SUBSTANCE-ABUSE PREVENTION AND TREATMENT: CHALLENGES AND OPPORTUNITIES

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Few would disagree that understanding and addressing substance abuse is necessary to ensure the future well-being of Greater Phoenix residents. And because today’s youth are tomorrow’s adults, investing in prevention among youth goes a long way toward reducing the need for treatment later on. In addition, prevention is more cost-effective than treatment. This chapter reviews five challenges and opportunities in the area of drug-abuse prevention and treatment, particularly for young people:

- demographic growth
- cultural diversity
- cultural resiliency
- cultural adaptation
- co-occurring conditions

**Substance Abuse in the General Population**

The Phoenix area’s ongoing demographic explosion presents both challenges and opportunities. On one hand, fast population growth implies an increase in federal funding and greater tax-based revenue. On the other, population growth implies a greater demand for services. Substance abuse affects all racial, ethnic, and socioeconomic groups, but variations in the problem require that services be adapted to communities’ diverse assets and needs. And because substance abuse is often linked to other social problems, such as crime and mental illness, integrated approaches are needed.

Overall substance-abuse rates in the Greater Phoenix area do not differ greatly from national rates, but they remain unacceptably high. Figure 1 shows that Greater Phoenix residents 12 years or older reported slightly higher cigarette and binge alcohol use but slightly less illicit drug use than national averages.1 Half a million people in Arizona are clinically dependent on alcohol or drugs. Eighteen to 25-year-old Arizonans have the highest rates of alcohol or illicit drug dependence.2 Among persons 12 or older in Maricopa County, 9.8% reported alcohol dependence in the past year, and 3.2% reported illicit drug dependence in the past year.

**Substance Abuse Among Young People**

The 2006 Arizona Youth Survey indicated that drug use among Arizona teens remains high. Figure 2 shows the rates of lifetime alcohol, cigarette, and marijuana use for Maricopa
County 8th, 10th, and 12th grade students and for 12th graders nationally.

Arizona youth do show some patterns of substance use that are distinct from the nation’s. The U.S. Centers for Disease Control and Prevention provides comparable national and state data from the Youth Risk Behavior Survey with the participation of a representative sample of youth in 9th to 12th grades. These data show that Arizona has higher-than-national drug use rates in several indicators: past month alcohol consumption, past month episodic heavy drinking, and cocaine use. The National Center for Chronic Disease Prevention and Health Promotion reports that Arizona youth have higher-than-national rates of lifetime marijuana use and cocaine use in the previous 30 days, smoking 20 or more cigarettes in the last month, smoking more than 10 cigarettes per day in the last month, smoking on school property in the last month, and smoking at least one cigarette daily in the last month.

Maricopa County data further document these trends concerning residents aged 12 to 20 years. Focusing on past-month substance use by this age group, 27.5% reported alcohol use, 18.3% reported binge drinking, 25.8% reported cigarette use, and 28.6% reported use of any tobacco product. Three-fourths of this group reported that they perceive there to be a great risk associated with smoking one or more packs of cigarettes per day.

New Trends: Methamphetamine and Prescription Drugs

Although methamphetamine is not the most popular drug among young people, meth use often has more serious health consequences than other drugs and is associated with an increase in treatment admissions. Arizona has one of the highest rates of treatment admissions for methamphetamine in the nation. Its rates of treatment admission for methamphetamine are higher than those for cocaine and heroin. Meth use is associated with an increase in criminal-justice referrals and is often used by adolescents involved in the juvenile justice system. Approximately 5% of Arizona adolescents report lifetime methamphetamine use, but 64% of juveniles committed to Arizona Department of Juvenile Corrections facilities between May and August of 2005 reported lifetime methamphetamine use (ADJC, 2005). Of those, 47% reported daily meth use and 27% reported weekly meth use (ADJC, 2005). The average age of first-time methamphetamine use for adolescents in ADJC facilities was 13.6 years.

