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1 John B. Shadegg (AZ #004428)
2 jshadegg@polsinelli.com
3 Eric E. Lynch (AZ #025049)
4 elynych@polsinelli.com
5 Sean Gallagher (*Pro Hac Vice Forthcoming*)
6 sgallagher@polsinelli.com
7 POLSINELLI PC
8 CityScape, One E. Washington St., Ste. 1200
9 Phoenix, Arizona 85004
10 Telephone: (602) 650-2000
11 Facsimile: (602) 264-7033 Fax
12
13 *Attorneys for Plaintiffs*

14
15 **IN THE SUPERIOR COURT OF THE STATE OF ARIZONA**
16 **IN AND FOR THE COUNTY OF MARICOPA**

17 LISA JAMES, a qualified elector and taxpayer;
18 MERILEE FOWLER, a qualified elector and
19 taxpayer; TODD GRIFFITH, a qualified elector
20 and taxpayer; DR. EDWARD GOGEK, a
21 qualified elector and taxpayer; PAUL SMITH,
22 a qualified elector and taxpayer; DR. DALE
23 GUTHRIE, a qualified elector and taxpayer;
24 and SALLY SCHINDEL, a qualified elector
25 and taxpayer,

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Plaintiffs,

vs.

KATIE HOBBS, in her capacity as Arizona
Secretary of State ,

Defendant.

and

SMART AND SAFE ARIZONA, a political
action committee,

Real Party in Interest.

Case No. **CV 2020-008460**

**APPLICATION FOR PRELIMINARY
AND PERMANENT INJUNCTION**

(Oral Argument Requested)

1 This is a cautionary example of what happens when the proponents of a ballot
2 initiative try to implement dramatic and broad-reaching changes in state law using summary
3 language that is better suited to positive polling than to transparency. Arizona law requires
4 strict compliance with the constitutional and statutory requirements for initiative measures,
5 including A.R.S. § 19-102(A) which requires an initiative petition to contain a 100-word
6 summary of the proposed measure. The 100-word summary is included on each petition
7 signature sheet, and is the primary way in which signatories and the public are informed of
8 the Initiative's contents. Because the 100-word summary at issue here fails to satisfy
9 Arizona's strict requirement that petition signatories and voters be given an accurate
10 summary of what they are being asked to support, Plaintiffs move, in accordance with
11 A.R.S. § 19-112(C) and A.R.S. § 12-1801, for a preliminary and permanent injunction
12 enjoining Defendant Arizona Secretary of State Katie Hobbs (the "Secretary of State"), in
13 her official capacity, from placing The Smart and Safe Arizona Act relating to the
14 "Responsible Adult Use, Regulation and Taxation of Marijuana" (the "Initiative") on the
15 ballot for the November 2020 general election.

16 As set forth in Plaintiffs' Verified Complaint (incorporated by reference) and herein,
17 the Initiative does not comply with the requisite strict compliance standard (or even the
18 lesser substantial compliance standard) because the 100-word summary presented to
19 petition signatories was and is misleading and creates a significant danger of confusion or
20 unfairness. Having failed to satisfy this *sine qua non* requirement, the Initiative is therefore
21 invalid under Arizona law and should not be certified for placement on the ballot.

22 A preliminary injunction is appropriate in this case because there is strong likelihood
23 Plaintiffs will succeed on the merits. Additionally, Plaintiffs and the Arizona electorate will
24 be irreparably injured if the Initiative is certified, the balance of hardships weighs in favor
25 of the Plaintiffs, and public policy and fairness considerations favor an injunction.
26 Plaintiffs therefore respectfully request the Court to grant this motion and the requested
27 injunctive relief.

28

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. FACTUAL BACKGROUND**

3 On August 8, 2019, Smart and Safe Arizona applied for and received a serial number
4 for the Initiative. Compl. at ¶ 29. Smart and Safe Arizona refiled its application on
5 September 24, 2019 and September 26, 2019. *Id.* at ¶¶ 30-31. For the Initiative to qualify
6 for the ballot, Smart and Safe Arizona was required to submit 237,645 valid petition
7 signatures to the Secretary of State on or before July 2, 2020. *Id.* at ¶ 24. On July 1, 2020,
8 Smart and Safe Arizona allegedly submitted petition signature sheets containing 420,000
9 signatures. *Id.* at ¶ 32.¹

10 The application and each petition signature sheet for the Initiative contains the
11 following 100-word summary (“Summary”):

12 This Act permits limited possession, transfer, cultivation, and use of
13 marijuana (as defined) by adults 21 years old or older; protects employer
14 and property owner rights; bans smoking in public places; imposes a 16%
15 excise tax on marijuana to fund public safety, community colleges,
16 infrastructure, and public health and community programs; authorizes state
17 and local regulations for the sale and production of marijuana by a limited
18 number of licensees; requires impairment to the slightest degree for
marijuana DUIs; transfers monies from the Medical Marijuana Fund;
permits expungement of some marijuana violations; and prescribes
penalties for violations.

19 *Id.* at ¶ 37.

20 The foregoing Summary is misleading and creates a significant danger of confusion
21 or unfairness to petition signatories and the public. The Initiative is therefore invalid and
22 cannot be placed for consideration on the November 2020 ballot. *Id.* at ¶ 38.

23 **II. LEGAL STANDARD**

24 The courts serve as a gatekeeper tasked with protecting the electorate from fraud and
25

26
27 ¹ At the time of this filing, the Secretary of State has not yet made a determination as to
28 whether the proposed Initiative has secured the requisite number of signatures. Plaintiffs
bring this action because collection of signatures using a statutorily compliant 100-word
summary is necessarily antecedent to certification of the signatures.

1 deception. *See Griffin v. Buzard*, 86 Ariz. 166, 173, 342 P.2d 201, 205–06 (1959).
2 Nowhere is this role more important than in the context of initiative measures. Under
3 A.R.S. § 19-122(C), “[a]ny person may contest the validity of an initiative . . . [and] may
4 seek to enjoin the secretary of state or other officer from certifying or printing the official
5 ballot for the election that will include the proposed initiative[.]”

6 “A party seeking a preliminary injunction must show a strong likelihood of success
7 on the merits, a possibility of irreparable injury if the injunction is not granted, a balance of
8 hardships weighing in his favor, and public policy favoring the requested relief.” *TP*
9 *Racing, L.L.L.P. v. Simms*, 232 Ariz. 489, 495, ¶ 21, 307 P.3d 56, 62 (App. 2013). The
10 critical factor is relative hardship, for which the movant must show either: “1) probable
11 success on the merits and the possibility of irreparable injury; or 2) the presence of serious
12 questions and ‘the balance of hardships tips sharply’ in his favor.” *Id.* (internal citation
13 omitted). In seeking to enjoin future conduct, the movant must also show that it is likely
14 the defendant will engage in the conduct.² *Id.*

15 The “standard for issuing a permanent injunction is substantially the same as that
16 applied to a request for preliminary injunctive relief, except that the plaintiff must prove
17 actual success on the merits rather than the likelihood of success on the merits.” 42
18 Am.Jur.2d Injunctions § 11. Plaintiffs will prove success on the merits through trial, which,
19 in the interest of judicial economy, should be combined with the hearing on this application.
20 *See Ariz. R. Civ. P. 65(2)(A).*

21 Here, all of the applicable factors weigh in favor of granting injunctive relief.

22 **III. ARGUMENT**

23 **A. Plaintiffs Are Likely To Succeed On The Merits.**

24 A.R.S. § 19-102(A) requires an initiative petition contain a description “of no more
25 than one hundred words of the principal provisions of the proposed measure.” The purpose

26
27 ² Here, the Secretary of State is required to place the Initiative on the ballot (despite the fact
28 that the signatures were obtained through a deceptive 100-word summary) if the final
number of petition signatures exceeds the minimum number of required (*see* Compl. at ¶
25); thus, the Secretary of State is likely to engage in harmful conduct.

1 of A.R.S. § 19-102(A) and its 100-word summary requirement “is to ensure that the public
2 has immediate and full disclosure of the initiative’s principal provisions.” *Molera v.*
3 *Reagan*, 245 Ariz. 291, 298–99, ¶ 32, 428 P.3d 490, 497–98 (2018). The word “principal”
4 in this context means the “most important, consequential, or influential, chief, [or] a matter
5 or thing of primary importance.” *Id.* at 297 (citing *Sklar v. Town of Fountain Hills*, 220
6 Ariz. 449, 453–55 ¶¶ 12–22 (App. 2008)) (internal citations omitted).

7 Historically, errors in an initiative petition were reviewed for “substantial
8 compliance” with the laws regulating the initiative process. *See Wilhelm v. Brewer*, 219
9 Ariz. 45, 46, ¶ 2, 192 P.3d 404, 405 (2008). Under the substantial compliance standard, an
10 initiative is invalid if “it is fraudulent or creates a significant danger of confusion or
11 unfairness.” *Save Our Vote, Opposing C-03-2012 v. Bennett*, 231 Ariz. 145, 152, ¶ 26, 291
12 P.3d 342, 349 (2013).

13 But in 2017, the legislature significantly altered the court’s role as gatekeeper, when
14 it enacted A.R.S. § 19-10.01(A) which imposes a “strict compliance” standard for initiative
15 measures:

16 Constitutional and statutory requirements for statewide initiative measures
17 must be *strictly construed* and persons using the initiative process must
strictly comply with those constitutional and statutory requirements.

18 A.R.S. § 19-102.01(A) (emphasis added).

19 Arizona courts have analyzed the “strict compliance” standard vis-à-vis referendum
20 cases. “Th[e] standard of strict compliance ‘requires nearly perfect compliance with
21 constitutional and statutory [] requirements.’” *Arrett v. Bower*, 237 Ariz. 74, 81, ¶ 23, 345
22 P.3d 129, 136 (App. 2015) (quoting *Comm. for Pres. of Established Neighborhoods v.*
23 *Riffel*, 213 Ariz. 247, ¶ 6, 141 P.3d 422, 424 (App. 2006)).

24 Here, Plaintiffs are likely to succeed on the merits because the Initiative’s Summary
25 fails to satisfy that exacting standard as it is fraught with misleading statements that only
26 serve to confuse and deceive the electorate. A careful review of the Summary reveals a
27 pattern which evidences an affirmative effort to mislead and deceive both the signers of the
28 petition and the voters. Provision after provision of the Summary does not just mislead the

1 reader, it implies that the Initiative does the opposite of what the Summary asserts. The
2 difficulty in summarizing this expansive initiative that covers seventeen pages and a large
3 variety of topics is a problem of the proponents' own making; the solution is to draft a less
4 complicated Initiative, not take short-cuts with the critical Summary relied upon by
5 signatories to the Petition. Proponents of the Initiative have therefore failed to strictly
6 comply (or even substantially comply) with the constitutional and statutory requirements
7 for the Initiative to be placed on the ballot. As shown below, the Initiative's Summary is
8 deceptive and confusing for at least nine separate reasons.

9 **i. The Summary is materially misleading because it says that the**
10 **measure allows recreational use of "marijuana," when in fact it**
11 **legalizes more potent forms of cannabis.**

12 The Summary is deceptive and creates a significant danger of confusion because it
13 fails to inform the electorate that the Initiative legalizes more potent forms of cannabis
14 (such as hashish and marijuana concentrate) in addition to what is commonly known as
15 "marijuana." Compl. at ¶¶ 39-46.

16 Currently, the definition of "marijuana" under Arizona law *excludes* the resin
17 extracted from a cannabis plant. *Id.* at ¶ 41. Extracted resin is defined as "cannabis"—a
18 "narcotic drug." *Id.* The criminal penalties for possessing or producing "marijuana" are
19 different from the penalties imposed for "cannabis." *Id.* at ¶ 42.

20 The Initiative would redefine "marijuana" under Arizona law to *include* "the resin
21 extracted from any part of the plant, and every compound, manufacture, salt, derivative,
22 mixture or preparation of the plan or its seeds or resin." *Id.* at ¶ 43. Although the Initiative
23 legalizes more potent forms of cannabis that contains much higher concentrations of THC,
24 the psychoactive component of marijuana, this information was omitted from the Summary.
25 Instead, the Summary deceptively states that the Initiative "permits limited possession,
26 transfer, cultivation, and use of *marijuana (as defined)*...." *Id.* at ¶ 39.

27 Proponents of the Initiative have engaged in a classic bait-and-switch scheme.
28 While the Summary told voters that they were signing a petition for the legalization of
"marijuana," they were also unknowingly signing a petition for the legalization of more

1 potent narcotics such as hashish and marijuana concentrate. *See Molera*, 245 Ariz. at 298
2 (“Ambiguity is the root of confusion. Where the description lends itself to two sharply
3 divergent interpretations with very different and significant ramifications, the danger of
4 confusion is sufficiently great that it undermines any assurance that the voters received
5 adequate notice of what they were signing.”).

6 What actually constitutes “marijuana” under the Initiative is undoubtedly a
7 “principal provision” (*i.e.*, important, consequential, chief, or matter of primary importance)
8 that the Summary needed to adequately disclose to signatories. *See Molera*, 245 Ariz. at
9 297, ¶ 24, 428 P.3d at 496. The failure to do so constitutes a material omission and renders
10 the Initiative invalid. *Id.* at ¶ 25; *see generally* Decl. of M. Fowler (“Fowler Decl.”),
11 attached as Exhibit 1 at ¶ 9; Decl. of T. Griffith (“Griffith Decl.”), attached as Exhibit 2 at
12 ¶¶ 7-11, 17; Decl. of E. Gogek (“Gogek Decl.”), attached as Exhibit 3 at ¶ 7; Decl. of P.
13 Smith (“Smith Decl.”), attached as Exhibit 4 at ¶ 7; and Decl. of L. James (“James Decl.”),
14 attached as Exhibit 6 at ¶ 8; and Decl. of S. Schindel (“Schindel Decl.”), attached as Exhibit
15 7 at ¶ 6.

16 **ii. The Summary is materially misleading because the Initiative actually**
17 **makes it more difficult to convict a driver of marijuana DUI than**
18 **under current law, while the Summary implies that it will be as easy**
19 **or easier than under current law.**

19 The Summary states that the Initiative “requires impairment to the slightest degree
20 for marijuana DUIs.” Compl. at ¶ 47. This statement deceptively implies that the criminal
21 standard for driving under the influence (“DUI”) of marijuana will be strengthened or
22 maintained under the Initiative. But in reality, the Initiative *decreases* the criminal
23 standard.

24 Currently, Arizona law allows a DUI charge based solely on the presence of
25 impairing marijuana or cannabis metabolites in a person’s body—*i.e.*, there is no actual
26 “impairment” requirement. *Id.* at ¶¶ 48-51. The Initiative reduces this criminal standard
27 providing: “[a] person with metabolites or components of marijuana in the person’s body”
28 is **not guilty** of DUI unless “the person is also impaired to the slightest degree.” *Id.* at ¶ 49.

1 The Summary in no way informs the electorate of this material alteration of law.

2 The effect of the Initiative on the criminal standard for marijuana DUIs is obscured
3 by the Summary’s description of the new “impairment” standard. An accurate description
4 would inform the electorate that the Initiative *weakens* or *reduces* the current DUI standard
5 by requiring impairment to the slightest degree. The Summary therefore places
6 salesmanship over accuracy and creates a substantial danger of confusion. *See generally*
7 Fowler Decl., Ex. 1 at ¶ 10; Griffith Decl., Ex. 2 at ¶¶ 13-15, 17; Decl. of D. Guthrie
8 (“Guthrie Decl.”), attached as Exhibit 5 at ¶ 16; and James Decl., Ex. 6 at ¶ 12.

9 **iii. The Summary is materially misleading because it does not reveal that**
10 **the 16% excise tax imposed on marijuana is permanently limited to**
11 **that amount and cannot ever be increased, nor can any fee be imposed**
12 **on marijuana alone, without a future vote of the people.**

12 The Summary states that the Initiative “imposes a 16% excise tax on marijuana to
13 fund public safety, community colleges, infrastructure, and public health and community
14 programs.” Compl. at ¶ 53. This statement is highly misleading because it fails to inform
15 the electorate that the excise tax is *fixed* and cannot be adjusted in the future by the
16 legislature or localities. *Id.*

17 Without disclosing as much in the Summary, the Initiative binds the hands of the
18 government from ever raising taxes or fees on marijuana products. *Id.* at ¶¶ 55-57.
19 Accordingly, if the fixed excise tax is insufficient to fund the Initiative’s mandated
20 government and community programs, the state has no way to recoup such costs.³ This
21 would inevitably cause an increase in taxes or a reduction in government spending
22 elsewhere to subsidize the programs mandated by the Initiative.

23 As a result of these material omissions, signatories were led to believe that the excise

24 _____
25 ³ To make matters worse, the Summary fails to disclose that household cultivation will not
26 be subject to the 16% tax. The Initiative permits households to grow “six marijuana plants”
27 if a single member of the household is over the age of 21, or “twelve marijuana plants” if
28 more than one resident is over the age of 21. Compl. at ¶ 62. Households cultivating
marijuana are therefore less likely to purchase marijuana from operations subject to the
16% excise tax which, in turn, materially reduces tax revenues obtained by the state. *See*
generally Guthrie Decl., Ex. 5 at ¶ 17; James Decl., Ex. 6 at ¶ 10.

1 tax would be treated as all other state taxes in that it could be adjusted by the legislature to
2 meet the future requirements of the Initiative. To avoid creation of this false inference, the
3 Summary could have easily stated that the Initiative imposes a “fixed” 16% excise tax.
4 Instead, the Initiative’s Summary only serves to confuse and mislead the electorate. *See*
5 *generally* James Decl., Ex. 6 at ¶ 10; and Smith Decl., Ex. 4 at ¶ 6.

6 **iv. The Summary is materially misleading because it states as a fact that**
7 **it “protects employer . . . rights,” when the language of the Initiative**
8 **diminishes employer rights provided under current law.**

9 The Summary misleadingly states that the Initiative “protects...employer rights”
10 when it actually weakens the rights of an employer to enforce drug-testing policies. Compl.
11 at ¶ 67. Arizona law currently permits both public and private employers to take adverse
12 job action against potential employees and current employees based on a positive drug-test
13 for marijuana or cannabis, including their metabolites. *Id.* at ¶¶ 68-69. With respect to
14 testing and adverse action, the Initiative—at best—allows an employer to have “workplace
15 policies” restricting the use of marijuana by employees or prospective employees. Whether
16 these policies would allow drug testing and adverse action or require proof of actual
17 impairment is unclear and would have to be litigated by employers.

18 The Initiative only maintains the right of employers to restrict active use and
19 possession of marijuana “in a place of employment.” *Id.* at ¶ 72. Employers could not
20 restrict employees from using marijuana outside the workplace nor base employee
21 discipline solely on a positive test for marijuana or its metabolites. Because the Initiative
22 undoubtedly weakens the current rights of employers, the Summary is materially
23 misleading and confusing. *See generally* Fowler Decl., Ex. 1 at ¶ 11; Gogek Decl., Ex. 3 at
24 ¶¶ 8, 9; Smith Decl., Exhibit 4 at ¶ 8; and Guthrie Decl., Ex. 5 at ¶¶ 11-13.

25 **v. The Initiative does not “limit” commercial cultivation.**

26 The Summary deceptively states that the Initiative “permits limited... cultivation of
27 marijuana....” Compl. at ¶ 74. But to the contrary, the Initiative allows for *unlimited*
28 commercial cultivation.

The Initiative only limits the number of marijuana plants an individual household

1 may cultivate—there is no similar provision limiting commercial cultivation. *Id.* at ¶ 76.
2 Commercial production will certainly make up the majority of marijuana production in the
3 state if the Initiative is passed. The Public is misled to believe that marijuana cultivated in
4 Arizona would be “limited” when, in fact, there are no limitations on the most prominent
5 source of production. The Summary is therefore materially misleading and confusing to the
6 average electorate. *See generally* Fowler Decl., Ex. 1 at ¶ 14; and James Decl., Ex. 6 at ¶
7 14.

8 **vi. The Summary is materially misleading and creates a significant**
9 **degree of confusion or unfairness in several additional respects.**

10 The Summary misleads the public in other ways, failing to disclose (or fraudulently
11 misrepresenting) facts about the following principal provisions of the Initiative:

12 • The Initiative asserts that it allows “limited” activities related to marijuana
13 “by adults 21 years or older” while the Initiative significantly *reduces* the penalties
14 currently imposed on minors under the age of 21 for possession or use of marijuana.⁴
15 Currently, a minor in possession of less than two pounds of marijuana is guilty of a class 6
16 felony. Compl. at ¶ 98. Under the Initiative, however, a person under the age of 21 in
17 possession of one ounce of marijuana or less is only subject to a civil penalty of \$100 (for
18 first offense), 8 hours of drug education (for second offense), and a class one misdemeanor
19 (for the third or more offense). *Id.* at ¶ 95.

20 • It makes no mention of the provisions in the Initiative that deregulate and
21 repeal certain laws and regulations governing Medical Marijuana and so-called dual

22 _____
23 ⁴ The Summary also fails to disclose that the consequences of the proposed reduction of
24 criminal penalties for underage use and possession of marijuana will be magnified by the
25 lax advertising restrictions in the Initiative. There is no “age affirmation” requirement under
26 the Initiative for indirect forms of advertising such as television, radio, billboards or social
27 media. Compl. at ¶ 89. Accordingly, children in Arizona will necessarily be exposed to
28 marijuana advertisements. The Summary’s failure to inform signatories of the Initiative’s
implications for marijuana advertising is a material omission invalidating the measure. *See*
generally (as to both reduction in criminal penalties and advertising, related to those under
21) Fowler Decl., Ex. 1 at ¶¶ 12, 13; Griffith Decl., Ex. 2 at ¶¶ 12, 17; James Decl., Ex. 6 at
¶ 9; and Schindel Decl., Ex. 7 at ¶ 9.

1 licensees. Dual licensees will be able to circumvent important laws and regulations under
2 the Arizona Medical Marijuana Act⁵ that protect the public, making existing medical
3 marijuana dispensaries less accountable and more profitable.⁶

4 • The Initiative permits use of marijuana (including cannabis concentrates) in
5 public through edibles, vaping and dabbing, despite the Summary’s misleading statement
6 that the Initiative bans smoking in public places.⁷

7 **B. Plaintiffs Will Suffer Irreparable Injury If The Court Does Not Grant An**
8 **Injunction.**

9 Plaintiffs—as well as the whole of the Arizona electorate—will suffer irreparable
10 harm not remediable by damages if the Court does not grant an injunction.⁸ Without the
11 Court’s intervention, an unqualified and unconstitutional initiative would be placed on the
12 ballot based upon signatures obtained through a materially misleading and fraudulent 100-
13 word summary. This outcome would fly in the face of the statutory and constitutional
14 requirements for initiative measures. *See Molera*, 245 Ariz. at 299, ¶ 32, 428 P.3d at 498 (a
15 confusing 100-word summary “eviscerate[s] the description requirement and its important
16 purposes of transparency, fairness, and disclosure”).

17 The potential for irreparable injury is only compounded by the fact that under the
18 Voter Protection Act, the Legislature could not amend or modify the Initiative if it is
19 ultimately approved. *See ARIZ. CONST.* art. 4, Pt. 1, § 1(6)(B)-(C), (14). Arizona’s public,
20 law enforcement, and governmental agencies would all be handcuffed by this outcome. No
21 amount of monetary damages could remedy this issue, and there is no other appropriate
22 remedy at law. Only an injunction enjoining the Secretary of State from certifying the
23 Initiative will prevent irreparable harm to Plaintiffs and the voting public.

24
25 ⁵ A.R.S. § 36-2801 *et seq.*

26 ⁶ *See generally* Gogek Decl., Ex. 3 at ¶11.

27 ⁷ *See generally* James Decl., Ex. 6 at ¶ 13.

28 ⁸ *See generally* Fowler Decl., Ex.1; Griffith Decl., Ex. 2; Gogek Decl., Ex. 3; Smith Decl.,
Ex. 4; Guthrie Decl., Ex. 5; James Decl., Ex. 6; and Schindel Decl., Ex. 7.

1 **C. The Balance Of Hardships Weighs In Plaintiffs' Favor.**

2 Plaintiffs have demonstrated a strong likelihood of success on the merits as well as
3 irreparable harm in the absence of an injunction. Under Arizona law, the establishment of
4 probable success on the merits and the possibility of irreparable injury presumptively
5 demonstrates that the balance of hardships favors the requesting party. *See The Power*
6 *P.E.O., Inc. v. Employees Ins. of Wausau*, 201 Ariz. 559, 562, ¶ 16, 38 P.3d 1224, 1227
7 (App. 2002). As such, Plaintiffs have sufficiently demonstrated their entitlement to
8 injunctive relief.

9 The balance of hardships sharply tips in Plaintiffs' favor either way. The potential
10 damage to Plaintiffs and the Arizona electorate is serious and irreparable. The detriment to
11 the proponents of the Initiative, on the other hand, is minimal and self-inflicted. With this
12 Court's guidance, Smart and Safe Arizona could draft a more accurate and honest summary
13 in support of the initiative for the next election cycle.

14 The undisclosed ramifications of allowing the Initiative to appear on the ballot based
15 upon signatures obtained through a deceptive 100-word summary far outweigh any
16 inconvenience to Smart and Safe Arizona in pushing the measure back one election cycle.
17 This is particularly true in light of the Voter Protect Act prohibiting the Legislature from
18 repealing or amending the Initiative if passed. An injunction will also provide Smart and
19 Safe Arizona an opportunity to improve the Initiative and to satisfy the 2017 mandate that
20 the Summary strictly complies with stringent statutory and constitutional requirements
21 before presenting it to signatories. The balance of hardships tips strongly in the Plaintiffs'
22 favor.

23 **D. Public Policy Weighs In Favors Of Injunctive Relief.**

24 Plaintiffs are also entitled to an injunction because public policy favors the requested
25 relief. The proper application, construction and enforcement of the constitutional and
26 statutory requirements for statewide initiative measures (including strict compliance with
27 the requirement that a 100-word summary accurately describe an initiative's principal
28 provisions without generating voter confusion) is undoubtedly in the public's interest. *See*

1 *Molera*, 245 Ariz. at 299, ¶ 32, 428 P.3d at 498. Importantly, *not* issuing injunctive relief
2 runs the risk of “reward[ing] sloppy or even deceptive drafting, and would render the
3 statutory transparency requirement meaningless because it would allow a measure to
4 proceed even if voters signing the petition were not made aware of principal provisions.”
5 *Id.* at 298, ¶ 27, 428 P.3d at 497.

6 Additionally, certifying the Initiative for placement on the ballot—despite the
7 Summary’s imprecision and misleading language—would only incentivize future initiative
8 proponents to disregard the constitutional and statutory requirements. This would cause
9 disservice to the public. Public policy therefore demands that the Initiative be kept off the
10 November 2020 election ballot.

11 **E. No Bond Should Be Required.**

12 Plaintiffs request that the Court not order them to post a bond under Rule 65(e), Ariz.
13 R. Civ. P. The risk of harm to the Initiative from a preliminary injunction is minor because
14 it would merely require compliance with existing law. If the Court determines that a bond
15 is proper, Plaintiffs request that the amount be minimal.

16 **F. The Injunction Hearing And Trial Should Be Combined.**

17 Plaintiffs request that the hearing on this motion be combined with the trial on the
18 merits. *See* Ariz. R. Civ. P. 65(2)(A) (“Before or after beginning the hearing on a motion
19 for a preliminary injunction, and with reasonable notice to the parties, the court may
20 advance the trial on the merits and consolidate it with the hearing on the motion.”). This
21 would allow the Court to decide this matter on the merits so that the ballot preparation and
22 election process may proceed without undue delay.

23 **IV. CONCLUSION**

24 Plaintiffs request that the Court enter an injunction prohibiting the Secretary of State
25 from certifying and placing the Initiative on the November 2020 ballot.

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Dated this 20th day of July, 2020.

Polsinelli PC

By: /s/ John B. Shadegg
John B. Shadegg
Eric E. Lynch
Sean Gallagher (*Pro Hac Vice Forthcoming*)
CityScape, One E. Washington St., Ste. 1200
Phoenix, AZ 85004
(602) 650-2000

Attorneys for Plaintiffs

ORIGINAL filed this 20th day of July, 2020, with the Clerk of the Superior Court.

COPY mailed/hand-delivered on the 21st day of July, 2020 to:

Secretary of State Katie Hobbs
Election Services
State Capitol, Executive Tower
1700 W. Washington St.
Seventh Floor
Phoenix, AZ 85004

Smart and Safe Arizona
c/o CB Service Entity LLC
2800 N. Central Ave., Ste. 1900
Phoenix, AZ 85004

/s/ Angie Renteria

Exhibit 1

DECLARATION OF MERILEE FOWLER

I, Merilee Fowler, hereby testify on my personal knowledge:

1. I am over the age of 18 and a resident of Yavapai County, Arizona.
2. I am registered to vote in Yavapai County, Arizona.
3. I am the Executive Director of MATFORCE, a non-profit organization that seeks to reduce substance abuse in Yavapai County. I am also the Vice Chair of Arizonans for Responsible Drug Policy (ARDP) and on the Executive Committee of the Substance Abuse Coalition Leaders of Arizona (SACLaz). My declaration, however, reflects my personal opinions and is not provided on behalf of MATFORCE, ARDP or SACLaz.

4. Through my role on MATFORCE, I provide educational information about substance abuse and the importance of evidence-based principles for substance abuse treatment to parents and schools. MATFORCE's public awareness campaign called "Marijuana Harmless? Think Again!" is used in multiple states, through presentations, TV and radio advertising, and prior billboards across Arizona. I also help advocate for policy changes to develop fair, balanced, and safe legislation on substance possession and use under state law.

5. Marijuana use amongst youth is a growing problem in Yavapai County and across Arizona. According to the Arizona Youth Survey (AYS), regular marijuana use amongst youth in Yavapai County has increased 48% from 2008 to 2018. At the same time, youth use of other substances has significantly decreased: 39% decrease in alcohol use, 44% decrease in cigarette use, and a 71% decrease in prescription drug misuse and abuse. 30day youth use of marijuana for the entire state of Arizona increased 33% from 2016 to 2018. (Source: 2016 and 2018 Arizona Criminal Justice Commission Youth Survey State Reports). A copy of the Arizona Criminal Justice Commission 2018 Arizona Youth Survey State Report with Press Release Dated December 3, 2018 is attached, collectively, as Exhibit 1. A copy of a MATFORCE compilation of some of the findings of the 2018 Arizona Criminal Justice Commission 2018 Arizona Youth Survey State Report related to youth use of marijuana titled "Youth Use: Marijuana" is attached as Exhibit 2.

6. I have read the proposed Smart and Safe Arizona Act (“the Initiative”) and the summary of the Initiative (the “Summary”).

7. The Initiative’s Summary is misleading, because it fails to disclose very significant provisions in the Initiative that affect many areas of state law. For example, the Summary states that local municipalities will be able to regulate and control marijuana businesses. In reality, under the Initiative, a municipality can only prohibit the sale of marijuana if there is no medical marijuana business already in the city or town.

8. In Yavapai County, almost every city and town has a medical marijuana distributor or grower—as a result, this means that almost every city and town in Yavapai County would be required to allow a recreational marijuana shop to operate, even if the municipality’s residents did not want a recreational distributor there. This appears to true for almost the entire state of Arizona.

9. The Initiative’s Summary is misleading because it fails to disclose that the Initiative does not place limits on the amount of THC that can legally be present in marijuana. In fact, it provides a new definition of “marijuana” to include the high potency THC products extracted from cannabis plants, including the narcotic hashish. High levels of THC can be very dangerous and users are more likely to experience psychosis when using marijuana with higher levels of THC.

10. The Initiative, contrary to its “Smart and Safe” name, would have the opposite effect concerning current DUI standards. Under the Initiative, contrary to current DUI laws, law enforcement would not be able to take any action against an individual driving impaired based solely on impairing marijuana metabolites in his or her system. This distinction will make it much more difficult for our law enforcement officers to stop impaired drivers and keep our communities safe.

11. As an employer, I am also concerned about the Initiative’s restrictions on employers’ ability to develop workplace substance policies and to penalize workers who come to work under the influence of marijuana. The Initiative prohibits an employer from taking action

against an employee or potential employee who fails a marijuana drug test. Ironically, the Initiative would not allow MATFORCE—a substance abuse prevention coalition—from disciplining or terminating an employee who fails a drug test for marijuana unless they were actively consuming, smoking, or possessing marijuana in the workplace.

12. The Initiative's Summary and text is poorly written and misleading: The average voter who signed the Petition would not have been able to understand what the Initiative actually does, or how it will affect our communities, based on the language of the Summary. In my opinion, this Initiative creates more rights for marijuana users under state law than will exist for non-marijuana users. The Initiative will have unanticipated consequences on Arizona communities. Legalization will indisputably lead to an increased use of marijuana among Arizona youth, and my experience and recent Arizona studies have shown that juvenile marijuana use can have serious, long-term negative consequences. I worry that the Initiative's broad scope and dramatic reduction in marijuana penalties will only cause problems for our children.

13. The Summary is also misleading in that it focuses on legalizing marijuana use to those 21 and over but completely omits that the Initiative also decreases existing penalties for underage use of marijuana to mere hand slaps. Under current Arizona law use or possession of marijuana by an underage person is a class 6 felony and punishable by up to 3 years probation and 12 months incarceration for a second conviction. Nowhere in the Summary does it indicate that the Initiative would significantly decrease penalties for underage possession or use of marijuana. For example, under the Initiative the following penalties would apply for possession or use of marijuana by those under 21:

- For a first offense, in an amount of not more than one ounce or 5 grams, the penalty is a civil penalty of not more than \$100 for the first offense with a discretionary 4 hours of drug education. Proposed § 36-2853 (B)(1).
- For a second offense, it is a petty offense with a discretionary 8 hours of drug education. Proposed § 36-2853(B)(2).


- For a third (or more) offense, the Initiative makes it a class one misdemeanor.

Proposed § 36-2853(B)(3).

Substantially decreasing penalties for those underage persons possessing or using marijuana from the current laws—as proposed in the Initiative—will significantly limit the deterrence for such activity and encourage greater use of marijuana by those under 21. This key aspect of the Initiative, however, is never addressed in the Summary and, as such, it is materially deceptive and misleading.

14. Additionally the Summary is also misleading as it focuses on “limited . . . cultivation . . . of marijuana” but completely omits that the Initiative would allow unlimited cultivation of marijuana by commercial licensees, and would also allow individuals to have ownership interests in an unlimited number of licensed operations and to combine those operations into a single site. As the unlimited scope of commercial licensee cultivation of marijuana is completely omitted in the Summary, it is materially deceptive and misleading.

I declare under penalty of perjury that the foregoing is true and correct.



Merilee Fowler
Dated: July 16, 2020

EXHIBIT 1



Arizona Criminal Justice Commission

For Immediate Release
December 3, 2018

CONTACT: Molly E. Edwards
Public Information Officer
602-364-1151
medwards@azcjc.gov

Chairperson
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Yavapai County Attorney

Vice Chairperson
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MARK BRNOVICH
Attorney General

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City of Maricopa Police Department

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Navajo County Supervisor

C.T. WRIGHT, Chairperson
Board of Executive Clemency

Executive Director
Andrew T. LeFevre

1110 West Washington, Suite 230
Phoenix, Arizona 85007
PHONE: (602) 364-1146
FAX: (602) 364-1175
www.azcjc.gov

ARIZONA CRIMINAL JUSTICE COMMISSION RELEASES **2018 ARIZONA YOUTH SURVEY RESULTS**

Responses from Over 48,000 8th, 10th and 12th grade Students Across State
Reveal Higher Drug Use Among Arizona Youth

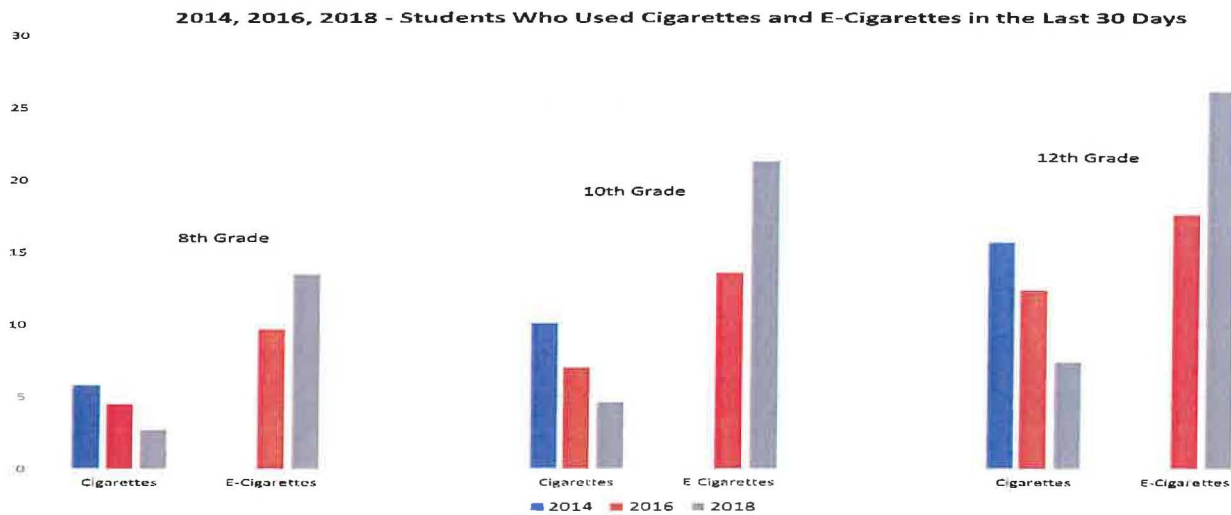
Phoenix, AZ, Monday, December 3, 2018 – Today, the Arizona Criminal Justice Commission (ACJC), the leading criminal justice resource agency in the state, released the results of a statewide survey that included more than 48,000 students in 8th, 10th and 12th grades from all 15 counties across Arizona. The Arizona Youth Survey (AYS) is the primary vehicle used in Arizona to collect data and provide one of the most in-depth and comprehensive looks at youth risks and behaviors in Arizona.

