



2nd Annual
**Drug
Summit**
Uniting for Solutions

September 23 - 24, 2019
Conference Report

Joining in the fight against drug abuse

More than 400 people from across the state gathered for the second annual Arizona Drug Summit: Uniting for Solutions on Sept. 23-24, 2019. This report summarizes key points by topic area, with an emphasis on information you can put to use immediately.

Among the topics: messaging techniques; the effects of legalized recreational marijuana; opioids and other drug threats; new approaches to treatment in corrections; the ripple effects of drug abuse; and the importance of trauma-informed care.

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Key Takeaways

1. LOOK BEYOND OPIOIDS

Opioids have received a great deal of attention, including a special legislative session to enact new rules in response to the overdose crisis. But several law enforcement leaders said focusing on opioids misses the bigger picture.

Demand for simulants such as methamphetamine is as high as it is for opioids. As opioid overdose deaths were increasing, Arizona ranked third highest in the nation for methamphetamine overdoses. Meth overdoses tripled from 2013 to 2017, compared to a 65 percent increase in opioid deaths in the same period. Arizona doesn't just face an opioid or methamphetamine addiction crisis, Arizona faces a substance use disorder crisis.

2. UNDERSTAND THE IMPACT OF COMMERCIALIZED MARIJUANA

Ben Cort, a treatment consultant from Colorado, said the legalization of recreational marijuana in Colorado took a plant and turned it into a drug. He encouraged the audience to push back against legalization advocates by demanding answers to our questions: What are you doing about THC-induced psychosis? What is your plan for removing impaired drivers from the roads?

Cort pushed back against the idea that the momentum to legalize marijuana is unstoppable. "There's a hint of nihilism in every question that starts like that," he answered. "We can lament the train is barreling down the tracks, or we can push it off the tracks."

Science, statistics and Colorado's experience with marijuana provide the best examples of how commercialized marijuana impacts, people, communities and states.

3. CONSIDER TREATMENT OPTIONS AND ALTERNATIVES FOR JUSTICE INVOLVED INDIVIDUALS WITH SUBSTANCE USE DISORDER

The word "rehabilitation" does not appear in Arizona's penal code, yet corrections and probation officials know that punishment alone is ineffective in helping justice involved individuals with substance use disorders.

Within state prisons, treatment programs reach only 14.4 percent of inmates before release. Much of the burden shifts to probation officers, who are moving beyond looking solely at risks to considering each individual's underlying

factors and working to change them. This approach reduces recidivism by 30 percent, said Kathy Waters, director of the Arizona Supreme Court's Adult Probation Services Division.

Once those in jail or prison are released, there is an increased risk for relapse for substance use. In Yavapai County, a re-entry program gives each returning inmate a welcome home basket and a volunteer mentor that provides support when needed.

4. SUPPORT PREVENTION

Several speakers were concerned with the lack of funding that goes to prevention. Lawmakers often have a hard time understanding prevention and how it works, said speaker Sue Thau of Community Anti-Drug Coalitions of America, when in fact we know exactly what works.

Not everyone who uses marijuana or alcohol moves on to other substances, she said, but nearly everyone who uses abuses meth, heroin or fentanyl started with marijuana or, alcohol. "That's what prevention is about: preventing substance use before it starts and delaying the age of initiation of substance use to help prevent lifelong dependence, tolerance and addiction. Primary prevention among youth is key to reducing addiction and death given that 90% of our most seriously addicted adults started using drugs or alcohol as a teenager.

5. REFINE THE MESSAGE

Depending on how they're framed, anti-drug messages can boost prevention or boomerang and lead to more substance abuse. Scientific studies have identified five pillars that work: Fear, learning, efficacy, stimulation and relatability (see more details on page 5). Modules for creating effective campaigns will be available at azaces.org in November.

Sue Thau of the Community Anti-Drug Coalitions of America implored attendees to stand up and be counted. "Champions in public policy are people who see things that need to change in their communities, make a personal commitment to bring that change, and are willing to speak their minds, even if their voices shake." She encouraged all attendees to talk with their local and federal representatives.

6. CONSIDER THE RIPPLE EFFECT

Drug abuse harms more than the person using. Either explicitly or implicitly, many speakers noted the extended consequences of drug abuse: newborns

exposed to drugs in the womb; children in foster care as a result of their parent's substance use disorder; drugs used to entice and keep young people in sex trafficking. A video showed how one woman's near-fatal drug use put an enormous burden on her daughter, and how the family pulled together and became strong advocates for prevention and treatment across Arizona.