County law enforcement agencies report methamphetamine to be a top problem for them. In response to the growing concerns about methamphetamine, in 2000, then-Arizona Attorney General Janet Napolitano established the Meth and Kids Task Force to address methamphetamine production in homes with children; the task force was later renamed the Arizona Drug Endangered Children Program. Over 46 Arizona cities have passed local ordinances regulating retail stores that sell pseudoephedrine, found in many over-the-counter medications and used to create methamphetamine.

Prescription drug use among Arizona teens is also a serious concern. As Figure 3 illustrates, almost one-fifth of high school youth report some recreational use of prescription drugs (Arizona Criminal Justice Commission, 2006). These use trends raise concerns, as some children in Arizona appear to start experimenting with drugs at a very early age and increase their use very rapidly.
Focusing on Middle School

Findings from a large representative sample of seventh graders in Phoenix public schools provide a snapshot of abuse prevalence among this age group. Seventh graders are an important group to focus on because most children initiate substance use during the middle school years. Early initiation of substance use predicts not only later but also more serious substance use.

These data are also valuable because they provide detail on Greater Phoenix’s large and rapidly growing population of Latino youth, acknowledging differences by linguistic acculturation—that is, between Latino youth who predominantly speak Spanish or are bilingual English-Spanish and those who predominately speak English. They revealed that less acculturated Latino youth report lower substance use rates than their more acculturated counterparts and non-Latino White students, reflecting a resilience against substance use that should be considered when planning for service delivery.

Consequences of Substance Abuse

The number of deaths associated with substance abuse is relatively small when compared to the leading causes of death in Arizona. However, the distribution of deaths by ethnicity reveals disparities between groups. American Indians and Latinos have the highest proportional alcohol-induced mortality rates. Additionally, in one year 6,200 Arizonans were injured in alcohol-related automobile accidents. Substance use itself may not cause illness or death, but some patterns of use, such as binge drinking or illicit drug use, have negative health consequences due to the impairment following such use. The 18-to-25-year-old age group has the highest rates for a majority of problem indicators such as substance consumption, drug-related arrests, and alcohol-related automobile accidents. As with consumption itself, the consequences of substance abuse are not evenly distributed across groups. For example, youth studies show that Latinos who use substances experience greater health-related complications and are over-represented in the juvenile justice system and in emergency rooms with complications from drug abuse.

Etiology and Consequences of Substance Abuse Among Young People

Commonly identified protective factors for alcohol and other drugs that are reinforced by prevention interventions are listed below:

- **Community** Social cohesion, shared norms, caring adults, and shared ethnic/cultural identity (pride).
- **Family** Effective and horizontal parent-child communication, clear rules, consistent consequences, religiosity and spirituality, and intergenerational shared fun time.
- **School** Positive school climate, welcoming and caring environment, clear rules and expectations, and academic excellence.
- **Individual and Peer** High academic achievement, participation in extracurricular activities, problem-solving and critical thinking skills, adult role model, and anti-drug norms.

Common risk factors that are targeted by prevention interventions include:

- **Community** Social disorganization, low neighborhood attachment, easy access to alcohol, tobacco, and other drugs
- **Family** Lack of communication or poor communication, lack of parental monitoring, lack or inconsistent rules and expectations, family history of addiction
- **School** Diffused academic standards and support, lack of discipline and chaotic environment, unclear policies regarding alcohol and other drugs
- **Individual and Peer** Antisocial behaviors, sensation-seeking, easily influenced by peers, pro-drug norms, low school achievement, age of initiation, and biological factors

Statewide data show that, relative to other counties in Arizona, Maricopa and Yuma counties had the lowest risk in terms of the prevalence of characteristics shown to predict substance abuse—that is, county residents reported a high degree of resilience against drug abuse. Policymakers and practitioners can strengthen the resilience and reduce the substance use risks in the communities they serve. They first need to define the community they are targeting and to recruit leaders and other participants within that
community. Then they need to identify and address the readiness of the community and plan next steps. Well-developed tools are available to guide communities through this process (see, for example, Communities That Care, http://ncadi.samhsa.gov/features/ctc/resources.aspx).

