



# Utilizing the Strategic Prevention Framework to Identify Substance Abuse Trends: Arizona's Needs Assessment Findings

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# Learning Objectives

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- Understand the importance of the SPF process
- Review the steps to complete a prevention needs assessment
- Explore Arizona data collection methods
- Understand strengths and limitations of data collection

# Strategic Prevention Framework (SPF)



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Reaching across Arizona to provide comprehensive quality health care for those in need

# Strategic Prevention Framework (SPF)

- **Step 1:** Assess Needs: What is the problem, and how can I learn more?
- **Step 2:** Build Capacity: What do I have to work with?
- **Step 3:** Plan: What should I do and how should I do it?
- **Step 4:** Implement: How can I put my plan into action?
- **Step 5:** Evaluate: Is my plan succeeding?

# Strategic Prevention Framework (SPF)

**Cultural competence:** The ability to interact effectively with members of diverse populations

**Sustainability:** The process of achieving and maintaining long-term results

# Strategic Prevention Framework (SPF)



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# Conducting Arizona's Needs Assessment



# LeCroy & Milligan Associates (LMA)

Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation, needs assessments, strategic planning and training that is comprehensive, research-driven and useful. LMA has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs.





# Goals of the Needs Assessment

AHCCCS contracted with LMA in May 2018 to:

- Develop and implement the needs assessment approach and evaluation plan
- Generate a community prevention inventory
- Conduct focus groups throughout AZ
- Conduct key informant interviews throughout AZ
- Conduct an online Substance Use Prevention Workforce survey
- Synthesize secondary data analysis for a multitude of data sources

# Steering Committee

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- Convened in June, 2018 and included:
  - AHCCCS and other State Government Staff
  - Regional Behavioral Health Authorities (RBHAs)
    - North, Central, South
  - Tribal Regional Behavioral Health Authorities (TRBHAs)
    - Pascua Yaqui Tribe and Gila River Health Care
  - The Governor's Office of Youth, Faith, and Family (GOYFF)

# Four Questions

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1. What are the current substance use issues in AZ by region and subpopulation?
2. What substance use prevention programs are active in AZ?
3. What are the causes for using and/or abusing substances in AZ?
4. What are the recommendations for the future of substance use prevention in AZ?

# Overview of Statewide Needs Assessment Plan

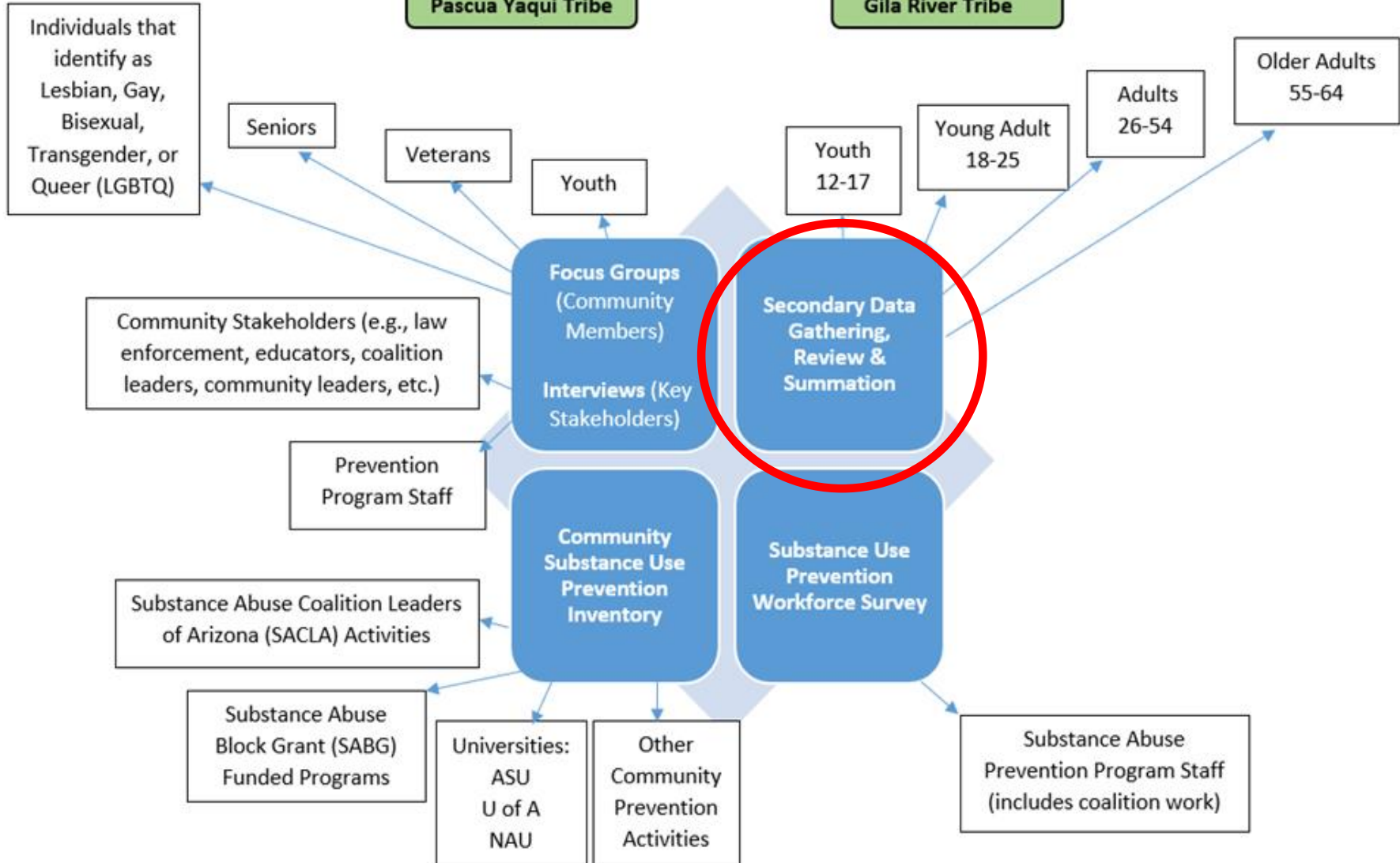
**NORTH: Health Choice Integrated Care (GSA 7) –**  
Mohave, Yavapai, Coconino, Navajo, Apache, Gila