*"The only thing to do was keep swinging."
--Hank Aaron, quoted by Sue Thau*

Telling our story

The Three Vs

An organized, vocal constituency is essential to putting and keeping issues on the public policy radar screen. Sue Thau of the Community Anti-Drug Coalitions of America emphasized the three V's -- be *vocal*, be *visible*, prove you are *valuable* -- as keys to success.

- **Be vocal:** Civic leaders and elected officials have no way to know what you're doing unless you tell them. Cultivate relationships with them. Show them how the issues they care about cannot be accomplished without reducing drug use. Share your successes with them, remembering that they are generalists and you are experts in this field.
- **Be visible:** Show up personally and in force at community meetings, political town halls and candidate forums to ask questions and get your issues on public-policy radar screens. Invite key leaders to speak at your events. Give them awards and visibility when they do anything that helps your cause.
- **Be valuable:** Be a resource to civic and elected leaders. Share one-pagers (that's all they'll read) with data, statistics or survey results, including comparisons to other states or information from the Rocky Mountain HIDTA report on the real impacts of marijuana legalization. Share your outcomes and successes to show how you make a difference in the community and in the issues the leader cares about. Tell them what you need to make a bigger impact.



Creating effective media campaigns

Scientific studies can guide advocates in putting together effective media campaigns, said R. Bradley Snyder, who for three decades has managed projects targeting children and adolescents. The Arizona Adverse Childhood Experiences Consortium is creating a module that will be shared at azaces.org. It is built on the pillars of fear, learning, efficacy, stimulation, relatability.

- **Fear.** Not just any fear, though. The audience needs to believe the fear is credible and could happen to them. Showing them how drug use today will harm them when they're 40 will have no impact, but showing them how a drug can have an immediate impact on the things most important to teens is powerful. Snyder warned, however, that there's a fine line. Overdoing fear will be tuned out as noise.
- **Learning.** Young people especially like to be talked to about issues in an educational way. They don't want candy coating or hyperbole; they want facts.
- **Efficacy:** Powerful messaging empowers the audience with something they can do to make a difference or avoid the impending fear. For example, dealing with climate change can seem enormous, just as dealing with substance abuse can be. How can one person make a difference? Find an answer equivalent to: stop using plastic straws.
- **Stimulation:** Good messaging will have a hook that catches your audience's attention and cuts through the noise competing for attention.
- **Relatability:** Does the messenger relate to your audience? We learn best from someone who is like us and overcame the same challenges we face. Be careful of big-name spokespersons. An anti-bullying campaign featured a muscular martial arts champ who talked about how he had been bullied as a child, but teens didn't believe the ad because they didn't see themselves in him.

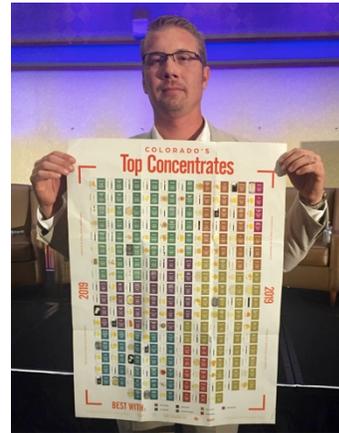
Other advice on media campaigns targeting youth:

- Don't show drugs in the ad; it distracts from the message or creates a hunger for the drug. Funny ads may not be as effective.
- Talking about drugs in general is not as effective as talking about a specific drug.
- Give the audience something to say yes to; "just say no" doesn't work when dealing with a population whose traumatic experiences create a need in them.
- YouTube is a good platform for reaching those under 18. Word of mouth remains powerful in driving traffic to an online ad.

"It's not about cannabis anymore. It's about THC."
– Ben Cort

Educating the public about the facts and consequences of recreational marijuana

Ben Cort, a Colorado resident and drug treatment consultant, shared images advertising high potency THC products in his state. Marijuana dependency, he said, is primarily driven by three factors: age of onset, frequency of use, and THC potency. Cort emphasized the need to protect the public's health by battling the legalization movement. Public polls might suggest that momentum is on the side of marijuana legalization, he said, but "Surveys don't mean anything. Sixty percent of the country watches 'The Bachelor.' Real science is peer reviewed and published. That's what matters. Watch the spin."