“On behalf of the members of the Commission, I would like to thank Governor Ducey and the legislature for continuing to appropriate the funding necessary to conduct this vital look at Arizona youth behavior and the circumstances under which they live,” said Andrew T. LeFevre, Executive Director of the Arizona Criminal Justice Commission. “Utilizing the data provided in the Arizona Youth Survey, state and local policymakers can make better-informed decisions in developing effective strategies to combat youth substance abuse and improve communities throughout Arizona.”

ACJC, in collaboration with Arizona State University’s School of Criminology & Criminal Justice, conducted the 2018 Arizona Youth Survey to assess health risk behaviors and measure the prevalence of substance abuse - including alcohol, tobacco and other dangerous drugs - among 8th, 10th and 12th graders. Additionally, the AYS assesses the prevalence and frequency of youth gang involvement, gambling, violence, bullying and other risky behaviors in Arizona, and helps stakeholders to better understand the risk and protective factors that are correlated with these behaviors.

“The Arizona Youth Survey provides one of the most in-depth and comprehensive looks at youth risks and behaviors in our state, and is an invaluable tool for those of us who work in the field of prevention,” stated Maria Cristina Fuentes, Director of the Governor’s Office of Youth, Faith and Family. “It helps us identify factors that put our youth at their most vulnerable and assists in designing programs to help every child succeed. When asked why they did not use alcohol, tobacco, or other drugs, 74 percent of students said because their parents would be disappointed – this just reinforces how important it is that we get parents engaged in positive conversations with their kids at an early age.”

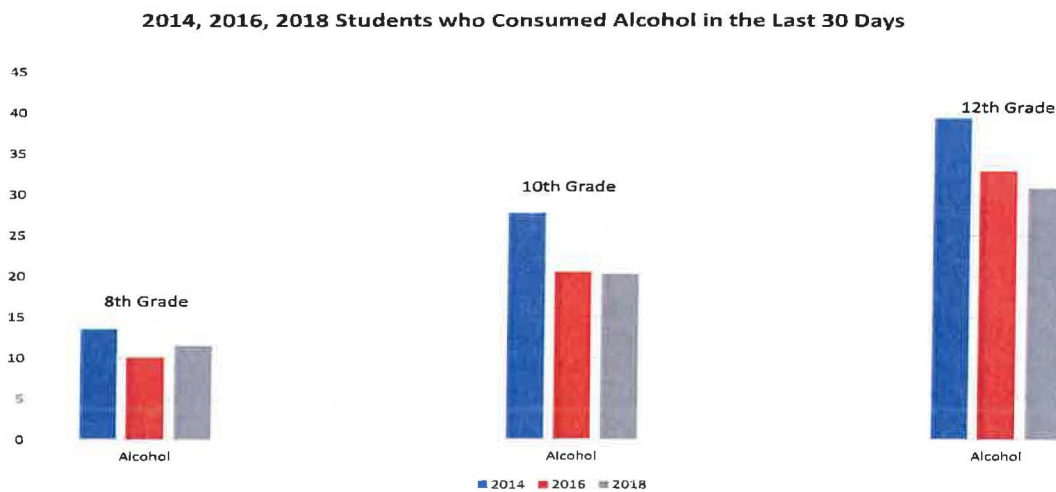
Key Data Highlights from the 2018 Arizona Youth Survey:



Cigarette Use 4.8 percent of youth reported smoking cigarettes in the past 30 days (7.4 percent of 12th graders). This rate has decreased across all grade levels since 2014.

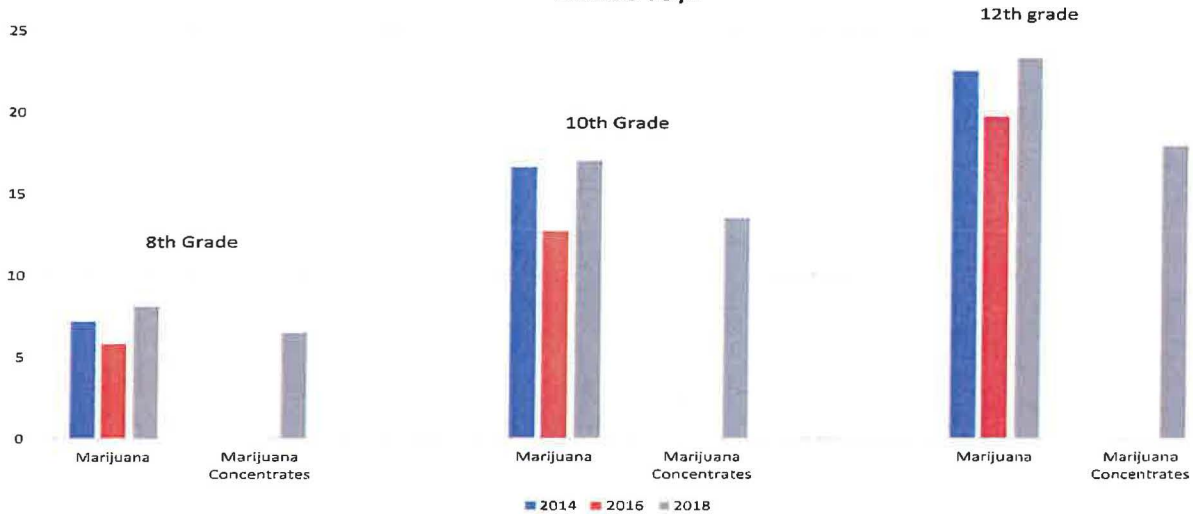
E-Cigarette Use 19.9 percent of youth reported e-cigarette use in the past 30 days (26.1 percent of 12th graders). This rate has increased since it was first assessed in 2016.

“The Arizona Youth Survey provides critical insight for Arizona government, non-profits and coalitions to more effectively address high-risk adolescent behaviors across Arizona,” said ACJC Chairperson and Yavapai County Attorney Sheila Polk. “While we have made steady progress across the state in declining youth use rates of alcohol and cigarette use, we should be troubled with the meteoric rise in youth use of E-cigarettes which are now the most abused substance for 8th and 10th graders. At this rate, we will erase 30 years of work in smoking prevention efforts in just a few short years.”



Alcohol Use 20.2 percent of youth reported drinking alcohol during the past 30 days (30.8 percent of 12th graders), 9.6 percent of youth reported drinking five or more alcoholic drinks in a row during the past 30 days. In 2018, the most frequently reported source for youth obtaining alcohol was at a party (47.1 percent) and from a relative over 21 (22.6 percent).

**2014, 2016, 2018 - Students Who Used Marijuana and Marijuana Concentrates
Last 30 days**



Marijuana Use 15.7 percent of youth reported using marijuana in the past 30 days (23.3 percent of 12th graders), and 12.3 percent of youth reported smoking or vaping marijuana concentrates in the past 30 days (17.9 percent of 12th graders).

Where Marijuana was Obtained 24.8 percent of youth reported obtaining marijuana from someone with a medical marijuana card (29.7 percent of 12th graders). 10.6 percent of youth reported that they bought it from a dispensary with Arizona (11.4 percent of 12th graders).

“Data from the past three surveys makes it abundantly clear that more youth are reporting regular use of marijuana across all grade levels – with nearly a quarter of 12 graders indicating regular use over the past 30 days, and 18 percent reporting regular use of marijuana concentrates in the same period,” said Maricopa County Attorney Bill Montgomery. “Even more troubling is obvious and intentional misuse of the Arizona Medical Marijuana Act that is allowing 25 percent of students to get their marijuana from someone with a medical marijuana card and 10 percent to buy it directly from an Arizona dispensary.”

The 2018 Arizona Youth Survey was administered in each of Arizona’s 15 counties representing a total sample of 48,708 valid survey respondents statewide. State and county profile reports are available on ACJC’s webpage

###

Created in 1982, the Arizona Criminal Justice Commission (ACJC) is a statutorily authorized entity mandated to carry out various coordinating, monitoring and reporting functions regarding the administration and management of criminal justice programs in Arizona. The ACJC serves as a resource and service organization for Arizona’s criminal justice community on a myriad of issues ranging from drugs, gangs and victim assistance to criminal history and crime laboratory enhancements.

2018

ARIZONA YOUTH SURVEY

State Report



ARIZONA CRIMINAL JUSTICE COMMISSION



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STEVE STAHL
Law Enforcement Leader

STEVE WILLIAMS
County Supervisor

C.T. WRIGHT, Chairperson
Board of Executive Clemency

ANDREW T. LEFEVRE
Executive Director

The Arizona Criminal Justice Commission (ACJC) would like to thank Arizona State University's School of Criminology & Criminal Justice for their professionalism and contributions to the success of the 2018 Arizona Youth Survey. Additionally, ACJC would like to thank our colleagues for their guidance and assistance throughout the administration process. ACJC would also like to thank community leaders who provided their expertise for the betterment of our survey, including:

Merilee Fowler, MATFORCE
Eric Hedberg, NORC at the University of Chicago
Tim Klarkowski, Surprise Police Department
John Meza, Tempe Union High School District
Shelly Mowrey, Arizona High Intensity Drug Task Force
Dustin Pardini, DEEP Lab at Arizona State University
Sonia Sanchez, Circles of Peace
Gary Sweeten, Arizona State University
Wendy Wolfersteig, SIRC at Arizona State University

Furthermore, the success of the 2018 Arizona Youth Survey could not have been possible without the support and participation of school superintendents, principals, prevention coordinators, and teachers throughout the state. Thank you for contributing your time and efforts toward the completion of this report.

Finally, we extend our thanks to the students who responded to the survey. Their thoughtful participation resulted in a wealth of information that can be used to improve the circumstances in which all youth live and learn.

Data from the Arizona Youth Survey will be made available on the ACJC Community Data Portal (CDP) site after reports have been distributed to participating schools and government agencies. The CDP site was made possible with funding from:

Bureau of Justice Statistics
Office of Justice Programs
U.S. Department of Justice
Governor's Office of Youth, Faith and Family
Arizona Department of Gaming

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2018 Arizona Youth Survey: State Report Summary

The Arizona Youth Survey (AYS) was administered to a statewide sample of 8th, 10th, and 12th grade youth during the spring of 2018 under the direction of the Arizona Criminal Justice Commission's Statistical Analysis Center and in partnership with the Arizona State University's School of Criminology & Criminal Justice to comply with Arizona Revised Statute §41-2416. Based on the nationally recognized Risk and Protective Factor model and the Communities That Care survey (Hawkins et al., 1992), the AYS assesses the prevalence and frequency of youth substance use, gang involvement, and other risky behaviors, and helps stakeholders to better understand the risk and protective factors that are correlated with these behaviors.

At the local school and district level, administrators may use data from this report to guide programming and service decision making. Planners at the regional, county, and state levels can use this data to understand community needs and better allocate resources.

Across all stakeholder levels the AYS data are used in a variety of ways:

- To examine significant community issues;
- Modify or redesign existing projects or policies;
- Design and implement new projects or policies;
- Secure funding for new projects or policies.

Survey Findings: Highlights

These findings discuss some of the important attitudes and behaviors of 49,009 youth from 246 schools across Arizona. The data presented are valid and representative of youth in the 8th, 10th, and 12th grades across the state who responded to the 2018 survey.

Substance Use and Abuse

Cigarette Use 4.7 percent of youth reported smoking cigarettes in the past 30 days. This rate has decreased across all grade levels since 2014.

E-Cigarette Use 19.9 percent of youth reported e-cigarette use in the past 30 days. This rate has increased across all grade levels since it was first assessed in 2016.

Alcohol Use 20.2 percent of youth reported drinking alcohol during the past 30 days. 9.6 percent of youth reported drinking five or more alcoholic drinks in a row during the past 30 days. In 2018, the most frequently reported source for youth obtaining alcohol was at a party (47.1 percent) and from a relative over 21 (22.8 percent).

Marijuana Use 15.7 percent of youth reported using marijuana in the past 30 days, and 12.3 percent of youth reported smoking or vaping marijuana concentrates in the past 30 days. In 2018, the most frequently reported source for youth obtaining marijuana was from friends (67.4 percent) or at a party (27.2 percent).

Most Commonly Reported Lifetime Use The most frequently reported substance ever used across 8th, 10th, and 12th grade youth was alcohol (44.9 percent), followed by e-cigarettes (37.1 percent), and then marijuana (29.7 percent).

Most Commonly Reported 30-day Use The most frequently reported substance used in the past 30 days across 8th, 10th, and 12th grade youth was alcohol (20.2 percent), followed by e-cigarettes (19.9 percent), and then marijuana (15.7 percent).

Risk and Protective Factors

Risk Factors 56.2 percent of youth reported not perceiving drug use to be risky. 54.7 percent of youth reported receiving rewards for their antisocial behavior. 51.6 percent of youth reported not feeling connected to or having a low commitment to school. 33.2 percent of youth have particularly elevated chances of participating in antisocial behaviors.

Protective Factors 69.7 percent of youth reported receiving rewards for working hard in school and the community. 68.5 percent of youth reported opportunities for prosocial involvement in school and 63.2 percent of youth reported having a belief in the moral order (what is “right” or “wrong”). 68.2 percent of youth have particularly lower chances of participating in antisocial behaviors.

Delinquency and Problem Behaviors

27.2 percent of youth reported placing a bet or gambling in the last 12 months. 19.0 percent reported having harassed or made fun of another person online or through text in the last 12 months while 26.6 percent reported being picked on or bullied on school property in the last 12 months and 39.6 percent reported seeing someone being bullied on school property in the last 12 months. 21.4 percent reported not feeling safe at school in the past 12 months.

Handgun Use, Victimization, and Attitudes

10 percent of youth reported seeing someone shot, shot at, or threatened with a gun at least once in the past 12 months. 20.7 percent of youth reported it would have been “sort of” or “very” easy to acquire a handgun if they wanted one.

Witnessing or Experiencing Violence

48.9 percent of youth reported seeing someone punched, kicked, choked, or beaten up in the past 12 months while 19.2 percent of youth reported having been punched, kicked, choked, or beaten up in the past 12 months.

Gang Involvement

1.9 percent of youth reported currently being in a gang while 3.8 percent of youth reported having ever belonged to a gang. 8.1 percent of youth reported having at least one close friend in a gang in the past 12 months.

Dangerous Driving

23.7 percent of youth reported having driven a vehicle while texting or talking on the phone in the past 30 days. 15.3 percent of youth reported having ridden in a vehicle being driven by someone who had been using marijuana, while 4.4 percent of youth reported having driven a vehicle when they had been using marijuana.

For additional information on the Arizona Youth Survey, please contact:

AYS@azcjc.gov or go to <http://azcjc.gov/>

Section 1.1 Background

Every two years, the Arizona Criminal Justice Commission’s Statistical Analysis Center conducts the Arizona Youth Survey (AYS) to comply with Arizona Revised Statute §41-2416. This survey was designed to assess the prevalence and frequency of youth substance use, gang involvement and other risky behaviors in Arizona, and to better understand the risk and protective factors that are correlated with these behaviors. The AYS is based on the nationally recognized Risk and Protective Factor model included in the Communities That Care (CTC) survey. This framework was developed in 1989 by J. David Hawkins, Ph.D., Richard F. Catalano, Ph.D., and a team of researchers at the University of Washington (Hawkins et al., 1992).

The Risk and Protective Factor (RPF) model is a prevention approach that is used to identify methods of reducing concerning behaviors in youth by addressing the social factors that may increase or decrease the risk of a behavior developing. This model categorizes these social factors into four domains: individual/peer, family, school, and community. Each domain contains a set of risk and protective factors that youth may experience. Risk factors include concepts such as youth perceiving no risk in using drugs, having high family conflict, having low commitment to their school, or perceiving that drugs are easily obtainable.

Protective factors include concepts such as youth interacting with prosocial peers, having a strong attachment to their family, having opportunities for prosocial involvement, or receiving rewards for prosocial involvement.

During each administration year, the Arizona Youth Survey is completed by 8th, 10th, and 12th grade students throughout all 15 counties in Arizona. Any school that serves these grade levels is eligible to participate regardless of school type (e.g. traditional public, private, or charter schools). The 2018 survey was administered between February and May 2018, and resulted in the participation of 49,009 students from 246 schools across Arizona.

Section 1.2 State sample

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

Table 1 presents the summary demographic statistics for the 2018 sample, and compares them with the latest data from the National Center for Education Statistics’

	State 2014		State 2016		State 2018		NCES State Total 2015-2016*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Students by Grade								
Grade 8	23,657	44.7	21,777	40.3	17,151	35.0	83,787	33.3
Grade 10	15,725	29.7	17,678	32.7	17,752	36.2	83,494	33.2
Grade 12	13,503	25.5	14,592	27.0	14,106	28.8	84,414	33.5
Students by Gender								
Male	25,733	49.1	26,336	49.5	24,309	50.0	128,388	51.0
Female	26,657	50.9	26,855	50.5	24,340	50.0	123,307	49.0
Students by Race/Ethnicity								
White (non-Hispanic)	23,008	44.1	23,294	43.7	18,353	37.7	102,114	40.6
Hispanic	20,662	39.7	21,439	40.2	22,673	46.6	110,858	44.0
African American (non-Hispanic)	2,237	4.3	1,958	3.7	2,320	4.8	14,063	5.6
Native American (non-Hispanic)	1,580	3.0	2,110	4.0	1,640	3.4	11,538	4.6
Asian/Pacific Islander (non-Hispanic)	1,949	3.7	1,554	2.9	1,494	3.1	7,772	3.1
Multi-racial	2,677	5.1	2,949	5.5	2,222	4.6	5,350	2.1

*Total 2015-2016 represents numbers from the Common Core of Data for AZ schools with 8th, 10th, or 12th graders.

(NCES) Common Core of Data (2015-2016). It is important to recognize the strengths and weaknesses of sample data and whether it is representative of a population. One simple way to assess representativeness of the sample is to compare basic demographic characteristics of the students who participated in the survey to what is known about the Arizona school population. Differences of greater than 5 percentage points may indicate that the results in this report may be over- or underestimating the prevalence of various issues.

To better understand the diversity of Arizona's youth population, respondents were allowed to choose multiple race and ethnicity categories from the following list: White, Hispanic/Latino, Black/African American, Asian, American Indian/Alaska Native, and Hawaiian/Other Pacific Islander. This method for obtaining ethnicity and race information provides more comprehensive data on youth ethnic and racial self-identification, and on Arizona's diverse youth population. Because students were able to check as many categories as they felt applied to them, percentages in the race categories may not add up to 100%. To simplify this issue, percentages are reported for a composite race/ethnicity variable created based on answers to the race/ethnicity question.

The data included in this report describe the level of risk and protective factors, substance use, antisocial behavior, and delinquency of those youth who participated in the survey. These can be used to inform the development of school and community-based prevention and intervention activities that may benefit all students regardless of survey participation.

Section 1.3 Structure of the Report

Results from the survey are presented in four sections. Bar graphs ("figures") that visually represent responses to a selection of questionnaire items are presented in Sections 2 and 3, and data tables are presented in Section 4. All figures and tables report results separately by grade. Section 2 first defines risk and protective factors then presents figures displaying the percent of youth possessing each risk and protective factor. Section 3 presents figures pertaining to substance use and delinquency. Figures from the 2014 and 2016 Arizona Youth Surveys are presented as well, allowing for an

assessment of state-wide change. National norms, when available, are presented for comparison.

Data tables corresponding to all Section 2 and 3 figures are presented in Section 4. This allows for a deeper dive into the questionnaire results. Every figure in sections 2 and 3 indicates its corresponding table in a footnote. Section 4 also contains some data tables that do not correspond to any Figures. For example, Tables 7 through 9 in Section 4 detail sources of alcohol, marijuana, and prescription drugs.

Appendix A contains bibliographic information for all references made throughout the report. Appendix B contains some additional resources including information about the Community Data Portal, and community and state prevention resource contacts.

Section 1.4 Interpreting the figures

Every figure in this report presents results by grade and year for the statewide Arizona sample.

All of the figures are bar graphs (a.k.a. "bar charts", "bar plots", etc.). These figures depict the percentage of youth in the sample who agreed with a statement (e.g. "I feel safe at my school.") or reported having participated in some activity (e.g. used marijuana in the past 30 days).

For 30-day and lifetime substance use, external norms based on the Monitoring The Future survey in 2017 (Miech et al., 2017) are provided. These are represented by black diamonds in the figures. If the black diamond is above the bar, it means that the state is below the norm for that substance. On the other hand, the state is above the norm for that substance if the black diamond is below the top of the bar. Note, however, that small differences should not be over-interpreted as there is sampling error.

Key points to remember about figures with this format:

- Red bars represent the statewide survey average in 2018
- Blue bars represent the statewide survey average in 2016
- Green bars represent the statewide survey average in 2014
- Black triangles represent the 2017 Monitoring the Future average

Section 2.1 The Risk and Protective Factor Model of Prevention

Risk and Protective Factors (RPF) are personal and environmental factors that influence a person’s likelihood of engaging in problem behaviors (Hawkins et al., 1992). Risk Factors increase the chances of participation in problem behaviors, while Protective Factors decrease this likelihood. The RPF scales included in the AYS are grouped into four domains: peer/individual, family, school, and community. The RPF figures in this section depict the proportion of students exhibiting these risk or protective factors. Ideally, the proportion with risk factors should be on the lower end of the scale (indicating a lower risk level among the sample), whereas protective factors should be higher (indicating a higher level of protection among the sample).

Because many of the questions in the 2018 version of the AYS were carried over from earlier versions of the instrument, it was possible to reconstruct a number of equivalent scales for 2014 and 2016 when present. The construction of the scales involved taking means (average scores) of each of their components, which were mostly in the form of Likert scales (e.g. “strongly disagree” to “strongly agree”), with some requiring reverse coding for

consistency. Other types of components included simple dichotomous Yes or No responses; or count variables (e.g. “How many of your best friends...”). Individuals with missing responses on more than one of the scales’ component questions were excluded from the construction of the scales in order to minimize response bias. Determination of the presence of risk and protective factors is based on established thresholds on subsets of AYS questions (Arthur et al., 2007). The maximum for each scale is 100%, which would indicate that all sample youths have the risk or protective factor. The minimum is 0%, indicating that no sample youths have the risk or protective factor.

Note: There are some small methodological differences across the three years of survey administration (2014, 2016, and 2018) in this report. Some questions are worded slightly different across administrations, the order of questions differs, and some response options are different. Across all Likert-style questions, the 2018 survey reverts to the original response set of NO!, no, yes, and YES!. These response options were used to create and validate the risk and protective scales used in this report and were used in all years of the Arizona Youth Survey except 2016 when “strongly disagree”, “disagree”, “agree” and “strongly agree” were used instead.

Risk Factors																				
	Community					Family					School					Peer / Individual				
	Community Laws & Norms Favorable Toward Drug Use, Firearms & Crime	Availability of Drugs & Firearms	Transitions & Mobility	Low Neighborhood Attachment	Community Disorganization	Extreme Economic & Social Deprivation	Family History of the Problem Behavior	Family Conflict	Family Management Problems	Favorable Parent Attitudes & Involvement in the Problem Behavior	Academic Failure	Lack of Commitment to School	Early Initiation of Drug Use & Other Problem Behaviors	Early & Persistent Antisocial Behavior	Alienation & Rebelliousness	Friends Who Use Drugs & Engage in Problem Behaviors	Favorable Attitudes Toward Drug Use & Other Problem Behaviors	Gang Involvement	Constitutional Factors	
Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Delinquency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Teen Pregnancy						✓	✓	✓	✓		✓	✓	✓	✓		✓	✓			
School Drop-Out			✓			✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓			
Violence	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	

Peer-Individual Risk Factors

Rewards for Antisocial Behavior: Youth who receive rewards for their antisocial behavior are at higher risk for future engagement in problem behaviors. Four questions are used to measure rewards for antisocial behavior. They ask the youth to report the likelihood of being seen as cool by peers for smoking cigarettes, regularly drinking alcohol, smoking marijuana, and carrying a handgun (Fleming et al., 2008; Meghdadpour et al., 2012). Youths with this risk factor believe there is a very good chance they will be seen as cool by their peers for engaging in antisocial behavior.

Rebelliousness: Youth who participate in behaviors considered against conventional laws and norms have a high tolerance for deviant behavior, low perceived risk of deviance, or a strong need for independence and sensation seeking. These behaviors and beliefs place youth at substantial risk for drug use (Cleveland et al., 2008). This risk factor is constructed from three questions including ignoring rules, doing the opposite of what people tell them, and seeing how much they can get away with.

Perceived Risk of Harm: Youth who do not perceive drug use to be risky (i.e. believing people cannot be harmed physically, mentally, or legally when using substances) are far more likely to engage in drug use themselves (Danseco et al., 1999; Perron and Howard, 2008). This risk factor is constructed from four questions on youths' perceived risks of using alcohol, cigarettes, marijuana, or prescription drugs without a doctor's permission. Presence of the risk factor indicates low perceived risk of harm.

Interaction with Antisocial Peers: Youth who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves (Jonkman et al., 2011; Stockwell et al., 2004). Participants were asked about how many of their friends have been suspended from school, dropped out of school, carried a handgun, sold drugs, stolen a car, or been arrested in the last 12 months. Presence of the risk factor indicates interactions with many antisocial peers.

Friends' Use of Drugs: Youth who spend time with friends who engage in substance use are more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth (Beyers et al., 2004; Iannotti et al., 1996; Yamaguchi and Kandel, 1984).

Participants were asked if any of their friends use alcohol, cigarettes, marijuana, other illicit drugs or prescription drugs without a doctor telling the youth to take them. Presence of the risk factor indicates many friends used drugs.

Attitudes Favorable toward Drug Use: As youth grow older, they have a higher likelihood of being exposed to others who engage in drug use or have a greater acceptance of these behaviors. This exposure may influence a youth's attitude toward drug use and increase the likelihood of them engaging in a variety of problem behaviors (Arthur et al., 2002; Bahr et al., 2005; Bauman and Ennett, 1996; Beyers et al., 2004). This risk factor assesses how wrong youth perceive it is to use four different substance groups: alcohol, cigarettes, marijuana, and LSD/cocaine/amphetamines/other illegal drugs. Presence of the risk factor indicates youths do not believe drug use is very wrong.

Attitudes Favorable toward Antisocial Behavior: As previously stated, youths' attitudes may change as they are exposed to different social circles (Gassman et al., 2012; Maguire, 2013). This risk factor aims to understand youth perceptions of how wrong it would be to stay away from school, take a handgun to school, pick a fight, seriously attack someone, and steal anything worth more than \$5. Presence of the risk factor indicates youths do not believe these antisocial behaviors are very wrong.

Gang Involvement: Youth who belong to gangs and associate with gang-involved peers are more at risk for antisocial behavior and drug use (Curry and Spengel, 1992; Herrenkohl et al., 2000). This risk factor is based on three questions: number of best friends in a gang, age of first involvement in a gang (if any), and whether the youth had ever belonged to a gang. Presence of the risk factor indicates youths have had involvement with a gang.

Early Initiation of Drug Use: Early onset of drug use has been linked to increased drug use and abuse through adolescence and beyond, with later age of onset more likely to lead to reduced drug involvement and a greater likelihood of discontinuation of use (Kandel, 1975; Miller et al., 2006). To assess the scope of onset among the sample, this factor looks at the age at which youth first tried cigarettes, marijuana, or alcohol, and when youth first began drinking regularly. Presence of the risk factor indicates earlier ages of drug use initiation.

Family Risk Factors

Poor Family Management: Parents' use of inconsistent and/or unusually harsh punishment with their children places their children at a higher risk for participation in substance use and other problem behaviors. This higher risk is also seen in youth whose parents do not provide clear explanations for expected behaviors and do not monitor their children's activities (Arthur et al., 2002; Dishion et al., 2004). Youth were asked eight questions related to parental knowledge of their activities, if there are clear rules in their household, and conflict in the home. Presence of the risk factor indicates less parental oversight, less clear rules, and more conflict in the home.

Parental Attitudes Favorable toward Drug Use: In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, youth are more likely to become drug abusers during adolescence (Beyers et al., 2004; Herrenkohl et al., 2000). To capture data on this concept, participants were asked if their parents think it is wrong for them to use cigarettes, alcohol, or marijuana. Presence of the risk factor indicates youths perceive no or very little parental disapproval of drug use.

Parental Attitudes Favorable toward Antisocial Behavior: Parental attitudes that are positive to antisocial or rebellious behaviors can be seen as an approval of the youth's participation in those behaviors. Participants were asked if their parents thought it would be wrong for them to steal items, pick a fight, or damage someone else's property (Gassman et al., 2012; Maguire, 2013). Presence of the risk factor indicates youths perceive no or very little parental disapproval of these antisocial behaviors.

Family History of Antisocial Behavior: When youth are raised in a family with a history of problem behaviors (e.g., violence, alcohol abuse, or other drug use), they are more likely to engage in these behaviors themselves (Corrigan et al., 2007). Participants were asked about the presence of alcohol or drug problems in their family, and the general use of alcohol and other drugs by family members. For youths who have siblings, this scale is based on up to nine questions. For those without siblings, this scale is based on five questions. Presence of the risk factor indicates a high level of family antisocial behavior.

Family Conflict: Youth raised in families with high levels of conflict, whether or not the youth is directly involved in these conflicts, are more likely to engage in delinquent

behaviors and drug use (Szapocznik and Williams, 2000). Youth were asked three questions regarding the presence of conflict in their home: insulting or yelling at each other, having serious arguments, and arguing about the same things repeatedly within the family. Presence of the risk factor indicates that these behaviors are common within the family.

School Risk Factors

Low Commitment to School: Youth who do not feel connected to or have low commitment to school are more likely to use drugs and participate in other problem behaviors. Low school commitment is measured using seven items such as disliking school, spending little time on homework, perceiving course work as irrelevant to one's future, and truancy (Brown et al., 2005; Catalano et al., 2002). Presence of the risk factor indicates youths have little commitment to school.

Academic Failure: Youth who experience academic failure are at a higher risk of participating in drug abuse and other problem behaviors throughout adolescence (Bryant et al., 2003; Catalano et al., 2002; Hawkins et al., 1999). Two questions are used to create this scale: self-reported grades, and the youth's perception of grades relative to peers. In the 2016 survey, only self-reported grades are used. Presence of the risk factor indicates low self-reported grades and low grades relative to peers.

Community Risk Factors

Perceived Availability of Handguns: The perception that handguns are easily obtainable in the community may influence the presence of violent behaviors in youth (Beyers et al., 2004; Herrenkohl et al., 2007). Participants were asked if they believe it would be easy for them to obtain a handgun. Presence of the risk factor indicates youths believe it would be very or sort of easy to obtain a handgun.

Perceived Availability of Drugs: If youth believe it is easy to obtain drugs they are more likely to use these substances (Beyers et al., 2004; Johnston et al., 2009). Youth were asked if they believe it would be easy for them to acquire cigarettes, alcohol, marijuana, or other illicit drugs. Presence of the risk factor indicates youths believe it would be very or sort of easy to obtain drugs.

Low Neighborhood Attachment: Youth who do not feel connected to the neighborhoods in which they live are more likely to become involved in problem behaviors

(Beyers et al., 2004; Herrenkohl et al., 2000). Participants were asked if they would miss their neighborhood if they moved, if they liked living in the neighborhood and if they desired to move out of their neighborhood. Presence of the risk factor indicates low attachment to the neighborhood.

Laws and Norms Favorable toward Drug Use: Legal restrictions on substance use and other antisocial behaviors may influence the degree to which youth engage in such behaviors. Moreover, youth who live in communities that view substance use as a “normal activity” have a higher chance of using substances themselves (Arthur et al., 2002; Cleveland et al., 2008; Hawkins et al., 2002). Participants were asked if adults in their neighborhood would think it is wrong for them to smoke cigarettes, drink alcohol, and use marijuana, and if they would likely be caught by law enforcement when using these substances or carrying a handgun. Presence of the risk factor indicates little perceived community disapproval of these behaviors and little perceived likelihood of punishment.

Total Risk.

Youths with numerous risk factors have particularly elevated chances of participating in antisocial behaviors. For grade 8, presence of 8 or more risk factors indicates high total risk. For grades 10 and 12, 9 or more risk factors indicates high total risk. These are thresholds validated by the Communities That Care model, upon which the Arizona Youth Survey is based (Arthur et al., 2007).

Peer-Individual Protective Factors

Rewards for Prosocial Involvement: Youth who are rewarded for working hard in school and the community are less likely to engage in problem behaviors. Peer-individual rewards for prosocial involvement include being seen as cool for trying your best at school, defending someone who is being bullied, or regularly volunteering in the community (Catalano et al., 1996; Cleveland et al., 2008). Presence of the protective factor indicates high perceived chances of being seen as cool for these prosocial behaviors.

Prosocial Involvement: Youth who participate in positive school and community activities are less likely to participate in problem behaviors (Arthur et al., 2002; Beyers et al., 2004; Catalano et al., 1996). Three questions are used to assess frequency of participation in prosocial activities: extracurricular school activities, volunteer

work, and extra work for school. Presence of the protective factor indicates high levels of involvement in these activities.

Interaction with Prosocial Peers: Youth who associate with peers who engage in prosocial behavior are more likely to participate in prosocial behavior as well. Youths report on the number of their four closest friends who have participated in extracurricular activities at school, committed to staying drug-free, try hard in school, and like school. Presence of the protective factor indicates high levels of interaction with prosocial peers.

Belief in the Moral Order: Youth who have a belief in what is “right” or “wrong” are less likely to use drugs (Beyers et al., 2004; Catalano et al., 1996). Participants were asked about how wrong they believe it would be for someone their age to steal something, cheat in school, or start a fight. In addition, they were asked how important it is to be honest with parents even if it may lead to being punished. Presence of this protective factor indicates high belief in the moral order.

Family Protective Factors

Rewards for Prosocial Involvement: When parents, siblings, and other family members praise or encourage activities done well by a child, youth are less likely to engage in substance use and other problem behaviors (Catalano et al., 1996; Cleveland et al., 2008). Participants were asked if their parents often communicate feeling proud of them or notice them doing a good job. Youth were also asked whether they enjoy spending time with their mother and father. Presence of this protective factor indicates high rewards for prosocial involvement.

Opportunities for Prosocial Involvement: Youth who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors. Opportunities for prosocial involvement, at the family domain level, include doing fun activities with family, participating in family decision-making, and being able to rely on parents for help when needed (Arthur et al., 2002; Beyers et al., 2004; Catalano et al., 1992). Presence of this protective factor indicates many opportunities for prosocial involvement within the family.

Family Attachment: Youth who feel that they are close to or are a valued part of their family are less likely to engage in substance use and other problem behaviors (Arthur et

al., 2002; Catalano et al., 1992). Youth were asked whether they feel close to their mother and father and if they share thoughts and feelings with their mother and father. Presence of this protective factor indicates a high level of attachment to parents.

School Protective Factors

Rewards for Prosocial Involvement: When youth are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors (Catalano et al., 1996; Cleveland et al., 2008). Participants were asked if their teachers notice when they are doing a good job, praise them for hard work, and tell their parents about how well they are doing in school. Feeling safe at school is also part of this scale, as established in the Communities that Care study (Arthur et al., 2007). Presence of this protective factor indicate high rewards for prosocial involvement at school.

Opportunities for Prosocial Involvement: When youth are given opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors (Arthur et al., 2002; Beyers et al., 2004; Catalano et al., 1992). Youth were asked about having the chance to participate in and decided upon school activities, being asked to work on special projects in the classroom, opportunities for

extracurricular activities, and being able to speak with their teacher one-on-one. Presence of this protective factor indicates high opportunities for prosocial involvement in the school.

Community Protective Factors

Rewards for Prosocial Involvement: Rewards for positive participation in activities helps youth bond to their communities, and lowers their risk of participating in problem behaviors. Youth were asked if their neighbors encourage them to try their best in various activities, talk with them regarding something important, and if community members ever inform the youth that they are proud of them for doing something well (Catalano et al., 1996; Cleveland et al., 2008). Presence of this protective factor indicates high rewards for prosocial involvement in the community.