**CENTRAL: Mercy Maricopa (GSA6) –**  
Maricopa County

**SOUTH: Cenpatico (GSA8) –**La Paz, Yuma,  
Pima, Santa Cruz, Cochise, Greenlee,  
Graham, Pinal

**Pascua Yaqui Tribe**

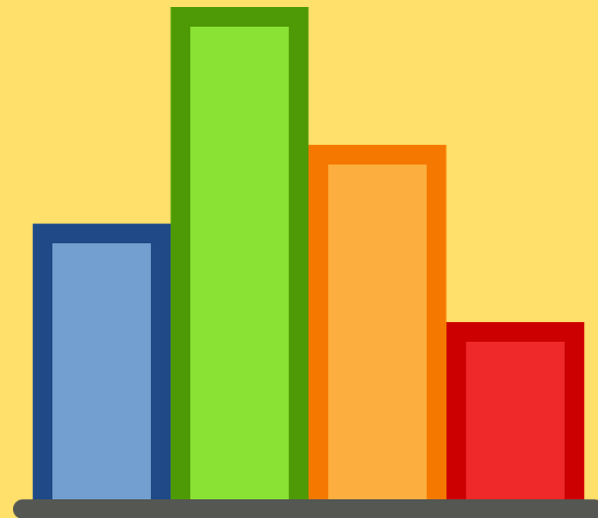
**Gila River Tribe**



# Secondary Data Analysis Goals:

To provide a comprehensive picture of:

1. The **prevalence** of substance use in Arizona
2. The **consequences** of substance use, and
3. The **risk and protective factors** associated with substance use.



# Data Sources: Primary Surveys

1. National Survey of Drug Use and Health (NSDUH)
2. Behavioral Risk Factor Surveillance System (BRFSS)
3. Youth Risk Behavior Surveillance System (YRBSS)
4. American Community Survey (ACS)
5. Arizona Youth Survey (AYS)

# Data Sources: Administrative Data

1. Arizona Vital Statistics Data: The Bureau of Public Health Statistics in the Arizona Department of Health Services (ADHS)
2. The Treatment Episode Data Set (TEDS)
3. The Arizona Crime Report
4. The Arizona Motor Vehicle Crash Facts, 2017
5. Fatality Analysis Reporting System (FARS)
6. U.S. 2010 Census Data



# Overview of Statewide Needs Assessment Plan

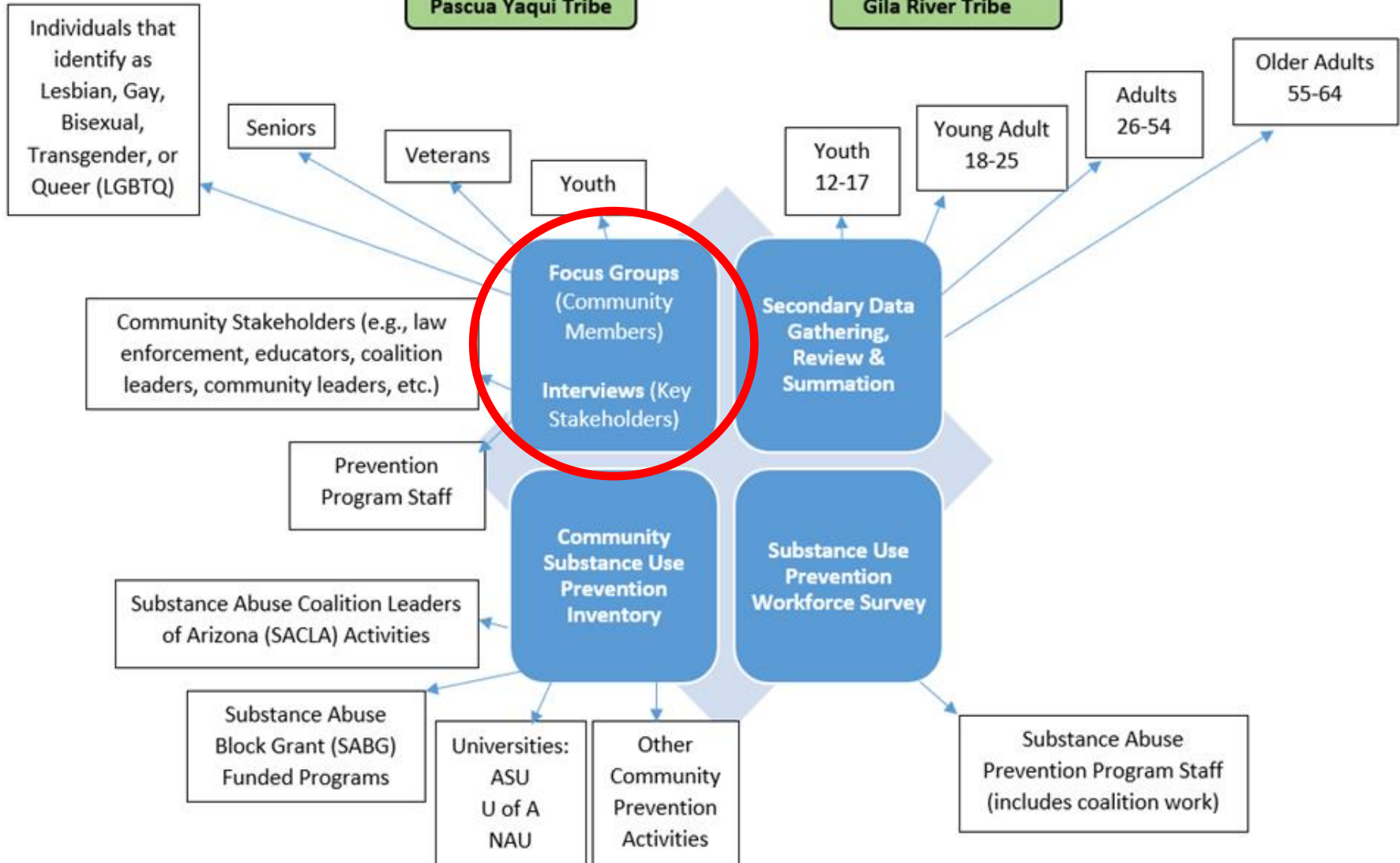
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# Focus Groups & Interviews

# Focus Groups

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**19** Focus Groups with **172** individuals were conducted throughout Arizona

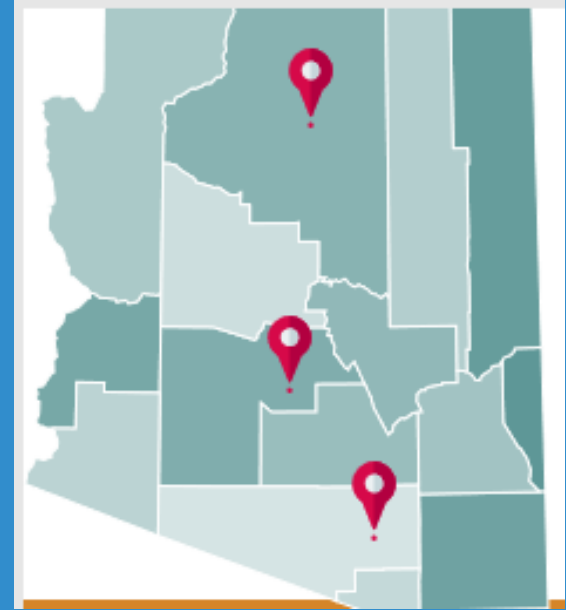
Groups were convened of the 4 populations of interest across 3 regions (North, Central, South) with a mix of rural and urban communities

In addition, one focus group was conducted with the Pascua Yaqui Tribe and one with Promotores serving the Phoenix area.