**Culture, Acculturation and Acculturation Stress**

Culture can be a source of resilience, such as when values and norms—like family-centeredness in the Latino community—support healthy behaviors. On the other hand, it can be the source of difficulties, such as when language barriers block access to services. Changes in culture, as through acculturation, and the acculturation stress that may result from them entail some risk for substance abuse. Maintaining attachment to the culture of origin, however, may entail some protections. Acculturation that occurs slowly and promotes bi-cultural orientations protects adolescents by sheltering them from the developmentally-driven expansion of their social networks, a process that puts them at greater risk for drug use.

Phoenix-based research on acculturation’s impact on health outcomes suggests that the sustained presence of traditional cultural values and community ties acts as a protective factor. Less-acculturated students report less substance use and less adherence to pro-drug norms when they attend schools where less-acculturated students are more prevalent, even controlling for the individual level effect of acculturation, while the level of representation of more acculturated students is not a significant factor. And at the neighborhood level, the concentration of less-acculturated Latino immigrant families in a neighborhood is an appreciable factor both in the substance use rates of Mexican heritage adolescents and in the effectiveness of prevention programs. One study found that among Latino 5th graders in Phoenix, substance-use norms and behaviors are more closely associated with perceived ethnic discrimination than with acculturation stress, and that the impact of acculturation stress does not differ appreciably by acculturation level.

**Ethnicity, Gender and Acculturation**

A multidimensional approach to drug-use research recognizes the existing heterogeneity within groups according to the strength of ethnic identity along various dimensions and in combination with other contextual factors. Strength of ethnic identity and ethnic labels together explain more of the variance in drug use among samples of Southwest adolescents than either does alone. Certain dimensions of ethnic identity play a more central role in these outcomes (Holley, Kulis, Marsiglia, 2006; Marsiglia, Kulis, & Hecht 2001; Marsiglia, Kulis, Hecht and Sills, 2004).

Research focusing on the role of ethnicity and ethnic identity in risk behaviors and health outcomes has examined these factors in combination with gender, gender identity and other culturally linked factors such as acculturation and religiosity (Kulis, Marsiglia & Hecht, 2002; Kulis, Marsiglia, & Hurdle, 2003). These studies showed that gender alone had limited explanatory power, while gender identity was a better predictor, especially in combination with ethnicity and acculturation status. The findings suggest that some aspects of culturally prescribed gender roles can protect against drug-use behaviors and attitudes, possibly for both girls and boys. These studies have also shown that the acculturation process increases substance-use risk more for Mexican-origin girls than boys in Arizona middle schools. Research currently underway is investigating the role of gender, ethnicity and acculturation in the responsiveness of ethnic minority youth to the culturally grounded keepin’ it REAL substance-use prevention program.

**Cultural Processes and Community Characteristics**

We need to understand how such factors as geographic isolation, socioeconomic status, residential instability, and ethnic and racial residential concentration interact with cultural processes that affect individual health trajectories. Ongoing research is comparing the relative effects of neighborhood cultural versus socioeconomic characteristics on youth substance use and use prevention in Phoenix (Yabiku, Kulis, Marsiglia, Lewin, Nieri, & Hussaini, 2007).

Drug use and abuse have economic and social consequences for the whole community. For example, depression has been connected with substance use and HIV/AIDS risk in the region along the U.S.-Mexico border, especially among the Mexican migrant population. In order to respond to drug-use treatment and prevention needs and to effectively utilize the assets...
of community members, we must approach prevention and treatment as part of a continuum of care. Much remains to be learned about the great majority of Phoenix residents who do not use or abuse drugs. This knowledge will help plan interventions which will deter non-users from starting while assisting users to stop or decrease their use.