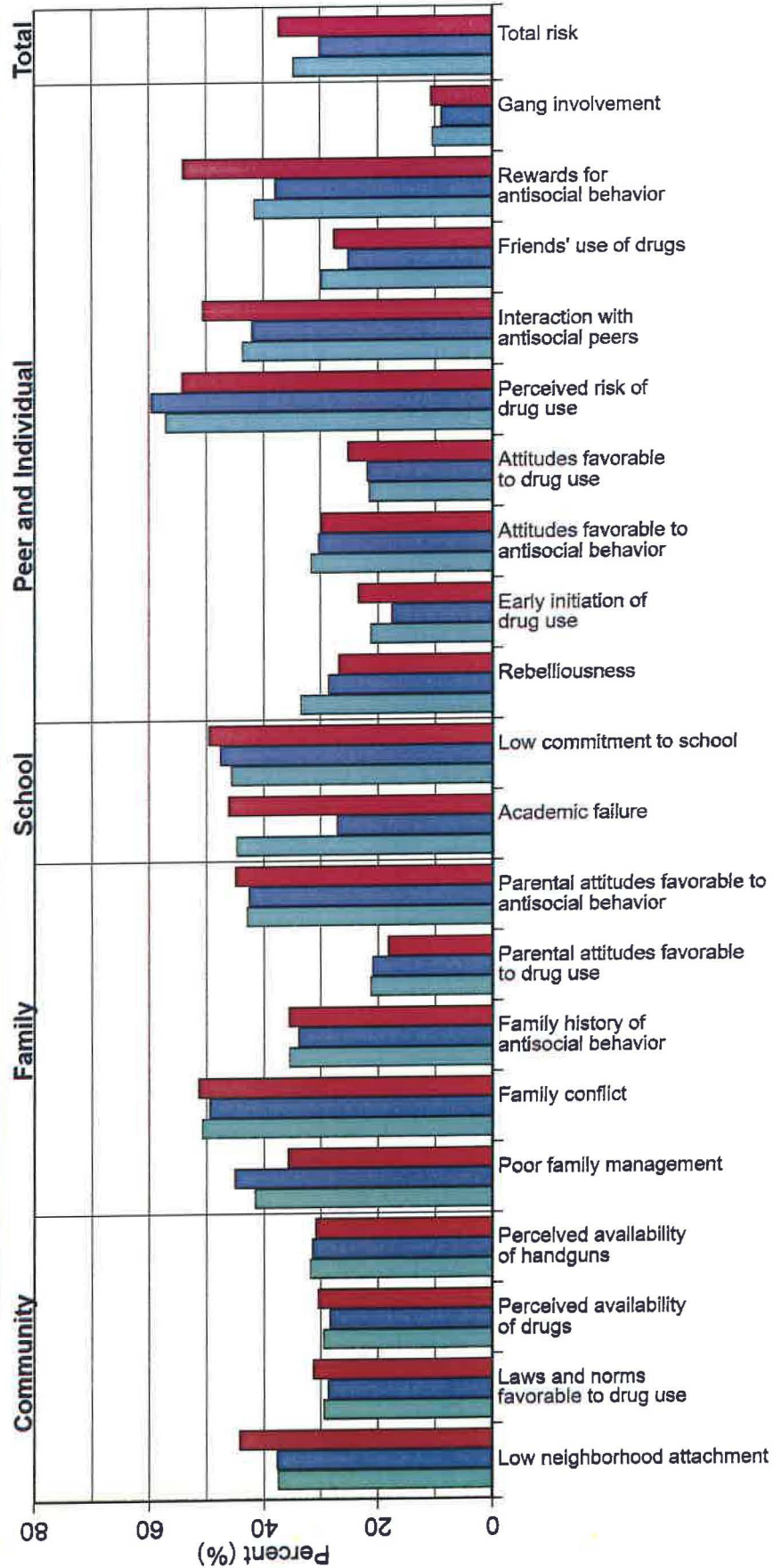
Total Protection

Youths with numerous protective factors have particularly lower chances of participating in antisocial behaviors. The total protection indicator represents youths with four or more protective factors. These are thresholds validated by the Communities That Care model, upon which the Arizona Youth Survey is based (Arthur et al., 2007).

Risk and Protective Factor Profiles

RISK PROFILE

Grade 8

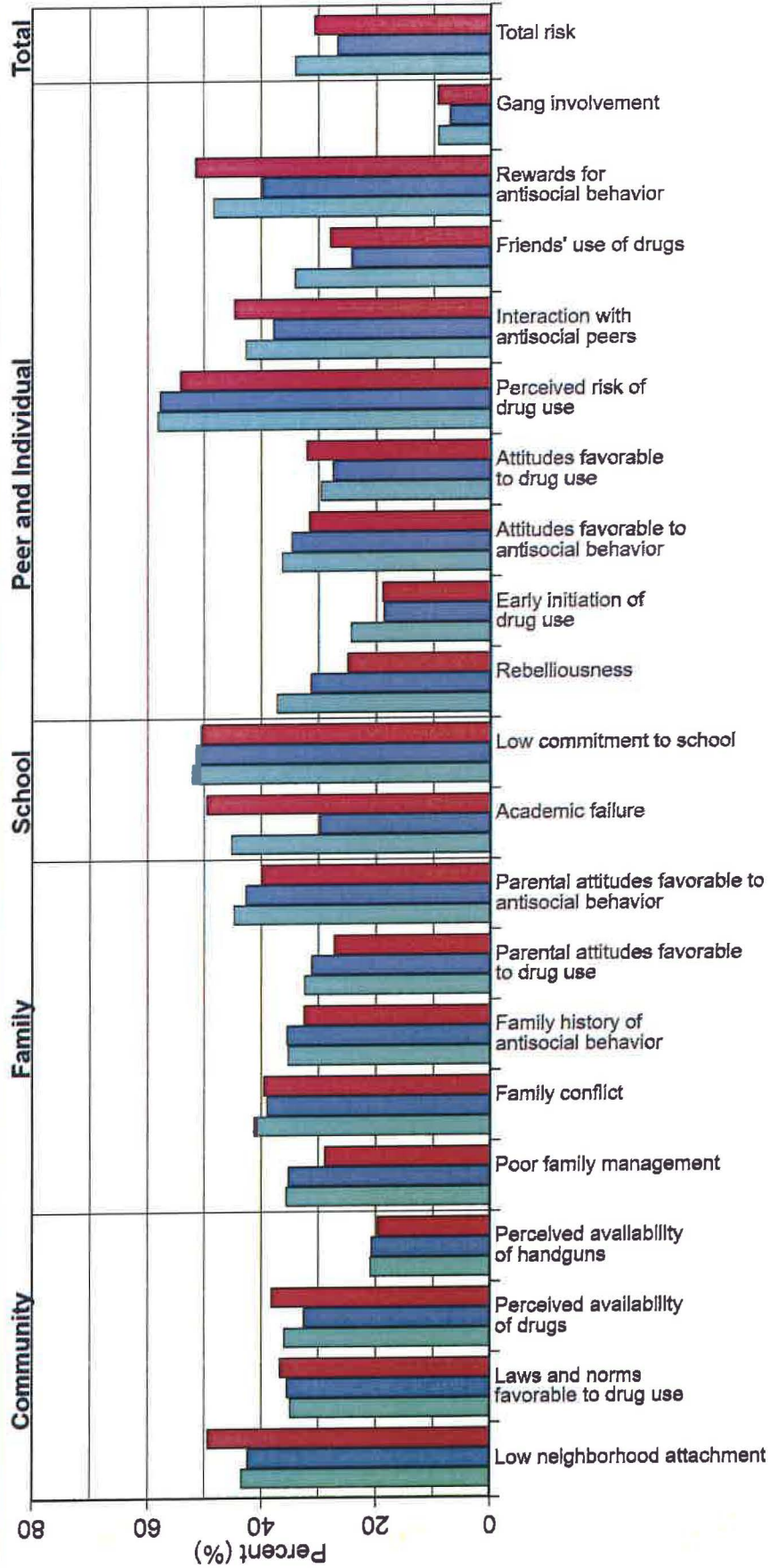


See Data Table 3 for more information.

Risk and Protective Factor Profiles

RISK PROFILE

Grade 10

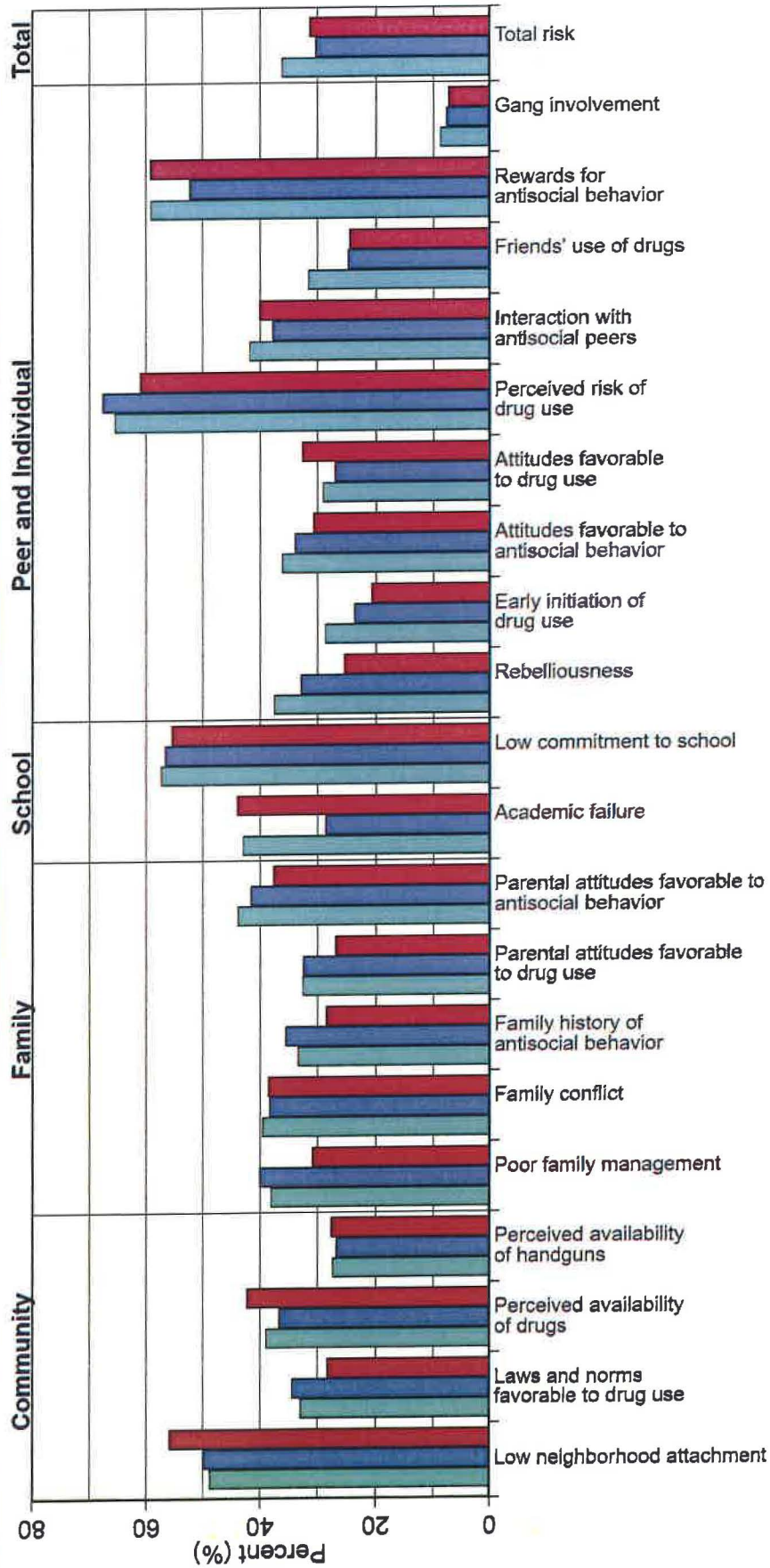


See Data Table 3 for more information.

Risk and Protective Factor Profiles

RISK PROFILE

Grade 12

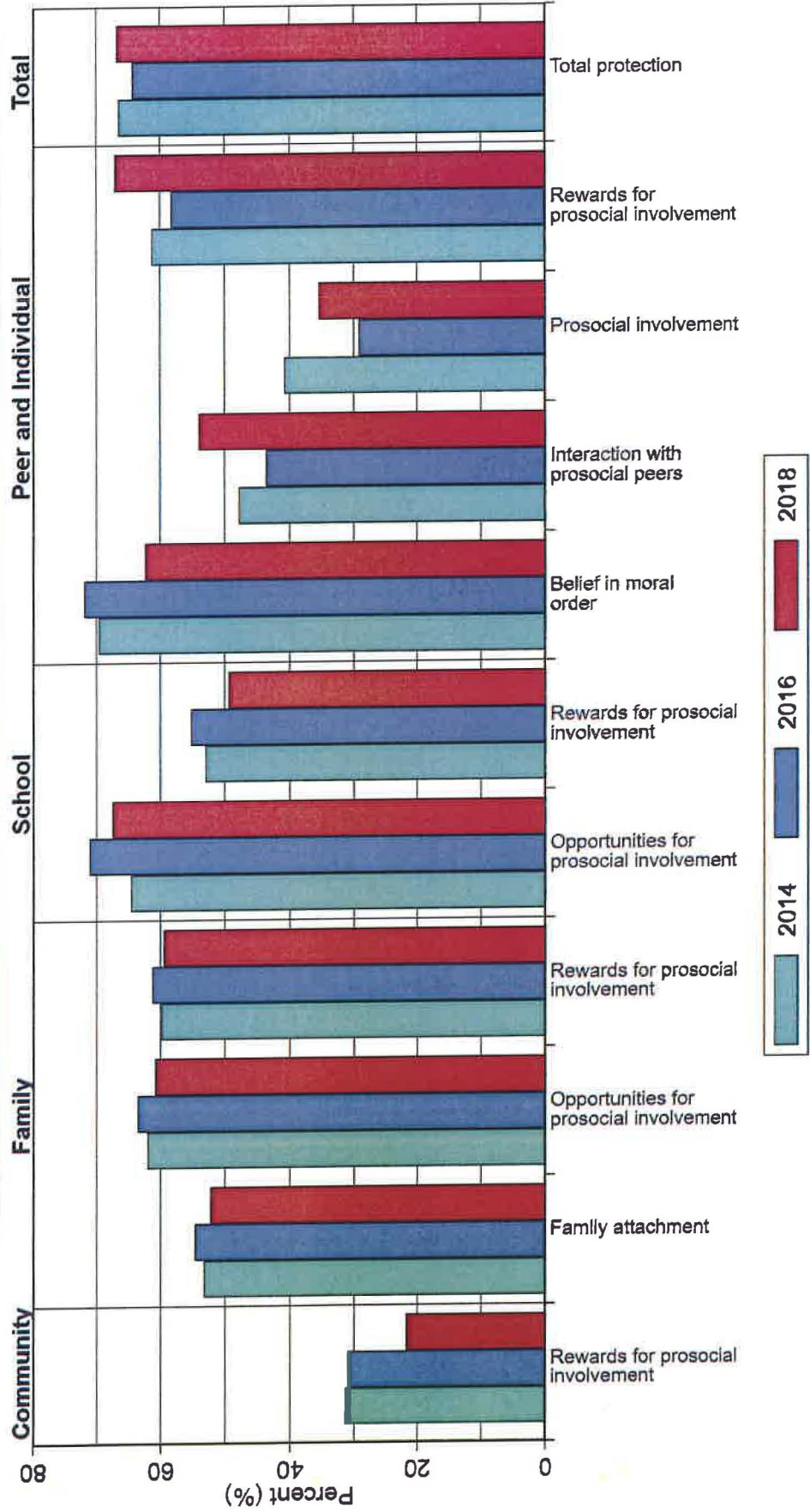


See Data Table 3 for more information.

Risk and Protective Factor Profiles

PROTECTIVE PROFILE

Grade 8

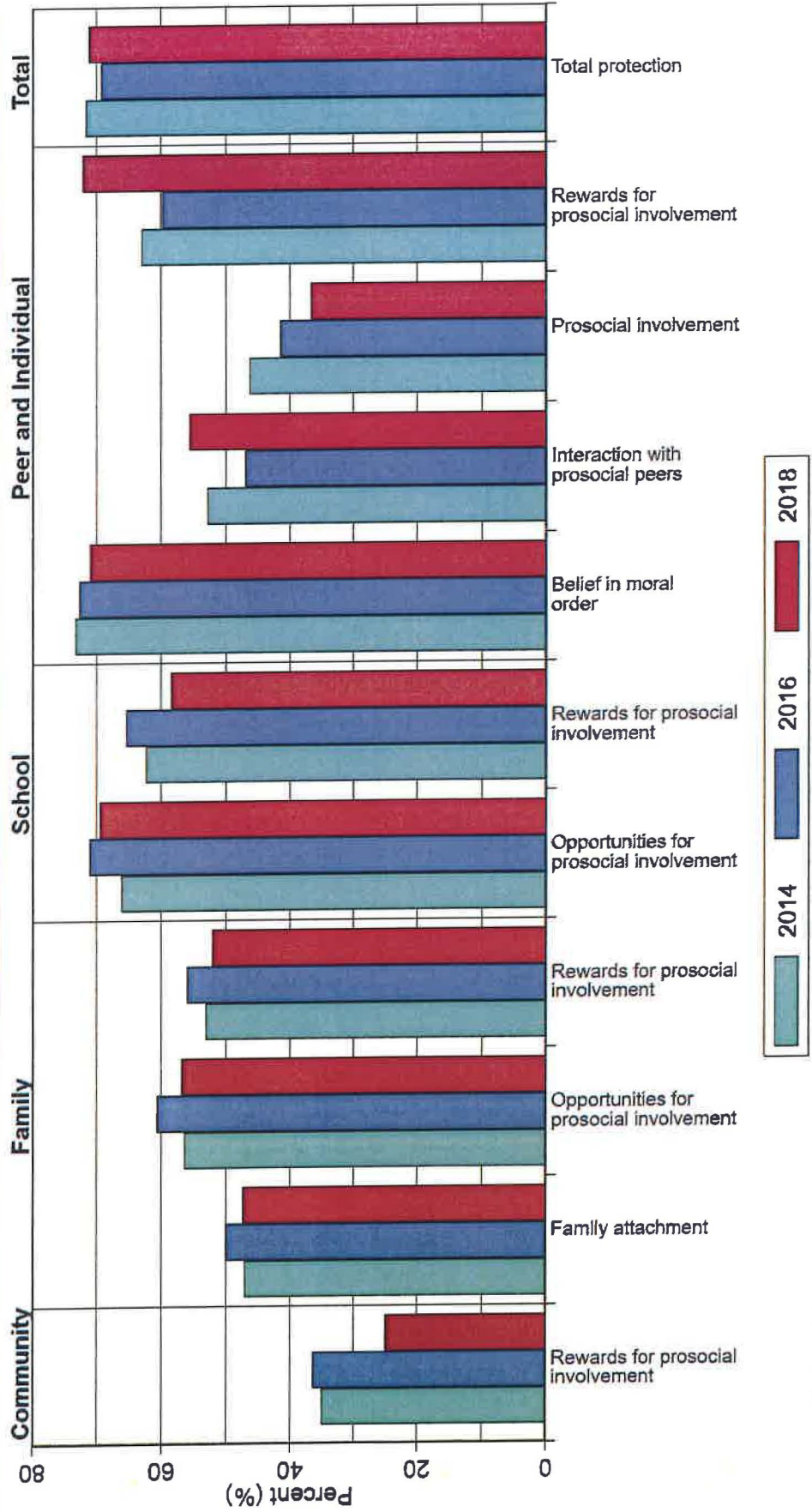


See Data Table 4 for more information.

Risk and Protective Factor Profiles

PROTECTIVE PROFILE

Grade 10

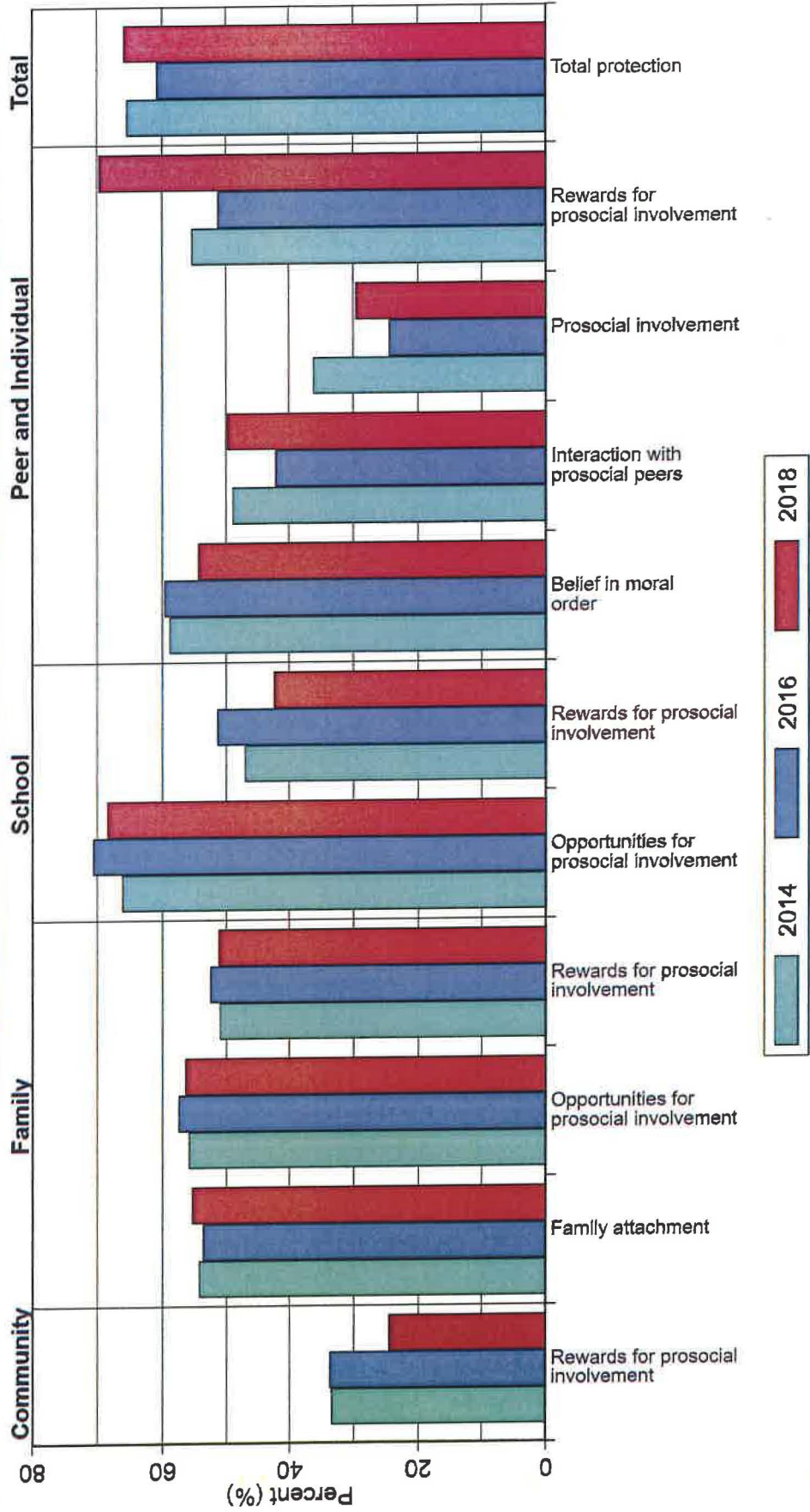


See Data Table 4 for more information.

Risk and Protective Factor Profiles

PROTECTIVE PROFILE

Grade 12



See Data Table 4 for more information.

Substance Use

Youths were asked about their lifetime and 30 day use of the following substances. Except where noted, these questions were asked in all three years (2014, 2016, and 2018) included in this report:

- cigarettes
- electronic cigarettes (e-cigs, vapes), first asked in 2016
- alcohol
- marijuana
- smoked or vaped marijuana concentrates (hash, oil, wax, crumble, shatter), first asked in 2018
- cocaine or crack
- hallucinogens (LSD, shrooms, peyote, salvia)
- inhalants (gases or fumes from glues, liquids, or sprays, also known as whippets, nitrous, paint, gas aerosols)
- methamphetamines (meth, crystal meth)
- heroin
- ecstasy (Molly, MDMA, X, E)
- steroids (Anadrol, Oxandrin, Durabolin, Equipoise, Depo-Testosterone)
- prescription opioids (codeine, OxyContin, Vicodin, Percocet, hydrocodone, fentanyl) without a doctor telling you to take them
- prescription stimulants (Adderall, Ritalin, Concerta, Vyvanse, Dexedrine) without a doctor telling you to take them
- prescription sedatives (bars, Valium, Xanax, Klonopin, Ambien, Lunesta) without a doctor telling you to take them
- synthetic drugs (Bath Salts, K2, Spice, Gold)
- over-the-counter drugs for the purpose of getting high (cough syrup, cold medicine, diet pills)
- multiple drugs at the same time (including alcohol, prescription medications, marijuana, and other illegal drugs), first asked in 2018
- alcohol and prescription opioids (Vicodin, Oxycontin, codeine) at the same time, first asked in 2018
- phenoxydine (px, breeze)

The drug phenoxydine does not exist, but was included for data validity purposes. Youth who responded that they used this drug may not be answering questions honestly. We exclude youths who claimed phenoxydine use.

Lifetime Substance Use is a measure of the percentage of youth who tried a particular substance at least once in their lifetime. Where available, data are shown for the past three survey administrations in order to note trends of increased or decreased use.

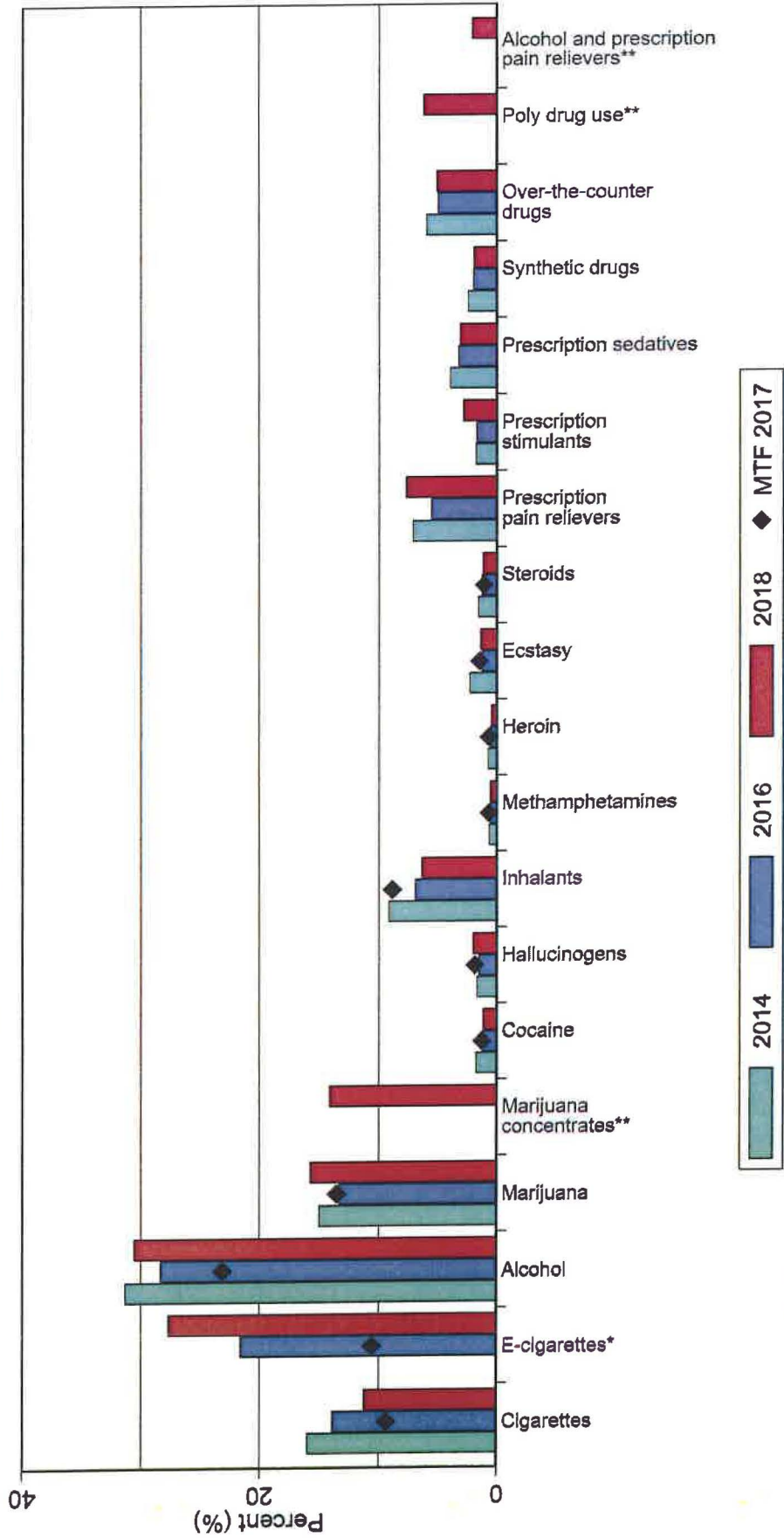
30-Day Substance Use is a measure of the percentage of youth who tried a particular substance at least once in the past 30 days. Where available, data are shown for the past three survey administrations in order to note trends of increased or decreased use.

Binge Drinking is a measure of the percentage of youth who had 5 or more drinks in a row at least once during the two weeks prior to the survey.

Substance Use

LIFETIME ATOD USE

Grade 8

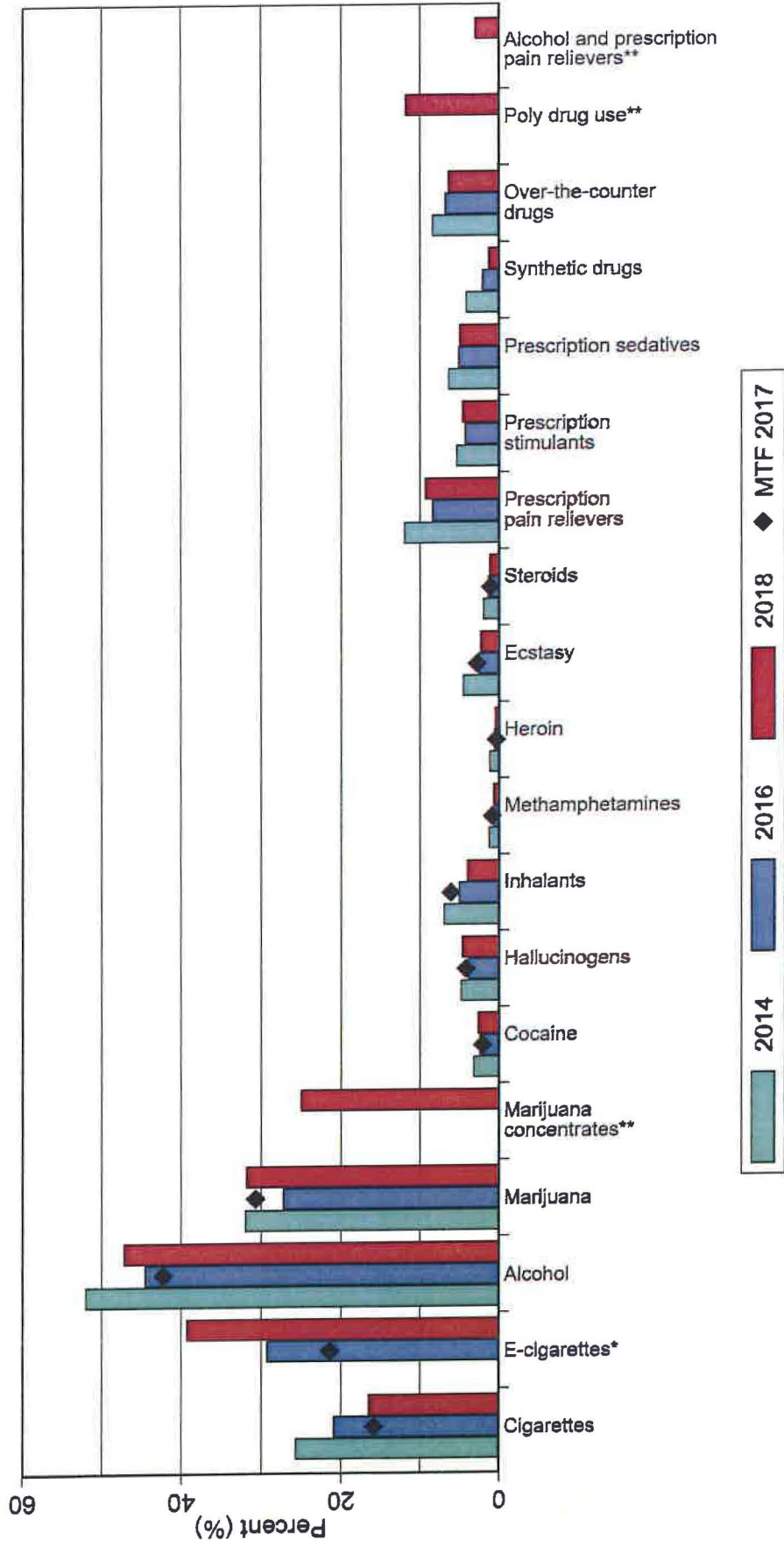


*This question was not asked in 2014.
 **This question was not asked in 2014 or 2016.
 See Data Table 5 for more information.

Substance Use

LIFETIME ATOD USE

Grade 10

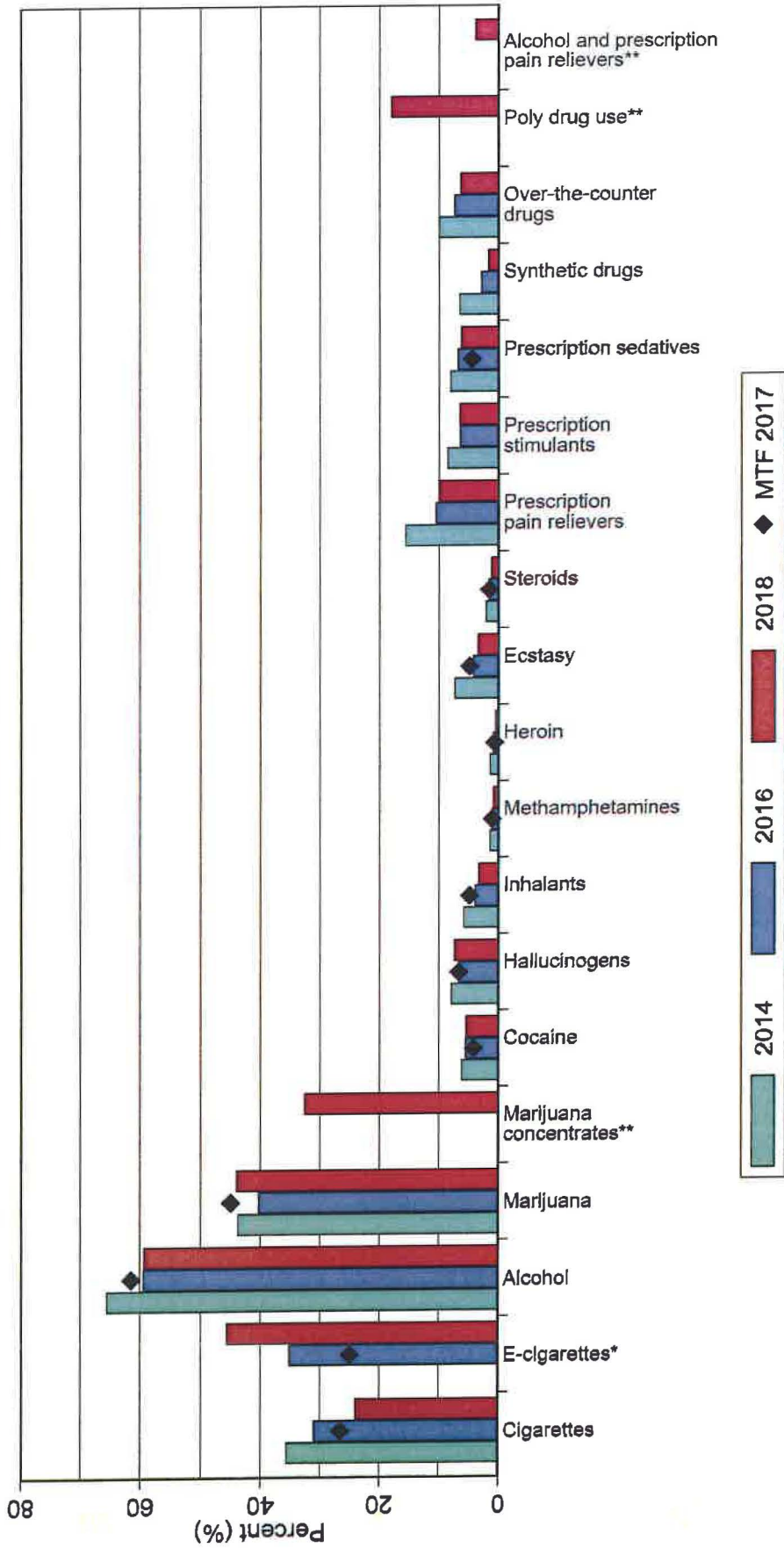


*This question was not asked in 2014.
 **This question was not asked in 2014 or 2016.
 See Data Table 5 for more information.