Ben Cort

He also advised going on the offensive instead of being defensive. "You can block punches all day long, make them answer your questions: *What are you doing about THC-induced psychosis? What is your plan for testing drivers?*"

More advice for educating people about commercialization of marijuana:

- Remember your audiences. Older generations think of marijuana as a flower. Millennials know it as wax, oils and other distilled products. The lower THC of the 1960s and '70s has been replaced by more potent THC that is linked to an increased incidence of psychosis.
- Suggest to older, high efficacy voters that they look up "kill a friend day" on youtube.com to understand what marijuana is today. Younger voters need a different approach. If you come at them with "marijuana is bad," they'll ignore you because they've grown up in the age of legalization. Instead, ask questions that lead to understanding.
- Use science. For instance, peer-reviewed research shows that regular use of marijuana lowers IQ by 8 points – enough to drop an average person into the bottom third of the population, negatively impacting his or her ability to make it in life.

Look at Colorado. "A smart man learns from his mistakes; a wise man from the mistakes of others," Cort said. Use the Rocky Mountain HIDTA marijuana report for additional facts and information. .

*"The worst thing you can do is get information and do nothing with it."
-- Capt. John Leavitt*

Assessing drug threats: More than opioids

Arizona recorded 1,647 drug-induced deaths in 2017, a number that has risen every year. Dawn Mertz of the Arizona High Intensity Drug Trafficking Area program says her group considers methamphetamines, heroin, fentanyl/synthetics, marijuana and cocaine as the biggest drug threats in 2019.

John Eadie, a public health coordinator with HIDTA, said stimulant demand is as high as opioid demand nationally. And Arizona has the third highest death rate from stimulants.

Data for Arizona:

- Meth seizures rose more than 400% from 2014 to 2018 and will rise again this year. Meth ranks No. 1 on the threat list because it is most associated with violence and property crime. It is highly available and inexpensive (\$10 per gram, one-third the price of three years ago, said Capt. John Leavitt, commander of the HIDTA counter-narcotics alliance in southern Arizona).
- Heroin seizures for the five-year period rose 132%, and law enforcement is seeing more heroin/fentanyl combinations.
- More than 400,000 kg of powdered fentanyl has been seized so far this year, compared to none in 2015. Counterfeit tablet seizures rose 13,000% in five years, with 324,000 pills seized this year already.
- Marijuana seizures have dropped. The greater concern is an increase in teen usage, with almost 25 percent of those who use marijuana saying they were supplied by a medical marijuana card holder.
- Cocaine seizures dropped slightly in 2018, but are up 67% since 2014.

Arizona HIDTA offers educational resources and presentation toolkits, some county specific, through the "resource center" on the home page tab at azhidta.org. The meth toolkit includes a PSA that can be used on any website.

There is also a link to sign up for the opioid monitoring initiative, which seeks to reduce the number of opioid-related fatalities and overdoses by sharing current data and trends with law enforcement, health-care providers and communities.

Share data

A multitude of agencies track drug abuse, collecting a wide variety of data. Bringing everyone – HIDTA, state agencies, and community groups -- to the table to share their data benefits everyone. It also reveals what data sets may need to be created.

Save lives

Leavitt said the Tucson Police Department makes sure all officers carry naloxone. The practice is critical, he said, because police usually arrive on scene before paramedics, and when paramedics are on the scene they stand back until police clear them to approach.

“The big agencies are on board,” he said. “Some smaller departments are not. An Ohio sheriff said he’s not going to deploy because they just keep calling back for more. ... Well, that’s the idea,” to save lives until someone is ready for treatment.

*"Things can happen to people that create in them a biological need. If it happens when you're particularly young, it has a bigger impact."
-- R. Bradley Snyder*

A trauma-informed state

Efforts to make Arizona a trauma-informed state received a boost with an endorsement from Gov. Doug Ducey at the first annual Arizona ACEs Summit.

"I'm proud of the shared efforts taking place across our state to develop and implement forward-thinking trauma-informed care," the Governor said. "Together, we have the ability to prevent and reduce the impact of childhood trauma and secure a brighter and more resilient future for our children, families and communities."

That endorsement empowered the Governor's Office of Youth, Faith and Family to increase its outreach to other agencies in promoting trauma-informed care and prevention, said the office's director, Maria Cristina Fuentes. In December, state agencies will report what they're doing in using trauma-informed principles.

The office also:

- Provides \$10 million in substance abuse prevention grants, which give preference to trauma-informed care and prevention. Fuentes mentioned one program that helps parents overcome their traumas.
- Uses its State Targeted Response (STR) grant to conduct regional trainings on ACES and trauma-informed care, in partnership with Prevent Child Abuse Arizona and the Arizona Adverse Childhood Experiences Consortium.
- Is creating modules for use by the faith community and others on what to do with their knowledge of ACES.