Substance-Abuse Prevention Services

Prevention services may be separated into one of three categories, based on the target population: universal, selective and indicated. Universal prevention targets all individuals regardless of their level of risk. However, interventions of this type combined with zero-tolerance or abstinence messages may come across as naïve and too basic for youth who are already experimenting. Selective prevention targets those at risk for substance abuse due to membership in a vulnerable subgroup, such as dropouts, children of adult alcoholics, or victims of family violence. Indicated prevention targets those already using or who are engaged in related behaviors known to lead to drug use. These interventions aim to reduce or eliminate use, and they focus more on the individual and less on community variables than the other two classifications.

A number of research-based prevention programs have been developed and tested in the last two decades. The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Effective Substance Abuse and Mental Health Interventions directory, http://modelprograms.samhsa.gov, provides a comprehensive list of such interventions. Model programs are diverse, but some aim to address the variations in substance-use rates by race/ethnicity, culture, gender, sexual orientation, and socioeconomic status. Effective prevention programs acknowledge the unique needs and strengths of each population and ensure that culturally competent services are provided. The Arizona Department of Health Services’ (ADHS) prevention system targets various populations—universal, selected, and indicated. Typically, the Regional Behavioral Health Authorities provide prevention services through subcontracts to community-based agencies, and the implemented programs incorporate life skills training. ADHS’ Office of Tobacco Education and Prevention Program has implemented recommendations from the Centers for Disease Control and Prevention regarding the planning, implementation, and evaluation of school-based youth tobacco-use prevention programs. It sponsors tobacco prevention programs, the majority of which are SAMHSA model programs, in low socioeconomic and minority communities, including schools on American Indian reservations.

Addressing the Unique Assets and Needs of Arizona Children

One example of an effective, culturally grounded substance use prevention program available for Arizona youth is keepin’ it REAL. This program was developed by the author and other researchers at the Southwest Interdisciplinary Research Center at ASU, and collaborators from Pennsylvania State University. Keepin’ it REAL, published and distributed by ETR Associates, is funded by the National Institute on Drug Abuse and the National Institutes of Health and recognized as a model program by the SAMHSA. Although developed by and for Phoenix youth, the program is now in use nationally and internationally. For more information please visit: http://keepinitreal.asu.edu

Keepin’ it REAL incorporates specific cultural elements from the Latino, African American, and European American communities to enable members of these groups to better respond to the intervention. Among middle-school students, it has been shown to be effective in decreasing pro-drug outcomes like substance use and increasing anti-drug outcomes.

### TABLE 1 | Results of the Evaluation of the Three Versions of keepin’ it REAL (KIR) Youth Prevention Program

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<tr>
<td>Recent Alcohol Use</td>
<td>T2</td>
<td>T3</td>
<td>T4</td>
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<tr>
<td>Recent Cigarette Use</td>
<td>T2</td>
<td>T3</td>
<td>T4</td>
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<tr>
<td>Recent Marijuana Use</td>
<td>T2</td>
<td>T3</td>
<td>T4</td>
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<tr>
<td>Descriptive Norms</td>
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<tr>
<td>Positive Drug Expectancy</td>
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<tr>
<td>Use of R.E.A.L. Drug Resistance Strategies</td>
<td>T2</td>
<td>T3</td>
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<tr>
<td>Injunctive Norms: Parents</td>
<td>T2</td>
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<td>Injunctive Norms: Friends</td>
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<td>Personal Norms: Self Efficacy</td>
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<td>Personal Norms: Personal Intentions</td>
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such as anti-drug norms and attitudes and the use of drug resistance strategies. The arrows in Table 1 show the changes—for each version of keepin’ it REAL relative to a control group—in the desired direction from pre-intervention (T1) to each of three post-intervention time points (T2=2 months, T3=6 months, T4=12 months).

Among youth who already have substance-use experience, the program is effective in promoting reduced or discontinued alcohol abuse. Furthermore, relative to their counterparts not receiving the intervention, Mexican-heritage youth in keepin’ it REAL report better outcomes, including less overall substance use, less recent alcohol and marijuana use, fewer intentions to use substances, greater drug resistance self-efficacy, and smaller estimates of peer substance use. While the effectiveness of interventions for Mexican-heritage youth is enhanced by the culturally specific content, narrow cultural targeting is not essential for the program to be effective. In other words, programs need not be targeted toward a single group, but must contain in their content some reflection of the groups that will receive the intervention.