Substance Use

LIFETIME ATOD USE

Grade 12

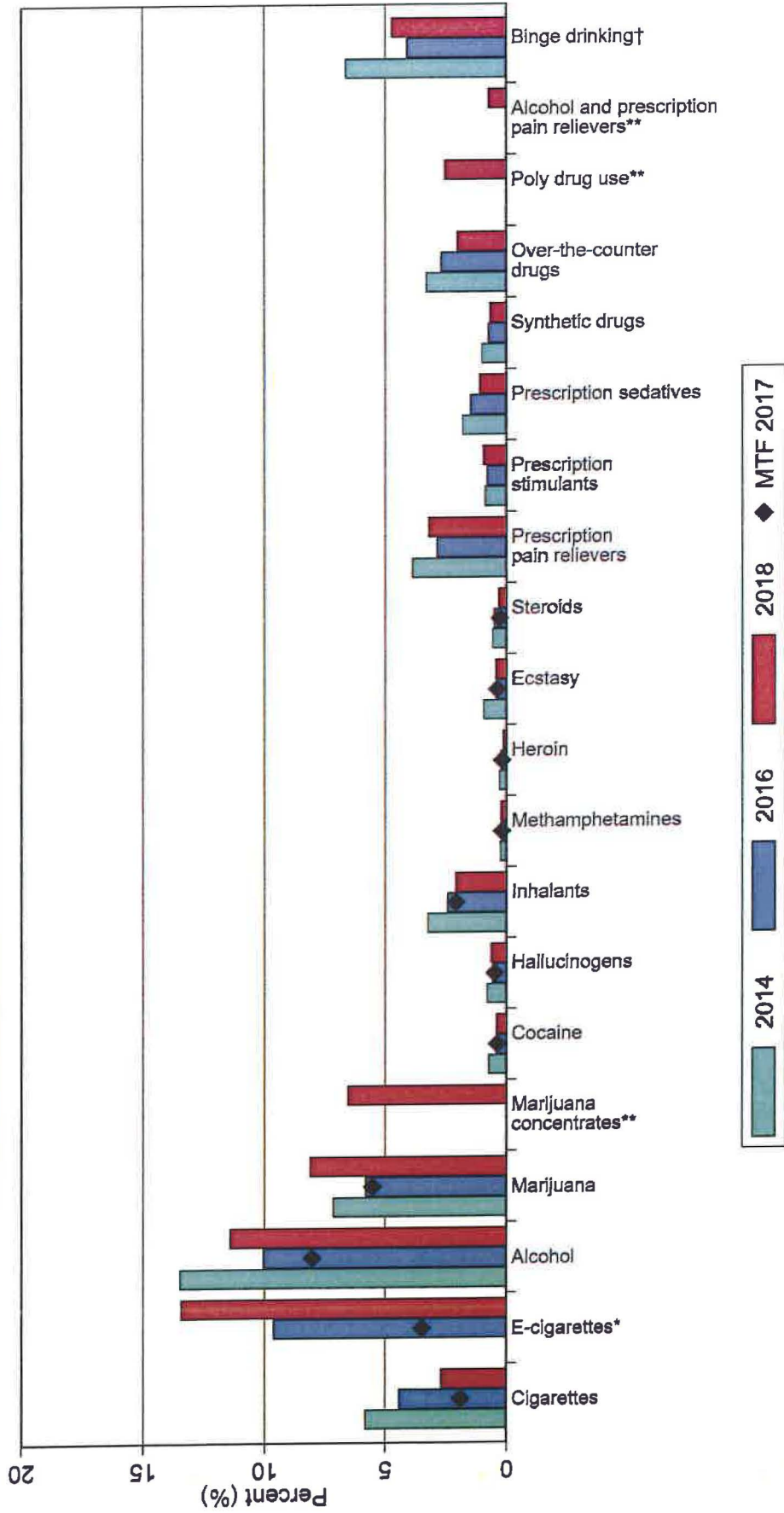


*This question was not asked in 2014.
 **This question was not asked in 2014 or 2016.
 See Data Table 5 for more information.

Substance Use

30-DAY ATOD USE

Grade 8

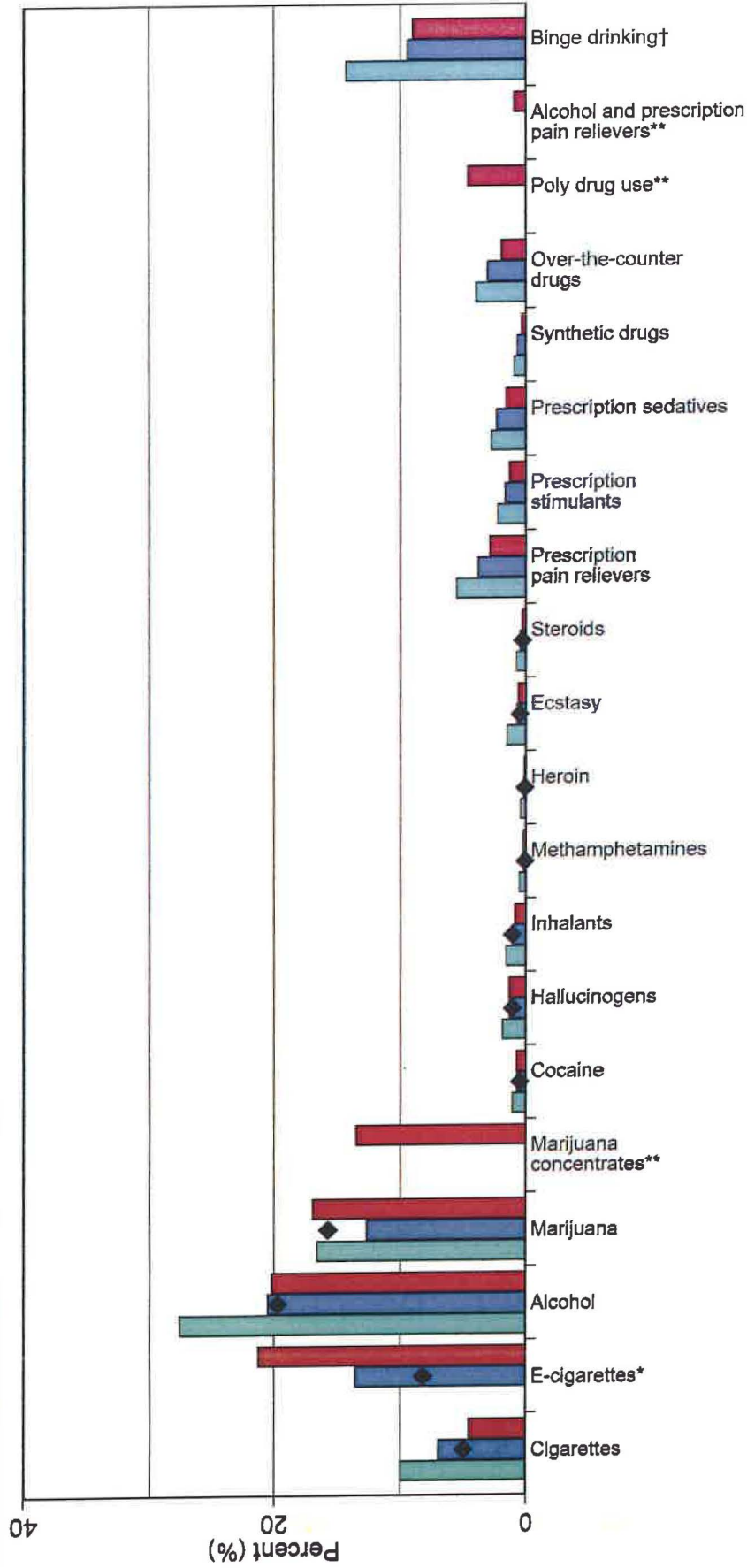


*This question was not asked in 2014.
 **This question was not asked in 2014 or 2016.
 †This question indicated whether youth had 5 or more drinks in a row during the past 2 weeks.
 See Data Table 6 for more information.

Substance Use

30-DAY ATOD USE

Grade 10

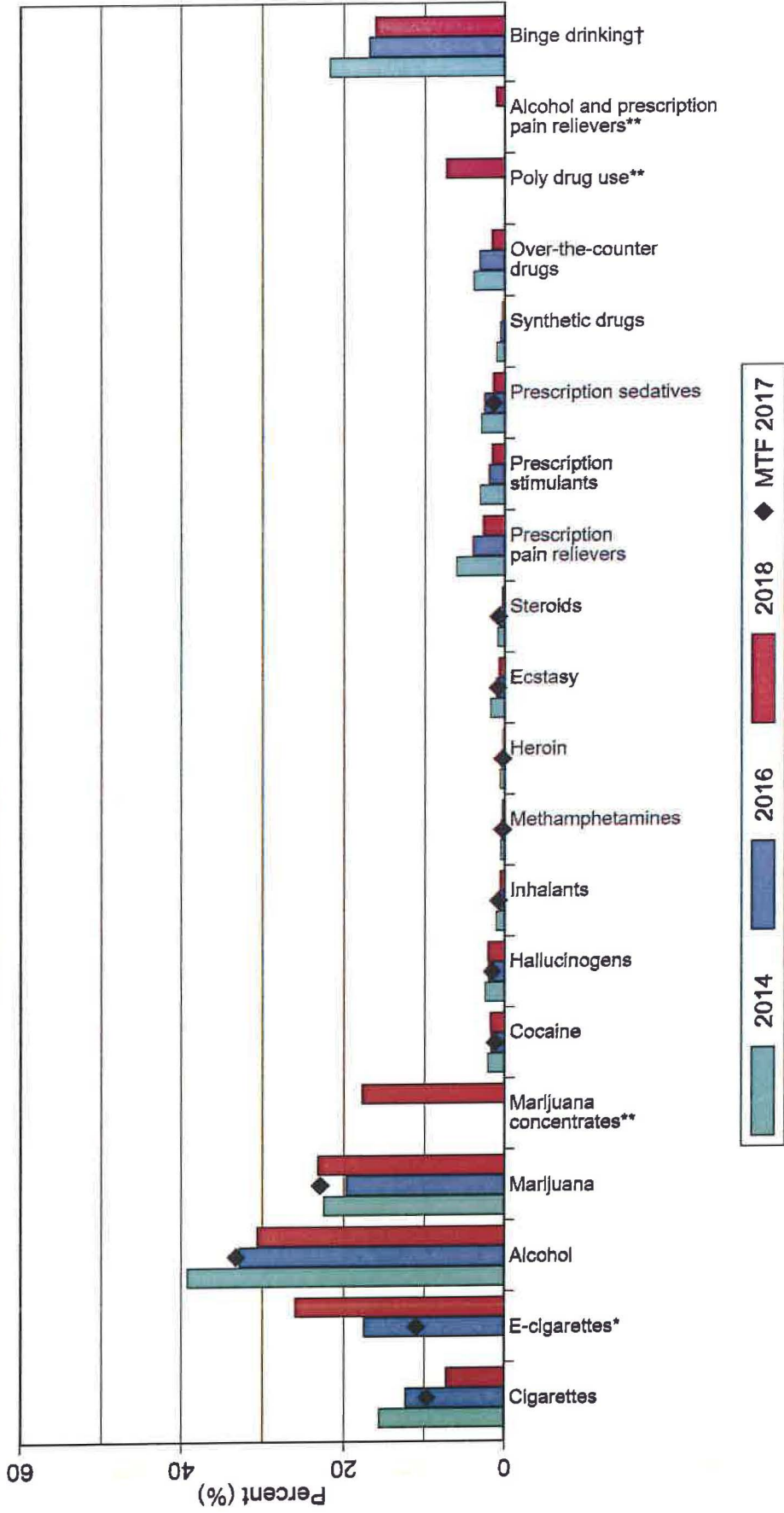


*This question was not asked in 2014
 **This question was not asked in 2014 or 2016
 †This question indicated whether youth had 5 or more drinks in a row during the past 2 weeks.
 See Data Table 6 for more information.

Substance Use

30-DAY ATOD USE

Grade 12



*This question was not asked in 2014.
 **This question was not asked in 2014 or 2016.
 †This question indicated whether youth had 5 or more drinks in a row during the past 2 weeks.
 See Data Table 6 for more information.

Delinquency and Problem Behaviors

Delinquency

Delinquency is measured by a series of questions encompassing a variety of types of behavior. Where possible, trends over three survey administrations (2014, 2016 and 2018) are presented. 12-month delinquency prevalence is a measure of the percentage of youth who engaged in the following behaviors at least once during the year prior to the survey.

- stolen something worth more than \$5, first asked in 2018
- stolen or tried to steal a motor vehicle (car or motorcycle)
- gambled, including placing a bet on anything for money or something of value (lottery, cards, dice, sports, pool, video games), first asked with this wording in 2018
- cyberbullied, including harassing or making fun of another person online or through texting, first asked in 2018
- sold illegal drugs
- in a physical fight, first asked in 2018
- physically assaulted (e.g. hit, slapped, pushed, kicked) boyfriend or girlfriend, first asked in 2018
- attacked someone with the idea of seriously hurting them

We also report the percentage of youth who were arrested in the 12 months prior to survey administration as an indicator of police response to youth delinquency.

School problem behavior

Problem behaviors at school are measured in a variety of ways, including feeling unsafe at school, delinquency and drug use at school, bullying, and being bullied. When possible, trends are presented for survey years 2014, 2016, and 2018.

Felt unsafe at school reports the percentage of youth who mostly or definitely do not feel safe at school. The original question has four response categories in response to the prompt “I feel safe at school”. Those who responded NO! or no are categorized as feeling unsafe. The other response options were yes and YES!. These response options were validated in the Communities that Care survey which the Arizona Youth Survey is modeled after. In the 2016 survey only, percent who felt unsafe responded “strongly disagree” or “disagree” to this question as opposed to “agree” or “strongly agree”.

Next, we report the percentage of students who skipped school at least once in the 12 months prior to the survey because they felt unsafe. In previous survey administrations, this question was asked with a 30 day window. Because of the different timeframe, we report only 2018.

Bullying is a form of aggression, often expressed through physical or psychological harassment, which can lead to feelings of being unsafe and to increased absences (Batsche and Knoff, 1994; Gastic, 2008; Kearney, 2008). We report the percentage of youths who were bullied and the percentage of youths who report bullying someone else on school property in the 12 months prior to the survey. For survey years 2016 and 2018, we also report the percentage of youth who witnessed someone being bullied on school property in the past 12 months. Note: in 2016 the witnessing bullying question included the condition “and done nothing to stop it”. In 2018 this phrase was dropped. As a result, percentage witnessed bullying may be slightly higher due to inclusion of youths who witnessed bullying and intervened.

Been drunk or high reports the percentage of youths who were drunk or high at school at least once in the prior 12 months.

Got into a physical fight reports the percentage of youths who were in a physical fight at least once at school in the prior 12 months.

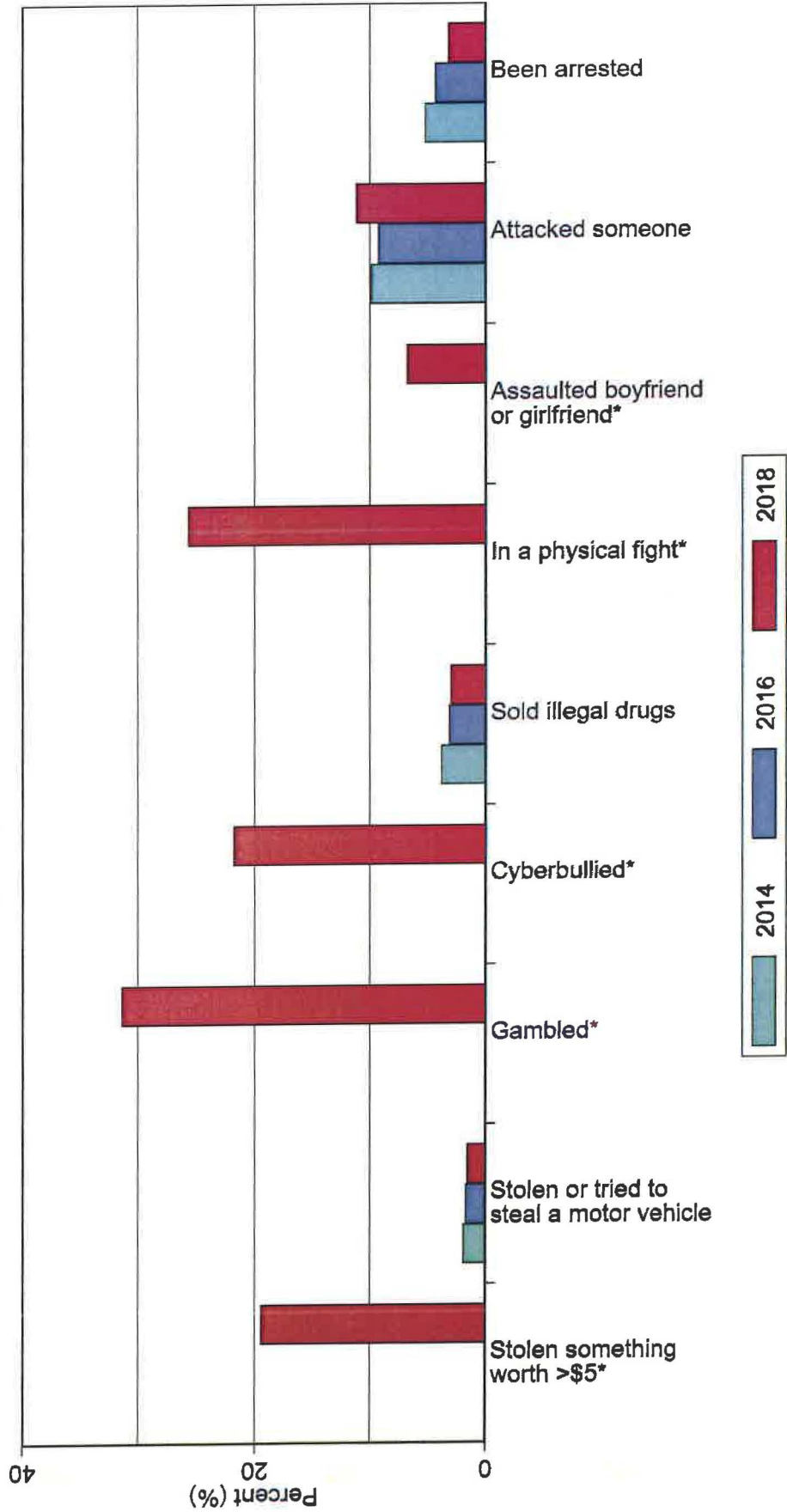
Threatened/injured with a weapon reports the percentage of youth who were threatened or injured with a weapon (e.g. gun, knife, or club) at school at least once in the prior 12 months.

Finally, we report the percentage of students who were suspended at least once in the prior 12 months.

Delinquency and Problem Behaviors

12-MONTH DELINQUENCY PREVALENCE

Grade 8

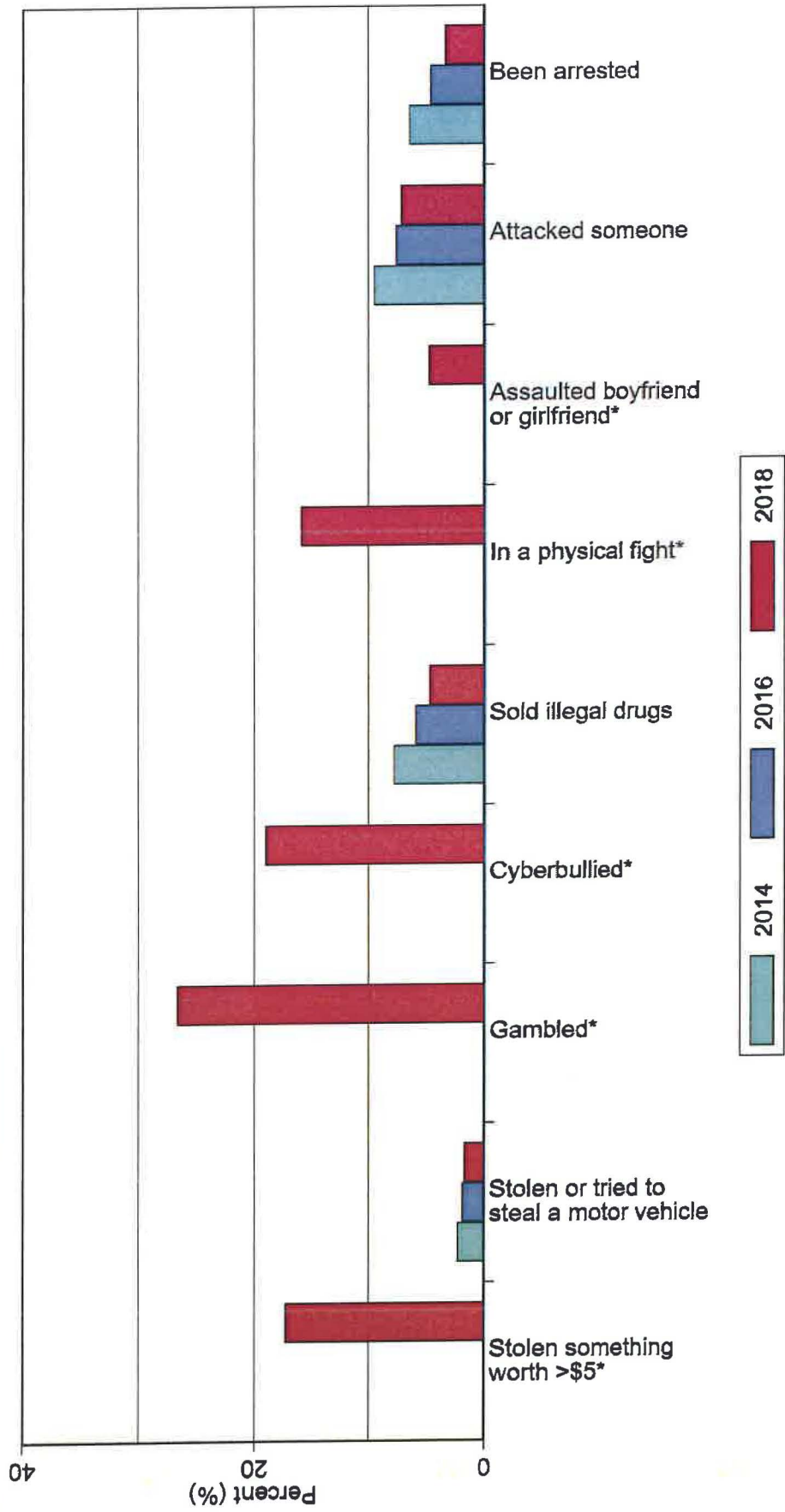


*This question was not asked in 2014 or 2016. See Data Table 10 for more information.

Delinquency and Problem Behaviors

12-MONTH DELINQUENCY PREVALENCE

Grade 10

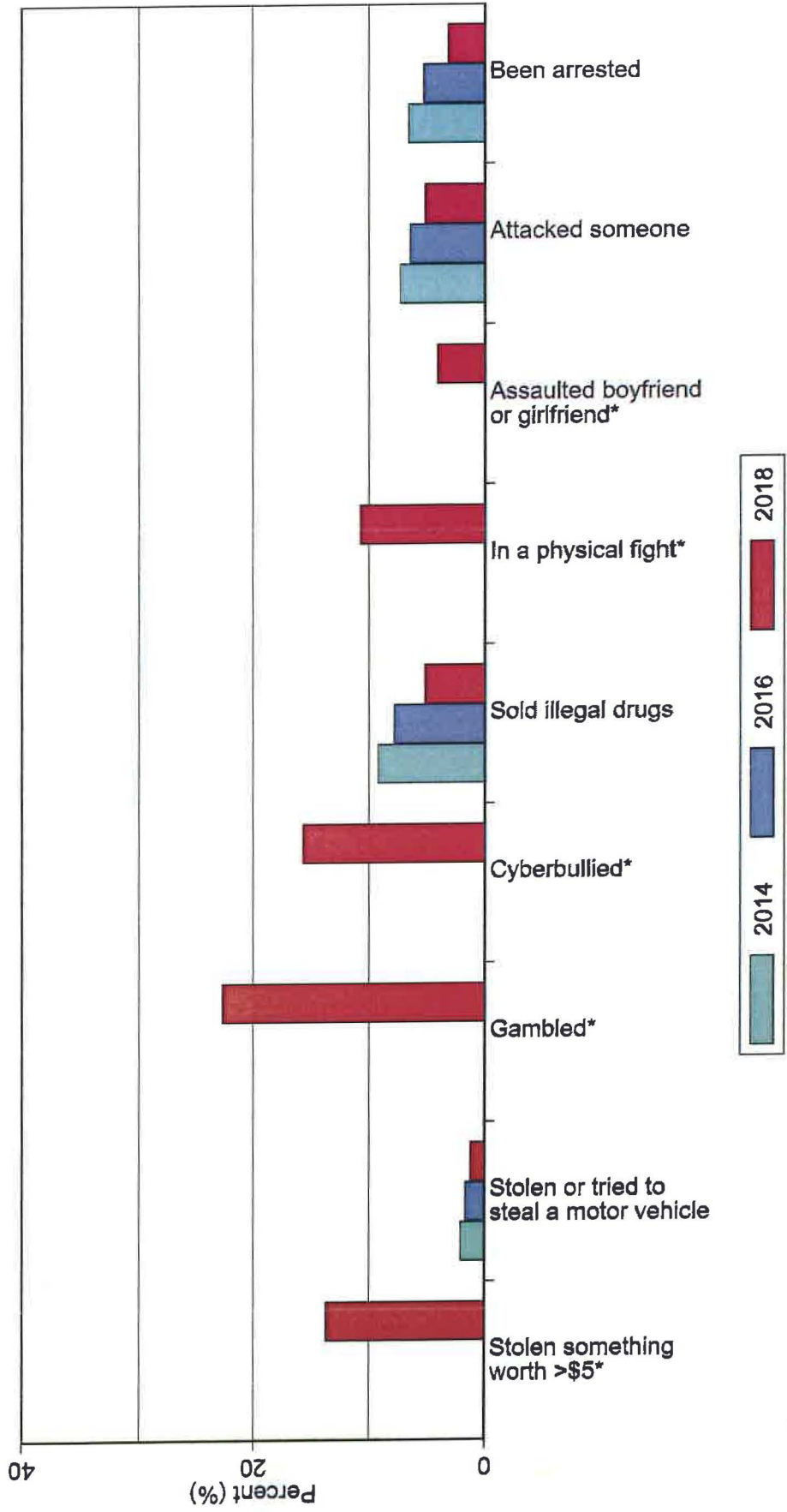


*This question was not asked in 2014 or 2016. See Data Table 10 for more information.

Delinquency and Problem Behaviors

12-MONTH DELINQUENCY PREVALENCE

Grade 12

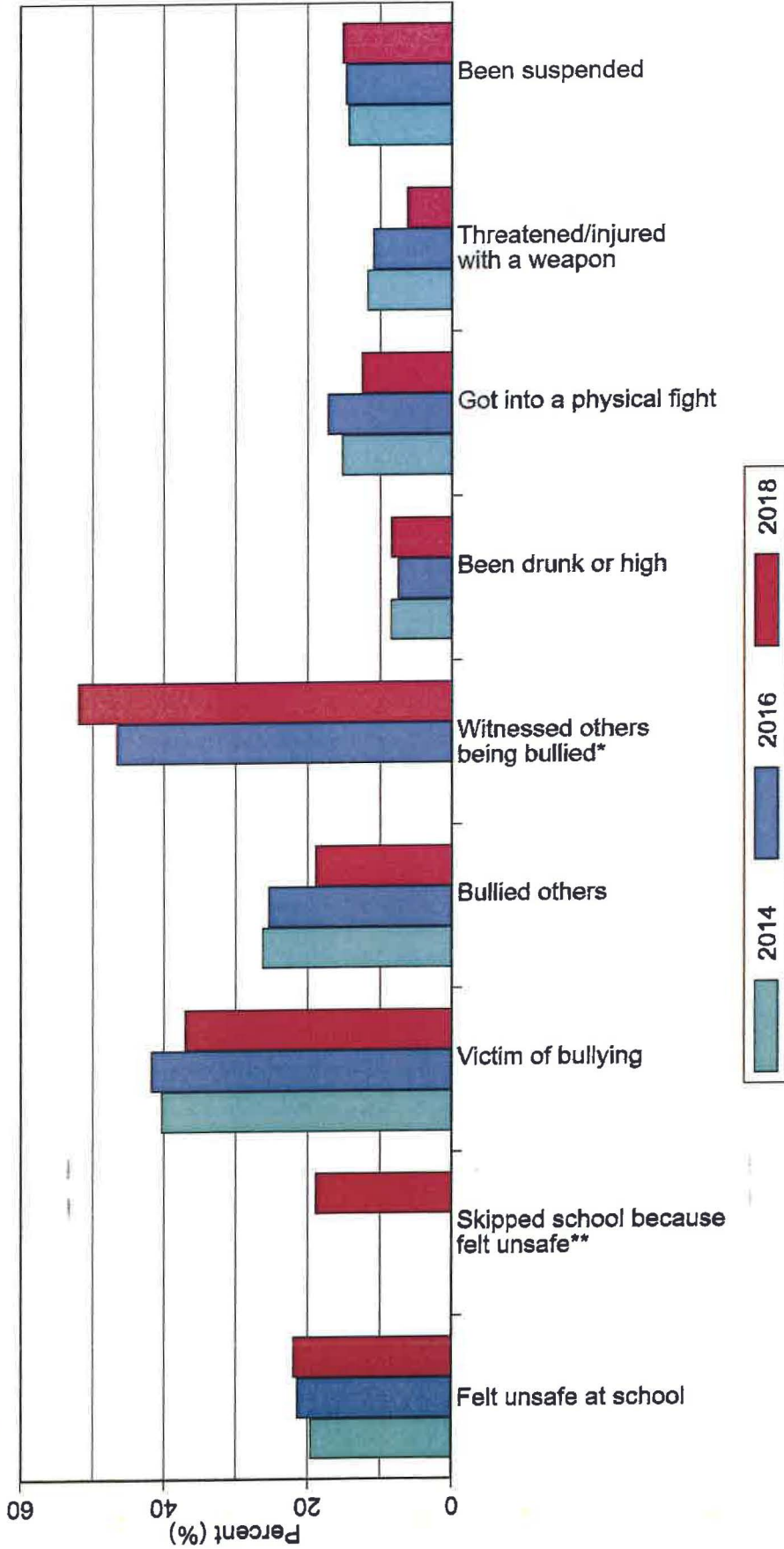


*This question was not asked in 2014 or 2016. See Data Table 10 for more information.

Delinquency and Problem Behaviors

12-MONTH SCHOOL PROBLEM BEHAVIOR PREVALENCE

Grade 8

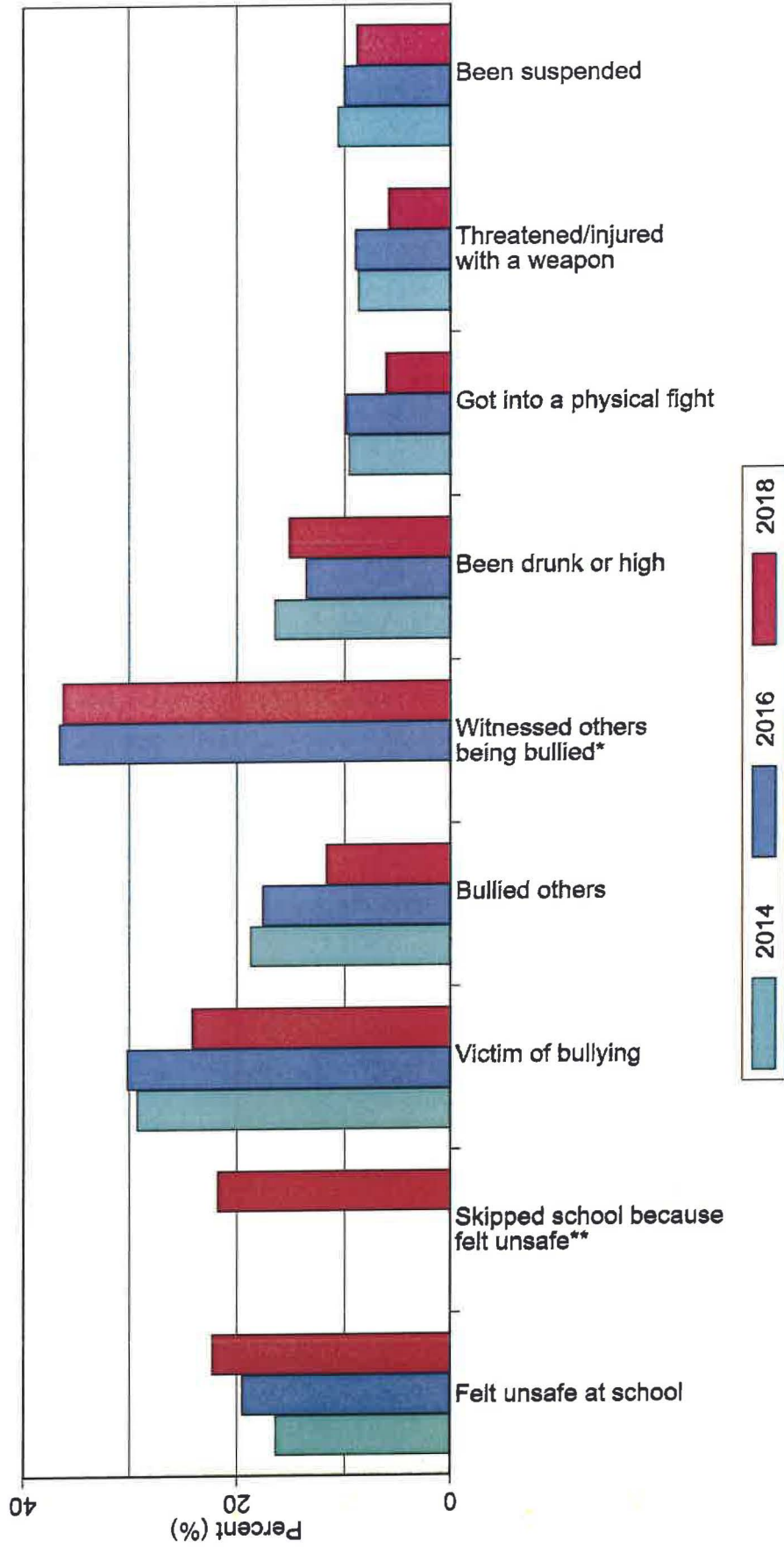


*This question was not asked in 2014.
 **This question was not asked in 2014 or 2016.
 See Data Table 11 for more information.

