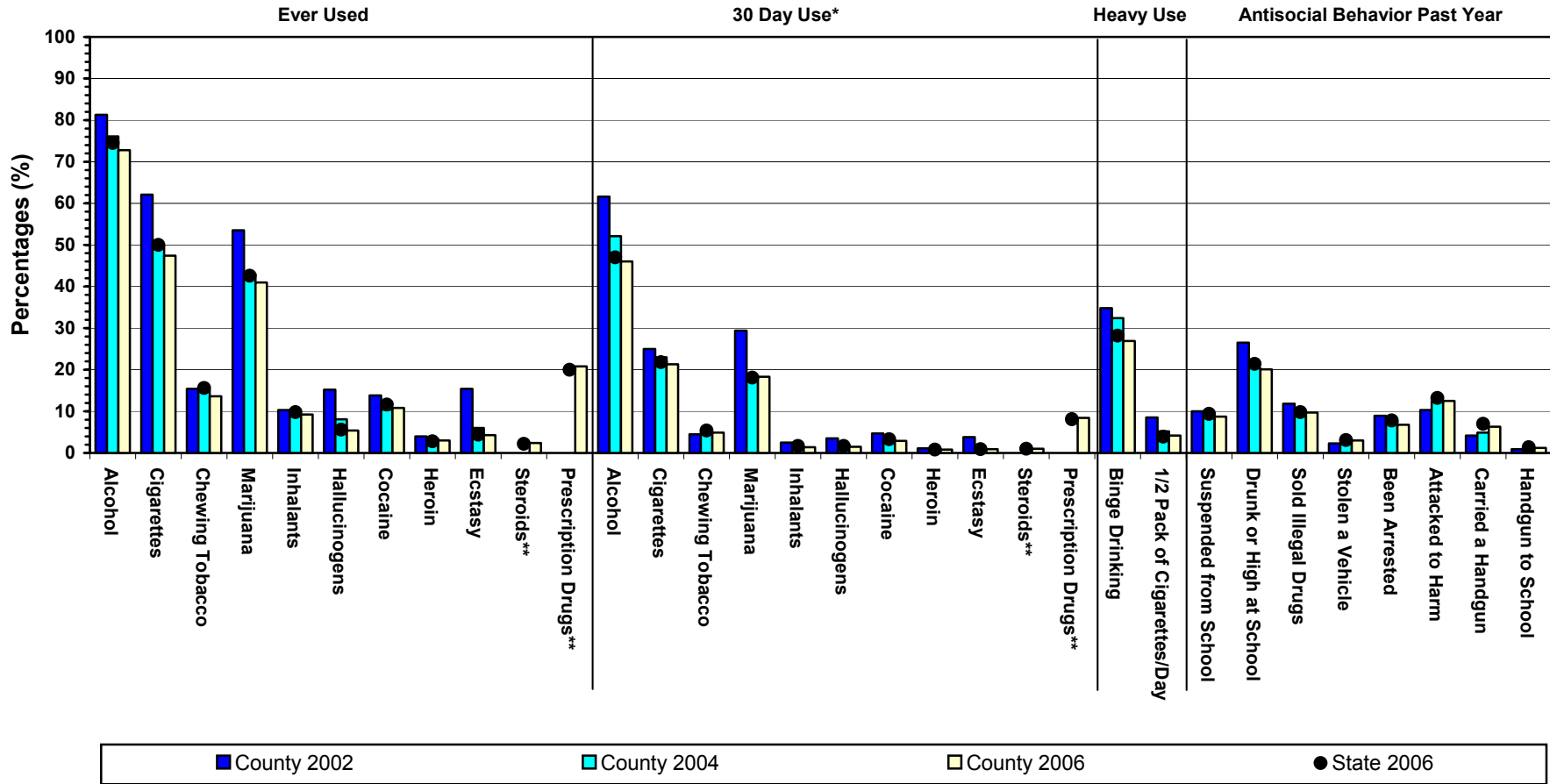
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# ATOD Use and Antisocial Behavior

## ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Maricopa County Student Survey, Grade 12



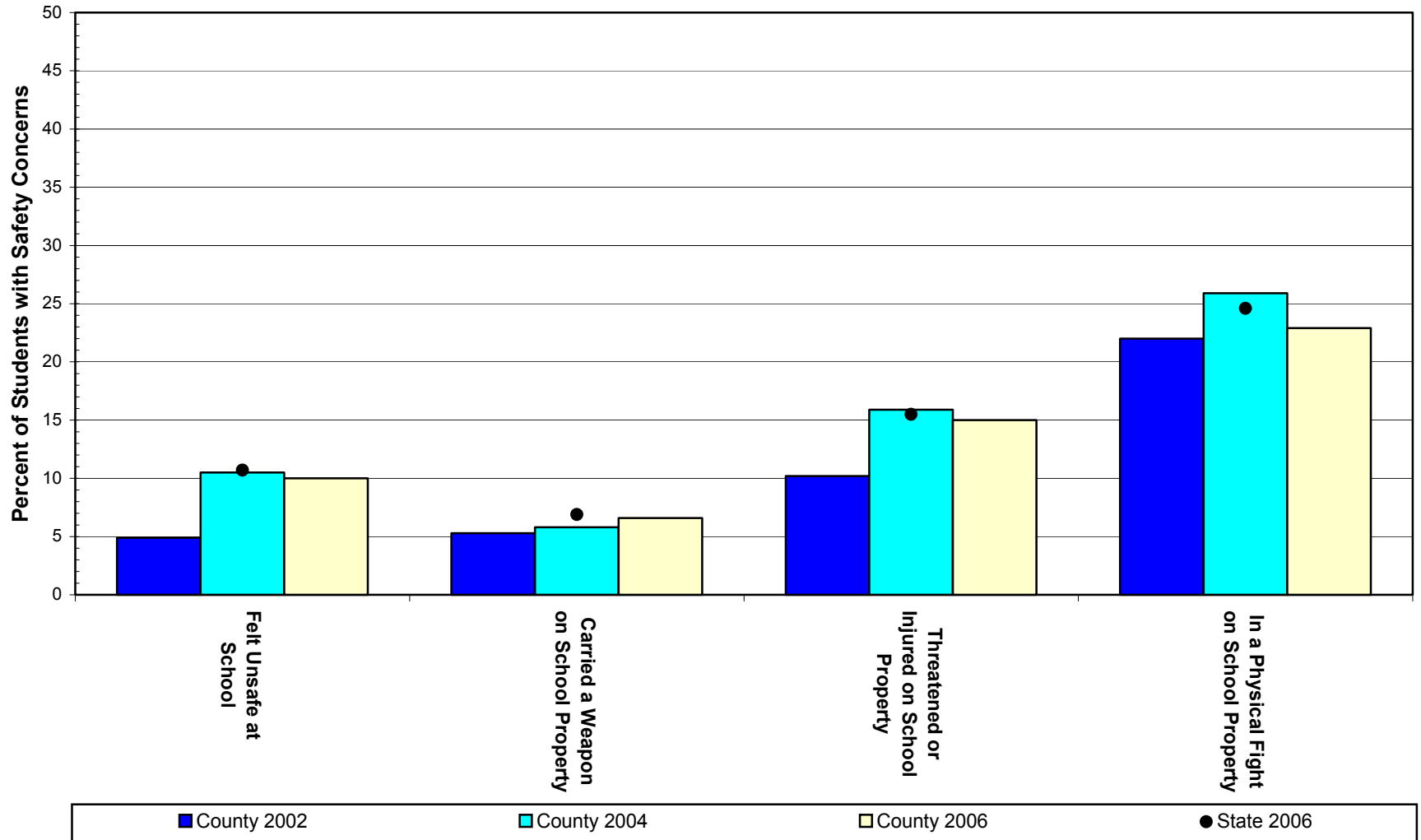