Another study of keepin’ it REAL found that among both intervention and control groups, less acculturated Mexican-heritage students (defined as Spanish language dominant or bilingual) reported lower levels of substance use at baseline and at post-tests, while higher-acculturated Mexican-heritage students (English language dominant) reported higher baseline levels of substance use. Program effects were confined to the higher acculturated students, with those participating in the intervention reporting much smaller increases in substance use (alcohol, cigarettes and marijuana) and less erosion in anti-drug norms than those reported by the control group. These results show not only how the diversity of groups translates to different responsiveness to interventions, but also how culturally specific intervention that accounts for group diversity can be effective.

At present, ASU and PSU researchers are testing the effectiveness of an adapted 5th grade version of keepin’ it REAL with a large sample of Phoenix 5th-8th graders. This version is also enhanced with lessons that address acculturation-related issues that may affect both immigrant and U.S.-born Latinos and other youths.

Cost-effectiveness of Prevention Efforts

The effectiveness of keepin’ it REAL and other model programs shows that drug abuse is preventable. Prevention efforts can be cost-effective by reducing the demand for expensive treatment services and by reducing collateral costs to society, such as those stemming from lost work productivity and addiction-related health problems. Although cost-benefit information is lacking for many programs, some research shows that benefit-cost ratios for programs that have had them calculated are in the range of 8:1. One study estimated that prevention program participation saves society $840 for each student participant. National cost estimates for a universal prevention program are $150 per enrolled student. At this rate, it would cost approximately $550 million annually to offer universal prevention programs to all of the 3.75 million 7th grade students. This compares to the $40 billion spent nationally on drug control efforts. Thus, a solid commitment to prevention makes for sound policy.

Substance-Abuse Treatment Services

In Arizona, because the substance-abuse mortality rate is relatively low, interventions should focus on substance use-related injury and illness rather than mortality, and in so doing, could reduce substance use-related deaths. Because intervening at the early stages of addiction and at a younger age yield better outcomes, services have commonly targeted children and youth. Treatment for adolescent substance abuse in Maricopa County includes outpatient programs, intensive outpatient programs, and residential programs. These services are available through self/private pay, private insurance, through the Arizona Department of Juvenile Corrections, or through the Medicaid funds for public insurance for low socioeconomic families, which in Arizona falls under the Arizona Health Care Cost Containment System (AHCCCS) or through the State Children’s Health Insurance Program, which in Arizona is called KidsCare.

Still, not everyone who has a need for substance use-related services gets them. About 10% needed but did not receive treatment for their alcohol use in the past year, and 2.9% needed but did not receive treatment for their illicit drug use in the past year. The gap between the need for services and

SEVENTH-GRADERS ARE AN IMPORTANT GROUP TO FOCUS ON BECAUSE MOST CHILDREN INITIATE SUBSTANCE USE DURING THE MIDDLE SCHOOL YEARS.
actual receipt of services is larger for certain ethnic groups and subpopulations. According to a report by the State Department of Health Services, only 8% of urban American Indians are enrolled to receive behavioral health services while 24% are eligible; and only 25% of all Latinos in Maricopa County are enrolled while 35% are eligible to receive behavioral health services. To the extent that they do receive care, American Indians are over-represented in in-patient behavioral care compared to Whites. Children of incarcerated parents have been identified at a higher risk for drug abuse and it has been estimated that 73% of all inmates in Arizona have children.

One reason for the gap between the need for and utilization of treatment services may be cultural—that is, cultural differences in the manifestation of the problem, the need for and experience of services, and the response by service providers. Another reason for the gap is that not everyone has equal access to services. Those people who can afford self-pay/private-pay treatment have access to all available services, while children who are covered under their parents’ insurance have access to a limited number of treatment options for a specified length of time, depending on their plan. Children and adolescents who qualify for AHCCCS or KidsCare can receive substance-abuse treatment through the Regional Behavioral Health Authority. Those who do not have health insurance often cannot take advantage of substance-abuse treatment options.