Delinquency and Problem Behaviors

12-MONTH SCHOOL PROBLEM BEHAVIOR PREVALENCE

Grade 10

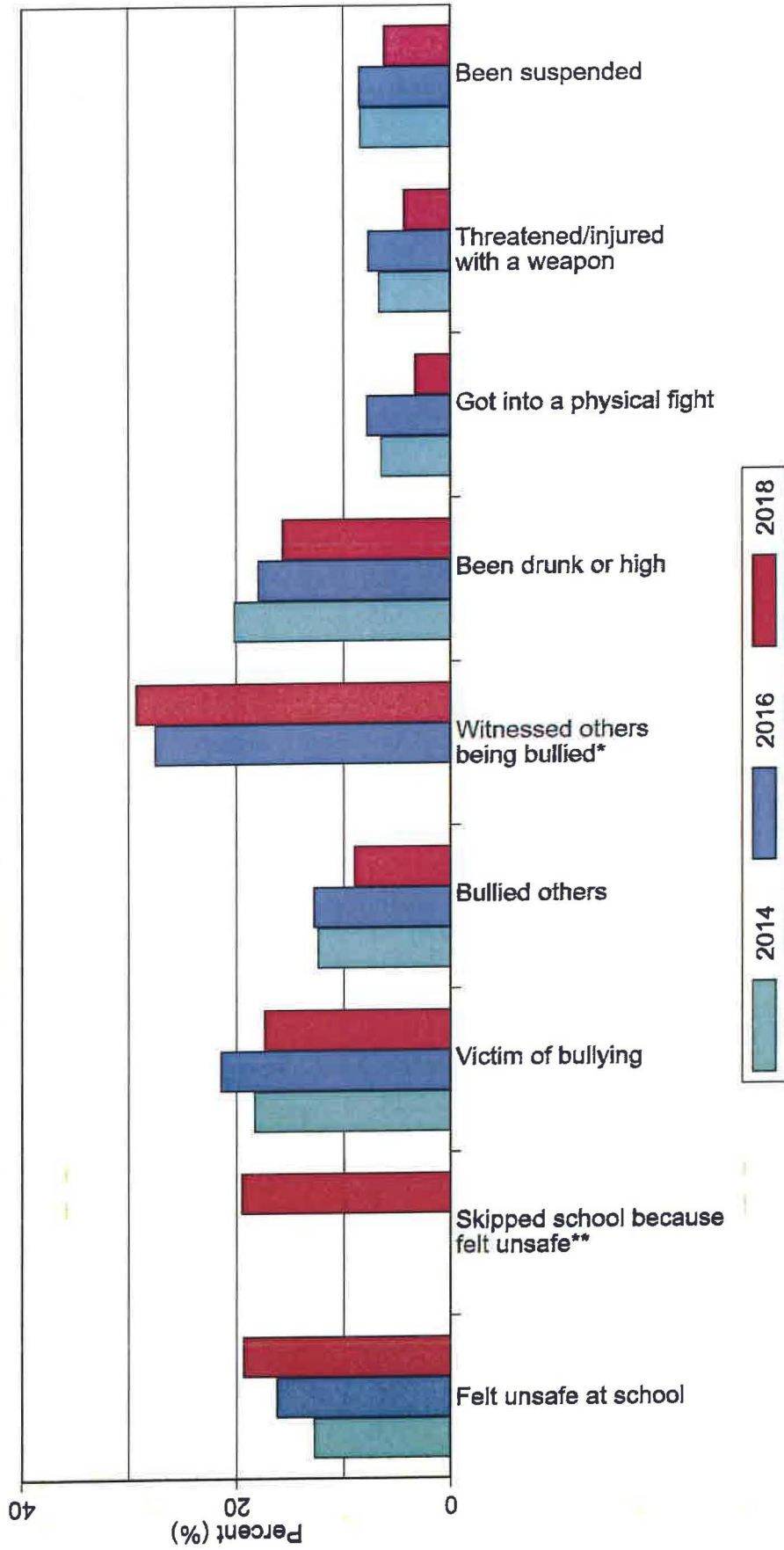


*This question was not asked in 2014.
 **This question was not asked in 2014 or 2016.
 See Data Table 11 for more information.

Delinquency and Problem Behaviors

12-MONTH SCHOOL PROBLEM BEHAVIOR PREVALENCE

Grade 12



*This question was not asked in 2014.
 **This question was not asked in 2014 or 2016.
 See Data Table 11 for more information.

Handgun Use, Victimization, and Attitudes

Gun carrying in adolescence is correlated with violent crime, property crime and drug use (Emmert, Hall & Lizotte, 2018). The Arizona Youth Survey includes several questions about handgun carrying, gun use, and attitudes about guns. Where possible, figures from the 2014 and 2016 survey years are also reported so that increasing or decreasing trends can be detected.

Brought a gun to school reports the percentage of youths who took a handgun to school at least once in the prior 12 months.

Carried a handgun reports the percentage of youths who carried a handgun at least once during the prior 12 months.

Threatened, shot at, or shot someone reports the percentage of youth who used a gun to threaten, shoot at, or shoot someone at least once in the prior 12 months. This question was first asked in 2018.

Saw someone shot, shot at, or threatened reports the percentage of youth who witnessed someone using a gun to threaten, shoot at, or shoot someone at least once in the prior 12 months.

Been shot, shot at, or threatened reports the percentage of youth who themselves were shot, shot at, or threatened with a gun at least once in the prior 12 months. This question was first asked in 2018.

Has close friends who carry a handgun reports the percentage of youth who had at least one of his or her four closest friends carry a handgun. Note: in 2014 youths were asked to report on their four best friends (the friends they felt closest to). In 2016 youths were asked to report on their four best friends. And in 2018 they reported on their four closest friends.

Would be seen as cool for carrying a gun reports the percentage of youth who felt there was some chance, a pretty good chance or a very good chance that they would be seen as cool if they carried a handgun. The other responses were no or very little chance and little chance of being seen as cool.

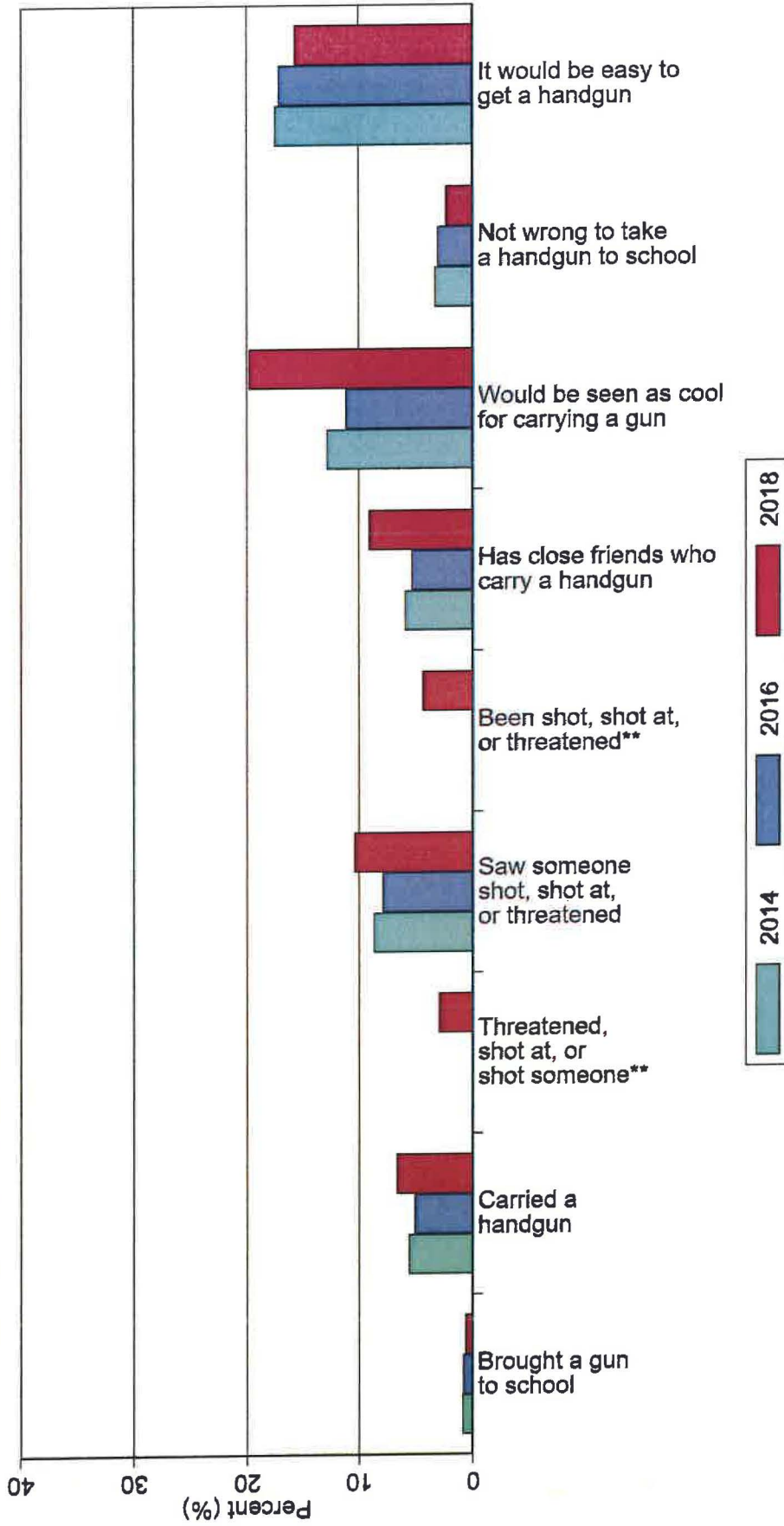
Not wrong to take a handgun to school reports the percentage of youth who felt it was not wrong or only a little bit wrong to take a handgun to school. The other response options were wrong or very wrong.

It would be easy to get a handgun reports the percentage of youth who felt it would be very easy or sort of easy to obtain a handgun. The other response options were sort of hard and very hard.

Handgun Use, Victimization, and Attitudes

HANDGUN USE, VICTIMIZATION, AND ATTITUDES

Grade 8

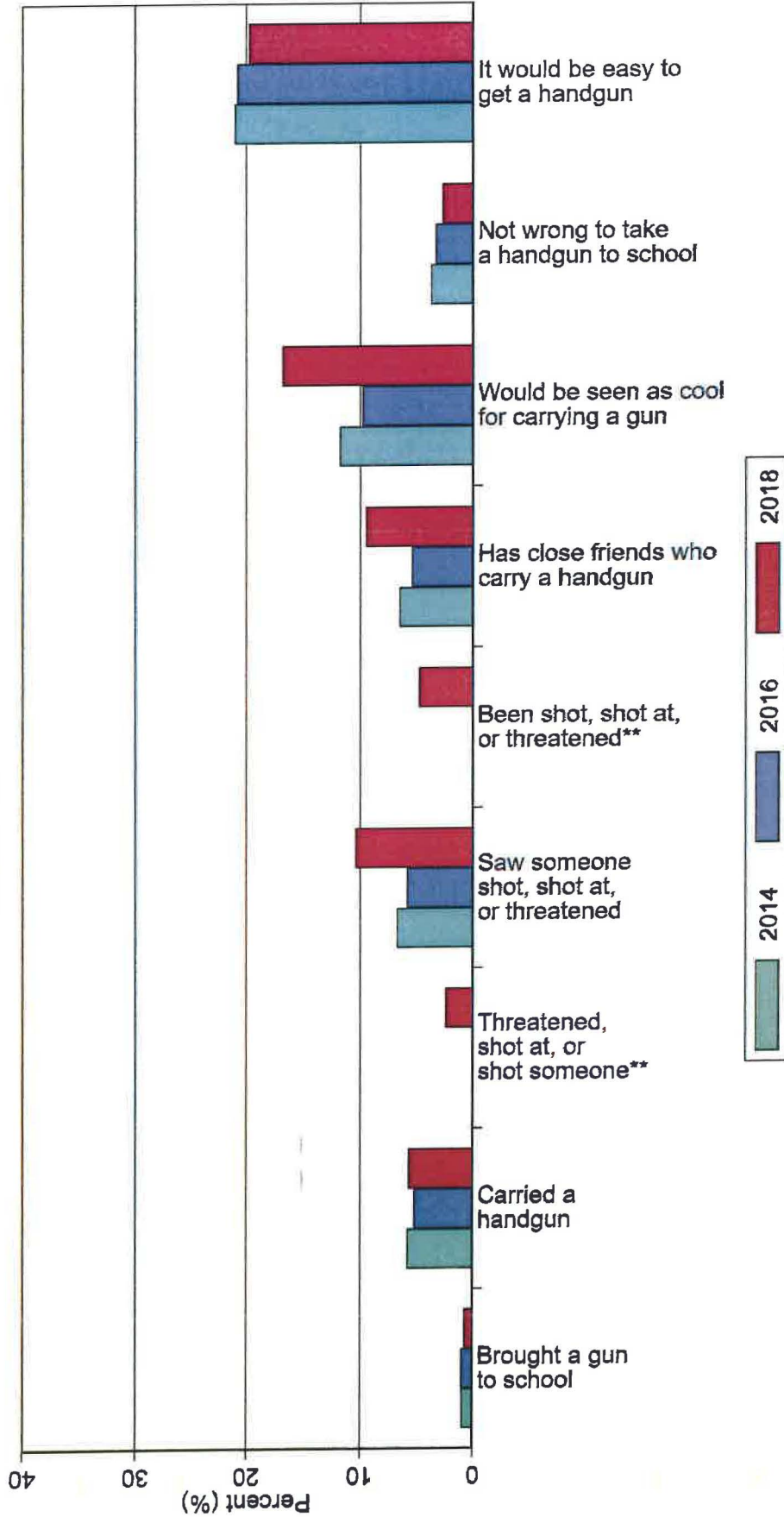


**This question was not asked in 2014 or 2016. See Data Table 12 for more information.

Handgun Use, Victimization, and Attitudes

HANDGUN USE, VICTIMIZATION, AND ATTITUDES

Grade 10

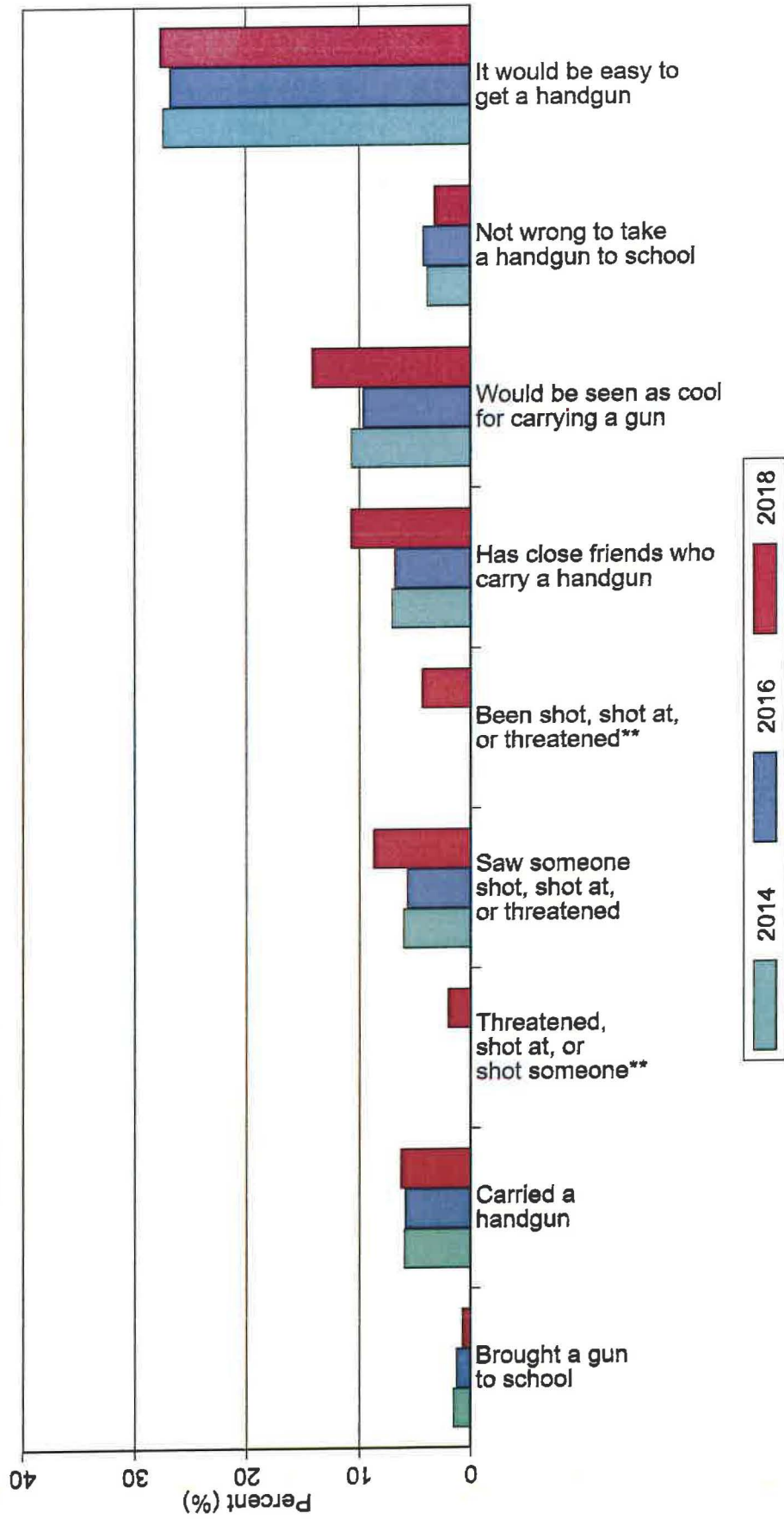


**This question was not asked in 2014 or 2016. See Data Table 12 for more information.

Handgun Use, Victimization, and Attitudes

HANDGUN USE, VICTIMIZATION, AND ATTITUDES

Grade 12



**This question was not asked in 2014 or 2016. See Data Table 12 for more information

Violence Exposure

This figure collects reports of either witnessing or experiencing violence. Where possible, figures from the 2014 and 2016 survey years are also reported so that increasing or decreasing trends can be detected.

Saw someone beaten up reports the percentage of youths who witnessed someone being punched, kicked, choked or beaten up at least once in the prior 12 months.

Saw someone attacked with a weapon reports the percentage of youths who witnessed someone attacked with a weapon other than a gun (e.g. knife, bat, bottle) at least once in the prior 12 months.

Beaten up reports the percentage of youths who were punched, kicked, choked, or beaten up at least once in the past 12 months. This question was first asked in 2018.

Assaulted by boyfriend/girlfriend reports the percentage of youths who were physically assaulted (e.g. hit, slapped, pushed) by a boyfriend or girlfriend at least once in the prior 12 months.

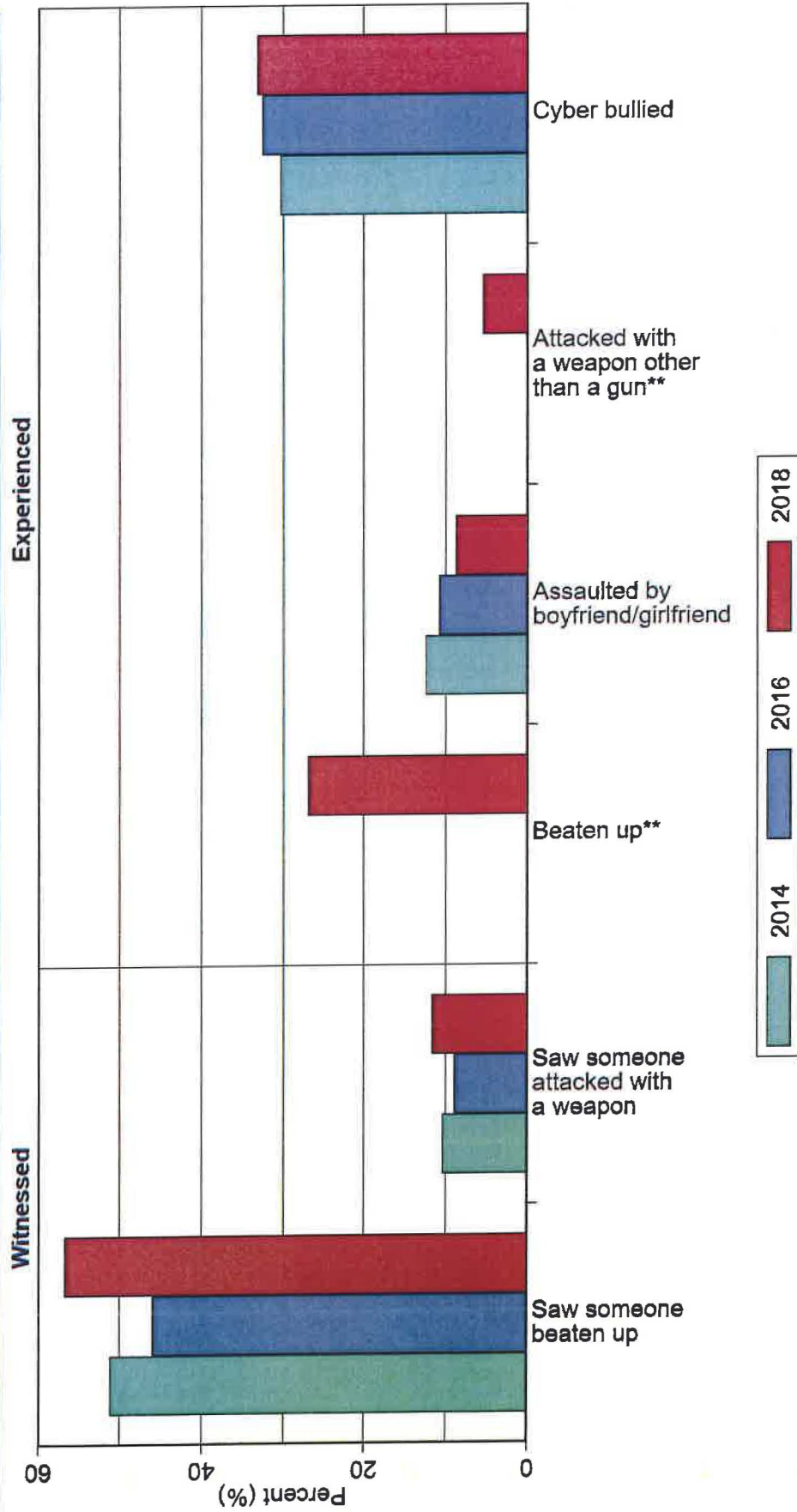
Attacked with a weapon other than a gun reports the percentage of youths who were attacked with a weapon other than a gun (e.g. knife, bat, bottle) at least once in the prior 12 months. This question was first asked in 2018.

Cyber bullied reports the percentage of youth who were cyber-bullied at least once in the prior 12 months. Cyber bullying is defined as being harassed or made fun of by another person online or through text. In 2014 and 2016 the survey question included being mistreated in addition to harassed or made fun of. It also included “or other electronic device” in addition to online and cell phone.

Violence Exposure

WITNESSED OR EXPERIENCED VIOLENCE IN THE PAST 12 MONTHS

Grade 8

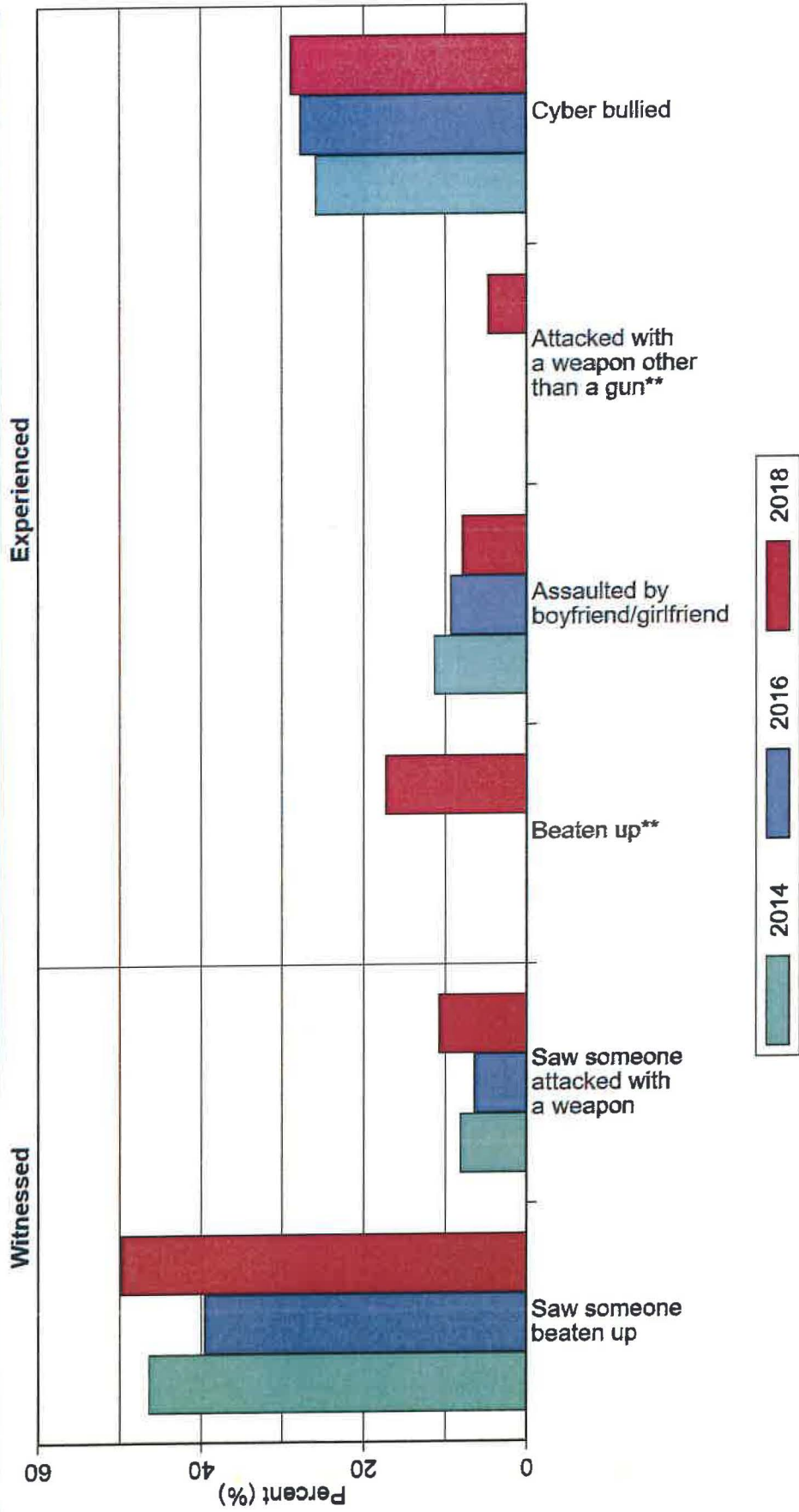


**This question was not asked in 2014 or 2016. See Data Table 13 for more information.

Violence Exposure

WITNESSED OR EXPERIENCED VIOLENCE IN THE PAST 12 MONTHS

Grade 10

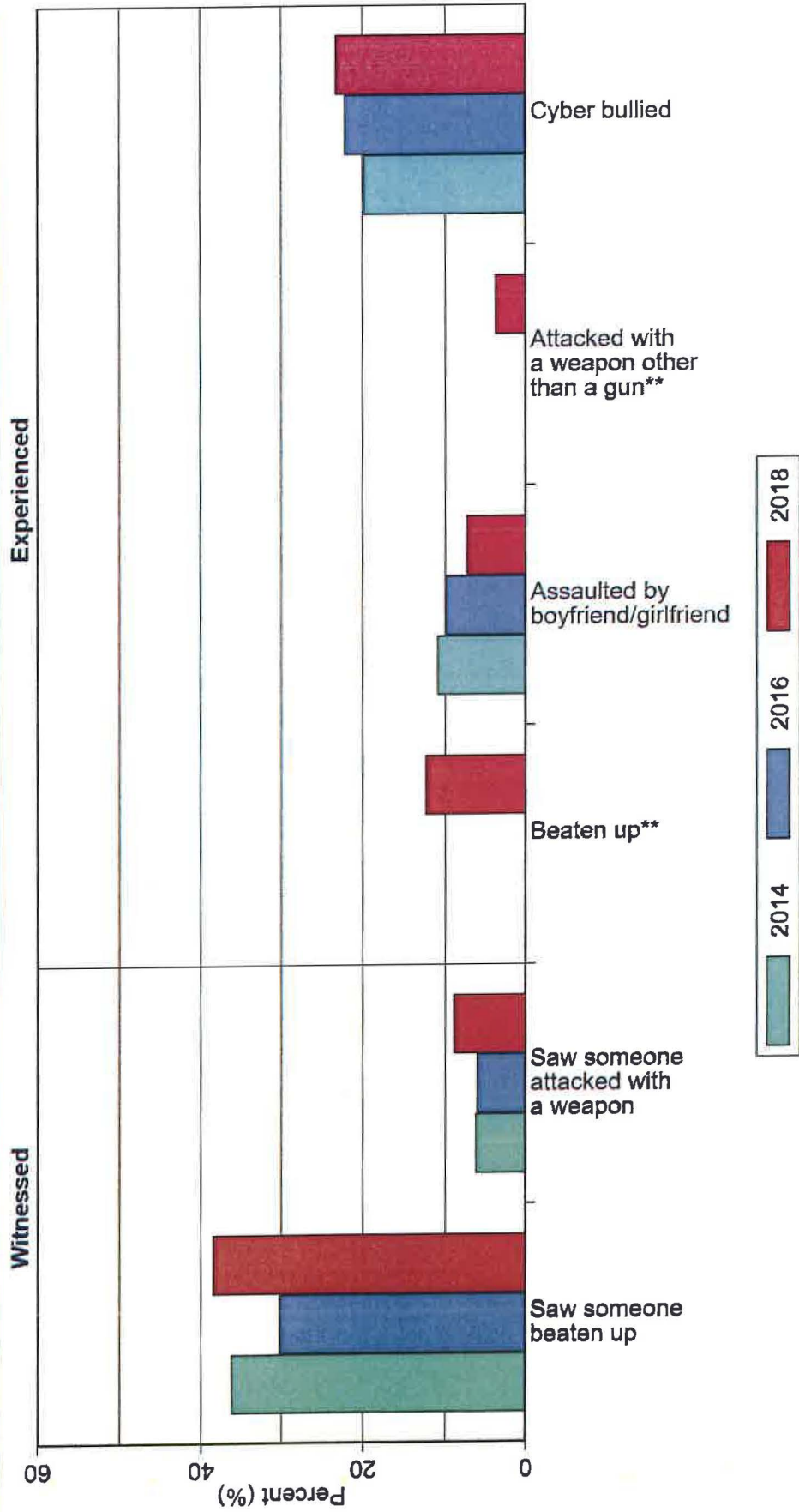


**This question was not asked in 2014 or 2016. See Data Table 13 for more information.

Violence Exposure

WITNESSED OR EXPERIENCED VIOLENCE IN THE PAST 12 MONTHS

Grade 12



**This question was not asked in 2014 or 2016. See Data Table 13 for more information.

Gang Involvement

Gang Involvement is measured by a series of questions centered on current and past gang membership for self and friends, as well as the major reason for membership. Association with delinquent peers has been identified as a correlate of individual gang involvement and other anti-social behaviors (Esbensen et al., 2009; Klein and Maxson, 2006). Where possible, figures from the 2014 and 2016 survey years are also reported so that increasing or decreasing trends can be detected.

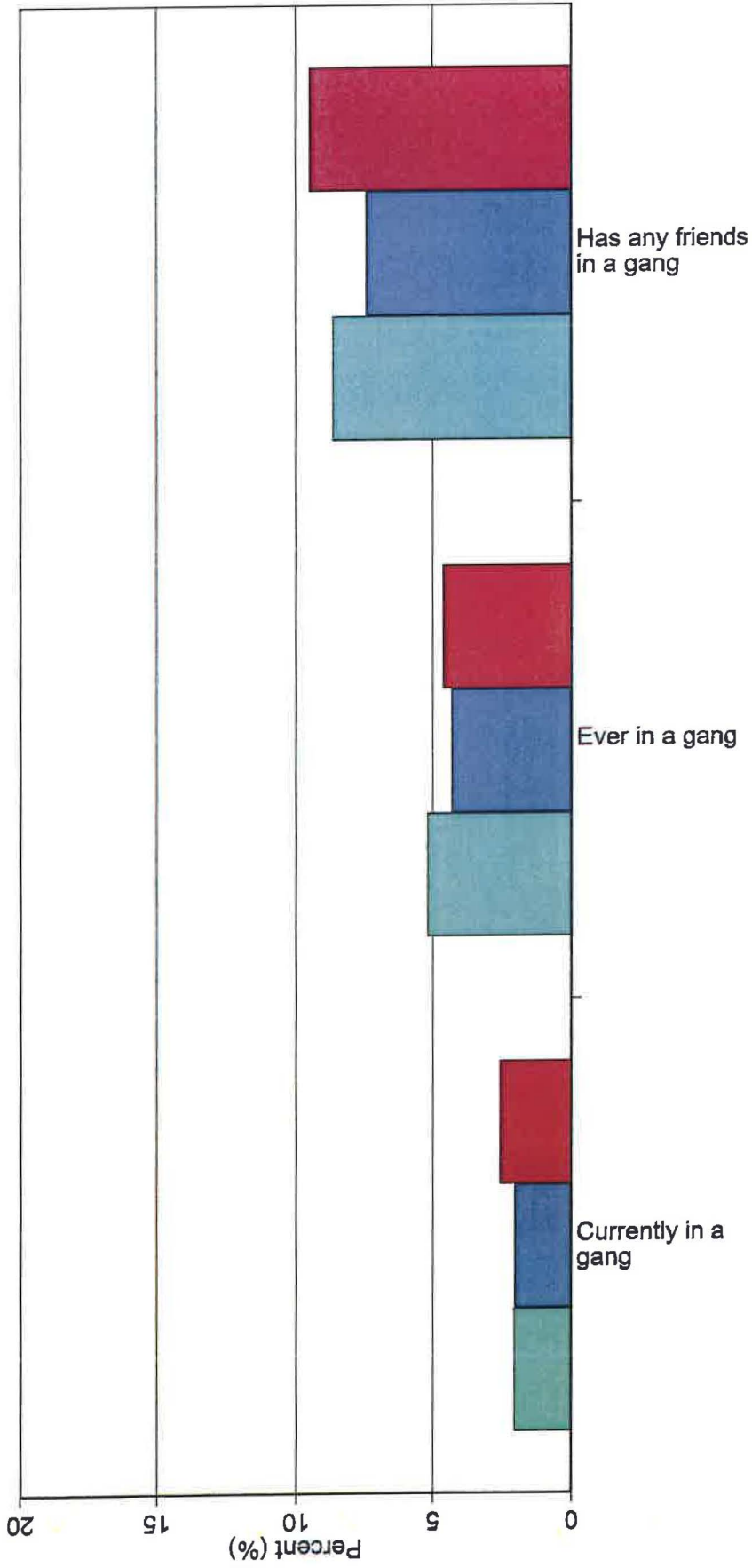
Currently in a gang reports the percentage of youths who report currently belonging to a gang. This includes youths who report belonging to a gang but wanting to get out.

Ever in a gang reports the percentage of youths who report that they no longer belong to a gang but used to.

Friends in a gang reports the percentage of youth who had at least one of his or her four closest friends in a gang. Note: in 2014 youths were asked to report on their four best friends (the friends they felt closest to). In 2016 youths were asked to report on their four best friends. And in 2018 they reported on their four closest friends.

Gang Involvement

GANG INVOLVEMENT Grade 8

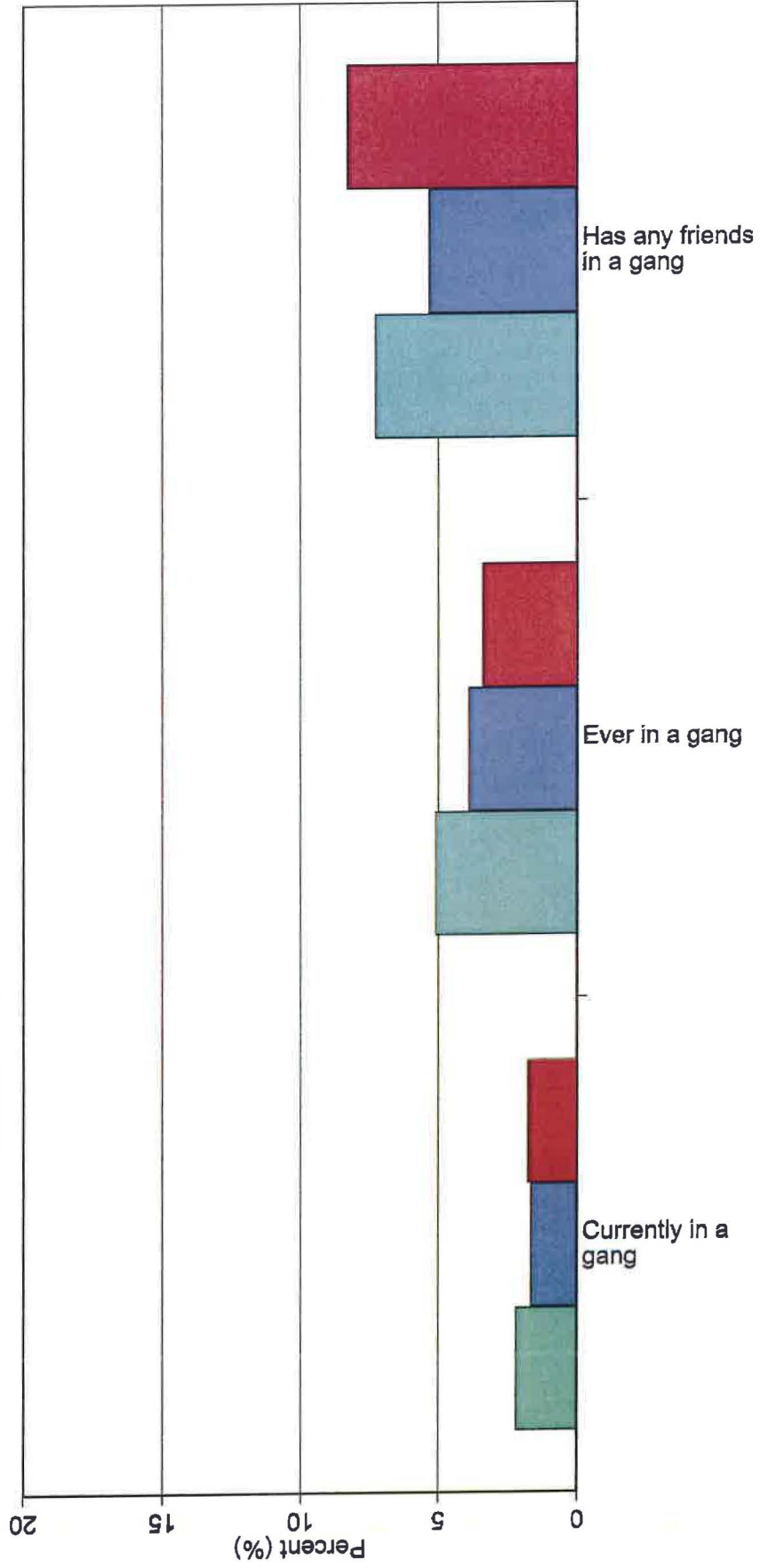


See Data Table 14 for more information.