Veterans

Older Adults



LGBTQ-  
identified

Youth



# Key Informant Interviews

**18** Key Informant interviews were conducted with individuals across Arizona that included:

- Community leaders
- Coalition leaders
- RBHA administrators
- Medical Health Professionals
- School Principals
- Superintendents and other School Staff
- Tribal Elders and Council Members
- University Prevention Specialists

# Overview of Statewide Needs Assessment Plan

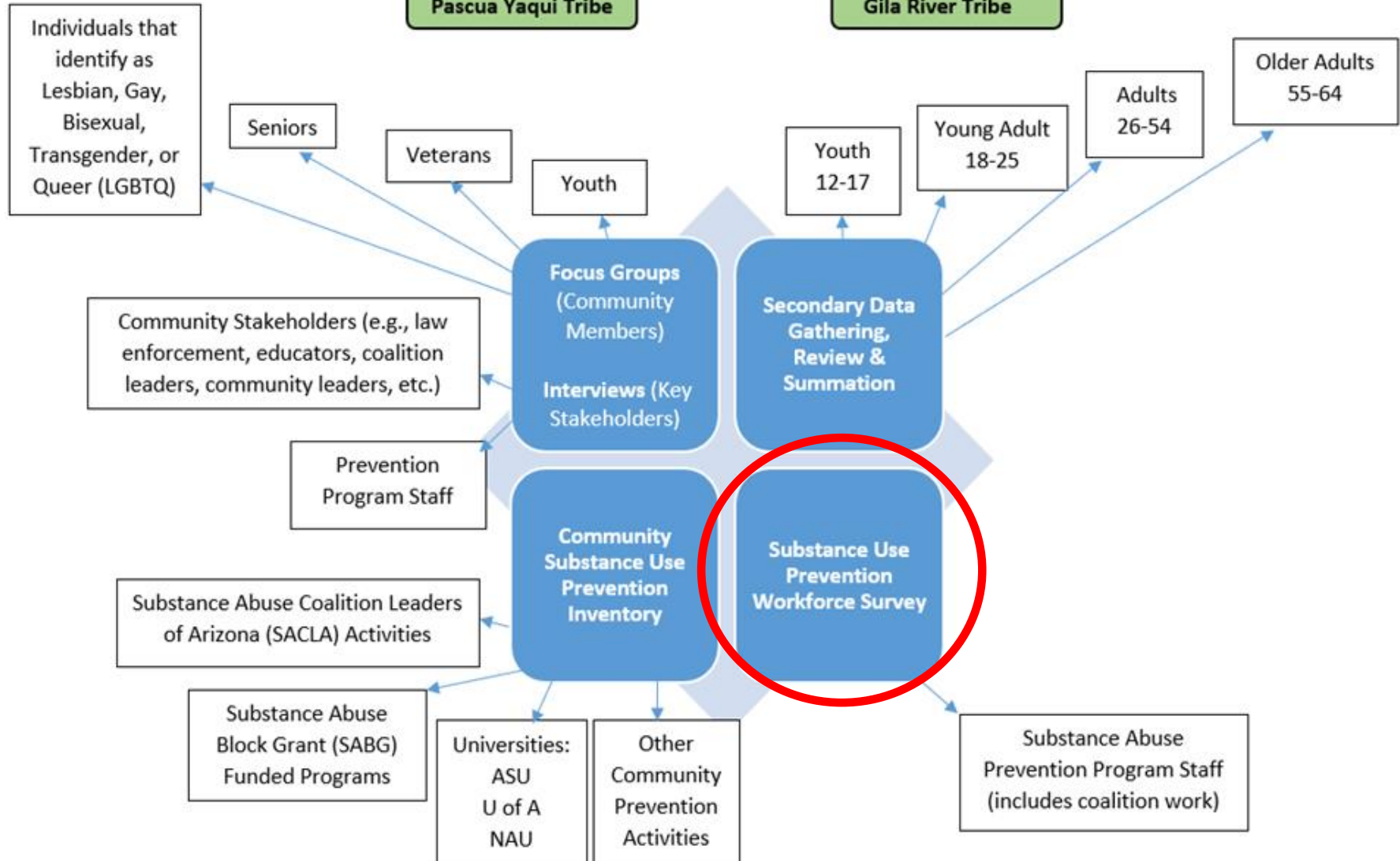
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**Gila River Tribe**



# Substance Use Prevention Workforce Survey

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An anonymous digital survey that collected information from **142 respondents** about:

- The types of substance use prevention efforts respondents were engaged in
- Challenges on implementation
- Training access/training needs
- Efforts to evaluate impact
- Demographics of respondents
- Information about the types of communities they serve