The treatment choices for Greater Phoenix residents vary greatly by access and cost. Costs in Arizona may be higher than national average costs. The national average cost for outpatient substance-abuse treatment was $1,433 per person. The national average cost for non-hospital in-patient treatment was $3,840. In Arizona, the average cost was $1,420 for regular outpatient treatment, $1,845 for intensive outpatient treatment, and $4,928 for in-patient treatment. Since substance-abuse treatment is costly and does not reach all adolescents in need, substance-abuse prevention programs are a cost-effective alternative for reaching large numbers of youth.

Future Supply of and Demand for Services

The Greater Phoenix population continues to grow, as will the demand for services. Given existing barriers to service access, the gap between the demand and access will also likely grow. Greater investments in prevention will be needed to address the disproportionate and growing number of young people in the area relative to the nation. In order to meet the demand, we must address current limitations in the treatment system. National research has identified common barriers to treatment that appear to apply to the Phoenix area. The most common barriers are:

- Program barriers—e.g., absence of a program—which are the most prevalent
- Structural barriers such as lack of agency coordination
- Individual barriers—lack of identification with the type of treatment and the “culture” of the agency
- Logistical barriers such as eligibility criteria, waiting list alternatives, and transportation

If Arizona’s treatment-services system remains unchanged, many residents in need of drug abuse treatment will fail to seek help while others willing to start treatment will not have access to it or will be delayed for long periods of time. In addition, the rising number of Spanish speakers suggests that there will be a need for both bilingual and even Spanish monolingual services. Attention to language and, more broadly, to cultural competence will be important to ensure that culturally specific needs are addressed effectively.

Some developments are underway. Fortunately, the National Drug Control Policy requests an annual increase in federal treatment funding, and federal Block Grant funding has increased. Other state and county sources of treatment funding have also increased, mostly associated with welfare-reform laws requiring the availability of treatment to addicted mothers. Prison programs are contracting with treatment providers to expand the availability of treatment for addicted inmates. At the same time schools, community organizations, and juvenile-justice officials are shifting priorities to obtaining additional funding for treating adolescent drug-abusers.

More Evidence is Needed to Guide Effective Interventions

An ADHS analysis of funding for substance-use prevention in Arizona showed that higher rates of funding in a county are not always associated with lower rates of substance use-related problems. The reason is not clear, and additional research is needed in order to elucidate it. Current analyses are hindered by significant gaps in the existing knowledge of substance-abuse consumption and consequences in Arizona.

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<td>18,999</td>
<td>19,569</td>
<td>20,156</td>
<td>20,761</td>
<td>21,384</td>
<td>22,025</td>
<td>22,686</td>
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* Projections assume a 3% yearly growth rate and use FY2007 enrollment as a starting point.
Source: Arizona Department of Health Services.
In particular, more Arizona-specific information is needed about the following:

- Sub-state level estimates for adult substance-use and substance-related consequences such as clinical dependence or abuse
- The relationship of substance use to chronic diseases or social problems
- Measures of the severity of substance use, such as economic costs or years of productive life lost
- An inventory of resources and assets beyond the annual amount of public funding received by service providers in Arizona, at the lowest geographic level possible
- Reliable data on the co-occurrence of substance use and child welfare involvement
- Sub-county data
- Data analyzable with geographic information systems software

**The Future**

Drug abuse cannot be effectively addressed only through treatment; instead, the prevention-to-treatment continuum is the most appropriate approach. At the same time, we must learn more about the vast number of youth who do not abuse drugs so we can support the processes that buffer them from risk. One main asset is culture of origin—suggesting that culturally-specific interventions could be useful approaches for supporting existing resiliencies.

The following conclusions and challenges are offered as we move forward.