Gang Involvement

GANG INVOLVEMENT

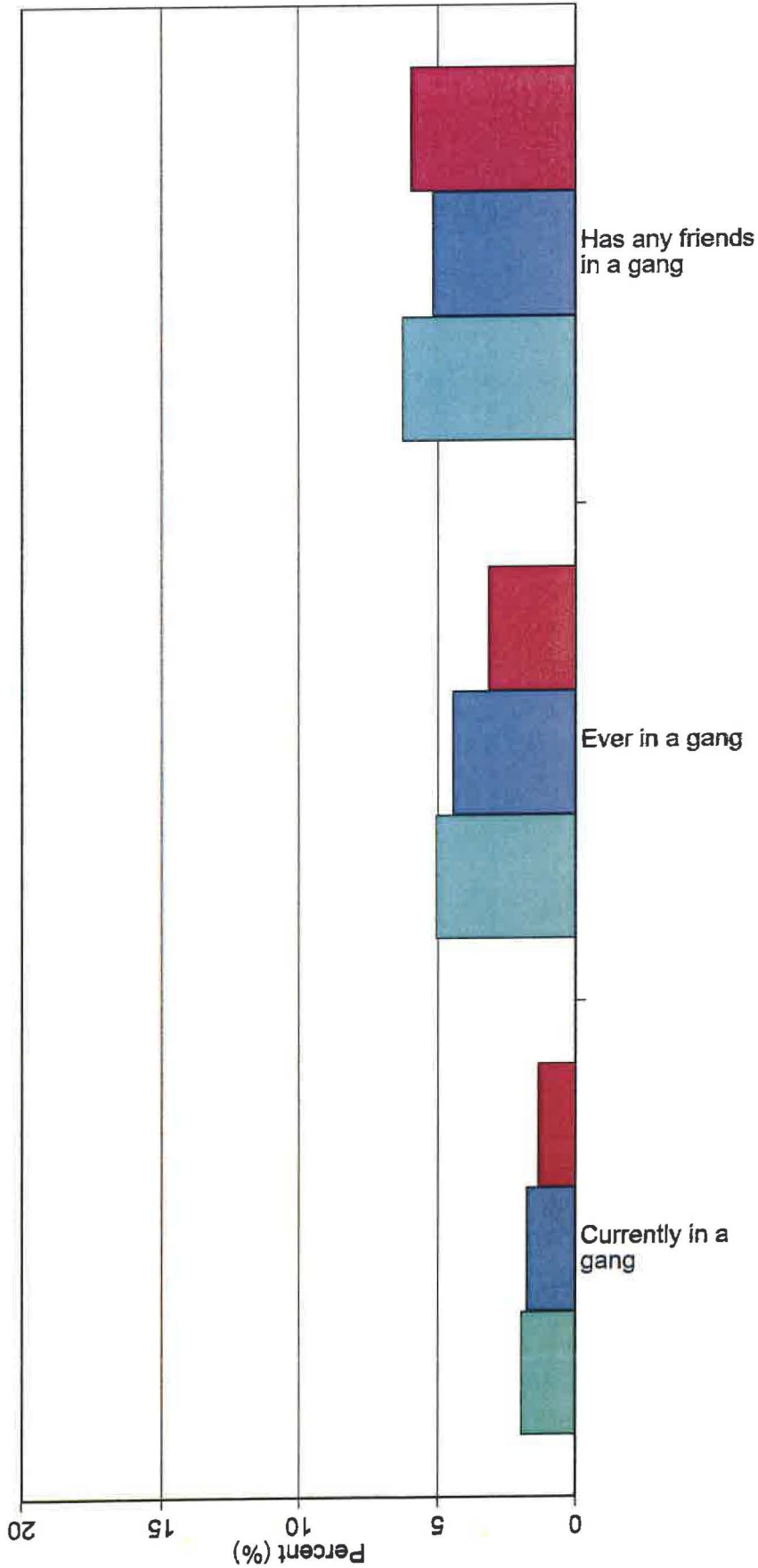
Grade 10



See Data Table 14 for more information.

Gang Involvement

GANG INVOLVEMENT Grade 12



See Data Table 14 for more information.

Dangerous Driving

Impaired driving has often focused on alcohol use, but researchers have begun to explore the use of other drugs such as marijuana (Maxwell, 2012) and to study distracted driving due to cell phone use (Olsen, Shults, and Eaton, 2013). In addition to dangerous driving practices, we report dangerous situations where the youth was a passenger. Where possible, figures from the 2014 and 2016 survey years are also reported so that increasing or decreasing trends can be detected.

Rode in a car driven by someone drinking alcohol reports the percentage of youth who rode in a car or other vehicle at least once in the prior 30 days that was being driven by someone who had been drinking alcohol

Rode in a car driven by someone using marijuana reports the percentage of youth who rode in a car or other vehicle at least once in the prior 30 days that was being driven by someone who had been using marijuana. This question was first asked in 2018.

Drove a car after drinking alcohol reports the percentage of youth who drove a car or other vehicle at least once in the prior 30 days after drinking alcohol.

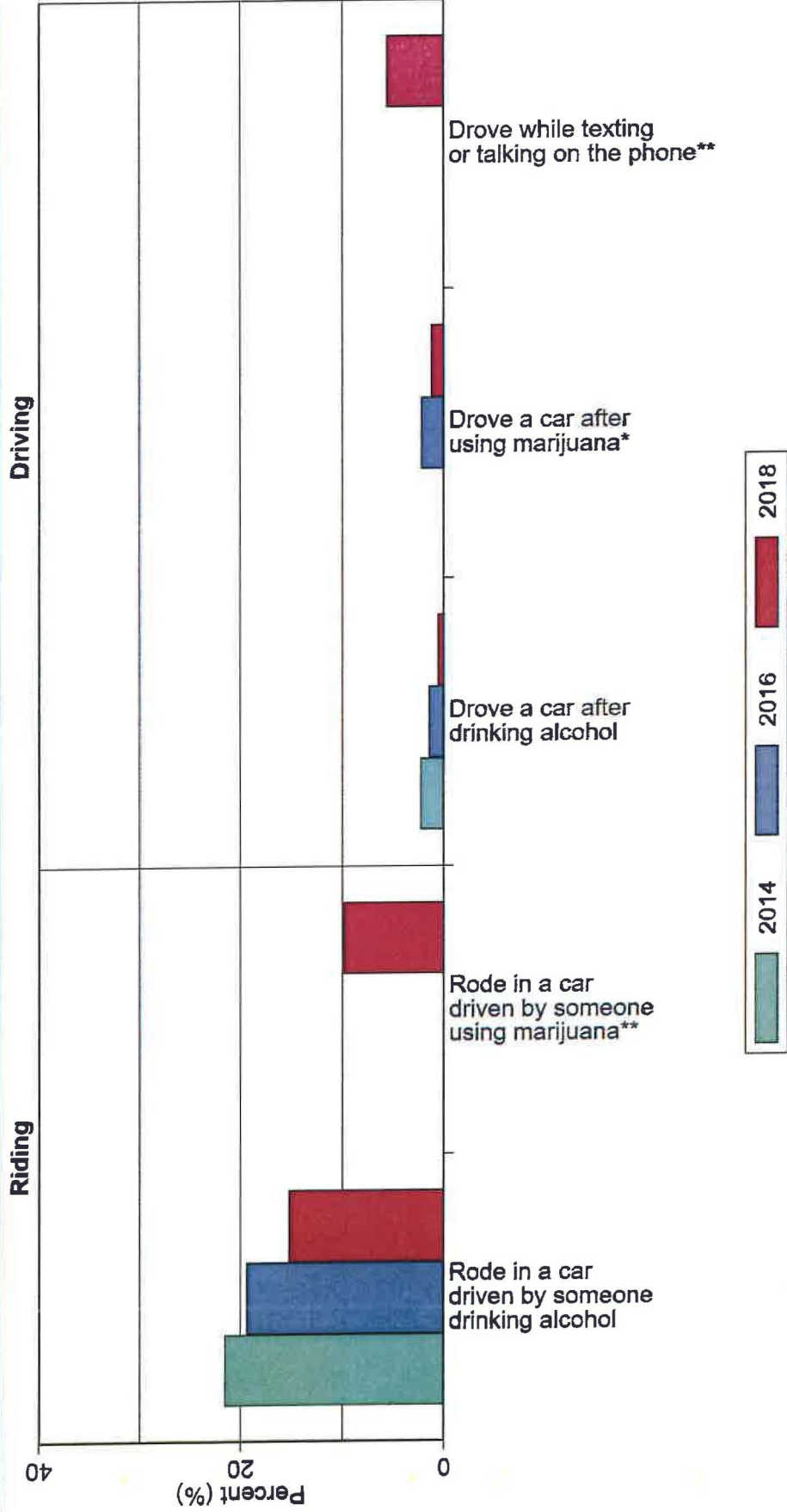
Drove a car after using marijuana reports the percentage of youth who drove a car or other vehicle at least once in the prior 30 days after using marijuana. This question was first asked in 2016.

Drove a car while texting or talking on the phone reports the percentage of youth who drove a car or other vehicle at least once in the prior 30 days while texting or talking on the phone. This question was first asked in 2018.

Dangerous Driving

DANGEROUS DRIVING IN THE PAST 30 DAYS

Grade 8

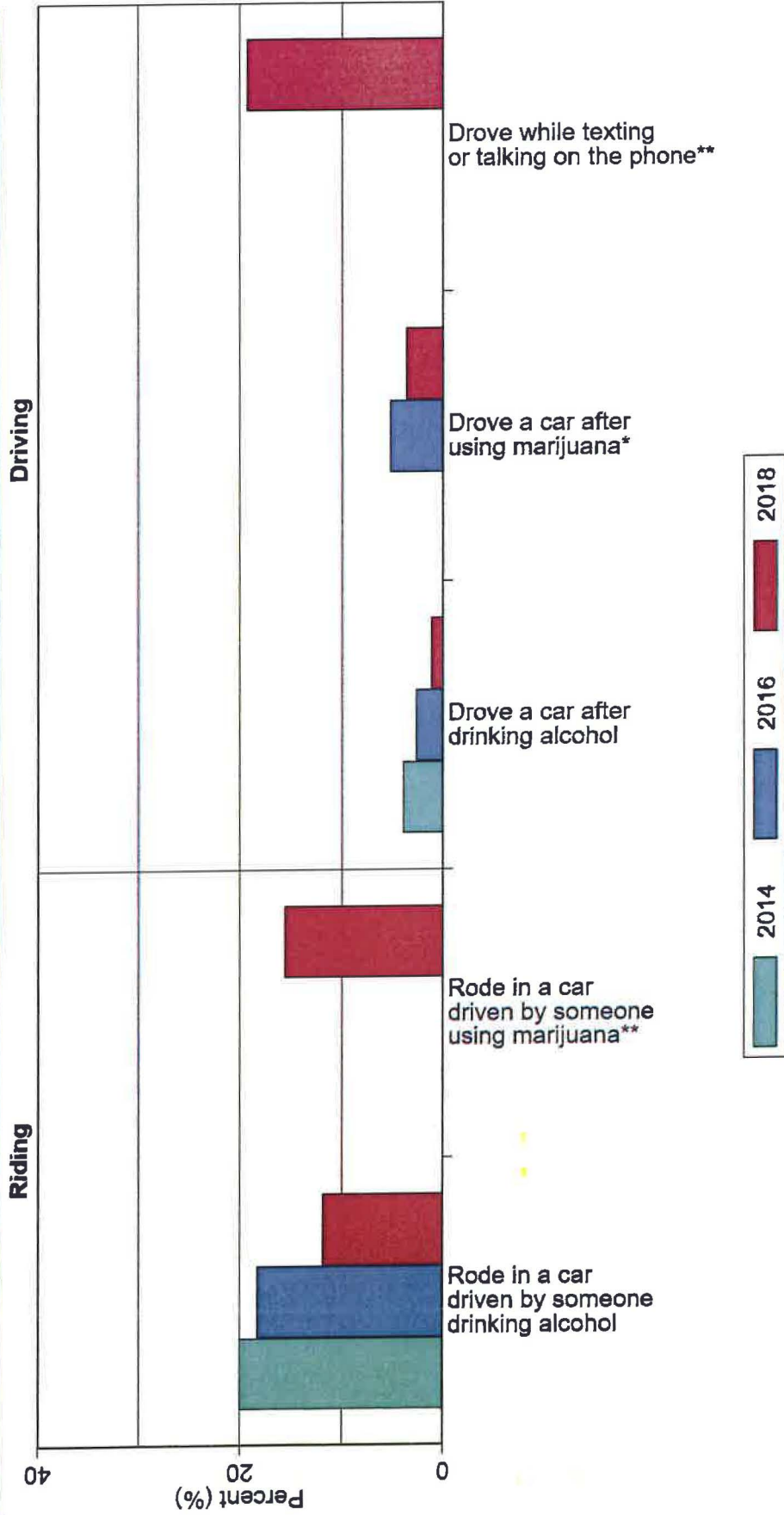


*This question not asked in 2014.
 **This question not asked in 2014 or 2016.
 See Data Table 15 for more information.

Dangerous Driving

DANGEROUS DRIVING IN THE PAST 30 DAYS

Grade 10

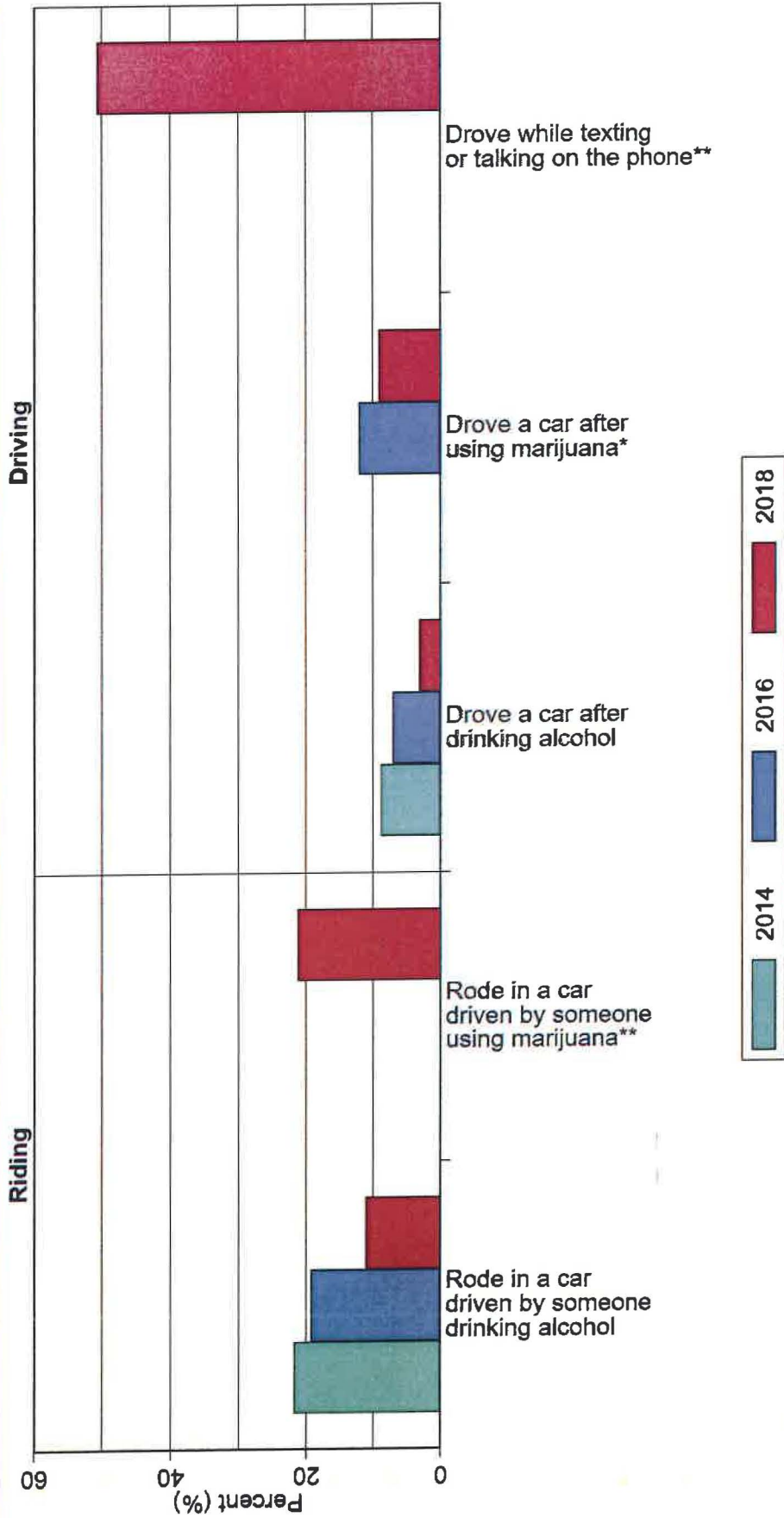


*This question not asked in 2014.
 **This question not asked in 2014 or 2016.
 See Data Table 15 for more information.

Dangerous Driving

DANGEROUS DRIVING IN THE PAST 30 DAYS

Grade 12



*This question not asked in 2014.
 **This question not asked in 2014 or 2016.
 See Data Table 15 for more information.

Data Tables

Table 2. Characteristics of Participants

	State 2014		State 2016		State 2018		Total 2015-2016*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Students by Grade								
Grade 8	23,657	44.7	21,777	40.3	17,151	35.0	83,787	33.3
Grade 10	15,725	29.7	17,678	32.7	17,752	36.2	83,494	33.2
Grade 12	13,503	25.5	14,592	27.0	14,106	28.8	84,414	33.5
Students by Gender								
Male	25,733	49.1	26,336	49.5	24,309	50.0	128,388	51.0
Female	26,657	50.9	26,855	50.5	24,340	50.0	123,307	49.0
Students by Race/Ethnicity								
Non-Hispanic								
White	23,008	44.1	23,294	43.7	18,353	37.7	102,114	40.6
Native American	1,580	3.0	2,110	4.0	1,640	3.4	11,538	4.6
African American	2,237	4.3	1,958	3.7	2,320	4.8	14,063	5.6
Asian	1,636	3.1	1,298	2.4	1,200	2.5	7,040	2.8
Pacific Islander	313	0.6	256	0.5	294	0.6	732	0.3
Multi-Racial	2,677	5.1	2,949	5.5	2,222	4.6	5,350	2.1
Hispanic								
White	17,287	33.2	17,601	33.0	20,476	42.0	n/a	n/a
Non-White	3,395	6.5	3,838	7.2	2,197	4.5	n/a	n/a
Total Hispanic	20,682	39.7	21,439	40.2	22,673	46.6	110,858	44.0
Totals								
Total students**	52,885		54,047		49,009		251,695	

*Total 2015-2016 represents numbers from the Common Core of Data for AZ schools with 8th, 10th, or 12th graders.

**Numbers may differ from previous reports due to changes in methodology. Students who reported using phenoxydine (a fake drug) were removed from the sample, as well as those missing data on risk and protective factor scales.

Data Tables

Table 3. Percentage of Students at Risk

Risk Factors	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
Community										
Low neighborhood attachment	37.6	37.7	44.3	43.5	42.4	49.5	48.9	50.0	56.0	49.6
Laws & norms favorable to drug use	29.5	28.7	31.4	35.0	35.6	36.8	33.1	34.5	28.4	32.5
Perceived availability of drugs	29.6	28.4	30.5	36.1	32.6	38.3	39.1	36.8	42.3	36.8
Perceived availability of handguns	31.9	31.5	31.0	21.1	20.8	19.8	27.5	26.8	27.7	25.9
Family										
Poor family management	41.6	45.1	35.8	35.7	35.3	29.0	38.2	40.1	31.0	31.9
Family conflict	50.8	49.5	51.4	41.3	39.1	39.6	39.6	38.4	38.6	43.4
Family history of antisocial behavior	35.6	33.9	35.6	35.4	35.5	32.5	33.5	35.6	28.6	32.4
Parental attitudes favorable to drug use	21.3	21.0	18.3	32.4	31.2	27.3	32.7	32.5	27.0	24.1
Parental attitudes favorable to antisocial behavior	43.0	42.7	45.1	44.8	42.7	40.0	43.9	41.6	37.7	41.1
School										
Academic failure	44.8	27.2	46.2	45.2	29.8	49.6	43.0	28.7	44.0	46.8
Low commitment to school	45.7	47.6	49.6	52.1	51.5	50.5	57.4	56.7	55.5	51.6
Peer and Individual										
Rebelliousness	33.5	28.7	26.9	37.3	31.3	25.0	37.6	33.0	25.5	25.8
Early initiation of drug use	21.3	17.7	23.5	24.4	18.7	19.0	28.7	23.8	20.8	21.1
Attitudes favorable to antisocial behavior	31.7	30.4	29.9	36.4	34.7	31.6	36.2	34.0	30.8	30.8
Attitudes favorable to drug use	21.6	21.9	25.3	29.6	27.6	32.1	29.1	27.1	32.7	29.9
Perceived risk of drug use	57.1	59.6	54.2	58.3	57.9	54.2	65.6	67.8	61.1	56.2
Interaction with antisocial peers	43.8	42.1	50.7	42.7	37.9	44.7	41.9	37.9	40.2	45.5
Friends' use of drugs	29.9	25.2	27.7	34.1	24.3	28.1	31.6	24.8	24.6	26.9
Rewards for antisocial behavior	41.7	37.9	54.1	48.4	39.8	51.6	59.2	52.3	59.3	54.7
Gang involvement	10.5	9.0	10.8	9.3	7.3	9.4	8.9	7.7	7.4	9.3
Total										
Students with High Risk*	34.8	30.2	37.3	34.1	26.8	30.7	36.3	30.3	31.4	33.2

*High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors.)

Data Tables

Table 4. Percentage of Students Reporting Protection

Protective Factors	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
Community										
Rewards for Prosocial Involvement	31.5	31.0	21.8	35.1	36.5	25.0	33.5	33.8	24.6	23.8
Family										
Family Attachment	53.3	54.6	52.3	47.2	50.1	47.5	54.4	53.7	55.4	51.5
Opportunities for Prosocial Involvement	62.1	63.6	60.9	56.5	60.7	56.9	56.0	57.5	56.5	58.1
Rewards for Prosocial Involvement	59.9	61.3	59.5	53.1	56.0	52.1	51.1	52.5	51.2	54.4
School										
Opportunities for Prosocial Involvement	64.6	71.1	67.5	66.2	71.1	69.5	66.2	70.6	68.5	68.5
Rewards for Prosocial Involvement	53.0	55.2	49.4	62.4	65.4	58.5	47.0	51.4	42.4	50.7
Peer and Individual										
Belief in the Moral Order	69.6	71.9	62.4	73.4	72.7	71.0	58.9	59.6	54.4	63.2
Interaction with Prosocial Peers	47.8	43.6	54.0	52.8	47.0	55.6	49.0	42.1	49.9	53.4
Prosocial Involvement	40.8	29.2	35.4	46.4	41.5	36.7	36.3	24.5	29.6	34.2
Rewards for Prosocial Involvement	61.3	58.3	67.1	63.1	59.8	72.2	55.4	51.3	69.7	69.7
Total										
Students with High Protection*	66.5	64.3	66.8	71.7	69.3	71.2	65.5	60.8	65.9	68.2

*High Protection youth are defined as the percentage of students who have four or more protective factors operating in their lives.

Data Tables

Table 5. Percentage of Students Who Used ATODs on One or More Occasions During Their Lifetime

In your lifetime, on how many occasions, if any, have you...		Grade 8			Grade 10			Grade 12			Total 2018
		State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
Cigarettes	smoked cigarettes (not including electronic cigarettes)?	16.0	13.9	11.3	25.7	21.0	16.6	35.8	31.1	24.1	16.9
E-cigarettes	used electronic cigarettes (e.g., e-cigs, vapes)?*	n/a	21.6	27.7	n/a	29.4	39.3	n/a	35.3	45.8	37.1
Alcohol	drunk alcoholic beverages - more than just a few sips?	31.4	28.3	30.6	52.1	44.6	47.2	65.6	59.5	59.4	44.9
Marijuana	used marijuana?	15.0	13.3	15.7	32.0	27.3	31.8	43.9	40.4	44.1	29.7
Marijuana Concentrates	smoked or vaped marijuana concentrates (e.g., hash oil, wax, crumble, shatter)?**	n/a	n/a	14.1	n/a	n/a	25.1	n/a	n/a	32.7	23.4
Cocaine	used cocaine or crack?	1.8	1.3	1.2	3.3	2.5	2.7	6.3	5.6	5.5	3.0
Hallucinogens	used LSD or other hallucinogens (e.g., shrooms, peyote, salvia)?	1.8	1.6	2.1	4.9	4.0	4.7	8.0	6.8	7.5	4.6
Inhalants	inhaled gases or fumes from glues, liquids, or sprays in order to get high?	9.2	7.0	6.5	7.0	5.1	4.0	6.0	4.0	3.4	4.7
Methamphetamines	used methamphetamines (e.g., meth, crystal meth)?	0.7	0.6	0.6	1.4	0.7	0.8	1.6	1.2	1.0	0.8
Heroin	used heroin?	0.8	0.6	0.5	1.3	0.7	0.5	1.6	1.0	0.6	0.5
Ecstasy	used ecstasy (e.g., Molly, MDMA, X, E)?	2.4	1.3	1.4	4.6	2.6	2.4	7.5	4.4	3.6	2.4
Steroids	used steroids or anabolic steroids (e.g., Anadrol, Oxandrin, Durabolin, Equipoise, Depo-Testosterone)?	1.7	1.3	1.2	2.1	1.4	1.3	2.2	1.8	1.3	1.3
Prescription pain relievers	used prescription pain relievers without a doctor telling you to take them (e.g., codeine, Oxycontin, Vicodin, Percocet, Hydrocodone, fentanyl)?	7.2	5.7	7.8	12.1	8.5	9.4	15.7	10.6	10.1	9.0
Prescription stimulants	used prescription stimulants without a doctor telling you to take them (e.g., Adderall, Ritalin, Concerta, Vyvanse, Dexedrine)?	1.8	1.8	2.9	5.4	4.4	4.7	8.7	6.5	6.7	4.6
Prescription sedatives	used prescription sedatives without a doctor telling you to take them (e.g., bars, Valium, Xanax, Klonopin, Ambien, Lunesta)?	4.0	3.3	3.2	6.5	5.2	5.0	8.2	7.0	6.4	4.8
Synthetic drugs	used synthetic drugs (e.g., Bath Salts, K2, Spice, Gold)?	2.5	2.1	2.0	4.2	2.1	1.4	6.7	3.0	1.9	1.7
Over-the-counter drugs	used over the counter drugs for the purposes of getting high (e.g., cough syrup, cold medicine, diet pills)?	6.1	5.1	5.2	8.5	6.8	6.5	10.1	7.5	6.5	6.0
Poly drug use	used multiple drugs at the same time (e.g., alcohol, prescription medications, marijuana, and other illegal drugs)?**	n/a	n/a	6.3	n/a	n/a	11.9	n/a	n/a	18.1	11.7
Alcohol & prescription pain relievers	drunk alcohol at the same time as using prescription pain relievers (e.g., Vicodin, OxyContin, codeine)?**	n/a	n/a	2.2	n/a	n/a	3.1	n/a	n/a	4.0	3.0

*This question was not asked in 2014.

**This question was not asked in 2014 or 2016.

Data Tables

Table 6. Percentage of Students Who Used ATODs on One or More Occasions During the Past 30 Days

During the past 30 days, on how many occasions, if any, have you...		Grade 8			Grade 10			Grade 12			Total 2018
		State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
Cigarettes	smoked cigarettes (not including electronic cigarettes)?	5.8	4.5	2.7	10.1	7.0	4.6	15.7	12.4	7.4	4.7
E-cigarettes	used electronic cigarettes (e.g., e-cigs, vapes)?*	n/a	9.7	13.5	n/a	13.6	21.3	n/a	17.6	26.1	19.9
Alcohol	drunk alcoholic beverages - more than just a few sips?	13.5	10.1	11.5	27.7	20.5	20.2	39.3	32.9	30.7	20.2
Marijuana	used marijuana?	7.2	5.8	8.1	16.6	12.7	17.0	22.5	19.7	23.2	15.7
Marijuana Concentrates	smoked or vaped marijuana concentrates (e.g., hash oil, wax, crumble, shatter)?**	n/a	n/a	6.5	n/a	n/a	13.5	n/a	n/a	17.8	12.3
Cocaine	used cocaine or crack?	0.8	0.5	0.5	1.1	0.8	0.8	2.2	1.7	1.9	1.0
Hallucinogens	used LSD or other hallucinogens (e.g., shrooms, peyote, salvia)?	0.8	0.6	0.7	1.9	1.4	1.4	2.6	2.1	2.2	1.4
Inhalants	inhaled gases or fumes from glues, liquids, or sprays in order to get high?	3.3	2.5	2.1	1.7	1.2	1.0	1.2	0.8	0.7	1.3
Methamphetamines	used methamphetamines (e.g., meth, crystal meth)?	0.3	0.3	0.3	0.6	0.3	0.3	0.6	0.5	0.4	0.3
Heroin	used heroin?	0.3	0.3	0.2	0.5	0.2	0.2	0.7	0.3	0.3	0.2
Ecstasy	used ecstasy (e.g., Molly, MDMA, X, E)?	1.0	0.5	0.5	1.6	0.8	0.7	1.9	1.1	0.8	0.7
Steroids	used steroids or anabolic steroids (e.g., Anadrol, Oxandrin, Durabolin, Equipoise, Depo-Testosterone)?	0.6	0.5	0.4	0.8	0.5	0.4	1.0	0.7	0.4	0.4
Prescription pain relievers	used prescription pain relievers without a doctor telling you to take them (e.g., codeine, Oxycontin, Vicodin, Percocet, Hydrocodone, fentanyl)?	3.9	2.9	3.2	5.6	3.9	3.0	6.1	4.0	2.8	3.0
Prescription stimulants	used prescription stimulants without a doctor telling you to take them (e.g., Adderall, Ritalin, Concerta, Vyvanse, Dexedrine)?	0.9	0.8	1.0	2.3	1.7	1.4	3.2	2.0	1.7	1.3
Prescription sedatives	used prescription sedatives without a doctor telling you to take them (e.g., bars, Vallium, Xanax, Klonopin, Ambien, Lunesta)?	1.9	1.5	1.1	2.8	2.4	1.7	3.0	2.6	1.5	1.4
Synthetic drugs	used synthetic drugs (e.g., Bath Salts, K2, Spice, Gold)?	1.1	0.8	0.7	1.0	0.8	0.4	1.1	0.6	0.4	0.5
Over-the-counter drugs	used over the counter drugs for the purposes of getting high (e.g., cough syrup, cold medicine, diet pills)?	3.3	2.7	2.1	4.0	3.1	2.0	4.0	3.2	1.7	1.9
Poly drug use	used multiple drugs at the same time (e.g., alcohol, prescription medications, marijuana, and other illegal drugs)?**	n/a	n/a	2.6	n/a	n/a	4.7	n/a	n/a	7.4	4.7
Alcohol & prescription pain relievers	drunk alcohol at the same time as using prescription pain relievers (e.g., Vicodin, OxyContin, codeine)?**	n/a	n/a	0.8	n/a	n/a	1.0	n/a	n/a	1.2	1.0
Binge drinking	drunk five or more alcoholic drinks in a row?	6.6	4.1	4.8	14.3	9.5	9.0	21.8	16.9	16.2	9.6

*This question was not asked in 2014.

**This question was not asked in 2014 or 2016.

Data Tables

Table 7. Where Obtained Alcohol

If during the past 30 days you drank alcohol, how did you get it?	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
Bought it at a restaurant, bar, or club	2.6	3.8	3.1	2.5	2.7	4.0	4.2	5.9	7.4	5.4
Bought it at a store	4.1	4.2	5.0	5.7	4.5	6.9	9.1	9.5	11.0	8.4
Bought it at a public event (e.g., concert)	3.1	2.3	3.8	2.5	1.7	4.0	2.9	3.4	4.4	4.2
Bought it when outside of the U.S.*	n/a	n/a	4.8	n/a	n/a	6.0	n/a	n/a	6.8	6.1
Stole it from a store or someone else's home	5.9	5.2	11.0	7.8	7.6	7.4	5.4	4.3	4.7	6.8
Stole it from my own home	18.8	21.5	33.8	18.3	19.1	20.2	13.5	12.6	10.0	18.0
From my parent or guardian	12.1	15.5	24.0	12.4	12.7	17.4	13.7	14.5	15.9	17.9
Gave someone money to buy it	11.0	11.6	14.6	21.3	19.4	20.4	31.0	30.1	25.5	21.7
From a relative over 21	14.2	14.6	24.2	13.0	12.6	23.5	13.1	13.8	21.6	22.8
From a non-related adult over 21	12.0	11.5	13.9	18.1	15.8	18.8	23.1	22.0	23.4	20.0
From someone under 21	14.6	16.0	20.4	21.3	18.2	20.7	18.8	17.1	17.7	19.2
At a party	25.1	26.3	36.1	37.3	37.0	47.4	43.3	44.4	51.3	47.1
Over the internet*	n/a	n/a	3.4	n/a	n/a	2.1	n/a	n/a	1.7	2.2
Other	19.1	20.4	29.0	15.1	16.9	18.8	12.3	12.8	13.9	18.4

*This option was not given in 2014 or 2016.

Data Tables

Table 8. Where Obtained Marijuana

If during the past 30 days you used marijuana, how did you get it?	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
From someone with a medical marijuana card	10.7	12.4	20.4	13.6	14.9	21.6	17.8	20.0	30.0	25.0
Bought it from a dispensary within Arizona*	n/a	n/a	10.0	n/a	n/a	9.9	n/a	n/a	11.5	10.6
Bought it from a dispensary outside of Arizona*	n/a	n/a	5.8	n/a	n/a	4.5	n/a	n/a	4.7	4.8
From family or relatives	17.0	19.0	24.8	14.6	11.8	17.1	12.5	10.9	15.3	17.7
From home	6.8	7.2	13.6	5.9	4.2	9.5	5.6	5.6	7.9	9.6
From friends	69.3	67.3	62.1	76.6	71.6	69.3	75.4	72.0	67.8	67.4
At school	15.3	12.7	21.3	12.8	8.9	21.3	7.6	6.2	11.3	17.0
At a party	25.0	20.8	28.5	26.8	24.2	26.5	26.6	24.0	27.2	27.2
Over the internet*	n/a	n/a	10.1	n/a	n/a	5.9	n/a	n/a	3.8	5.7
Other	26.1	27.4	30.6	21.4	24.6	22.5	21.8	24.4	19.7	22.7

*This option was not given in 2014 or 2016.

Data Tables

Table 9. Where Obtained Prescription Drugs

If you have ever used prescription drugs without a doctor telling you to use them, how did you get them?†	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
From a doctor or pharmacy within the U.S.‡	3.3	2.9	20.9	7.8	4.7	16.8	11.0	6.7	16.7	17.9
From a doctor or pharmacy outside the U.S.°	2.4	1.9	4.3	2.4	2.0	4.1	3.0	2.5	3.5	3.9
From family or relatives	5.2	4.0	24.7	9.2	5.3	18.8	10.7	5.6	19.1	20.5
From home	10.9	8.9	31.7	15.1	9.1	24.0	14.9	7.5	17.2	23.6
From friends	14.1	12.6	19.8	29.0	22.1	30.7	37.5	24.6	34.0	29.0
At school	4.6	2.8	9.6	6.8	5.3	12.4	7.4	3.4	9.1	10.5
At a party	7.1	5.8	11.0	11.3	9.1	12.0	12.6	7.9	12.6	11.9
Over the internet	1.0	1.4	5.6	1.3	1.1	3.6	1.2	1.5	2.7	3.8
Other	5.4	7.2	20.3	8.0	7.9	16.2	8.5	7.8	13.9	16.5

†In 2016, the question stem asked about past 30 day prescription drug use, rather than lifetime.