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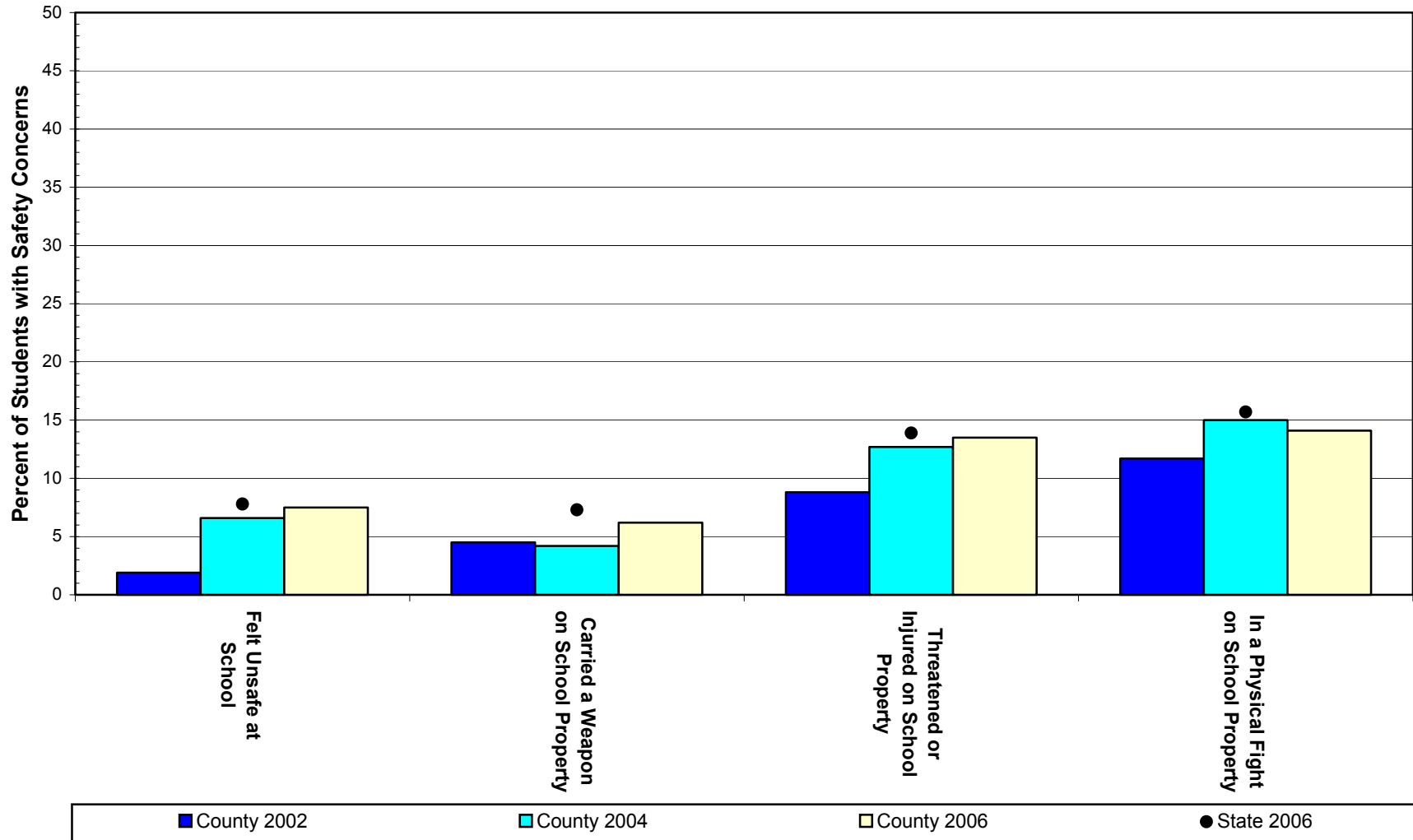
# School Safety Profile