# Overview of Statewide Needs Assessment Plan

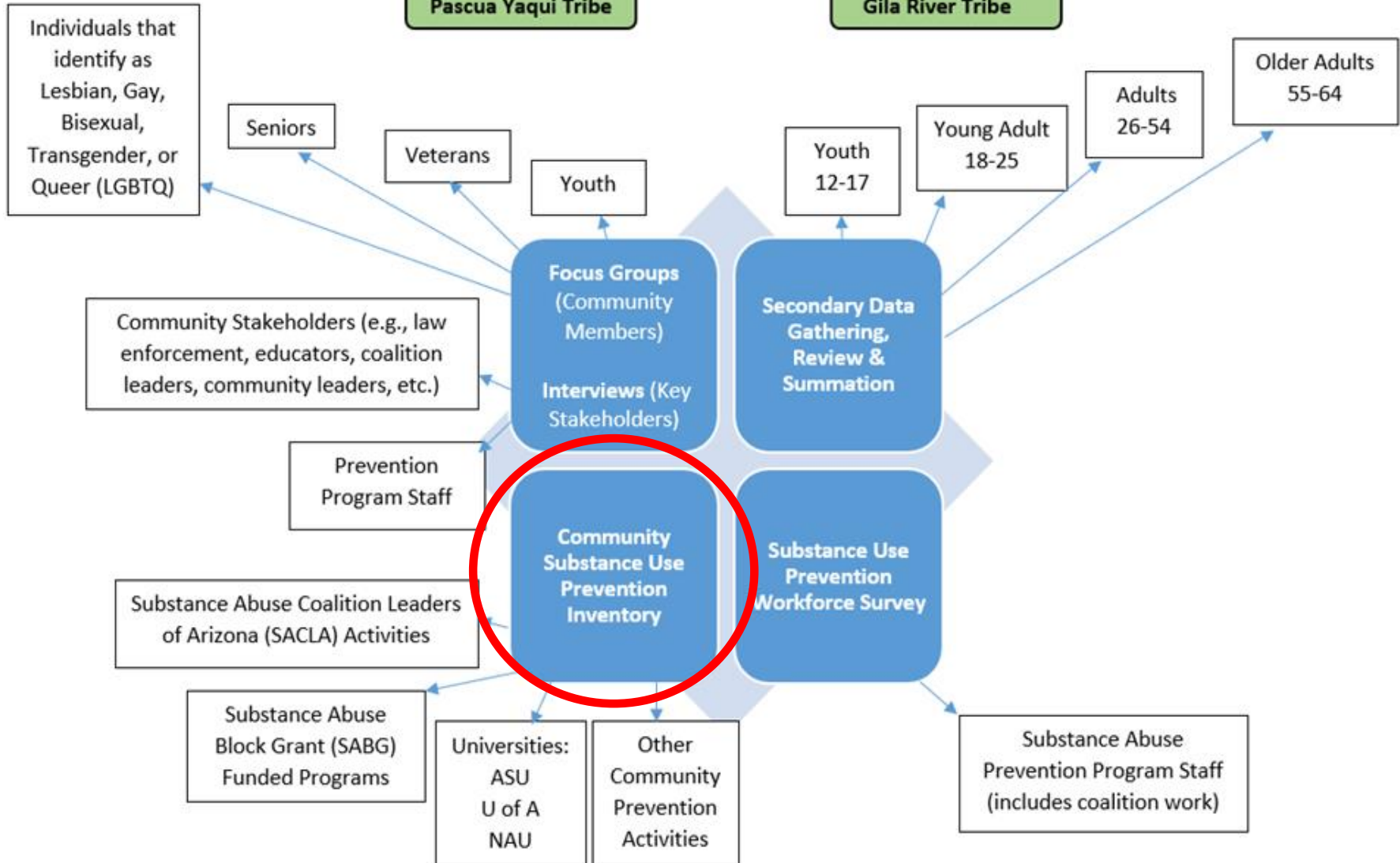
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# Community Substance Use Prevention Inventory

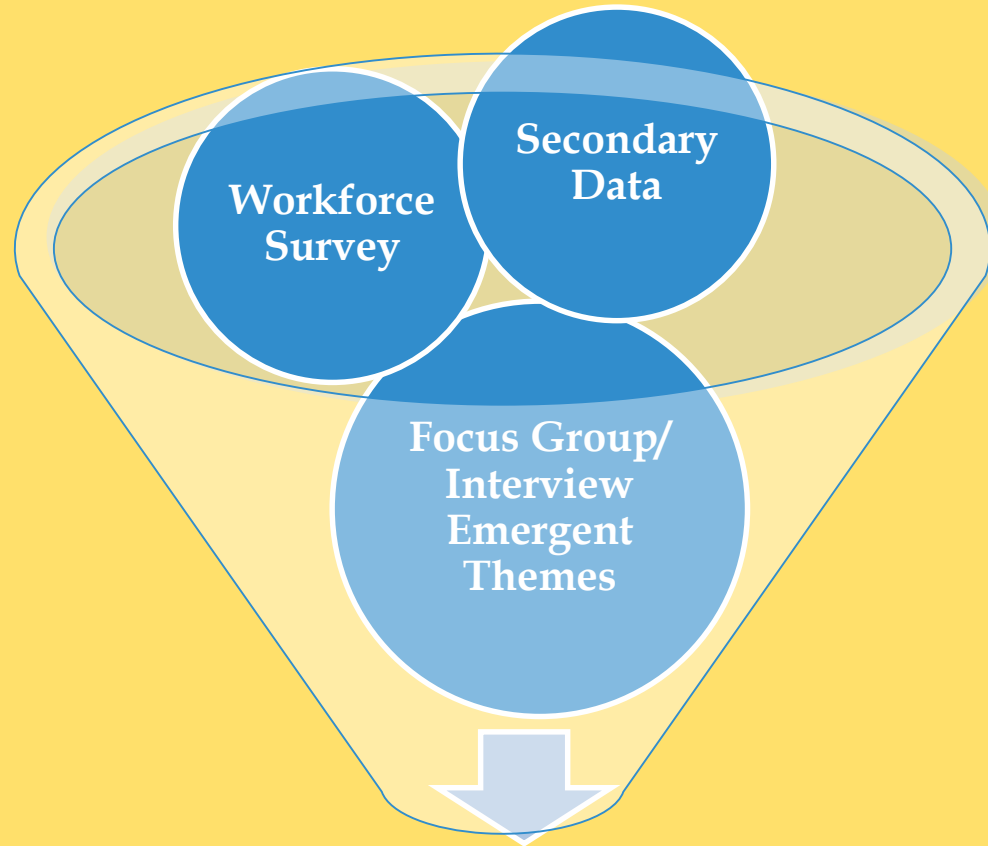
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- A Digital Survey + Phone and Email Inquiries
- **80 programs** responded with information including: County, target population, priority area(s), strategies, key partners and funding source(s)
- Inventory is divided into three sections:
  1. Coalition and Other Community Programs
  2. University Programs
  3. Tribal Programs



# Analysis Approach

## TRIANGULATION



Needs Assessment Findings

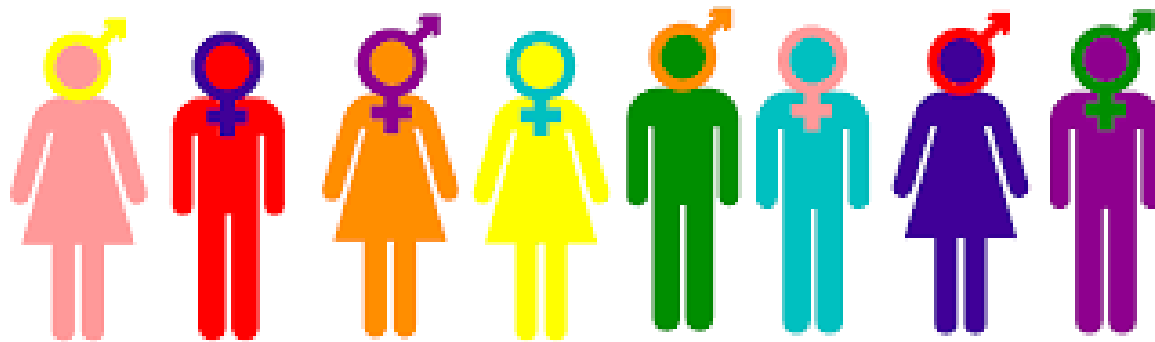
# 10 Major Findings



**1:** An increasing number of Arizonans of all ages and in all regions are suffering from **untreated mental health issues** that are leading to substance use and/or misuse.