Defining ACEs

An adverse childhood experience (ACE) is trauma that takes place in a child's life before age 18. It can include recurrent physical or emotional abuse, emotional or physical neglect, a mother treated violently, sexual abuse, alcohol and/or drug abuse in the household, an incarcerated household member, or a household member who was depressed, mentally ill, institutionalized or suicidal. As ACEs accumulate, so do their effects. Toxic stress changes the brain and factors into how children learn, cope with stress, form friendships and adult relationships, and view themselves and their world.



Maria Cristina Fuentes and Brad Snyder

What to do with ACES knowledge

ACES is not an excuse, said Stacey Gagnon, the Trauma Lens Care director for MATFORCE. She's never met an inmate who, after learning about ACES, said it gave them permission to use drugs or engage in other risky behavior.

Rather, it tells them something happened to change their brain, and they now need to alter their

relationships and environment to overcome those changes. "I teach you have to change your environment when you get out. No amount of will power will keep you from using if you don't change your environment. And most of the time, they need to get rid of the relationships they have."

"Scared kids do scary things. If we don't intervene, they become hurt adults who hurt others."
--Stacey Gagnon



Dawn Mertz, Dr. Maria Manriquez, Stacey Gagnon, Scott Brown-

The ripple effects of drug abuse

Stacey Gagnon understands how childhood trauma changes the brain from her own experience as a foster mother and mother of seven children, 5 with special needs. She once baked cupcakes and told everyone they were for after dinner. A short time later she found 5-year-old Ivan holding a cupcake with chocolate around his mouth.

"Did you just eat the cupcake?" she demanded, and the boy replied: "No."

She exploded: "It's on your face! You ate the cupcake! What's wrong with you?"

If Ivan could have articulated an answer, Gagnon continued, he would have said: *My father murdered my mother in front of me. My sister and I were sexually abused. We went days without food.*

"It's never about the cupcake," Gagnon said. "When you look at all these scary behaviors, it often relates to childhood trauma. We have the tools. We just need to implement them. What changes the brain is relationship and trust."

Identifying ACES is never enough, Gagnon said. You need to know what to do about them. Her suggestions:

- Children need one stable caring adult in their lives. If it's not a parent, it will likely be a teacher. She tells teachers to identify one child with behaviors that concern them. At the beginning of the day, ask the child about life at home. Before they go home, ask about their school day.
- Consider safe handoffs to police when a traumatic event occurs for a child. Police are not bound by FERPA or HIPPA. Gagnon is the Director of a program called Trauma Lens Care (TLC). TLC provides a way for police to notify them when they're on the scene of an overdose, suicide or traumatic event witnessed by children. Word is passed on to school personnel so they can address the student's needs appropriately.
- Gagnon works with inmates with seven to eight ACES who started self-medicating with alcohol or marijuana at age 8 and harder drugs at age 12. To her, this highlights the need to start drug education early. "They are screaming: 'I don't want my child here. I wish someone had cared about me when I was young.' "

Highlights from other speakers:

Dr. Maria Manriquez, interim association dean at the University of Arizona College of Medicine, reported that 4.7% of pregnant women report using illicit substances, and 21.6% of pregnant women enrolled in Medicaid had a prescription for opioids. One in 300 women becomes dependent on opioids after a cesarean section. However, many pregnant women are uncomfortable discussing addiction with their doctor. "I remind doctors we're here to heal. Ask questions; don't judge."

Opioids and human trafficking are often connected, said A. Scott Brown, special agent in charge of Homeland Security Investigations in Arizona. Traffickers often forcibly inject opioids to make a victim more compliant and gain control by threatening withdrawal. Or they sell the opioid at inflated prices to create debt bondage. Traffickers also target addicted people outside clinics and homeless shelters, and some use money from trafficking to support their own addiction.

If we prioritized the ripple effect, what would it look like?

- Manriquez: There would be an increase in allied health providers.
- Gagnon: There would be more money so teachers and schools could provide a relationship and environment outside the home.
- Brown: "We cannot arrest and convict our way out of this. Put more money in prevention. I'd love to be put out of business."

*“There are few good outcomes for those who start (using drugs) early.”
-- Sue Thau*

Prevention: Making the case

Too little money goes to prevention, with federal anti-drug policy focused almost exclusively on downstream approaches such as overdose reversals and medically assisted treatment, said Sue Thau, with the Community Anti-Drug Coalitions of America. She called on summit participants to push for a full continuum of funding, including real prevention and a focus on all addictive substances, not just opioids.