## SCHOOL SAFETY PROFILE 2006 Maricopa County Student Survey, Grade 8



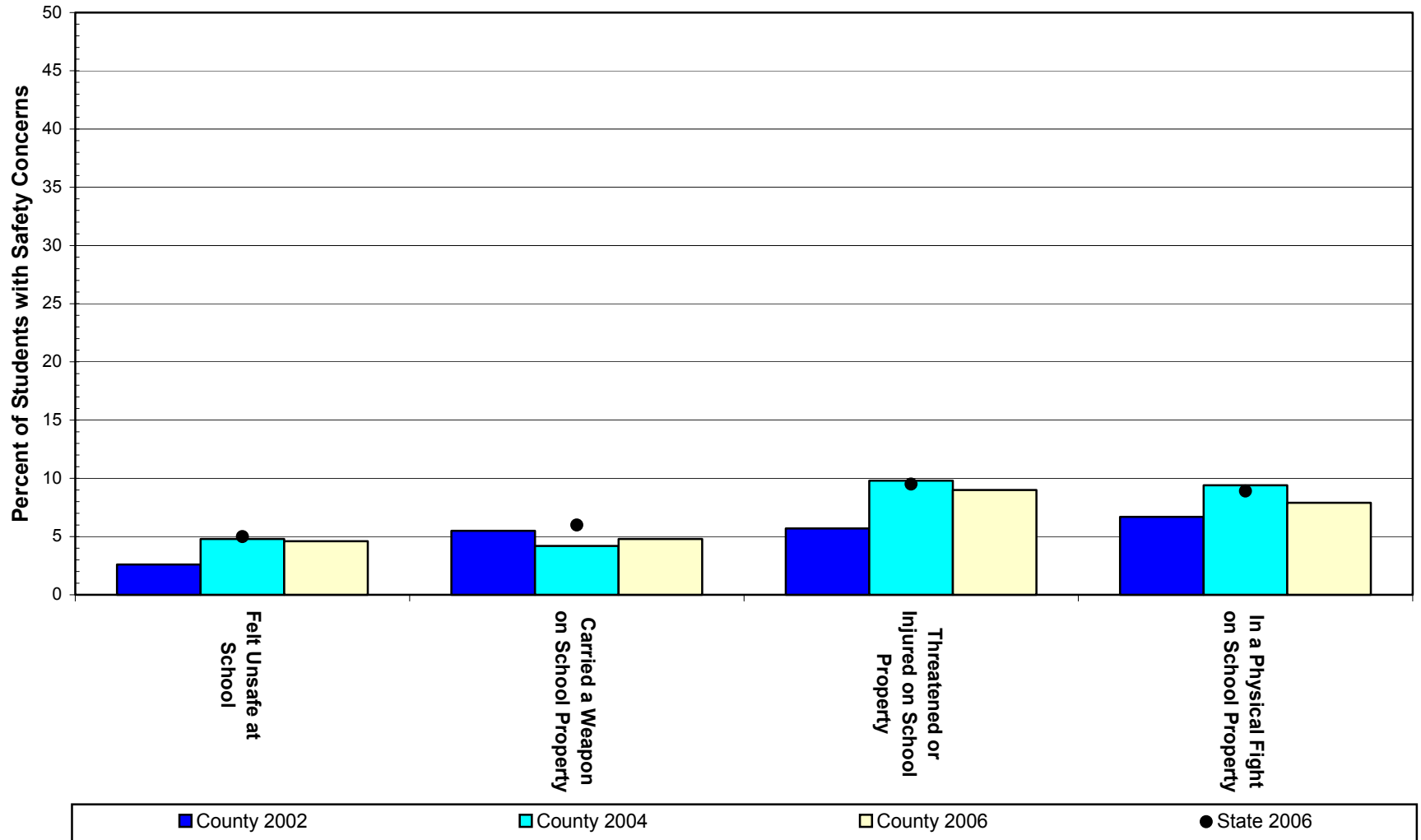
# School Safety Profile

## SCHOOL SAFETY PROFILE 2006 Maricopa County Student Survey, Grade 10



# School Safety Profile

## SCHOOL SAFETY PROFILE 2006 Maricopa County Student Survey, Grade 12



**Table 2. Risk and Protective Factor Scale Definitions**

<i>Community Domain Risk Factors</i>	
<i>Community and Personal Transitions &amp; Mobility</i>	Neighborhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug selling, while children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use.
<i>Community Disorganization</i>	Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
<i>Low Neighborhood Attachment</i>	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
<i>Laws and Norms Favorable Toward Drug Use</i>	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
<i>Perceived Availability of Drugs and Handguns</i>	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
<i>Protective Factors</i>	
<i>Opportunities for Positive Involvement</i>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
<i>Rewards for Positive Involvement</i>	Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
<i>Family Domain Risk Factors</i>	
<i>Family History of Antisocial Behavior</i>	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
<i>Family Conflict</i>	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
<i>Parental Attitudes Favorable Toward Antisocial Behavior &amp; Drugs</i>	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
<i>Poor Family Management</i>	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.
<i>Protective Factors</i>	
<i>Family Attachment</i>	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
<i>Opportunities for Positive Involvement</i>	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
<i>Rewards for Positive Involvement</i>	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
<i>School Domain Risk Factors</i>	
<i>Academic Failure</i>	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.

**Table 2. Risk and Protective Factor Scale Definitions (Continued)**

<b><i>Low Commitment to School</i></b>	Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.
<b><i>Protective Factors</i></b>	
<b><i>Opportunities for Positive Involvement</i></b>	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
<b><i>Rewards for Positive Involvement</i></b>	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
<b><i>Peer-Individual Risk Factors</i></b>	
<b><i>Early Initiation of Antisocial Behavior and Drug Use</i></b>	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
<b><i>Attitudes Favorable Toward Antisocial Behavior and Drug Use</i></b>	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
<b><i>Friends' Use of Drugs</i></b>	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
<b><i>Interaction with Antisocial Peers</i></b>	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
<b><i>Perceived Risk of Drug Use</i></b>	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
<b><i>Rewards for Antisocial Behavior</i></b>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
<b><i>Rebelliousness</i></b>	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
<b><i>Intention to Use ATODs</i></b>	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
<b><i>Depressive Symptoms</i></b>	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.
<b><i>Gang Involvement</i></b>	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
<b><i>Protective Factors</i></b>	
<b><i>Religiosity</i></b>	Young people who regularly attend religious services are less likely to engage in problem behaviors.
<b><i>Social Skills</i></b>	Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to use drugs and engage in other problem behaviors.
<b><i>Belief in the Moral Order</i></b>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
<b><i>Prosocial Involvement</i></b>	Participation in positive school and community activities helps provide protection for youth.
<b><i>Prosocial Norms</i></b>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<b><i>Involvement with Prosocial Peers</i></b>	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.

**Table 3. Number of Students Who Completed the Survey**

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	1571	11337	17172	26872	854	5918	11079	19581	1253	4715	7885	13948