**2: LGBTQ identified individuals** in all regions are experiencing significantly more risk factors for, consequences of, and issues with substance use and/or misuse as compared to non-LGBTQ identified individuals.





**3. Vaping** (e-cigarettes) is increasing in Arizona for youth in middle and high schools and is **significantly higher** than national averages.



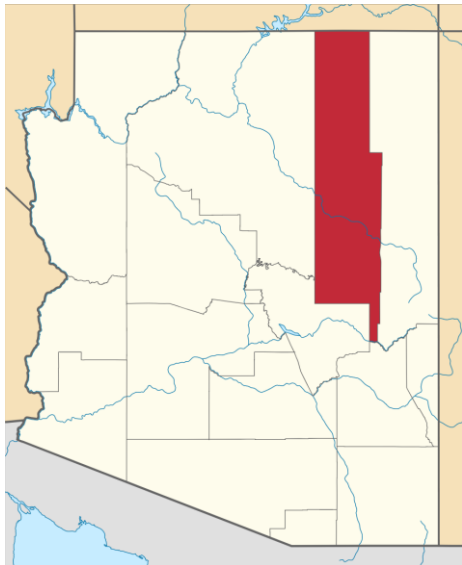
Gila County



**4:**

The Counties  
that are  
experiencing the  
most severe  
consequences of  
substance use in  
Arizona are:

Mohave County



Navajo County



Pima County



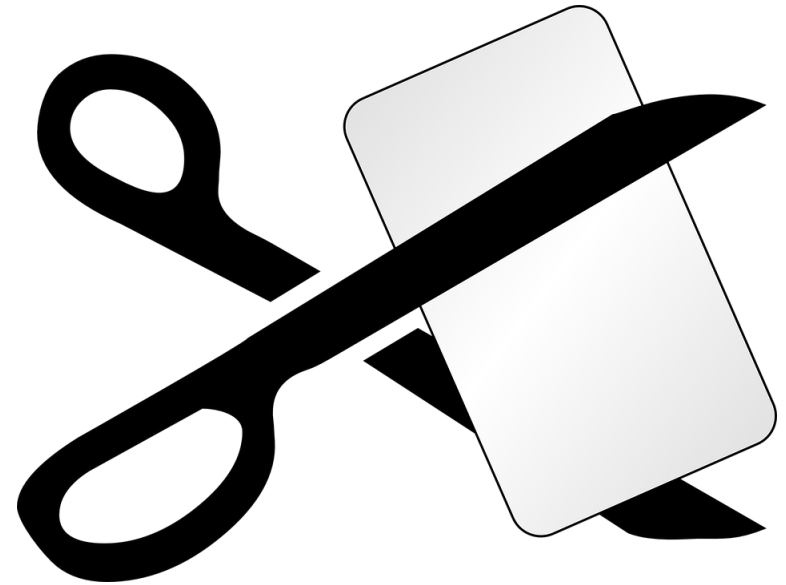
**5:**  
A **lack of social support** and/or someone to turn to/talk to is a protective factor for substance use and/or misuse to which many Arizonans do not have access.

**6:** The **normalization** of marijuana and other substances may be leading to increased substance use.





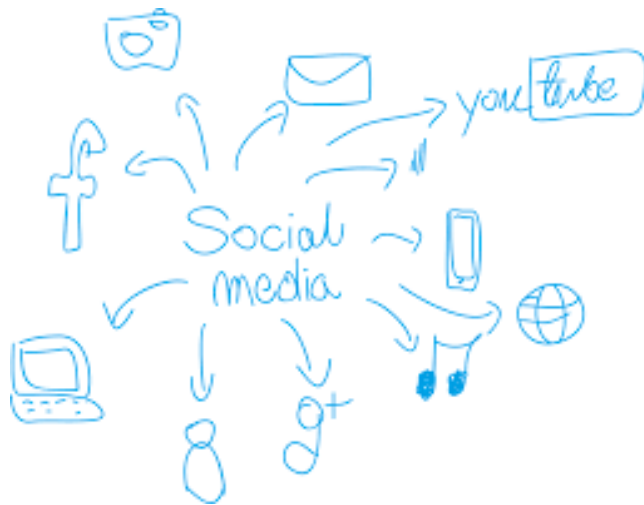
**7:** Reductions in funding and resources for schools prohibit effective prevention programs from being delivered to high needs communities.



**8:** Recent efforts to combat the **prescription drug opioid** crisis in Arizona are leading to increased street drug use



**9:** Prevention programs that are culturally competent, engaging and up to date are more effective and should be prioritized.



**10:** If basic needs are not being met (e.g. shelter, food, safety, physical health, mental health, social support) then prevention programs and efforts often fail.



# Short Reports: Youth

# Substance Use: *Youth in Arizona*

The 2017 Youth Behavioral Risk Factor Surveillance System\* indicated a significantly higher percentage of Arizona high school students, compared to youth nationally, have ever tried an electronic vapor product .



1 in 5 Arizona high School Students used marijuana in the past month



1 in 7 Arizona high school students have at one time misused pain relievers

The prevalence of **illicit drug use disorder** was significantly higher for Arizona youth aged 12-17 (4.7%) that nationally (3.3%).

## Causes of Substance Use and/or Misuse: *Thoughts from Youth and Those Serving Youth*

1

Youth are self-medicating with substances due to mental health issues/trauma and a lack of or inability to access mental health services.

2

Due to a lack of healthy, affordable, fun activities for youth, they engage in substance use and/or misuse.

3

Youth today currently lack coping skills or the social/emotional tools to deal with life's challenges which leads them to substance use and/or misuse.

4

Peer pressure leads to substance use and/or misuse.

5

The use of substances has been normalized by popular culture, social media, marketing, peers and the legalization of marijuana which is leading to substance use and/or misuse.

6

A lack of family values and lack of family supervision of youth (or a stable adult for youth) to turn to leads to substance use and/or misuse.

7

Due to inadequate funding and resources given to schools, and the demands of Arizona's core competencies, there is not enough time or resources for effective prevention programming in schools which leads to substance use and/or misuse.