‡In 2014 and 2016, this option was "Doctor/Pharmacy"

°In 2014 and 2016, this option was "Outside the United States (e.g., Mexico, Canada)"

Data Tables

Table 10. Delinquency Prevalence During the Past Year

How many times in the past 12 months have you...	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
stolen something worth more than \$5?*	n/a	n/a	19.5	n/a	n/a	17.3	n/a	n/a	13.7	17.0
stolen or tried to steal a motor vehicle such as a car or motorcycle?	1.9	1.7	1.6	2.3	1.9	1.8	2.1	1.7	1.3	1.6
placed a bet or gambled on anything for money or something of value (e.g., lottery, cards, dice, sports, pool, video games)?*	n/a	n/a	31.4	n/a	n/a	26.7	n/a	n/a	22.8	27.2
harassed or made fun of another person online or through text?*	n/a	n/a	21.8	n/a	n/a	19.0	n/a	n/a	15.7	19.0
sold illegal drugs?	3.8	3.2	3.0	7.8	5.9	4.8	9.3	7.9	5.2	4.3
been in a physical fight?*	n/a	n/a	25.7	n/a	n/a	15.9	n/a	n/a	10.8	17.8
physically assaulted (hit, slapped, pushed kicked) your boyfriend/girlfriend?*	n/a	n/a	6.8	n/a	n/a	4.8	n/a	n/a	4.2	5.3
attacked someone with the idea of seriously hurting them?	9.9	9.3	11.2	9.5	7.6	7.2	7.4	6.5	5.2	8.0
been arrested?	5.2	4.3	3.2	6.5	4.6	3.4	6.6	5.4	3.3	3.3

*This question was not asked in 2014 or 2016.

Data Tables

Table 11. Problem Behaviors at School in the Past Year

	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
I feel safe at my school.†	19.7	21.5	22.0	16.4	19.6	22.3	12.8	16.3	19.4	21.4
During the past 12 months, how many times...‡										
did you not go to school because you felt you would be unsafe?*	n/a	n/a	18.9	n/a	n/a	21.8	n/a	n/a	19.5	20.2
were you picked on or bullied on school property?	40.4	41.8	37.0	29.3	30.2	24.1	18.4	21.5	17.4	26.6
did you pick on or bully someone else on school property?	26.3	25.4	18.9	18.8	17.6	11.8	12.4	12.8	9.1	13.4
did you see someone being bullied on school property?*	n/a	46.6	52.0	n/a	36.7	36.3	n/a	27.6	29.4	39.6
have you been drunk or high at school?	8.6	7.6	8.6	16.5	13.6	15.2	20.2	18.0	15.8	13.1
were you in a physical fight on school property?	15.3	17.3	12.6	9.6	9.9	6.2	6.6	7.9	3.4	7.6
has someone threatened or injured you with a weapon (e.g., gun, knife, club) on school property?	11.8	11.0	6.3	8.8	9.1	5.9	6.7	7.7	4.4	5.6
have you been suspended from school?	14.4	14.8	15.2	10.7	10.1	8.9	8.5	8.6	6.2	10.3

† Percentage of people who marked 'NO!' and 'no'.

‡ Percentage of people who marked at least one time.

*This question was not asked in 2014.

**This question was not asked in 2014 or 2016.

Data Tables

Table 12. Handgun Use, Victimization, and Attitudes

	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
How many times in the past 12 months have you taken a handgun to school?†	0.9	0.9	0.7	1.0	1.1	0.8	1.6	1.3	0.8	0.7
How many times in the past 12 months have you carried a handgun?†	5.6	5.1	6.7	5.9	5.2	5.7	6.0	6.0	6.4	6.3
How many times in the past 12 months have you threatened, shot at, or shot someone with a gun?†*	n/a	n/a	3.0	n/a	n/a	2.5	n/a	n/a	2.1	2.5
How many times in the past 12 months have you seen someone shot, shot at, or threatened with a gun?†	8.7	7.9	10.4	6.8	5.9	10.4	6.1	5.8	8.8	10.0
How many times in the past 12 months have you been shot, shot at, or threatened with a gun?†*	n/a	n/a	4.4	n/a	n/a	4.8	n/a	n/a	4.5	4.6
Think of the four friends you feel closest to. In the past 12 months how many of them have carried a handgun?†	6.0	5.4	9.1	6.6	5.5	9.5	7.2	6.9	10.8	9.8
What are the chances that you would be seen as cool if you carried a handgun?‡	12.9	11.2	19.8	11.8	9.8	16.8	10.8	9.7	14.2	17.1
How wrong do you think it is for someone your age to take a handgun to school?°	3.3	3.1	2.4	3.8	3.4	2.8	4.0	4.3	3.3	2.8
How easy would it be for you to get the following things if you wanted them: a handgun?§	17.5	17.1	15.7	21.1	20.8	19.8	27.5	26.8	27.7	20.7

† Percentage of people who marked at least one time/friend.

‡ Percentage of people who marked 'Some chance', 'Pretty good chance' and 'Very good chance'.

° Percentage of people who marked 'A little bit wrong' and 'Not wrong at all'.

§ Percentage of people who marked 'Sort of easy' and 'Very easy'.

*This question was not asked in 2014 or 2016.

Data Tables

Table 13. Witnessed or Experienced Violence

How many times in the past 12 months have you...†	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
seen someone punched, kicked, choked, or beaten up?	51.2	46.0	56.8	46.6	39.6	50.0	36.2	30.3	38.5	48.9
seen someone attacked with a weapon other than a gun (e.g., knife, bat, bottle)?	10.4	9.0	11.7	8.2	6.5	10.8	6.3	6.1	9.0	10.6
been punched, kicked, choked, or beaten up?*	n/a	n/a	26.9	n/a	n/a	17.4	n/a	n/a	12.4	19.2
been physically assaulted (e.g., hit, slapped, pushed) by your boyfriend/girlfriend?	12.5	10.8	8.8	11.4	9.4	7.9	11.0	10.0	7.4	8.1
been attacked with a weapon other than a gun (e.g., knife, bat, bottle)?*	n/a	n/a	5.4	n/a	n/a	4.8	n/a	n/a	3.8	4.7
been harassed or made fun of by another person online or through text?	30.3	32.6	33.2	25.9	27.8	28.9	19.9	22.2	23.3	28.8

*This question was not asked in 2014 or 2016.

† Percentage of people who marked at least one time.

Data Tables

Table 14. Gang Involvement

	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
Do you currently belong to a gang?†	2.1	2.0	2.6	2.2	1.7	1.8	2.0	1.8	1.4	1.9
Have you ever belonged to a gang?†	5.2	4.3	4.6	5.1	3.9	3.4	5.1	4.5	3.2	3.8
Think of the four friends you feel closest to. In the past 12 months how many of them have been members of a gang?°	8.7	7.4	9.5	7.3	5.3	8.3	6.3	5.2	6.0	8.1

† Percentage of people who marked 'Yes'.

° Percentage of people who marked at least one friend.

Data Tables

Table 15. Dangerous Driving

During the past 30 days, how many times did you...†	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
ride in a car or other vehicle driven by someone who had been drinking alcohol?	21.6	19.4	15.3	20.1	18.3	11.9	21.9	19.3	11.1	12.8
ride in a car or other vehicle driven by someone who had been using marijuana?*	n/a	n/a	9.9	n/a	n/a	15.6	n/a	n/a	21.3	15.3
drive a car or other vehicle when you had been drinking alcohol?	2.4	1.5	0.6	4.0	2.7	1.2	8.8	7.1	3.1	1.6
drive a car or other vehicle when you had been using marijuana?*	n/a	2.3	1.3	n/a	5.3	3.7	n/a	12.1	9.1	4.4
drive a vehicle while texting or talking on your phone?*	n/a	n/a	5.7	n/a	n/a	19.3	n/a	n/a	50.7	23.7

*This question was not asked in 2014.

**This question was not asked in 2014 or 2016.

† Percentage of people who marked at least one time.

Data Tables

Table 16. Drug Free Communities Report - National Outcome Measures (NOMs)

	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
Perception of Risk (People are at Moderate or Great Risk of harming themselves if they...):										
smoke one or more packs of cigarettes per day?	79.9	78.8	81.4	86.0	84.0	84.3	85.2	83.2	85.2	83.6
take one or two drinks of an alcoholic beverage nearly every day?	64.5	65.3	69.2	67.1	67.8	74.1	64.8	65.1	74.7	72.6
have five or more drinks of an alcoholic beverage, in a row, once or twice a week?	77.5	77.0	79.0	80.2	79.7	82.0	77.4	76.4	80.8	80.6
use prescription drugs without a doctor telling them to take them?	78.9	77.4	81.0	82.2	80.8	83.3	80.9	79.4	85.0	83.0
try marijuana once or twice?	43.4	41.0	46.6	28.6	29.4	31.8	22.2	21.4	25.4	35.0
smoke marijuana regularly (once or twice a week)?	63.4	58.5	64.5	48.0	46.8	50.7	39.1	35.1	42.2	53.0
use illegal drugs besides marijuana?*	n/a	n/a	85.4	n/a	n/a	86.8	n/a	n/a	87.6	86.5
Perception of Parental Disapproval (Parents feel it would be Wrong or Very Wrong to...):										
smoke cigarettes?	97.7	97.8	98.4	96.4	97.2	97.8	91.8	92.6	94.8	97.1
have one or two alcoholic drinks nearly every day?	94.5	94.9	97.3	92.0	92.6	96.7	87.4	87.4	94.3	96.2
drink alcoholic beverages regularly (at least once or twice a month)?*	n/a	n/a	95.4	n/a	n/a	91.4	n/a	n/a	82.8	90.3
use prescription drugs without a doctor telling you to take them?	96.6	96.7	97.3	96.1	96.6	97.2	95.5	95.2	96.6	97.1
smoke marijuana?	95.6	94.9	94.0	90.3	90.4	89.1	85.2	84.4	83.3	89.1
use illegal drugs besides marijuana?*	n/a	n/a	99.0	n/a	n/a	98.7	n/a	n/a	98.2	98.6
Perception of Peer Disapproval (Friends feel it would be Wrong or Very Wrong to...):										
smoke tobacco?	87.8	89.6	87.8	76.8	82.2	81.7	65.9	73.0	74.8	81.8
have one or two alcoholic drinks nearly every day?	83.3	85.7	87.2	70.2	75.8	80.3	63.7	69.2	75.7	81.4
use prescription drugs not prescribed to you?	89.6	90.4	90.7	82.3	85.0	86.8	78.2	81.0	85.0	87.7
smoke marijuana?	77.5	79.5	76.0	55.5	61.5	57.1	46.2	49.5	47.4	60.9
use illegal drugs besides marijuana?*	n/a	n/a	91.7	n/a	n/a	87.8	n/a	n/a	84.9	88.3

*This question was not asked in 2014 or 2016.

Data Tables

Table 17. Additional Data for Prevention Planning: Offered Substances

During the past 30 days, were you offered...†	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
cigarettes?	13.7	10.5	9.5	20.8	15.3	14.1	26.5	20.7	16.8	13.3
alcohol?	21.5	19.3	19.7	41.0	34.6	34.1	51.7	47.1	42.4	31.6
prescription drugs?*	n/a	4.1	6.9	n/a	7.9	10.3	n/a	9.7	10.5	9.2
marijuana?	24.5	20.8	22.5	42.1	36.0	41.2	45.6	43.2	45.2	36.0
illegal drugs besides marijuana?	11.8	7.5	7.1	17.6	11.2	11.2	18.3	11.9	11.8	10.0

*This question was not asked in 2014.

† Percentage of people who marked at least one time.

Data Tables

Table 18. Additional Data for Prevention Planning: Turned Down Substances

During the past 30 days, have you responded in the following ways when offered tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs?†	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
Say 'No' without giving a reason why.	60.1	60.4	67.4	56.0	57.0	64.6	54.0	54.5	63.9	65.0
Give an explanation or excuse to turn down the offer.	52.2	53.1	58.0	53.3	52.6	59.0	51.2	50.6	57.4	58.2
Decide to leave the situation without accepting the offer.	44.5	44.9	49.5	35.5	34.7	40.7	30.6	29.1	34.6	40.5
Use some other way to not accept the alcohol or drugs.	38.2	38.6	42.4	29.3	29.3	34.8	25.2	24.6	29.4	34.6

† Percentage of people who marked at least one time.

Data Tables

Table 19. Additional Data for Prevention Planning: Reasons for Not Using Alcohol and Drugs in the Past 30 Days

During the past 30 days, if you did not use tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs, please tell us some of the reasons for not using (Mark all that apply):†	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
Not interested in drugs	83.9	91.7	88.5	85.0	91.1	87.3	85.8	91.7	87.8	87.9
Tried them and don't like them	6.0	5.6	6.0	6.4	6.2	8.4	7.4	7.2	12.4	8.4
Couldn't get it or wasn't offered	6.7	5.9	14.8	5.1	5.2	11.7	3.9	3.8	11.4	12.9
Parents would be disappointed	60.2	65.1	81.3	58.3	58.6	74.1	49.8	46.8	62.6	74.2
Other adults would be disappointed	49.5	51.2	63.0	44.2	43.1	52.0	36.5	33.7	40.8	53.6
Parents would take away privileges	47.6	50.0	66.6	44.5	45.2	56.1	33.5	31.0	40.9	56.5
Might get kicked out of school, sports, cheerleading, etc.	48.5	51.1	54.3	44.6	44.6	45.1	32.3	31.1	31.6	45.5
I would get a bad reputation	44.6	47.2	59.7	34.2	35.4	44.8	25.6	23.7	34.3	48.2
Friends would stop talking to me or hanging out with me	36.5	37.0	43.1	25.5	26.2	26.5	18.5	16.6	18.6	31.1
Illegal and I could get arrested	52.8	57.9	69.6	50.2	50.3	58.9	42.4	40.8	51.8	61.4
It can harm my body	60.9	67.1	79.7	58.7	60.5	71.5	53.0	52.1	64.3	73.0
Other*	n/a	n/a	29.9	n/a	n/a	22.2	n/a	n/a	19.6	25.0

*This question was not asked in 2014 or 2016.

† Percentage of people who marked the option.

Data Tables

Table 20. Additional Data for Prevention Planning: Reasons for Using Alcohol and Drugs in the Past 30 Days

During the past 30 days, if you did use tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs, please tell us some of the reasons for using (Mark all that apply):†	Grade 8			Grade 10			Grade 12			Total 2018
	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
To try something new and exciting	18.4	26.3	27.8	20.5	24.5	26.8	15.2	18.1	22.2	25.2
To have fun	27.3	39.1	40.9	44.5	52.5	52.0	48.9	55.8	55.3	50.8
I was bored and needed something to do	13.1	18.4	24.3	20.2	21.9	22.6	21.3	21.3	20.4	22.1
To deal with the stress from my parents and family	18.4	27.6	35.3	21.9	27.1	32.8	18.1	22.3	28.1	31.5
To deal with the stress from my peers and friends	15.5	22.8	28.5	15.6	19.3	23.3	11.3	15.2	19.8	23.0
To deal with the stress from my school	16.4	27.9	35.5	24.3	31.2	37.3	21.0	27.9	35.1	36.0
To deal with the stress from my community	6.2	8.8	14.6	5.6	7.7	10.8	5.2	7.5	9.8	11.2
Needed it, craved it, or am addicted	6.3	6.8	9.5	5.8	6.2	8.9	6.7	6.4	9.4	9.2
To stay focused or think better	10.0	14.2	19.5	13.1	15.9	20.5	13.7	15.8	19.9	20.1
To get high or feel good	24.6	33.2	33.8	34.3	38.8	40.6	31.7	37.4	39.5	38.6
To feel normal	8.1	10.5	16.2	8.1	10.7	13.8	7.0	9.0	13.0	14.0
I was feeling sad or down	24.9	34.7	33.8	26.4	31.3	29.4	18.0	25.5	25.6	28.8
To lose weight	5.6	5.3	8.1	4.4	4.6	5.5	3.4	3.7	4.5	5.7
To get back at my parents or get their attention	4.1	3.9	5.3	2.7	2.5	3.0	1.6	1.6	2.9	3.4
To feel grown up or prove that I am grown up	3.5	4.2	7.6	2.2	2.6	4.2	2.0	2.5	3.9	4.8
To be like someone famous	1.5	2.0	4.3	1.4	1.5	2.3	1.2	1.5	2.6	2.9
To fit in with friends	11.2	14.5	16.0	9.0	11.0	11.5	7.3	9.9	9.0	11.5
Other	24.5	31.6	28.4	20.2	23.7	21.4	21.8	22.9	20.2	22.4

† Percentage of people who marked the option.

Data Tables

Table 21. Additional Data for Prevention Planning: Perception of Harm

How much do you think people risk harming themselves (physically or in other ways) if they...		Grade 8			Grade 10			Grade 12			Total 2018
		State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
smoke one or more packs of cigarettes per day?	No risk	11.4	13.1	11.1	7.5	9.0	8.5	7.9	10.7	8.3	9.4
	Slight risk	8.7	8.1	7.5	6.6	7.0	7.2	6.9	6.1	6.5	7.1
	Moderate risk	19.4	17.6	18.2	19.3	17.1	16.4	17.4	15.4	15.8	16.8
	Great risk	60.5	61.2	63.2	66.6	66.9	67.9	67.9	67.8	69.4	66.7
take 1 or 2 drinks of an alcoholic beverage nearly every day?	No risk	14.3	15.4	12.4	11.0	11.7	9.4	12.3	14.0	8.7	10.2
	Slight risk	21.2	19.2	18.4	21.9	20.5	16.5	22.9	20.8	16.6	17.2
	Moderate risk	27.3	27.1	31.5	30.6	29.7	33.6	30.6	29.5	32.3	32.5
	Great risk	37.2	38.2	37.7	36.5	38.1	40.5	34.2	35.6	42.3	40.1
have 5 or more drinks of an alcoholic beverage in a row once or twice a week?	No risk	11.8	13.1	11.1	7.8	9.2	8.2	8.7	11.2	7.5	9.0
	Slight risk	10.7	9.9	9.9	12.0	11.1	9.8	13.9	12.4	11.6	10.3
	Moderate risk	25.8	24.9	26.4	28.2	26.7	28.8	29.8	28.2	28.6	27.9
	Great risk	51.7	52.1	52.7	52.0	53.0	53.2	47.6	48.2	52.2	52.7
use prescription drugs without a doctor telling them to take them?	No risk	11.7	12.9	10.5	7.2	8.8	7.6	7.8	10.2	6.7	8.3
	Slight risk	9.4	9.7	8.5	10.6	10.5	9.1	11.3	10.4	8.3	8.7
	Moderate risk	20.1	19.9	21.0	23.0	22.1	23.7	23.7	21.8	23.5	22.7
	Great risk	58.8	57.5	60.0	59.1	58.7	59.6	57.2	57.6	61.5	60.3
try marijuana once or twice?	No risk	27.3	29.4	28.2	43.8	42.4	40.9	52.8	54.7	49.7	39.1
	Slight risk	29.3	29.7	25.2	27.7	28.2	27.3	25.0	23.8	25.0	25.9
	Moderate risk	20.0	18.7	19.5	13.8	13.9	14.6	10.8	10.1	11.4	15.4
	Great risk	23.4	22.3	27.0	14.8	15.4	17.1	11.4	11.4	14.0	19.6
smoke marijuana regularly (once or twice a week)?	No risk	19.7	22.1	20.3	27.8	29.0	26.2	33.8	38.1	32.3	25.9
	Slight risk	17.0	19.4	15.1	24.2	24.2	23.1	27.0	26.8	25.6	21.1
	Moderate risk	23.9	24.6	21.1	22.7	22.8	22.6	20.1	18.1	19.8	21.3
	Great risk	39.4	33.9	43.4	25.2	24.1	28.2	19.1	17.0	22.3	31.7
use illegal drugs besides marijuana?*	No risk	n/a	n/a	10.2	n/a	n/a	7.7	n/a	n/a	6.6	8.3
	Slight risk	n/a	n/a	4.4	n/a	n/a	5.5	n/a	n/a	5.8	5.2
	Moderate risk	n/a	n/a	15.6	n/a	n/a	19.2	n/a	n/a	19.7	18.1
	Great risk	n/a	n/a	69.8	n/a	n/a	67.6	n/a	n/a	67.8	68.4

*This question was not asked in 2014 or 2016.

Data Tables

Table 22. Additional Data for Prevention Planning: Drug Related Behaviors

		Grade 8			Grade 10			Grade 12			Total 2018
		State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	State 2014	State 2016	State 2018	
During the past 30 days, how often have you avoided people or places because you might be offered tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs?	0 times	69.0	73.0	69.1	70.1	73.9	68.3	74.7	77.1	73.9	70.2
	1 time	11.1	10.2	11.4	10.4	9.0	10.6	8.1	7.4	8.9	10.4
	2-3 times	9.5	8.7	10.0	10.6	10.1	12.1	10.4	9.2	10.2	10.8
	4-6 times	3.5	2.6	3.5	3.5	2.7	3.9	3.1	2.6	3.1	3.5
	7-10 times	0.9	0.8	1.2	1.0	0.8	1.3	0.8	0.8	1.0	1.2
	11 or more times	6.0	4.7	4.8	4.3	3.6	3.8	3.0	2.9	2.9	3.9
During the past 12 months, how many times have you talked with your parents about strategies to avoid or resist people or places where you might be offered tobacco, alcohol, prescription drugs, marijuana or other illegal drugs?	0 times	48.2	48.5	52.4	57.7	55.2	55.5	67.8	66.7	63.7	56.9
	1 time	17.6	17.9	11.8	15.6	15.5	12.1	12.8	13.3	10.2	11.4
	2-3 times	17.0	18.5	16.2	14.9	16.7	16.3	11.3	11.6	14.1	15.6
	4-6 times	6.7	6.6	8.3	4.7	5.8	7.5	3.5	3.9	5.6	7.2
	7-10 times	2.8	2.3	3.5	2.1	2.1	2.7	1.3	1.2	2.1	2.8
	11 or more times	7.6	6.3	7.9	5.0	4.9	5.9	3.2	3.4	4.3	6.1
During the past 12 months, have you talked with a parent or guardian about the dangers of the following substances (Mark all that apply):**	Tobacco	32.3	37.1	40.3	28.1	32.0	35.3	24.9	25.3	31.8	35.9
	Alcohol	31.0	36.1	50.6	30.6	34.3	48.3	28.2	27.8	43.4	47.6
	Prescription drugs	24.2	28.9	30.1	21.6	26.1	28.2	18.1	19.7	26.1	28.2
	Other illegal drugs	37.8	39.9	43.7	35.1	35.1	38.9	29.1	25.6	34.5	39.2
	Marijuana*	n/a	34.0	47.3	n/a	31.5	47.0	n/a	23.6	39.4	44.8
During the past 12 months, do you recall hearing, reading or watching an advertisement about the prevention of substance use?***		70.1	71.3	71.3	76.0	75.4	73.8	75.9	73.9	71.7	72.3

*This question was not asked in 2014.

**The 'No' response answer was included in 2014 and 2016 but not 2018.

***Percentage of students who answered 'Yes'.

Appendix A: References

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Appendix B: Wording Changes in 2018 Questionnaire

Issue	Prior Administration (2014/2016)	Current Administration (2018)	Notes Regarding Changes
Race	“Are you Hispanic or Latino?” was asked as a separate question	Hispanic/Latino was an option in the general race question	
Alcohol - general	gave examples of “beer, wine or hard liquor (for example, vodka, whiskey, or gin)” for alcohol related questions	used “alcoholic beverages” or “alcoholic drinks”	Examples taken out
Hard drugs – general	gave examples “use LSD, cocaine, amphetamines, or another illegal drug?”	used “use illegal drugs besides marijuana?”	
Offered substance – Rx	“In the last 30 days, about how many times were you offered Rx drugs?” (2016)	“During the past 30 days, about how many times were you offered prescription drugs?”	This question was not asked in 2014.
Offered substance – other drugs?	“... offered other drugs?”	“... offered illegal drugs besides marijuana?”	Followed general “hard drugs” wording
Substance use – “On how many occasions (if any) have you:...”	“...used LSD or other hallucinogens...”	“...used LSD or other hallucinogens (e.g., shrooms, peyote, salvia)...”	Added examples
	“...sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high...”	“... inhaled gases or fumes from glues, liquids, or sprays in order to get high (e.g., whippets, nitrous, paint, gas, aerosols)...”	Reworded and examples added
	“...used phenoxydine (pox, px, breeze)...”	“...used phenoxydine (e.g., px, breeze)...”	Did not include pox as an example because it is real slang, truncated responses to match 2018
	“...used prescription pain relievers (such as Vicodin, OxyCotin, Percocet, or Codeine) without a doctor telling you to take them...”	“...used prescription pain relievers without a doctor telling you to take them (e.g., codeine, OxyContin, Vicodin, Percocet, hydrocodone, fentanyl)...”	Reworded and examples added
	“...used prescription stimulants (such as Ritalin, Adderal, or Dexedrine) without a doctor telling you to take them...”	“...used prescription stimulants (e.g., Vyvanse, Ritalin, Adderal, or Dexedrine) without a doctor telling you to take them...”	Added Vyvanse as an example
	“...used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them...”	“...used prescription sedatives without a doctor telling you to take them (e.g., bars, Valium, Xanax, Klonopin, Ambien, Lunesta)...”	Added examples
	“...used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice or Gold)...”	“...used synthetic drugs (e.g., Bath Salts, K2, Spice, Gold)...”	Reworded examples
	n/a	“...used multiple drugs at the same time (including alcohol, prescription medications, marijuana, and other illegal drugs)...”	Added to 2018
	n/a	“...drunk alcohol at the same time you used prescription pain relievers (e.g., Vicodin, OxyContin, codeine)...”	Added to 2018

Issue	Prior Administration (2014/2016)	Current Administration (2018)	Notes Regarding Changes
Reasons for using - general	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply):"	"During the past 30 days, if you DID USE tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs, please tell us about some of your reasons for using (Mark all that apply):"	Reworded question for wording consistency
	"To be like an actor or musician/band that I admire"	"be like someone famous"	Reworded response
	"To deal with stress in my life from peers/friends (e.g., fighting with friends, getting bullied, dealing with rumors, etc...)"	"Deal with stress from my peers and friends"	Took out examples
	n/a	"Not applicable, I did not use in the past 30 days"	Added to 2018
Reasons for not using - general	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply):"	"During the past 30 days, if you DID NOT USE tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs, please tell us about some of the reasons for not using (Mark all that apply):"	Reworded question for wording consistency
Reasons for not using – rewording	"My teachers/mentors/other adults in my life would be disappointed in me"	"Other adults would be disappointed"	Took out examples
	"I might get kicked out of school or extracurricular activities (e.g., sports, cheerleading, drama club/plays)"	"Might get kicked out of school, sports, cheerleading, etc."	Reworded response
	"I wanted to, but I couldn't get it or wasn't offered it"	"Couldn't get it or wasn't offered"	Reworded response
	n/a	"Other"	Added to 2018
	n/a	"Not applicable, I used in the past 30 days"	Added to 2018
Get alcohol – rewording	"I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station"	"Bought it at a store"	Took out examples
	"I bought it at a public event such as a concert or sporting event"	"Bought it at a public event (e.g., concert)"	Reworded response
	"My parent or guardian gave it to me"	"From my parent or guardian"	
	"I took it from home "	"Stole it from my own home"	Stole instead of took
	"I took it from a store or someone else's home"	"Stole it from a store or someone else's home"	Stole instead of took
	"I got it some other way"	"Other"	
	n/a	"Over the internet"	Added to 2018
	n/a	"Bought it when outside of the U.S."	Added to 2018
Get marijuana - additional	n/a	"Bought it from a dispensary within AZ"	Added to 2018
	n/a	"Bought it from a dispensary outside of AZ"	Added to 2018
	n/a	"Over the internet"	Added to 2018

Issue	Prior Administration (2014/2016)	Current Administration (2018)	Notes Regarding Changes
Get prescription drugs – general	“If, during the past 30 days you used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all that apply.)” (2016)	“If you have ever used prescription drugs without a doctor telling you to use them, how did you get them? (Mark all that apply)”	This item was the same in 2014 and 2018, 2016 has a different time frame.
Get prescription drugs - rewording	“I’ve never used prescription drugs to get high”	“Not applicable, I did not use without a doctor’s approval”	
	“Home (e.g., Medicine Cabinet)”	“From home”	Took out example
	“Doctor/Pharmacy”	“From a doctor or pharmacy within the U.S.”	Reworded response
	“Outside the United States (e.g., Mexico, Canada)”	“From a doctor or pharmacy outside the U.S.”	Reworded response
Parenting	“If I drank some beer, wine or liquor (for example, vodka, whiskey, or gin) without my parents permission, my parents would catch me.” (2016)	“If you drank some alcohol without your parents’ permission, would you be caught by your parents?”	This item was the same in 2014 and 2018.
	“If I skipped school, my parents would catch me.” (2016)	“If you skipped school, would you be caught by your parents?”	This item was the same in 2014 and 2018.
	If I carried a handgun without my parents’ permission, my parents would catch me. (2016)	If you carried a handgun without your parents’ permission, would you be caught by your parents?	This item was the same in 2014 and 2018.
	“My parents would know if I did not come home on time.” (2016)	“Would your parents know if you did not come home on time?”	This item was the same in 2014 and 2018.
	“I feel very close to my mother.” (2016)	“Do you feel very close to your mother?”	This item was the same in 2014 and 2018.
	“I feel very close to my father.” (2016)	“Do you feel very close to your father?”	This item was the same in 2014 and 2018.
	“I share my thoughts and feelings with my mother.” (2016)	“Do you share your thoughts and feelings with your mother?”	This item was the same in 2014 and 2018.
	“I share my thoughts and feelings with my father.” (2016)	“Do you share your thoughts and feelings with your father?”	This item was the same in 2014 and 2018.
	“I enjoy spending time with my mother.” (2016)	“Do you enjoy spending time with your mother?”	This item was the same in 2014 and 2018.
	“I enjoy spending time with my mother.” (2016)	“Do you enjoy spending time with your father?”	This item was the same in 2014 and 2018.
	“During the past 12 months, how many times have you talked with your parents about strategies to avoid or resist people or places where you might be offered alcohol, prescription drugs, or other drugs?”	“During the past 12 months, how many times have you talked with your parents about strategies to avoid or resist people or places where you might be offered alcohol, prescription drugs, marijuana, or other illegal drugs?”	Reworded question for wording consistency
	“In the last 30 days, how often have you avoided people or places because you might be offered alcohol, cigarettes, marijuana, or other drugs including prescription drugs?”	“During the past 30 days, how often have you avoided people or places because you might be offered tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs?”	Reworded question for wording consistency

Issue	Prior Administration (2014/2016)	Current Administration (2018)	Notes Regarding Changes
	n/a	"How wrong do your parents feel it would be for you to drink alcoholic beverages regularly (at least once or twice a month)?"	Added to 2018
	n/a	"How wrong do your parents feel it would be for you to use illegal drugs besides marijuana?"	Added to 2018
School Skip	"During the past 30 days, how many days of school have you missed because you skipped or 'cut'?" (2016)	"During the last four weeks, how many whole days of school have you missed because you skipped or 'cut'?"	This item was the same in 2014 and 2018.
	"During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on the way to or from school?"	"During the past 12 months, on how many days did you not go to school because you felt you would be unsafe?"	Different time frames due to low base rate for 30 days
Friends - general	"Think of your four best friends. In the past year (12 months), how many of your best friends have:"	"Think of the four friends you feel closest to. In the past 12 months, how many of them have:"	Wording change to explain "best" friend
	n/a	"How wrong do your friends feel it would be for you to use illegal drugs besides marijuana?"	Added to 2018
Gang involvement	"Have you ever belonged to a gang?", with response options of "No," "No, but would like to," "Yes, in the past," "Yes, belong now," and "Yes, but would like to get out"	"Have you ever belonged to a gang?" with response options of "No" and "Yes"; this was administered on the online survey, but not the paper-and-pencil survey	
	n/a	"Do you currently belong to a gang?"	Added to 2018
Gang name	n/a (last asked in 2012)	"If you have ever belonged to a gang, did the gang have a name?"	Added to 2018
Been assaulted by boyfriend/girlfriend	"How many times in the past year (12 months) have you: been hit, slapped, pushed shoved, kicked or any other way physically assaulted by your boyfriend or girlfriend?"	"How many times in the past 12 months have you been physically assaulted (e.g., hit, slapped, pushed) by your boyfriend/girlfriend?"	Reworded
Seen attack	"How many times in the past year (12 months) have you: seen someone punched with a fist, kicked, choked or beaten up?"	"How many times in the past 12 months have you: seen someone punched, kicked, choked, or beaten up?"	Reworded
Seen attack with weapon	"How many times in the past year (12 months) have you: seen someone attacked with a weapon, other than a gun, such as a knife, bat, bottle, or chain?"	"How many times in the past 12 months have you: seen someone attacked with a weapon other than a gun (e.g., knife, bat, bottle)?"	Took out chain
Seen gun	"How many times in the past year (12 months) have you: seen someone shot or shot at?"	"How many times in the past 12 months have you seen someone shot, shot at, or threatened with a gun?"	Added threatened aspect

Issue	Prior Administration (2014/2016)	Current Administration (2018)	Notes Regarding Changes
Steal \$5	n/a	"How many times in the past 12 months have you: stolen something worth more than \$5?"	Added to 2018
Bet	n/a	"How many times in the past 12 months have you: placed a bet or gambled on anything for money or something of value (lottery, cards, dice, sports, pool, video games)?"	Added to 2018
Been attacked with weapon	n/a	"How many times in the past 12 months have you: been attacked with a weapon other than a gun (e.g., knife, bat, bottle)?"	Added to 2018
Been shot at	n/a	"How many times in the past 12 months have you: been shot, shot at, or threatened with a gun?"	Added to 2018
Shot at	n/a	"How many times in the past 12 months have you: threatened, shot at, or shot someone with a gun?"	Added to 2018
Assault boyfriend/girlfriend	n/a	"How many times in the past 12 months have you: physically assaulted (e.g., hit, slapped, pushed, kicked) your boyfriend/girlfriend?"	Added to 2018
Cyber bullied	n/a	"How many times in the past 12 months have you: harassed or made fun of another person online or through text?"	Added to 2018
Fight	n/a	"How many times in the past 12 months have you: been in a physical fight?"	Added to 2018
School property – General	"During the past 12 months, how many times ____ on school property?"	"During the past 12 months, how many times have the following things occurred on school property? ____?"	Reworded
School property – weapon	"...has someone threatened or injured you with a weapon such as a gun, knife, or club ..."	"Someone threatened or injured you with a weapon (e.g., gun, knife, or club)?"	
School property - bully	"... have you picked on or bullied another student..."	"You picked on or bullied someone else?"	
School property – seen bullying	".. seen bullying ... and done nothing to stop it?"	"You saw someone being bullied?"	
Ride	n/a	"During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana?"	Added to 2018
Driving and texting	n/a	"During the past 30 days, how many times did you drive a vehicle while texting or talking on your phone?"	Added to 2018

Appendix C: Contacts for Prevention

For updated contact information, please visit <https://saclaz.org/>

Apache County

Rebecca Stinson
Apache County Drug-Free
Alliance (ACDFA)
928-551-3416

Cochise County

Sonia Sanchez
Sierra Vista Coalition
soniasanchez977@hotmail.com

Maira Ibarra
ADHS Prescription Drug
Overdose Grant
520-432-9436

Monica Rowlings
Impact Sierra Vista

Elsa Orozco
Douglas Area Substance Abuse
Coalition

Sally White
Wilcox Against Substance Abuse
<http://w-a-s-a.weebly.com/>

Jessica Ogiba
Copper Queen Community
Hospital School Opioid Program
520-432-6591

Hope Thomas
Southern Arizona Opioid
Consortium
520-324-1065

Coconino County

Candice Koenker
ADHS Prescription Drug
Overdose Grant
928-679-7264

Gila County

Adrianna Pappas
DIG YA
928-961-4776

Julie Craig
STOP Globe
928-961-0426

Julie Craig
Copper Basin Coalition
928-961-0426

Graham County

Kathy Grimes
Graham County Substance Abuse
Coalition
grahamsubstancecoalition@gmail.
com

La Paz County

Courtney Rogers
PAACE
928-669-0175

Maricopa County

Ted Huntington
Chandler Coalition
480-821-4207

Kathy Gardner
Urban Indian Coalition of Arizona
602-264-6768

Shelly Mowrey
Fountain Hills Youth Substance
Abuse Coalition
shellymowreymail@gmail.com

Tracy Cruickshank
ADHS Prescription Drug
Overdose Grant
602-506-6858

Priscilla Behnke
Be Awesome Youth Coalition
520-428-7750

Hilary Cummings
Tempe Coalition
480-858-2316

Loren Grizzard
Help Enrich African American
Lives (HEAAL)
602-253-6904

Larry Tracey
WOW Coalition (Way Out West)
623-208-3230

Shomari Jackson
South Mountain WORKS
602-305-7126

Mohave County

Cheryl Clark
Young Adult Development
Association of Havasu (YADAH)
928-605-9624

Larry Tunfors
Mohave Substance Treatment
Education Prevention Partnership
(MSTEPP)
928-201-3313

Karole Finkelstein
Mohave Area Partnership
Promoting Educated Decisions
(MAPPED)
928-219-2582

Robert DeVries
Mohave Substance Abuse Team
(MSAT)
928-753-2191

Navajo County
Michele Sgambelluri
Rx Stakeholders' Meeting
928-532-6050

Amy Stradling
ADHS Prescription Drug
Overdose Grant
928-532-6050

Vicky Solomon
Nexus Coalition for Drug
Prevention
928-243-2014

Pima County

Amy Bass
Pima County Community
Prevention Coalition
520-360-5282

Gertha Sicobo
Be Med Smart
520-304-3425

Mariela Encinas
Amistades Substance Abuse
Coalition
520-822-8777

Jacquelynn Villa-Baze
Refugee and Immigrant Service
Provider Network of Tucson
520-838-5617

Mary Anne Fout
Ajo Community Coalition
520-744-9595 ext. 143

4R Communities Alliance
info@ourfamilyservices.org

Raul A. Munoz and Rachel Zenuk
ADHS Prescription Drug
Overdose Grant
520-724-7973/520-840-6604

Arizona Youth Partnership
lorim@azyp.org

Jeremy Paxton
Healthy People Coalition
206-388-8319

Sheri George
San Tan Valley Substance Abuse
Coalition
stvcoalition@hotmail.com

Sharon Boyd
Coolidge Youth Coalition
cycsharonboyd@gmail.com

Pinal County
Barbara Plante
Apache Junction Drug Prevention
Coalition
480-694-5153

Breanna Boland
Casa Grande Alliance and Pima
County Substance Abuse Council
(PCSAC)
520-836-5022

Eva Zuniga
Drug Free Community Coalition
(SCCDFCC)
520-281-0579 ext. 4

Yavapai County
Steven Elston
ADHS Prescription Drug
Overdose Grant
928-442-5569

Merilee Fowler
MATFORCE
928-708-0100

Yuma County
Rosy Taylor
Yuma County Anti-drug Coalition
928-276-4083

Statewide
Arizona Criminal Justice
Commission
602-364-1147
<http://www.azcjc.gov/>

Jessica Hugdahl
Arizona Students Against
Destructive Decisions (AZSADD)
623-434-1670

Nick Stavros
Arizona Opioid Treatment
Coalition
480-494-2489

Alyssa Padilla
ADHS Prescription Drug
Overdose Grant
520-626-4439

Hualapai Indian Reservation
Jessica Powskey
Hualapai Tribe Substance Abuse
Action Plan (TAP)
928-769-2207 ext. 203

EXHIBIT 2

Youth Use: Marijuana



According to the 2018 Arizona Youth Survey from 2016 to 2018 **youth marijuana use has increased** at alarming rates.