**Table 4. Percentage of Students Who Used ATODs During Their Lifetime**

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	55.4	50.2	49.1	50.4	71.8	68.3	64.7	67.6	81.3	76.1	72.8	74.5
Cigarettes	38.0	29.7	28.0	30.8	47.8	41.2	39.8	43.8	62.1	49.9	47.4	50.0
Chewing Tobacco	5.8	5.3	6.5	8.0	9.0	8.9	9.6	11.8	15.4	15.2	13.6	15.6
Marijuana	23.6	18.7	16.6	18.3	41.6	34.2	31.0	34.0	53.5	43.0	41.0	42.6
Inhalants	12.5	12.6	14.6	15.2	10.8	10.0	10.8	11.9	10.3	8.8	9.2	9.8
Hallucinogens	2.8	2.2	1.8	2.1	9.0	5.0	3.7	4.1	15.2	8.1	5.4	5.6
Cocaine	4.3	3.2	3.4	3.6	8.1	6.8	6.3	7.6	13.8	10.4	10.8	11.6
Methamphetamines [2002] <sup>1</sup>	2.8	n/a	n/a	n/a	7.1	n/a	n/a	n/a	9.5	n/a	n/a	n/a
Methamphetamines [2006] <sup>2</sup>	n/a	n/a	2.3	2.6	n/a	n/a	4.1	5.0	n/a	n/a	6.1	6.6
Stimulants [2004] <sup>3</sup>	n/a	2.9	n/a	n/a	n/a	6.1	n/a	n/a	n/a	7.4	n/a	n/a
Stimulants [2006] <sup>4</sup>	n/a	n/a	3.2	3.4	n/a	n/a	7.0	7.1	n/a	n/a	8.9	8.5
Heroin	1.9	1.3	1.3	1.4	3.4	2.4	2.0	2.1	4.0	3.4	3.0	2.8
Sedatives [2002] <sup>5</sup>	2.2	n/a	n/a	n/a	6.2	n/a	n/a	n/a	9.2	n/a	n/a	n/a
Sedatives [2004, 2006] <sup>6</sup>	n/a	10.2	9.6	10.0	n/a	16.5	14.0	14.3	n/a	21.9	18.2	17.4
Ecstasy	5.3	2.2	1.7	1.9	8.8	3.7	2.8	3.4	15.4	6.0	4.3	4.4
Steroids	n/a	n/a	1.6	1.6	n/a	n/a	1.9	2.0	n/a	n/a	2.4	2.2
Prescription Drugs	n/a	n/a	9.4	9.8	n/a	n/a	15.8	16.0	n/a	n/a	20.8	20.0
Any Drug	30.1	30.8	34.1	36.2	44.4	42.8	43.6	47.0	55.1	50.4	51.2	52.8

**Table 5. Percentage of Students Who Used ATODs During the Past 30 Days\***

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	34.7	24.5	23.0	24.1	48.5	41.5	36.4	39.2	61.6	52.1	46.0	47.0
Cigarettes	9.6	9.3	9.3	10.5	18.8	16.4	15.2	17.1	25.0	23.0	21.3	21.8
Chewing Tobacco	3.5	1.7	2.1	2.7	4.2	2.7	3.2	4.0	4.5	5.1	4.9	5.4
Marijuana	13.7	8.7	7.7	8.5	22.7	15.5	14.3	15.7	29.4	18.5	18.3	18.1
Inhalants	7.0	5.3	5.9	6.2	3.6	2.6	2.8	3.1	2.5	1.4	1.4	1.7
Hallucinogens	1.5	1.3	0.9	1.0	3.5	2.1	1.6	1.7	3.5	2.1	1.5	1.7
Cocaine	2.5	1.5	1.7	1.7	4.0	2.3	2.2	2.9	4.7	3.3	2.9	3.3
Methamphetamines [2002] <sup>1</sup>	1.1	n/a	n/a	n/a	3.2	n/a	n/a	n/a	2.5	n/a	n/a	n/a
Methamphetamines [2006] <sup>2</sup>	n/a	n/a	0.9	1.0	n/a	n/a	1.3	1.7	n/a	n/a	1.3	1.4
Stimulants [2004] <sup>3</sup>	n/a	1.3	n/a	n/a	n/a	2.4	n/a	n/a	n/a	2.4	n/a	n/a
Stimulants [2006] <sup>4</sup>	n/a	n/a	1.4	1.5	n/a	n/a	2.9	2.9	n/a	n/a	2.7	2.6
Heroin	1.1	0.6	0.6	0.7	1.7	0.7	0.6	0.7	1.1	0.9	0.8	0.8
Sedatives [2002] <sup>5</sup>	1.1	n/a	n/a	n/a	2.9	n/a	n/a	n/a	4.3	n/a	n/a	n/a
Sedatives [2004, 2006] <sup>6</sup>	n/a	5.0	4.4	4.5	n/a	8.2	6.3	6.6	n/a	10.3	7.5	7.1
Ecstasy	3.4	0.8	0.7	0.8	2.4	0.9	0.8	1.0	3.8	0.9	0.9	0.9
Steroids	n/a	n/a	0.8	0.8	n/a	n/a	1.0	1.0	n/a	n/a	1.0	1.0
Prescription Drugs	n/a	n/a	4.1	4.5	n/a	n/a	7.1	7.3	n/a	n/a	8.4	8.1
Any Drug	19.4	16.1	18.3	19.7	26.0	22.2	23.2	25.6	32.1	25.2	26.3	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

**On how many occasions (if any) have you:**

<sup>1</sup>used methamphetamines (meth, crystal, crank)? [2002]