## Substance Use Prevention Recommendations from Youth & Those Serving Youth:

*Make sure youth have someone to talk to, someone to turn to for support and help*

*Start programming in lower grades*

*Teach children healthy coping skills so they don't turn to drugs*

*Give schools enough support so they can go beyond the core curricula and spend time on prevention and community-school partnerships*

*Involve parents in prevention efforts and offer meaningful incentives to promote parent engagement*

*Don't use scare tactics. Don't say, "Don't do drugs". Just provide the facts and build positive relationships*





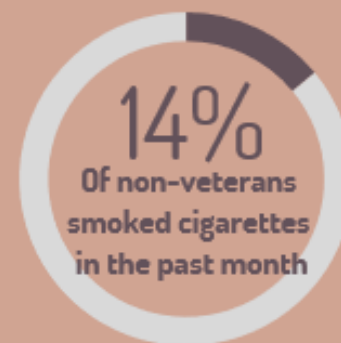
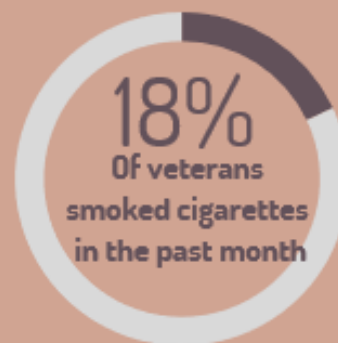
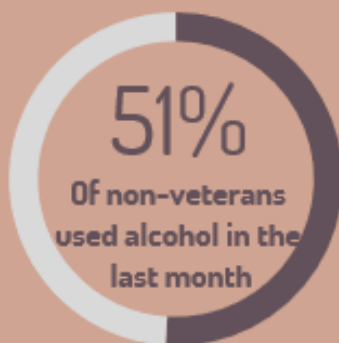
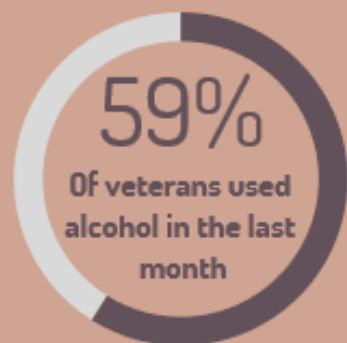
# Short Reports: Veterans



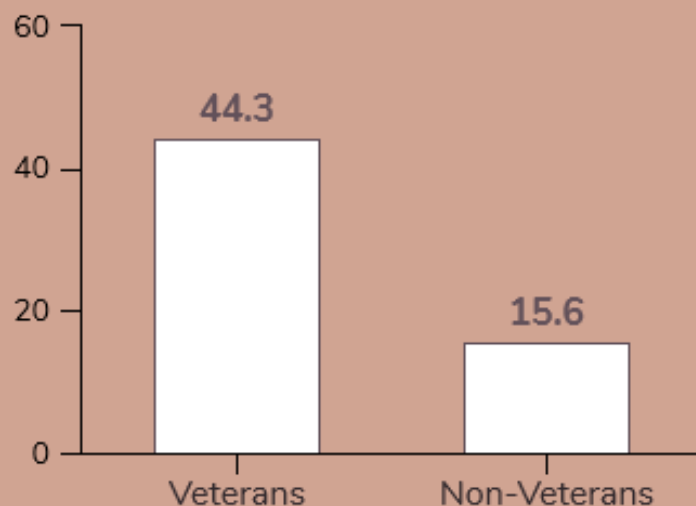
# Substance Use & Suicide: *Veterans in Arizona*



The 2016 Behavioral Risk Factor Surveillance System\* indicated that veterans report significantly more alcohol and tobacco use in the past month than non-veterans:



Arizona Suicide Rates per 100,000  
(2017)



The suicide rate among veterans are 3X higher than non-veterans in Arizona\*\*.

For male veterans, suicide rates are 2X higher than for non-veterans.

For female veterans suicide rates are 5X higher, compared to non-veteran females.

# Causes of Substance Use and/or Misuse: *Thoughts from Veterans*

1

**Veterans use substances to self-medicate for untreated mental health issues related to military service including PTSD and other trauma.**

*In the military you can't bring up mental health issues because you would be kicked out and now you're trying to figure out navigating the V.A. system on your own when you're suffering from depression and you have financial strain. (Interview with Pima County Key Informant)*

2

**Untreated chronic pain and dental pain leads to street drug use**

*We have a lot of people who have chronic pain. Up here in rural AZ, we don't have the level of care other areas have. If you think of a vet in a rural area, where are those people with chronic pain going to get treatment? If they don't have the eligibility to get treatment, where are they going to go? (Flagstaff veteran focus group)*

3

**Veterans miss the adrenaline rush they got in the service; that's why many turn to drugs.**

*When you are in the military, you have your good time boys to have fun together. You may be drinking excessively but are in good shape. When you are out, it's a downer without your buddies and new stresses... and you don't have the adrenaline rush from when in the service. There is nothing comparable to that which you did in the military, that can give you that kind of rush. (Yuma veteran focus group)*

4

**Substance use is normalized and encouraged in the military which leads to substance misuse.**

*When I was in the NAVY, right next to the soda machine was a beer machine... you could get a beer out of the thing any time day or night. Everything you did was around drinking. The macho thing was how much can you drink and how much can you party and not miss a day of work. (Flagstaff veteran focus group)*

5

**The difficulty in reintegrating into society once out of the military leads to substance use and/or misuse.**

*... So I get out service, I run around, I get a job at Target or whatever... it's not enough... Those barriers of life start to become an issue...because I've been somewhere being catered to... I could go get a chow, I don't pay for anything when I'm in the service, and when I come out, now I need a job. And for a lot of us, it's our first time [trying to find a job]. (Phoenix veteran focus group)*

## **Substance Use Prevention Recommendations from Veterans**

*Help vets get involved with something meaningful*

*More education and peer support before discharge and right after to let vets know the resources available for them*

*Educate VA Doctors about opioid issues and how to approach patients individually*

*Improve access and reduce stigma of mental health services for vets*



# Short Reports: LGBTQ Youth

# Substance Use Risks among LGBTQ Youth in Arizona

The 2017 Youth Risk Behavior Survey reveals troubling substance use patterns among Arizona high school students identifying as gay, lesbian and bisexual (unfortunately the 2017 YRBS did not include transgender students). Compared to their non-LGB peers, Arizona's LGB students report a higher prevalence of alcohol, tobacco and illicit drug use, suffer more consequences associated with substance use, and report a higher prevalence of substance use risk factors. These risks were supported through focus group research as well. The findings highlight an urgent need for more effective substance use prevention interventions targeted towards LGB youth.