- **Demographic Growth** The rapid growth of Phoenix’s youth population is both a main challenge and a strong asset. Here is where investments in prevention are likely to have greater payoffs. Prevention efforts should span the spectrum of problem severity and involve both individual-focused interventions and community-focused interventions. In addition, intervention should move beyond zero-tolerance approaches and include efforts to prevent or reduce the harm of substance abuse as well to prevent its onset. Universal and selective programs have the potential to benefit current substance-abusing youth by serving a harm-reduction function by promoting “safer use” (i.e., use requiring abstinence under certain circumstances). Harm-reduction prevention programs teach users to identify the health risks of using, make decisions about the need to reduce risk, and modify behavior to reduce those risks. Youth who learn resistance skills may be better able to avoid use in situations they have decided are unsafe, such as drinking alcohol while driving.

- **Cultural Diversity** Greater Phoenix’s increasing ethnic, cultural, and language diversity raises the question of how the diverse needs of a diverse community can be met. Fortunately, research shows that—at least in the case of substance-abuse prevention—a strict cultural match of program to person is not required for success. Instead, it is important that programs incorporate content of a range of cultures so that participants can find themselves and their culture represented within it. Thus, decision-makers should seek programs that are not only evidence-based but also culturally appropriate for the targeted populations.

- **Cultural Resiliency** Ongoing research shows that recent immigrant youths and their families tend to be very resilient, and that many are able to effectively cope with adversity. Cultural norms and values and a strong connection to family and community appear to buffer youth from risk. Interventions that support those assets and assist youth with their acculturation process are needed in order to strengthen the protective effects of culture-of-origin against drug abuse. Anti-immigrant and English-only movements tend to weaken those connections to culture-of-origin and make large numbers of youth more vulnerable to risks.

- **Cultural Adaptation** Intervention developers are examining ways that efficacious prevention and treatment programs can be adapted for different cultural groups while retaining the core components that make them effective. Collaborations between community practitioners and researchers should be
pursued to advance knowledge about adaptation. In the meantime, decision-makers responsible for selecting programs for implementation should gather information on the origins of the selected program to determine whether adaptations are needed and on any adaptation made, so that assessments can be made of their impact on program outcomes.

Co-occurring Conditions The relationship of substance abuse to other social problems, such as mental disorders, crime, and child-welfare problems, needs to be addressed. For example, there is a need to provide comprehensive treatment to youths with substance-abuse histories and high rates of comorbid psychiatric disorders and increased risky sexual behaviors. The complex relationships between drug abuse and other social and health problems means that efforts to address substance abuse in a vacuum need to be discontinued and replaced with an integrated approach to substance abuse as a public-health concern.

Chapter 1 notes that immigration will decline in coming years, thus slowing population growth in Greater Phoenix. However, the legacy of population growth to date is that community organizations and government agencies are left with a larger population with strong ties to their cultural heritage. The break in growth should provide an opportunity for service providers to take stock of their current client population and address existing and projected service gaps. Chapter 1 also notes that the Hispanic population will continue to increase, nationwide and locally. A related phenomenon is that the number of monolingual Spanish speakers and bilingual Spanish–English speakers is on the rise in Greater Phoenix. We must not only address the current need for services that address language diversity, but we must also meet the professional pipeline challenge to ensure that we’re turning out large numbers of culturally competent service providers. The demographic projections further indicate that Greater Phoenix will continue to include large numbers of young people. Thus, a focus on young people in the area of substance abuse is warranted. Clearly, some of the trends presented here are cause for concern. But it is important to remember that most Phoenix-area youth are not using alcohol and other drugs. A comprehensive plan is needed to help non-drug-abusing youth to remain healthy while developing effective services for those already using. This evidence-based, integrated approach promises the greatest benefits for all Greater Phoenix residents, now and in the future.

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**ENDNOTES**


7. Center for Substance Abuse Research. (2005). Methamphetamine treatment admission rates higher than those of cocaine and/or heroin in Western states. CESAR Fax, 14(12).