<sup>2</sup>used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

<sup>3</sup>used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

<sup>4</sup>used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

<sup>5</sup>used quaaludes, barbiturates or tranquilizers? [2002]

<sup>6</sup>used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

\*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

**Table 6. Percentage of Students With Heavy Use of Alcohol and Cigarettes**

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	14.4	15.2	12.3	13.4	27.1	24.5	20.3	22.4	34.8	32.4	26.9	28.2
1/2 Pack of Cigarettes/Day	1.3	0.7	1.0	1.0	4.3	2.6	2.0	2.4	8.5	5.2	4.2	3.9

**Table 7. Percentage of Students With Antisocial Behavior in the Past Year**

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	17.2	17.3	19.4	19.8	12.5	10.8	14.6	15.5	10.0	8.5	8.7	9.4
Drunk or High at School	14.3	12.2	11.7	13.0	19.6	18.6	18.6	21.1	26.5	20.4	20.1	21.4
Sold Illegal Drugs	5.6	4.5	4.7	4.9	10.3	8.3	8.6	9.1	11.8	9.7	9.7	9.8
Stolen a Vehicle	3.5	4.5	4.4	4.6	3.6	3.8	4.3	4.7	2.3	2.4	3.0	3.1
Been Arrested	8.6	7.3	7.1	8.3	7.3	7.3	7.9	9.3	8.9	7.7	6.8	7.8
Attacked to Harm	12.2	17.0	17.2	17.9	10.2	15.4	15.1	16.5	10.3	12.5	12.5	13.2
Carried a Handgun	7.5	5.8	7.3	7.6	4.5	5.0	7.1	7.5	4.2	4.9	6.3	7.0
Handgun to School	1.4	1.5	1.5	1.6	1.2	1.2	1.6	1.6	0.9	1.1	1.2	1.4

**Table 8. Percentage of Students Reporting Protection**

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
<b>Community Domain</b>												
Opportunity for Prosocial Involvement	39.6	41.5	38.2	38.2	45.6	40.3	38.2	37.1	43.2	40.1	38.5	37.6
Rewards for Prosocial Involvement	31.8	32.3	30.5	30.4	44.2	36.4	36.3	36.3	34.3	35.6	34.8	35.2
<b>Family Domain</b>												
Family Attachment	51.6	50.6	49.7	48.7	50.2	47.7	44.8	44.1	62.4	56.9	57.6	57.1
Opportunity for Prosocial Involvement	59.0	60.1	58.1	57.4	59.3	56.9	54.1	53.0	58.1	57.2	56.4	55.9
Rewards for Prosocial Involvement	59.9	60.8	61.1	60.6	57.4	57.0	55.4	54.9	58.6	57.2	56.5	56.9
<b>School Domain</b>												
Opportunity for Prosocial Involvement	54.6	62.4	59.9	59.1	60.9	63.3	66.9	62.9	67.2	64.4	67.5	65.2
Rewards for Prosocial Involvement	48.7	51.6	51.1	50.7	62.9	60.5	63.7	62.3	51.2	42.7	47.6	48.0
<b>Peer-Individual Domain</b>												
Religiosity	*	47.6	46.8	46.2	*	47.8	46.1	44.3	*	72.6	70.7	70.7
Social Skills	60.1	60.4	59.3	58.3	54.6	53.3	55.0	52.4	62.4	65.0	67.0	66.0
Belief in the Moral Order	51.1	53.9	54.4	54.3	57.5	62.6	63.5	62.6	44.5	50.2	51.7	51.2
Interaction with Prosocial Peers	*	47.4	46.3	46.1	*	49.9	50.9	49.6	*	48.1	48.6	48.1
Prosocial Involvement	*	39.9	37.4	37.7	*	44.8	41.0	39.3	*	42.9	40.5	39.1
Rewards for Prosocial Involvement	*	58.3	57.7	58.8	*	59.3	61.4	61.1	*	49.7	53.9	53.4