## Alcohol Use

Alcohol use is significantly higher among LGB students than their non-LGB peers.

**53%**  
of LGB students  
currently drink

More than half of LGB students report drinking alcohol in the past month, compared to only 31% of non-LGB students.

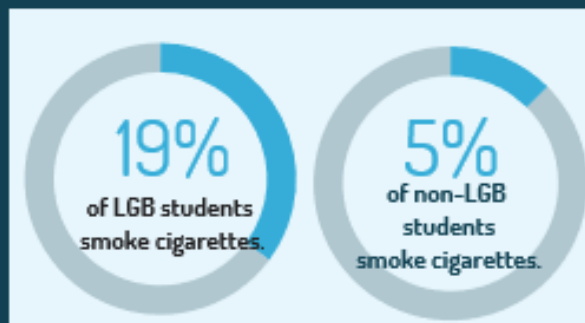
**32%**  
of LGB students  
currently binge  
drink

1 in 3 LGB students report binge drinking compared to 17% of non-LGB students. Binge drinking is defined as 4 or more drinks for females and 5 or more drinks for males in a few hours.



## Cigarette Use

Nearly 1 in 5 LGB high school students report that they currently smoke cigarettes, which is 4 times higher than the prevalence of cigarette smoking among non-LGB students



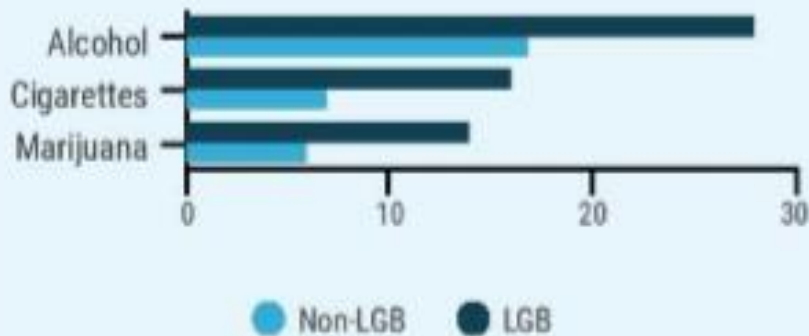


# Substance Use: Risk Factors and Consequences

## First Substance Use Before 13

Early age of substance use initiation is an important predictor of later substance use, dependence and abuse. LGB students are significantly more likely to report that they tried alcohol, cigarettes and marijuana before the age of 13 than non-LGB students.

First Substance Use Before Age 13 (%)



All differences are statistically significant at  $p < .05$

## Victimization and Distress

Psychological distress and victimization are associated with higher rates of substance use (Newcomb, 2012). Compared to non-LGB students, LGB students report more past year :

- bullying at school (41% vs 15%),
- electronic bullying (32% vs 13%),
- physical fighting (31% vs 18%), and
- ever been forced to have sexual intercourse (23% vs 6%).



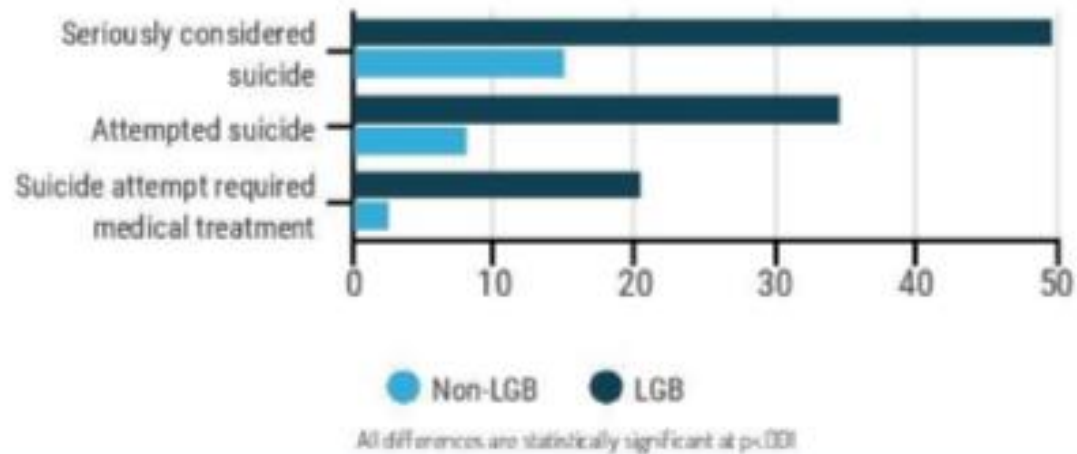
70% of LGB students reported **persistent feelings of sadness or hopelessness in the past year** compared to 32% of their non-LGB peers

All differences are statistically significant at  $p < .001$



Suicide is a leading cause of death among those who abuse alcohol and drugs (SAMHSA, 2016). LGBTQ youth are already at an elevated risk for suicide and suicide attempts. Substance use may compound these risks.

Report of Suicidal Thoughts and Behaviors (%)



Focus groups conducted with the LGBTQ community across Arizona identified two major causal factors leading to substance use:

- (1) Minority stress and
- (2) A lack of appropriate, affordable, accessible, LGBTQ friendly mental health services

Suggestions for improved prevention efforts included:

- 1) Safe, substance free, non-judgmental LGBTQ spaces to connect and engage with others
- 2) Better access to appropriate LGBTQ friendly mental health services
- 3) Educating the community on how to be better LGBTQ allies including physicians, parents and teachers