Congress and legislators do not understand the importance of stopping the pipeline, she said, adding that lawmakers believe no one knows what works in prevention. “We do! We know that data-driven, comprehensive, community-wide strategies to raise awareness, reduce access and availability, change social norms, have smart law enforcement, provide skills and support and alter laws and policies, when all done together – multiple strategies across multiple sectors of a community – that is what works and that is what actually reduces population rates of substance abuse.”

One audience member asked her how to get people to understand primary prevention.

“Put it in English. We’ve professionalized to the point we’re only talking to each other in jargon. Put it in plain terms: This is about stopping drug use before it starts.”

State support

The Governor’s Office of Youth, Faith and Family has a number of grants that support substance-abuse prevention, said the office’s director, Maria Cristina Fuentes.

- More than \$1.2 million will be awarded to initiatives that support full implementation of the Arizona Rx Drug Toolkit.
- About \$900,000 is available for programs designed to prevent and/or reduce alcohol or marijuana use by current and former foster children. Four other programs provide trauma-informed support and education or support evidence-based substance abuse prevention programs.

“The danger of focusing on one substance is it becomes whack a mole. It’s really about addiction, and how do we learn to live in recovery.”
-- Sean Walsh



Trends in treatment

Stigmas associated with drug abuse and treatments are fading away, with greater openness and willingness to talk about the topic. This is a change from a few years ago, when few were willing to say they knew someone with a problem.

More can be done. “A shift in language is something we can do,” said Christopher Coll, recovery support specialist at the West Yavapai Guidance Clinic. “Don’t refer to someone as an addict or with serious mental illness, but as someone with a substance use disorder or experiencing behavioral issues. I know from working with these folks they are going to use drugs. How do we help them feel like they’re people still?”

With veterans, treatment providers need to understand military culture so they can recognize nuances of that experience, said Thomas Winkel, director of the Arizona Coalition for Military Families. He’s seen some veterans misdiagnosed as psychopathic because the provider did not understand the military mindset. His group offers free, SAMHSA-approved training for providers.

It’s not just the military, said Priscilla Foote, chief behavioral health officer for Gila River Health Care. Providers need to understand cultural implications and meet communities where they are. “How do you address overdoses in a culture that doesn’t speak about death?”

Other trends the panel identified:

- Research into the effect of trauma on the brain suggests that neurofeedback, yoga and similar interventions have a role along with medicine, said Sean Walsh, president of Meadows Behavioral Healthcare. “If you increase stability and resiliency in the brain, there is a greater chance of success.” Looking beyond the substance that brought them in the door is critical. “If we don’t understand and address underlying issues, they’re not going to get to one year sober.”
- Jails and corrections departments are becoming more open to allowing medication assisted treatment in jails and prisons. After implementation of medication assisted treatment jailers see the benefits.
- In response to a question about how treatment, harm reduction and law enforcement can work together, White advised that they sit in the same room and have the patience to meet each other where they are.
- The Be Connected program for veterans (beconnectedaz.org) is a collaboration of six government and private organizations that provides veterans of all eras, regardless of discharge, and their families with navigation to connect with resources when they need them. It includes a 24/7 call line (1-866-4AZ-VETS) and is available statewide.

*"Prison always had a bed for me, but not a bed to help me."
– Jeff Taylor*

Prison & treatment: New approaches

Jeff Taylor, chair of the Salvation Army Advisory Board, once told a judge he didn't have a drug problem, even though marijuana, pain killers and cocaine wiped out his bank account and led him to burglary. He was sent to Tent City, billed as so tough inmates wouldn't come back. "I came back four times," Taylor said. "Prison always had a bed for me, but not a bed to help me."

Then he was released directly into a Salvation Army treatment program, where a probation officer met him at the door. Taylor thought the officer wanted to catch him doing something wrong until she told him: "It's kind of overwhelming, isn't it? But I'm here to help you achieve goals." It was the first time the corrections system offered him help.

Speakers from the corrections system described how they're doing more of that.

Treatment in prison

All inmates are screened when they enter prison to triage treatment, said Karen Hellman, division director for inmate programs and re-entry in the Arizona Department of Corrections. In 2017, the department met the treatment needs of 14.4% of inmates before release.

In the past year, the department created an innovative recovery wellness program that uses inmates as peer counselors. The twice-a-week, eight-month program includes drug and alcohol education, relapse prevention and motivational enhancement. "Inmates are seeing hope and recovery," she said.