\* Not available, scale not included in 2002 survey

**Table 9. Percentage of Students Reporting Risk**

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
<b>Community Domain</b>												
Low Neighborhood Attachment	37.9	38.5	39.2	40.7	35.5	42.7	44.0	46.9	40.4	48.3	47.8	49.8
Community Disorganization	41.5	44.6	46.3	48.2	35.6	47.7	54.4	57.6	38.0	43.9	48.1	52.3
Transitions & Mobility	51.2	53.2	53.0	53.7	44.9	60.6	63.0	60.4	44.8	58.4	56.5	54.9
Laws & Norms Favor Drug Use	34.6	35.4	36.5	37.8	31.9	38.7	39.3	42.5	34.5	34.4	31.6	34.6
Perceived Availability of Drugs	39.8	39.1	37.6	38.1	50.1	51.5	47.2	48.8	63.4	54.4	50.2	51.3
Perceived Availability of Handguns	38.7	35.1	36.0	37.0	23.2	24.4	26.2	27.6	32.5	33.1	33.1	34.1
<b>Family Domain</b>												
Poor Family Management	44.9	45.6	47.2	47.9	41.8	42.6	43.1	45.0	46.4	46.3	44.8	44.8
Family Conflict	47.4	52.3	52.0	52.2	33.9	40.9	42.1	42.2	31.2	38.6	38.3	38.3
Family History of Antisocial Behavior	40.1	42.2	39.4	42.7	34.5	40.8	39.8	43.2	35.1	38.8	35.4	38.6
Parent Attitudes Favorable to ASB	42.9	44.2	47.9	48.5	45.0	47.2	48.4	50.0	43.8	43.5	44.9	45.9
Parent Attitudes Favor Drug Use	27.0	27.3	28.3	29.1	44.1	41.9	38.9	41.1	48.0	42.6	38.6	40.1
<b>School Domain</b>												
Academic Failure	50.9	46.2	45.8	48.6	43.2	46.3	48.5	51.6	41.2	39.9	42.4	44.1
Low Commitment to School	44.1	39.4	40.6	41.1	45.8	46.9	38.3	40.1	45.8	50.1	43.7	43.0
<b>Peer-Individual Domain</b>												
Rebelliousness	39.5	36.5	43.1	43.8	39.6	39.4	45.9	47.5	38.3	36.8	43.5	44.3
Early Initiation of ASB	33.4	36.3	39.0	40.2	29.8	35.8	40.0	42.4	31.7	36.4	36.3	38.8
Early Initiation of Drug Use	37.9	34.8	32.7	35.2	38.0	35.0	33.1	36.6	42.4	35.9	32.0	34.1
Attitudes Favorable to ASB	45.7	44.9	46.0	46.2	55.7	51.4	47.4	49.7	54.4	46.6	45.2	45.6
Attitudes Favorable to Drug Use	37.6	32.4	31.0	32.4	48.4	39.3	34.4	36.6	49.8	38.2	34.6	34.6
Perceived Risk of Drug Use	48.5	47.0	44.3	45.4	45.8	41.2	38.8	39.2	48.1	45.7	40.5	40.5
Interaction with Antisocial Peers	50.1	55.9	56.9	58.4	48.2	53.0	54.9	58.1	47.1	48.0	50.1	52.0
Friend's Use of Drugs	39.5	41.6	39.2	41.3	46.0	43.6	40.3	43.2	44.6	37.5	35.0	35.9
Rewards for ASB	36.3	48.0	48.5	48.7	37.6	43.2	44.5	45.0	42.7	53.6	53.8	53.8
Depressive Symptoms	47.9	50.7	43.8	45.7	40.8	48.7	44.1	45.5	38.1	40.9	36.9	38.6
Intention to Use Drugs	*	37.1	35.1	36.5	*	46.8	42.3	44.9	*	31.7	29.5	29.9
Gang Involvement	19.3	22.7	24.9	26.3	13.8	19.9	22.0	23.9	9.7	16.9	15.2	16.3

\* Not available, scale not included in 2002 survey

**Table 10. Percentage of Students Reporting School Safety Issues**

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	94.7	94.2	93.4	93.1	95.5	95.8	93.8	92.7	94.5	95.8	95.2	94.0
	1 day	2.2	2.7	3.1	3.1	0.7	1.5	2.2	2.4	1.4	1.1	1.2	1.4
	2-3 days	1.5	1.4	1.5	1.6	0.8	0.9	1.3	1.5	0.5	0.8	0.8	0.9
	4-5 days	0.3	0.4	0.6	0.6	0.1	0.3	0.6	0.7	0.7	0.4	0.5	0.6
	6 or more days	1.3	1.3	1.5	1.6	2.8	1.5	2.1	2.7	3.0	1.9	2.3	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	95.1	89.5	90.0	89.3	98.1	93.4	92.5	92.2	97.4	95.2	95.4	95.0
	1 day	3.2	5.8	5.6	6.0	0.6	3.6	3.9	4.1	1.0	2.4	2.3	2.6
	2-3 days	1.0	2.8	2.6	2.8	0.9	1.7	2.0	2.1	0.6	1.4	1.2	1.2
	4-5 days	0.2	0.7	0.6	0.7	0.0	0.4	0.5	0.5	0.2	0.5	0.4	0.4
	6 or more days	0.5	1.1	1.1	1.2	0.4	0.8	1.0	1.1	0.8	0.6	0.7	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	89.8	84.1	85.0	84.5	91.2	87.3	86.5	86.1	94.3	90.2	91.0	90.5
	1 time	5.3	8.8	7.3	7.7	4.1	6.7	6.4	6.7	2.7	4.7	4.1	4.4
	2-3 times	3.0	3.8	4.1	4.2	3.4	3.0	3.9	3.9	1.5	3.0	2.9	3.0
	4-5 times	0.6	1.1	1.2	1.3	0.6	1.0	1.2	1.2	0.5	0.7	0.5	0.6
	6-7 times	0.3	0.5	0.6	0.5	0.0	0.5	0.4	0.5	0.0	0.4	0.3	0.3
	8-9 times	0.1	0.4	0.3	0.3	0.0	0.2	0.3	0.3	0.1	0.2	0.3	0.3
	10-11 times	0.0	0.1	0.3	0.3	0.1	0.2	0.2	0.2	0.1	0.0	0.2	0.2
	12 or more times	0.8	1.2	1.2	1.2	0.6	1.1	1.1	1.3	0.8	0.7	0.7	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	78.0	74.1	77.1	75.4	88.3	85.0	85.9	84.3	93.3	90.6	92.1	91.1
	1 time	12.6	13.9	12.4	13.1	6.6	8.7	8.1	8.9	3.5	5.6	5.0	5.5
	2-3 times	5.7	7.7	6.7	7.1	4.0	4.5	3.9	4.4	1.8	2.4	1.8	2.1
	4-5 times	1.3	2.1	1.8	2.1	0.4	0.9	0.9	1.0	0.4	0.6	0.3	0.4
	6-7 times	0.9	0.7	0.5	0.6	0.1	0.2	0.3	0.2	0.5	0.2	0.1	0.1
	8-9 times	0.0	0.3	0.3	0.4	0.1	0.2	0.2	0.3	0.1	0.2	0.2	0.2
	10-11 times	0.3	0.2	0.2	0.3	0.0	0.1	0.1	0.2	0.1	0.1	0.1	0.1
	12 or more times	1.2	1.0	0.9	1.0	0.6	0.4	0.6	0.7	0.2	0.3	0.4	0.4