# Short Reports: Older Adults



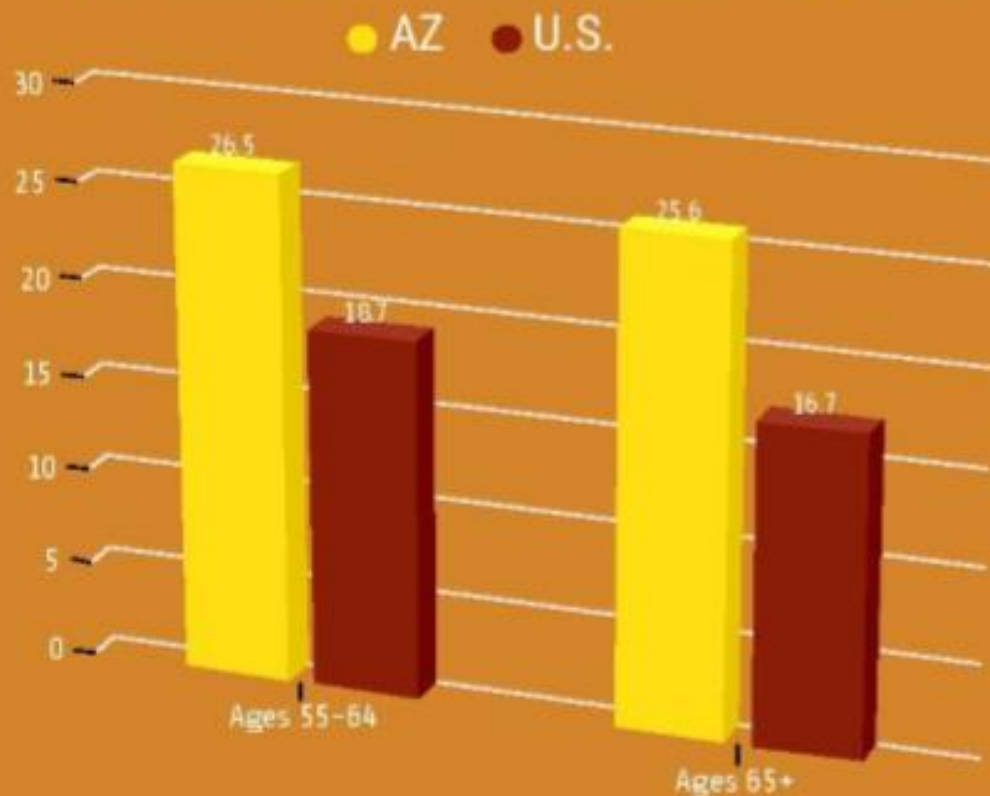
# Substance Use & Suicide: Older Adults in Arizona



★ The suicide mortality rate for older adults in Arizona is significantly higher than the average suicide mortality rate for older adults in the U.S.

★ The greatest absolute difference in suicide rates between Arizona and the United States occurred for those aged 65 or older (25.6 versus 16.7 per 100,000).

Age-Adjusted Suicide Mortality Rates per 100,000 for U.S. and Arizona, 2016



FOR FEMALES IN ARIZONA, THE  
SUICIDE MORTALITY RATE  
PEAKED FOR THOSE AGED 55-64  
(13.3 PER 100,000).



FOR MALES IN ARIZONA,  
THE SUICIDE MORTALITY RATE  
PEAKED FOR THOSE AGED 65  
AND OLDER  
(46.6 PER 100,000).

SUICIDE RISK CONTINUES TO INCREASE WITH INCREASING AGE FOR MALES OVER AGE 65.



The rate among males aged 75-84 was 55.3 per 100,000, and rose to 75.6 per 100,000 among those aged 85 and older.

Source: Arizona Department of Health, Bureau of Public Health Statistics, Population Health and Vital Statistics. (2006-2016) Intentional self-harm (suicide), Arizona, 2006-2016.



# Causes of Substance Use and/or Misuse for Older Adults

1

**Loneliness and isolation lead to substance use and/or misuse.**

*Getting into and providing someone with that companionship, that connection with at least one other person... that goes to the heart of preventing any type of substance abuse. (Prescott older adult)*

2

**Loss of role after retirement leads to substance use and/or misuse.**

*As a culture we identify so much with our role... [Once people retire], there's a loss of role, whether it's from an office, as a parent or as a grandparent... Role is what determines worth in this culture... and when you lose that there's of course the dependence on something else to alleviate that... (Tucson older adult)*

3

**Prevention activities are not geared towards older adults, often only youth.**

*One of the things that is rather discouraging to me in this area [is that there is] very little targeting to older adults... [prevention activities are] all targeted to youth... because I think that's where people's hearts are and there's a belief that if we get them younger, then that's prevention... There's no question in our mind that's there's a need... and that our colleagues and friends and people we work with don't have the information sometimes that they need. (Prescott older adult)*

4

**Over-prescription of pain medications which can sometimes lead to street drug use when prescription of pain medication becomes more regulated.**

*I've had several surgeries including oral surgery and every time I've had a procedure, the first thing they do is hand me a script for a narcotic, and I don't take narcotics. I refuse them. But it's automatic each time. And they hand me a script and I have to ask what it is. And then when they tell me what it is, I say I want something else... I think it really is an issue of over-prescription that's happening today. (Tucson older adult)*

# Limitations of the Needs Assessment: Secondary Data Analysis

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- 1) Survey samples may not be representative of the target population, either because of chance, low response rates, or some error in survey methodology.
- 2) Changes to national and statewide survey methodology or items overtime can compromise trend analyses attempting to compare data across baseline dates.
- 3) Data were not available for several key indicators and priority populations
- 4) Due to lags in data collection and processing, the most recent data for many indicators were from 2016

# Limitations of the Needs Assessment: Focus Groups and Interviews

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- 1) Time frame for data collection was only 3 months limiting recruitment time for focus groups and interviews.
- 2) Qualitative findings need to be interpreted as a **sampling** of perspectives in Arizona.

For example: It is important that the reflections of those members from the Pascua Yaqui Tribe and Gila River Indian Community focus groups and interviews not be generalized to each other or to other Tribes in Arizona.



# Strengths of the Needs Assessment

- 1) Breadth and depth of data collected and analyzed
- 2) Four-pronged approach
- 3) Sharing voices and ideas from a cross section of communities, individuals and populations across Arizona
- 4) Relatively recent data available for the majority of the secondary data indicators of interest
- 5) Response rates for surveys were healthy considering short time frame
- 6) Collaborative support received by so many individuals and organizations across the State

# THANK YOU!

- The Administrative Office of the Courts/Arizona Supreme Court Juvenile Justice Services Division and Adult Probation Services Division
- The Arizona Alliance for Community Health Centers (AACHC)
- The Arizona Center for Rural Health (AzCRH)
- The Arizona Criminal Justice Commission
- The Arizona Department of Health Services (ADHS)
- The Arizona Suicide Prevention Coalition (AZSPC)
- The Arizona Prevention Workforce participants
- The Community Prevention Coalitions and other prevention programs for providing information for the Community Prevention Inventory.
- The Focus Groups' participants across the State
- The Inter-Tribal Council of Arizona (ITCA),
- The Key Informant Interviews' participants across the State
- The Prevention Specialists Workforce
- The State Epidemiological and Outcomes Work Group (SEOW)
- The Substance Abuse Coalition Leaders in Arizona (SACLA)
- The University of Arizona, Arizona State University and Northern Arizona University
- The LGBTQ/GSM (Gender and Sexual Minority) Statewide Advisory Committee
- The communities and other participants that supported and contributed with additional resources

# Next Steps: Strategic Planning



# Questions?



# Thank you!

<https://www.azahcccs.gov/Resources/Downloads/Grants/ArizonaSubstanceAbusePreventionNeedsAssessment.pdf>

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