Treatment in probation

First- and second-time drug offenders get treatment through drug courts in a dozen superior courts, said Kathy Waters, director of the Adult Probation Services Division. Almost half of those on probation receive treatment. "If you know what the research says, punishment doesn't work in ending addiction," she said. "Interventions are necessary."

A standardized form assesses each client's risk, but probation officers also look at and seek to change underlying factors. This can reduce recidivism by 30%.

Arizona Health Care Cost Containment System role

Michal Rudnick, a project manager for AHCCCS, described how the Medicaid program created “health homes,” one-stop shops that house probation officers, medical and behavioral care, and support services for those coming out of corrections settings and their families. “This is a population that is unlikely to go to the doctor when they have a long list of things to do after their release from prison,” she said. “We realized they will come to see their probation officer.”

After visiting a probation officer, people can get a full behavioral or health assessment and sign up for services to help with housing, employment or peer support. The program started Oct. 31, 2018, and has 13 locations around the state.

Welcome them home

When Amy Marshall was released from prison a second time, she didn’t want to burden her parents anymore. She turned to the Yavapai Recovery Project, which provided her with a community coach. “It blew my mind there were people who would support you for who you are,” she said. “Having someone believe in me when they didn’t have to, that was the biggest part of all.”

Marshall now works for the Coalition for Compassionate Justice.

She emphasized the importance of how people are treated when they return to their community from prison. “We give them a welcome home basket. They’re coming home. If you make them feel welcome, you have a safer community.”

And they’re six times more likely to be successful and not return to prison.



Kathy Waters, Karen Hellman, Amy Marshall, Michal Rudnick, Jeff Taylor

*"With opioids, it took us 15 years to react. It's time to learn that lesson."
-- John Eadie*

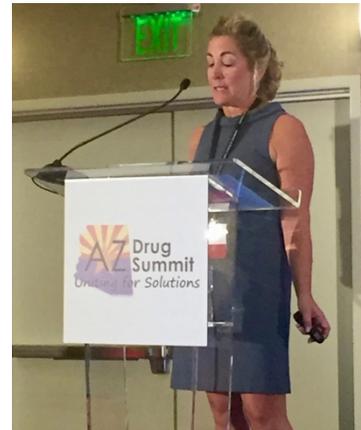
Lessons learned: The Opioid Response

As the opioid crisis exploded, the state passed new regulations for prescriptions, pain management and sober living homes, said Sheila Sjolander, assistant director of the Arizona Department of Health Services. It distributed 21,000 naloxone kits over two years. At stakeholders' suggestion, an opioid assistance and referral line was created, and medical schools developed a first-in-the-nation pain and addiction curriculum.

Next up: an action plan focused on improving access to treatment, a stigma reduction campaign, more training on trauma-informed care, support for community-level prevention, and creation of local drug fatality review teams.

Other initiatives and lessons:

- AHCCCS devotes \$80 million annually to the opioid epidemic, now with a greater flexibility to underwrite prevention as well as treatment, said Hazel Alvarenga, the program's state opioid coordinator. Challenges that remain include extending funding to items such as wrap-around housing that address social determinants.
- The Office of National Drug Control policy recognizes the challenges facing Arizona, which has the third highest rate for meth overdoses and 23rd highest rate for all drug overdoses, said Jayme Delano, deputy director for the office's HIDTA program. Arizona was one of nine states to receive a grant for community-led initiatives, with a focus on rural areas. The goal is to build the infrastructure for prevention, treatment and recovery; facilitate partnerships; and drive innovation in community action.



Jayme Delano

Resources

AZ Drug Summit speaker PowerPoints

azdrugsummit.org/speaker-powerpoint-presentations/

Arizona Adverse Childhood Experience Consortium. Modules for messaging will appear here.

azaces.org

Arizona HIDTA Resources Center. Educational resources, classroom activities and toolkits on electronic cigarettes, vaping, marijuana, methamphetamines, opioids and prescription drugs, prescription drug abuse in tribal communities, stress. Links to opioid monitoring initiative and related organizations.

azhidta.org/default.aspx/MenuItemID/214/MenuGroup/Public+Website+Home.htm

Be Connected. A program connecting veterans and families to resources in real time.

beconnectedaz.org

24/7 call line: 866-4AZ-VETS

The Legalization of Marijuana in Colorado: The Impact, Volume 6, September 2019. The latest compilation of data from the Rocky Mountain HIDTA.

rmhidta.org/files/D2DF/FINAL-Volume6.pdf.