Maricopa County

# Contacts For Prevention

## Regional Prevention Contacts

### **Cochise, Graham, Greenlee, Pima, and Santa Cruz Counties**

Bill Burnett  
Community Partnership of Southern Arizona (CPSA)  
520-618-8807

### **Gila, La Paz, Pinal, and Yuma Counties**

Linda Weinberg  
Cenpatico Behavioral Health of Arizona  
480-231-7504

### **Apache, Coconino, Mohave, Navajo, and Yavapai Counties**

Petrice Post  
Northern Arizona Regional Behavioral Health Authority (NARBHA)  
928-214-2177

### **Maricopa County**

Juan Aristizabal  
ValueOptions  
602-9145844

### **Gila River Tribe**

Marnie McNicholas  
602-528-7106

### **Pasqua Yaqui Tribe**

Jill Fabian  
520-879-6067

### **Navajo Nation**

Maxine Nakai  
928-871-7946

### **Colorado River Indian Tribes**

Iris Leivas  
928-669-6577

## Other State and National Contacts:

### **Arizona Criminal Justice Commission**

Michelle Neitch/ Phillip Stevenson  
602-364-1173/602-364-1157  
[www.azcjc.gov](http://www.azcjc.gov)

### **Arizona Department of Education**

Student Services Division  
[www.ade.az.gov](http://www.ade.az.gov)

### **Arizona Department of Health Services**

Division of Behavioral Health Services  
Lisa Shumaker  
602-364-4594  
[www.azdhs.gov/bhs/index.htm](http://www.azdhs.gov/bhs/index.htm)

### **Arizona Prevention Resource Center**

1-800-432-2772  
[www.azprevention.org](http://www.azprevention.org)

### **Center for Violence Prevention and Community Safety**

Steve Ballance/Charles Katz  
602-543-6174/602-543-6618  
[steve.ballance@asu.edu](mailto:steve.ballance@asu.edu)/  
[charles.katz@asu.edu](mailto:charles.katz@asu.edu)

### **Center for Substance Abuse Prevention (CSAP)**

<http://prevention.samhsa.gov>

### **Governor's Office of Children, Youth, and Families**

602-542-4043  
<http://www.governor.state.az.us/cyf/index.html>

### **Safe and Drug Free Schools and Communities**

U.S. Department of Education  
[www.ed.gov/offices/OESE/SDFS](http://www.ed.gov/offices/OESE/SDFS)

### **Arizona Department of Gaming's Office of Problem Gambling**

Paula Burns  
602-266-8299 ext. 351  
[www.problemgambling.az.gov](http://www.problemgambling.az.gov)

### **Substance Abuse and Mental Health Services Administration (SAMSHA)**

[www.samhsa.gov](http://www.samhsa.gov)

### **Office of Juvenile Justice and Delinquency Prevention**

<http://ojjdp.ncjrs.org/>

### **Western Regional Center for the Application of Prevention Technologies (CAPT)**

[www.westcapt.org](http://www.westcapt.org)

### **Bach Harrison, L.L.C.**

R. Steven Harrison, Ph.D.  
801-359-2064  
[www.bach-harrison.com](http://www.bach-harrison.com)