Lifetime marijuana use up **21%**
24.7% in 2016 to 29.8% in 2018

Regular (30 day) use of marijuana increased **33%**
11.9% in 2016 to 15.7% in 2018

23.5% of youth say they used marijuana concentrates in their lifetime

TODAY'S MARIJUANA

3% THC (from this) → 10% to 80% THC (to this)

Today's legal marijuana comes in many forms:

- candy and snacks
- baked goods - cookies, brownies
- breakfast foods - cereal, pop tarts
- pizza, spaghetti sauce
- lemonade, soda, coffee
- waxes - inhaled, vaped, dabbed
- drops - absorbed, mixed with food or drink
- capsules - swallowed



15.3% of youth report riding in a car with someone who had been using marijuana

Marijuana Harmless?
Think Again

Where are youth getting marijuana?

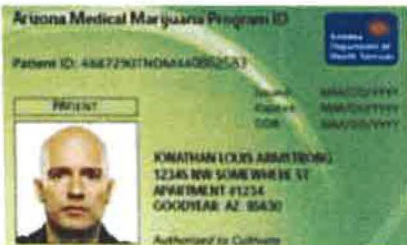
from a medical marijuana card holder increased

59%

15.6% in 2016 to 24.8% in 2018

10.6% bought from dispensary in Arizona

4.8% bought from dispensary outside of Arizona



(928) 708-0100 matforce@cablone.net

MATFORCE
Building Healthier Communities

matforce.org

Exhibit 2

DECLARATION OF TODD A. GRIFFITH

I, Todd A. Griffith, hereby testify on my personal knowledge:

1. I am over the age of 18, and I am a resident of Maricopa County, Arizona, where I am also a qualified elector.

2. I have two degrees: a Bachelor of Science degree in Chemistry and a Master of Business Administration degree. I have received numerous training and educational courses on drug chemistry and drug pharmacology including a course from a Pharmacology professor from the University of Arizona.

3. I am currently retired from the Department of Public Safety ("DPS"), where I was a forensic scientist for 43 years, the last 20 of which I was the Scientific Analysis Superintendent. In this role, I was the director of DPS's crime laboratory system. During my time at DPS, I personally conducted and supervised others who conducted drug tests, including marijuana drug tests and blood tests for driving under the influence of marijuana. As the Scientific Analysis Superintendent, I oversaw approximately 270 employees.

4. As the director of DPS's crime laboratory system, I was required to assure the highest quality of forensic science analysis to meet the needs of the criminal justice system. DPS's crime laboratories conduct forensic scientific analyses for virtually every law enforcement agency in the state. Employees under my control performed a variety of analyses, including analytical chemistry (like drug and arson analysis), toxicology analysis (analyses of blood and body fluids for drugs and poison), molecular and cellular biology (DNA analysis), comparative analysis (like fingerprint comparisons and firearms/tool marks comparisons), materials analysis (such as hairs, fibers, paint, glass, and plastic), and blood and breath alcohol analysis.

5. While working for DPS, I was heavily involved in drafting many of Arizona's drug-related statutes, including several recent statutes regarding the classification of synthetic drugs, which have since become model statutes.

a. Specifically, I was part of the committee that helped draft Arizona's current per se Driving Under the Influence of Drugs ("DUID") law in A.R.S. § 28-1381(A)(3) and the current statute setting a .08 blood alcohol content limit in A.R.S. § 28-1381(A)(2),

6. I have read the ballot initiative titled Smart and Safe Arizona Act (the "Initiative"), as well as its summary (the "Summary").

7. Based on my extensive experience drafting and working with Arizona's drug laws and working as a forensic scientist with a broad knowledge of chemistry, I know that THC is a compound of marijuana, and that it is the active and impairing chemical compound contained in the resin exuded by the marijuana plant.

8. The Summary is misleading and deceptive in its failure to disclose that the Initiative includes an expanded definition of "marijuana" to include not only the plant material but also "every compound, manufacture, salt, derivative, mixture or preparation of the plant or its seeds or resin." The resin of the marijuana plant is the source of THC—the psychoactive ingredient of marijuana. In effect, this would allow pure THC to be used and sold as legal marijuana.

9. High potency "marijuana"—(including products with names such as "Wax", "Shatter" and others) —containing 85% to 99% THC content, are currently being sold in states that have legalized recreational marijuana. This is an extremely potent, essentially pure drug, being legalized, not the green leafy marijuana most people think of which had only 5% to 10%

THC. This is like crack cocaine (100% pure cocaine) and should be thought of as “crack marijuana” a dangerous psychoactive drug. The Initiative would allow a vast flow of these dangerous, high potency drugs within Arizona and endanger the public.

10. The Summary is confusing and misleading in its reference to allowing “limited possession...and use of marijuana.” In fact, the one ounce limit in the Initiative is materially deceptive as well, based upon the expanded definition of “marijuana” in the Initiative that will permit the possession and use of large quantities of THC, the psychoactive compound in marijuana because the Initiative’s definition includes high potency marijuana (85% to 99% THC). One ounce of marijuana does not result in the 60-200 cigarettes of green leafy marijuana as the general population expects but, rather, would amount to (as defined in the Initiative) 2,830 doses of pure THC, a potent drug. This is because the Initiative defines marijuana not only as the green leafy material but, also, as any compound of the marijuana resin and, therefore, THC, the psychoactive compound of the resin, is legally marijuana. Other states with legal recreational marijuana are selling marijuana preparations with 85% to 99% THC and the same will happen here.

11. The Summary is both deceptive and misleading in that it purports to safely regulate marijuana while, in fact, it does nothing of the sort by allowing the flow of dangerous high THC content products within the state for recreational use.

12. Contrary to the Summary, the Initiative does not keep marijuana from adolescent use. Although the Initiative makes marijuana illegal for those under 21 years of age, it does virtually nothing to stop underage use. The penalties for underage use are minimal (civil fines or petty offenses), much less than the current penalties applicable to underage use of alcohol. Additionally, the Initiative prevents law enforcement officers from using the odor of marijuana

or marijuana smoke to take action, making underage enforcement exceptionally difficult. For underage use, the Initiative provides penalties far less severe and less enforceable than those in place for underage alcohol.

13. The Summary implies that the Initiative will be tough on marijuana DUI by requiring “impairment to the slightest degree for marijuana DUIs.” To the contrary, a plain reading of the Initiative’s text shows that it will effectively eliminate Arizona’s § 28-1381(A)(3) law as it relates to marijuana, because the Initiative would no longer allow the State to stop people from driving—as it currently does—solely because of the presence of marijuana’s active impairing compound or its active impairing metabolites in the body.

14. Additionally, the Summary is also deceptive as the Initiative will actually protect marijuana impaired drivers from prosecution rather than protecting the public through enforcement of DUID standards. The Initiative expressly prohibits the State from prosecuting marijuana impaired drivers based upon a level of impairment such as Arizona’s .08 blood alcohol content level. The Initiative does, however, include at the very end in Section 7, a statement which appears not to become law (no statutory number) that supposedly allows the legislature to enact an impairment level at a future date. This appears incredibly confusing because it is very unclear if a statement (not in statute) could overturn the Initiative’s actual statutory language. Science will develop a level for marijuana at which all people are impaired, but, it appears, that no level can be enacted into law under the Initiative. This prohibition is not addressed in any manner in the Summary nor is the confusing section 7 statement.

15. The Summary is also misleading in that it makes it seem as if the Initiative won’t alter (or will actually strengthen) Arizona’s current DUID law, when buried in the complex body of the Initiative, the text shows that it will in fact dramatically alter those laws. Because

the Initiative creates this problem without addressing this disparity, voters will be deceived and not know the consequences of the Initiative. This constitutes a complete deception for the electorate who should be able to determine what exactly would occur if an Initiative passes.

16. Because of the misleading nature of the Summary, and the general confusion regarding the meaning of many of the Initiative's provisions, a voter will be hard pressed to determine exactly what they would be enacting if they voted in favor of the Initiative.

17. In short, the Summary is misleading because: (1) it purports to safely regulate marijuana while the Initiative does just the opposite by making available dangerous high THC content products via an expanded definition of "marijuana"; (2) it falsely indicates that marijuana will be safely regulated but ignores the fact that the Initiative provides only token penalties for use by those under the age of 21—far less severe than those in place for underage use of alcohol—leading to substantial use of marijuana drugs (as broadly defined in the Initiative) by those under the age of 21; and (3) it implies that the Initiative will have no impact on Arizona's DUI laws, when in fact it would dramatically alter such laws to make them harder to enforce and will jeopardize safety on the roads of the state. Based upon my experience with drug related issues, the Initiative is neither "Smart" nor "Safe" for Arizona. In fact, it would be quite the opposite.

I declare under penalty of perjury that the foregoing is true and correct.



Todd A. Griffith
Dated: July 17, 2020

Exhibit 3

DECLARATION OF EDWARD GOGEK, M.D.

I, Edward Gogek, M.D., hereby testify on my personal knowledge:

1. I am over the age of 18.
2. I am registered to vote in Yavapai County.
3. I am a physician licensed in the State of Arizona, where I have been practicing since 1991. I am Board Certified in Psychiatry and Addiction Medicine.
4. I have read, and am familiar with, the summary and the text of the Smart and Safe Arizona Act (the “Summary” of the “Initiative”).
5. I find the language of the Initiative and the Summary to be unclear, beginning with the purposefully misleading Summary which purports to describe the principal provisions of the Initiative.
6. Although the language of the Initiative is largely misleading and confusing, as a physician with a career focused on treating patients with addiction issues including those related to marijuana and cannabis extract products, I have several concerns about its impact on Arizona law, law enforcement standards, and impact on employers, in addition to the potential negative impacts on patients and on public health.
7. As a physician addressing marijuana addiction and psychiatric disorders caused or exacerbated by marijuana, I am well aware of the detrimental effect of drug policy on public health. The Summary purports to protect the safety of the people of Arizona but neither the purported Summary nor the text of the Initiative address the new dangers created by the Initiative’s treatment of marijuana. The Initiative will create numerous problems by making available to the public recreational marijuana including – as defined in the Initiative – higher potency (THC) marijuana products like hashish with few limitations. Recent research provides

strong evidence that high THC products cause psychotic disorders at far higher rates than conventional marijuana does. Because of this problem, other states have tried to limit the sale of these high THC products. To include high THC products under the definition of marijuana without clearly indicating that to voters in the Summary is to intentionally withhold sufficient information and be deceptive.

8. As a supervisor of employees in the healthcare industry dealing with patients with addiction issues, I am aware of the impact of substance use and abuse policies on the work environment, and specifically related to the delivery of health care. The Initiative's Summary is inconsistent with the text and intentionally misleads voters by failing to mention the adverse effect on the work environment. The Summary purports to "protect employer . . . rights" but the Initiative itself does quite the opposite. The Initiative conceals from voters the fact that employer hiring and discipline policies and decisions are limited and, in fact, favor the marijuana user adverse to employers. The text of the Initiative does not allow employers to take adverse action against marijuana users except under narrow circumstances, and prohibits employers from making offers of employment conditional on passing a drug test for marijuana and its metabolites.

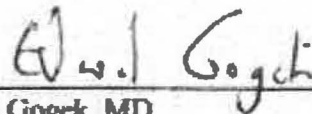
9. Substance abuse treatment programs have traditionally employed treatment staff who are clean and sober and in recovery themselves as these people are often most able to relate to addiction patients and guide them to healthier life choices. People who use drugs themselves will not have the mindset that sees complete abstinence as a necessary goal, and this can hinder their patients' recovery. For this reason, treatment programs usually drug screen staff and remove staff from direct patient care if they test positive for drugs. This Initiative would prevent

managers of substance abuse treatment programs from removing a marijuana abusing counselor from direct patient care, which would undermine the effectiveness of the program.

10. The Summary also is misleading to voters on the issue of DUI laws. For example, the Summary fails to reveal that the Initiative prohibits law enforcement from prosecuting drivers solely based upon the presence of impairing marijuana metabolites in the driver's blood as is now available to enforce public safety under current laws. This creates a dangerous situation for public health given the likely increase in the number of drivers impaired by marijuana, which would increase the number of injuries and deaths related to such impairment.

11. The Summary also fails to disclose that current non-profit medical marijuana licensees may become "dual licensees" under the Initiative, which drastically changes the way current medical marijuana organizations are regulated and will operate. For example, a dual licensee will no longer be required to employ a medical director and exempts the dual licensee from complying with the Arizona Medical Marijuana Act, §36-2801 et seq., or any rule adopted pursuant to that chapter that makes their operation as a dual licensee "unduly burdensome." A non-profit dual licensee will also be permitted to transition into a for-profit business. These substantial revisions of current law are nowhere to be found in the Summary.

I declare under penalty of perjury that the foregoing is true and correct.



Edward Gogek, MD
Dated: July 20, 2020

Exhibit 4

DECLARATION OF PAUL SMITH

I, Paul Smith, hereby testify on my personal knowledge:

1. I am over the age of 18 and a resident of Yavapai County, Arizona.

2. I am registered to vote in Yavapai County, Arizona.

3. I am the Director of Pharmacy Operations at Sana Behavioral Hospital which provides geriatric mental health services to older adults in Yavapai County. In this role, I monitor medication therapy for a population base of 1500 patients annually. This Declaration contains my personal opinions, and I do not provide this Declaration in any official capacity regarding this Sana Behavioral Hospital.

4. In my work at the Hospital, I have seen significant problems from an increased use of marijuana among patients. In my experience, trauma and drug abuse often go together. As a result, when a patient uses marijuana, it can become an uphill battle to treat the patient's other substance abuse and behavioral health issues, Marijuana is frequently used as a gateway drug, leading to other substance abuse and serving as a roadblock to overall recovery. This increased marijuana use also creates concerns about marijuana's negative interactions with other drugs, particularly if we cannot determine whether a patient has used marijuana.

5. I have read the proposed Smart and Safe Arizona Act ("the Initiative") and the related summary (the "Summary").

6. I found the Initiative text to be both confusing and misleading. The text creates major changes to Arizona law, without explanation or context. These substantial changes are also not communicated in the Summary. In my opinion, the average Petition signer would not have understood from the Summary what the Initiative will mean for Arizona law, and the average voter will have difficulty reading the Initiative text to understand what the Initiative will mean for Arizona law. The public perception is that the Initiative is just designed to legalize ongoing

behavior and bring in substantial tax money for the state, but there is no clear explanation in the Initiative that it will actually make money, or at least will not increase costs for Arizona and local communities.

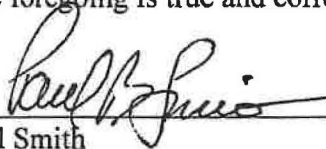
7. Additionally, the Summary is also deceptive and misleading in that it does not address the definition of “marijuana” to include high THC containing products which would be available for recreational use in a manner that would be understood by an average voter. These higher THC products are far more potent than the marijuana a typical member of the public would associate with marijuana. The dangers arising from these products with a higher THC content has been witnessed in other states which have legalized them for recreational use. These dangers would not be apparent to the typical voter from the Summary language itself.

8. The Summary is confusing and misleading in that it fails to disclose that the Initiative will hinder the ability of employers to maintain current drug-free work policies. I am concerned as a manager at a health provider business that the Initiative will prevent me from appropriately disciplining employees who use marijuana. The Initiative prohibits an employer from taking action against an employee or potential employee who fails a marijuana drug test. This is a serious problem for medical workplaces, which often require zero-tolerance drug-free zones — instead of being able to set limits, an employer may face tremendous liability when an impaired employee errs.

9. The Summary also fails to disclose the material change in law with respect to underage use of marijuana. I am concerned that the Initiative will be incredibly harmful to Arizonans, particularly to juveniles. Legalization of marijuana will lead to increased addiction, which leads to more trauma and more mental health problems for our communities. I am particularly concerned about increased use of marijuana products by those from ages 13 through

21. In addition, for those genetically predisposed to addiction, legalization and social acceptance of marijuana will push them over the edge. Therefore, I do not think the Initiative serves Arizona's best interests.

I declare under penalty of perjury that the foregoing is true and correct.



Paul Smith

Dated: July 20, 2020

Exhibit 5

DECLARATION OF DALE GUTHRIE, M.D., F.A.A.P.

I, Dale Guthrie, M.D., hereby testify on my personal knowledge:

1. I am over the age of 18 and a resident of Maricopa County.
2. I am registered to vote in Maricopa County.
3. I am a pediatrician licensed in the State of Arizona, where I have been practicing since 1988. I am a fellow of the American Academy of Pediatrics, and I am a former president of the Arizona chapter of the American Academy of Pediatrics.
4. I own and manage my own pediatric medicine office, where I employ approximately 45 individuals in the State of Arizona, some of whom are licensed practitioners.
5. I have read the summary included on the petition application of the proposed Smart and Safe Arizona Act (the "Summary" or the "Initiative"), and I am familiar with the text language of the Initiative.
6. In comparing the Summary to the text of the Initiative, I find the Summary to be purposefully misleading in its failure to adequately describe the principal provisions of the Initiative.
7. I anticipate that the majority of my patients and my patients' parents would have been misled by the Summary and would not be able to comprehend and understand the Initiative sufficiently based on the Summary.
8. I also anticipate that the majority of these patients will be unable to comprehend the Initiative sufficiently to comply with the Initiative, should it pass, based on the inherent confusion associated with the Initiative that proposes to impact so many different areas of Arizona law.

9. In addition to my concerns that the Summary and the text of the Initiative are largely misleading and confusing, I have multiple concerns about its impact on Arizona law, its negative impact on patients and on public health.

10. As a pediatrician, I am aware of the detrimental effect of drug policy on young people and on public health generally. The Initiative's Summary purports to "regulate marijuana," but neither the Summary nor the text of the Initiative address the new dangers created by the Initiative's treatment of marijuana.

11. As an employer in the healthcare industry, I am aware of the impact of substance use and abuse policies on the work environment, and specifically on the delivery of health care. The Initiative's Summary is inconsistent with the text and intentionally misleads voters by failing to mention the adverse effect on the work environment. Currently, my practice has a drug-free workplace policy employing drug tests. The Summary of the Initiative conceals from voters the fact that such a policy will no longer be permitted due to the Initiative's text, which does not allow employers to take adverse action against marijuana users except under narrow circumstances, and appears to prohibit employers from making offers of employment conditional on passing a drug test for marijuana and its metabolites.

12. This will have a detrimental effect on my practice and on my patients. It will also have a negative impact on the Arizona licensing boards that are meant to regulate medical professionals and ensure the safety of the community. Marijuana use has a detrimental impact on the user's cognitive ability, even when not impaired. As a result, an effective drug-free work policy, predicated on the use of drug tests is necessary for me to assure the safety and productivity of my office staff.

13. In addition, failure to maintain a drug-free work environment may subject me to liability for unprofessional conduct. Under Arizona law, any conduct or practice by a physician that is or might be harmful or dangerous to the health of the patient or the public is considered unprofessional conduct. Failure to maintain a drug-free work environment is or may be harmful or dangerous to the health of patients and the public. The failure to address these issues in the Summary hides the true effect of the Initiative.

14. Neither the Summary nor the text of the Initiative reveals the impact of the Initiative on the rate of marijuana use in Arizona. As a pediatrician I am familiar with studies regarding marijuana use. Data from such studies show that in Colorado, marijuana use among young people increased significantly during the time between the passage of that state's measure legalizing recreational marijuana and when the measure took effect. Use continued to rise after the measure went into effect. This data suggests that a similar increase would occur in Arizona. By failing to address this matter, the Initiative conceals its full effect from voters.

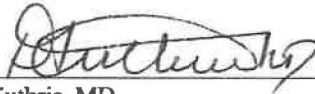
15. The Initiative Summary further misleads voters by creating the incorrect impression that marijuana is harmless and is safe to use. In fact, marijuana use has been shown to be detrimental to brain development, particularly among young people, whose brain is not fully developed until age 25 or 26. Studies show that marijuana use can negatively impact brain structure and decrease IQ.

16. The misleading Summary also fails to disclose the Initiative's effect on DUI laws and highway safety. The Summary does not reveal that the Initiative prohibits the State from prosecuting drivers based solely on the presence of impairing marijuana metabolites in the driver's blood. This creates a public health problem because of the likely increase in the number

of drivers impaired by marijuana, which would in turn increase the number of injuries and fatalities among drivers and passengers, including children.

17. The Summary is also misleading and incomplete with regard to the taxation of marijuana. The Summary notes the 16% tax on marijuana but fails to note that this tax only applies to commercial sellers. There is no taxation at all on individuals who are allowed to cultivate marijuana for personal consumption – which cannot be taxed under the Initiative. Under the terms of the Initiative, a household may grow “six marijuana plants” if a single member of the household is over 21 and “twelve marijuana plants” if more than one resident is over the age of 21. This substantial exemption from taxation would significantly reduce the likelihood of commercial purchases of marijuana by these self-cultivators leading to much lower tax revenue. While I am by no means in favor of the Initiative, this additional argument reveals that the Summary is materially deceptive for this additional reason.

I declare under penalty of perjury that the foregoing is true and correct.



Dale Guthrie, MD
Dated: July 17, 2020

Exhibit 6

DECLARATION OF LISA JAMES

I, Lisa James, hereby testify on my personal knowledge:

1. I am over the age of 18.
2. I am registered to vote in Maricopa County.
3. I am the Chair of Arizonans For Health and Public Safety (“AZHPS”) a political action committee (“PAC”) based in Phoenix, Arizona. AZHPS is an organization which opposes legalization of recreational marijuana in Arizona. This includes the latest attempt to do so referenced herein. Previously, I was the Chair of Just Vote No Arizona, which was a PAC which opposed the 2016 initiative to legalize recreational marijuana in Arizona. The materials submitted in this Declaration are submitted on my behalf as an individual, as well as in my official capacity as Chair of AZHPS.

4. Much of my life has been devoted to anti-drug issues. From my time as a high school student in Illinois decades ago when I interned for a statewide substance abuse prevention program, I have been devoted to addressing and working to prevent the abuse of drugs in our communities. My experiences have guided me in raising my own children (now adults) to understand the dangers of drug use and to have a meaningful understanding of how dangerous use of marijuana and other drugs can be. I have volunteered with multiple substance abuse prevention and treatment programs during my 26 years as a resident of Arizona.

5. I personally have seen the impact of drug addiction in my own family. My brother has struggled with drug use most of his life and covering over three decades to the present including multiple failed attempts at rehabilitation and years of incarceration. This path of drug addiction started as a high school student smoking marijuana in Illinois and expanded into crack cocaine, meth and bath salts, among other multiple drugs. The impact on his own life is not the

only consequence of his drug addiction. His wife and children and the rest of our family have felt the severe impact of his drug use and its consequences. He is not the only family member to suffer from addiction. My familiarity with the impact of my brother's drug addiction on our family and experience with drug related issues through AZHPS, Just Vote No Arizona, among other groups since high school, has been a driving force in my life, which has caused me to address the dangers of drug abuse.

6. I have read, and am familiar with, the text of the Smart and Safe Arizona Act (the "Initiative") and the 100-word summary ("Summary").

7. My review of the Initiative and the Summary reveal that the Summary is materially deceptive and fails to address multiple substantial components of the Initiative in any fashion or raises them in cursory and materially misleading ways.

8. The Summary addresses the use of marijuana in the Initiative which purports to be responsible ("smart and safe"). This language is deceptive and misleading as the Initiative defines "marijuana" not just to refer to the leafy green portion of the plant as a typical voter would expect. Rather, the Initiative expands the definition to include "every compound, manufacture, salt, derivative, mixture or preparation of the plant or its seeds or resin." This expanded definition of marijuana includes high potency THC products as opposed to the much lower THC content form of marijuana a typical voter would anticipate are being addressed by the term "marijuana." Further, the Initiative nowhere places any limit on the THC, which can be legally present in the marijuana as defined. In those states where recreational marijuana is legal, these high potency THC products have been linked to multiple health and safety issues. These material terms are nowhere addressed, in any fashion, in the Summary.

9. The Initiative purports to address responsible regulation of marijuana to those 21 and older. Meanwhile the language of the Initiative and the Summary are unclear, beginning with the intentionally misleading Summary. Advertising for marijuana products under the Initiative have few meaningful limitations, as is the case in the states legalizing recreational use (like Colorado). Additionally, the current penalties, which exist under Arizona law for use and possession of marijuana by those under 21, would be substantially decreased under the Initiative. For example, the present laws make possession or use of marijuana a class 6 felony with the possibility of incarceration for a second offense. Under the Initiative, similar offenses through and beyond the third offense deemed petty (first and second offense) or a misdemeanor (third offense and beyond) with relatively small punishments including small fines and “drug education” with possibility of any incarceration only possible at, or after, the third offense. Increased advertising, legalization and substantially limiting penalties for use and possession of marijuana by those under 21 will all lead to substantial increases in the use of underage marijuana in Arizona, like those states with similar laws to the Initiative in place. Exposing the young people of Arizona to legal marijuana—including the high potency products allowed under the Initiative—will place huge burdens on the people of this state in terms of healthcare and other costs.

10. The revenues to be collected from the proposed legalization of recreational marijuana promoted by the Initiative are confusing and deceptively addressed in the Summary. The Summary indicates that a “16 % excise tax on marijuana” to be used for various valuable causes including “public safety, community colleges, infrastructure, and public health and community programs” will be collected. This language is intentionally misleading for, among other reasons the following: (1) ignores altogether that the tax on marijuana sales is set at 16% and fixed, regardless of the marijuana’s true cost to Arizona—and in light of historic revenue generated

by legal recreational marijuana sales which are disappointing in those states creating such laws: <https://www.politico.com/agenda/story/2019/10/14/marijuana-tax-revenue-001062/>, and attached as Exhibit 1; and (2) also ignores the substantial carve out for home grown marijuana to allow 6 plants per individual 21 and up at a residence with an allowance for 12 plants for two individuals 21 and over at a residence. The cap on the 16% figure tax and home cultivation exception—which encourages individuals to cultivate at home and not to buy from commercial marijuana to avoid taxed products—will substantially undercut the ability to generate the revenue touted in the Summary for worthy Arizona causes.

11. The Summary addresses “state and local regulations for the sale and production of marijuana” in its terms but fails to disclose, in any fashion, to the voters the expansion of current operating non-profit medical marijuana licensees into “dual licensees” under the Initiative and the substantial changes that would come with that transition . Under the Initiative, a non-profit medical marijuana licensee will be allowed to transition to a for-profit operation as a “dual licensee.” This change in status will materially alter the manner in which medical marijuana organizations are currently operated and regulated. Under terms of the Initiative, for example, a dual licensee will no longer be required to employ a medical director as is required under the Arizona Medical Marijuana Act, A.R.S. § 36-2801 et seq. Additionally, the dual licensee (under the Initiative) would not be subject to compliance with other requirements of A.R.S. § 36-2801 et seq., or any rule adopted pursuant to that chapter which would make their operation as a dual licensee “unduly burdensome.” A non-profit dual licensee will also be permitted to transition into a for-profit business. Any mention of these substantial revisions of current law—which would remove substantial protections and regulations currently in place—are nowhere to be located in the Summary. These laws are driven by the financial interests of the large marijuana cultivators and

sellers behind the Initiative who seek to reap the giant monetary benefits from flooding the Arizona market with their marijuana products.

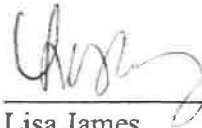
12. The Summary is also misleading to voters on the issue of the alteration of DUI laws. The Summary indicates that “impairment to the slightest degree” is required for DUIs related to marijuana use in the Initiative, which would suggest to a voter that laws prohibiting marijuana impaired driving are being strengthened. In fact, the opposite is true under the Initiative. The Summary fails to reveal that the Initiative prohibits law enforcement from prosecuting drivers solely based upon the presence of impairing marijuana metabolites in the driver’s blood as is now available to enforce public safety under the current laws. The Summary creates the impression that road safety is being strengthened in relation to marijuana related DUIs while the opposite is true—in fact, marijuana users (not the driving public) are benefitting from an increased standard required to enforce DUI laws based upon marijuana use.

13. In addition, the Summary misleadingly indicated that the Initiative “bans smoking in public places.” While this language suggests a valuable and positive improvement, it is exceptionally deceptive. For example, while the Initiative will indeed ban “smoking” of marijuana “in public places” it would still allow use of marijuana in public places in the form of consuming edible forms of marijuana, vaping and dabbing marijuana products in public places—all common forms of consumption of marijuana at present.

14. The Summary is also deceptive in that it indicates that the Initiative “permits limited...cultivation...of marijuana....” This statement in the Summary is misleading because the Initiative itself contains no limitations on licensed commercial cultivation of marijuana. While there are limitations on cultivation of marijuana by individuals under the Initiative, no such limitations apply to commercial licensees. In this manner the Summary omits material information

– leading a voter to believe that the Initiative is limiting marijuana cultivation when, in fact, it allows licensed cultivators unlimited production.

I declare under penalty of perjury that the foregoing is true and correct.



Lisa James
Dated: July 10 2020

EXHIBIT 1

POLITICO

POLITICO



Kevork Djansezian / Getty Images

The Agenda

CANNABIS

**Cannabis was supposed to be a tax windfall for states.
The reality has been different.**

It turns out it's complicated to tax a commodity that used to be illegal.

By **BERNIE BECKER** | 10/14/2019 09:44 AM EDT

States looking to legalize recreational marijuana might believe they're going after easy money.

Think again. States that have legalized recreational cannabis are finding that it's not always the cash cow they envisioned. And there are plenty of other complicated issues to confront as they try to create and manage a legal market for a product long considered taboo.

Eleven states and the District of Columbia have given the green light to recreational cannabis, starting with Colorado and Washington state in 2012, with sales already underway in seven states. In those states, bringing marijuana into the legitimate economy was often sold to officials and the public as a way to raise new tax revenue from sales and production and funnel it into areas like education, mental health and law enforcement.

So what have those states experienced? Tax revenue that has largely fallen short of expectations and a growing recognition that taxing marijuana is pretty complicated.

It's not just that states have struggled in projecting the size of a legal marijuana market and deciding how to best tax and regulate it. In a lot of ways, states are also grappling with their central goal of bringing cannabis out of the black market.

Advocates for legalization in California originally envisioned legalized pot raising \$1 billion a year. As it turns out, the state raised not even a third of that in fiscal 2018-19, the first full year since recreational sales began. Massachusetts had projected it would bring in \$63 million in revenue for its first year of recreational pot, which ended in June, and didn't even get half of that.

There are a few exceptions: Colorado got its original revenue estimate for legal marijuana almost exactly right, and Nevada zoomed past its projections. But one reason that some states have had difficulties is that it's hard to predict consumer demand for legal recreational cannabis, in part because it's still competing with the black market. And when you can't predict demand, it's hard to predict how much revenue you'll get.

Experts say that making those projections is getting easier, as state budget analysts lean more on hard data from states that have already legalized instead of on independent surveys of drug use for which respondents might not want to admit to breaking the law.

But at the same time, analysts warn that legalized marijuana is an inherently volatile market that will also change as consumer preferences evolve, neighboring states legalize and the federal government potentially considers changes to cannabis policy.

“Forecasts probably will become more reliable because they have extra data to work with,” said Alexandria Zhang of the Pew Charitable Trusts, one of the authors of a recently released study on marijuana revenue. “But marijuana revenues are reliant on consumer behavior, so it’s really hard to say if consumer preferences would dramatically shift in the long term.”

Then there’s the problem of figuring out the right level of taxation, including how much to tax purchases and whether or how much to tax growers.

In fact, California’s structure for taxing recreational cannabis has been perhaps the biggest scapegoat so far for the state’s lagging revenue. The Golden State taxes marijuana on three separate levels, charging a 15 percent excise tax on purchases on top of the statewide 7.25 percent sales tax, as well as a variety of taxes on cannabis flowers, leaves and plants.

The backlash to California’s taxing regime was so severe that Democratic officials there, including the state treasurer, supported eventually unsuccessful legislation this year that would have temporarily cut taxes on the marijuana industry.

But other issues might be at play as well. Analysts who defend California’s high taxes on cannabis point out that Washington state’s legal market is thriving even with an aggressive taxing regime, and put more of the blame on the state’s licensing requirements.

And then there is the larger question of just what the goal is for taxation of marijuana. Governments need to have a clear idea of their main goals in legalizing recreational pot and setting up a tax system, as with other so-called sin taxes, like on alcohol and gambling. States use cigarette taxes, for instance, to raise revenue and discourage smoking.

“Why are you legalizing marijuana? Are you battling the black market? Are you dealing with equity issues within criminal justice? Are you trying to maximize revenues?” asks Richard Auxier of the Urban-Brookings Tax Policy Center, which is run by a senior Treasury official from the Obama administration. “Different priorities will lead you to different policies.”

In all, five of the nine states that have set up tax systems for legalized marijuana employ cultivation levies on growers, while all but Alaska charge an excise tax specifically on

cannabis sales. Five states also charge the general sales tax, though not the same exact group that has a cultivator tax.

The actual effective tax rates that states charge on marijuana varies wildly, according to Carl Davis of the liberal Institute on Taxation and Economic Policy, from a high of around 46 percent in Washington to a low of 16 percent in Michigan.

States will continue to have plenty of questions to grapple with even after they've dealt with initial implementation problems, in no small part because the marijuana market is so new and the policy landscape over pot remains uncertain.

"No matter how sophisticated the economic model, there are crucial inputs on which everyone is basically just guessing," said Jared Walczak of the conservative-leaning Tax Foundation, who himself wondered how much marijuana use would grow as it faced less of a stigma and how much of a revenue boost early adopters have gotten from marijuana tourism.

The biggest looming question might be when or if the federal government will legalize marijuana or at least liberalize its cannabis policy — something that seems quite unlikely in the short term, though it polls well.

There's more: Western states have taken the lead in legalization so far, but will it be harder for states in the more crowded East to project demand and cross-border sales?

Will states be able to keep up with consumer preferences between concentrates, edibles and extracts? How would pot revenue be affected by a recession? And how much will marijuana prices fall as cannabis gains a greater toehold across the nation?

"Look at the price of cannabis compared to other agricultural products — it costs far, far more than other products that involve a similar amount of effort to grow," Davis said. "The price is being propped up by federal and state restrictions."

The answer to all that uncertainty, these experts say, is for states who are legalizing to be conservative in predicting pot revenue and to frequently check back in with taxing and regulatory regimes to ensure they're working correctly. In a sign of how volatile the taxing situation is, Nevada is putting its collections from marijuana into its rainy-day fund, instead of incorporating them into the state budget, and California and Colorado hold off a year before using cannabis revenue for the same reason.

That said, it's also quite possible that the concerns about the amount of revenue states are bringing in from marijuana are more of a perception issue than anything else. After all, those governments are bringing in hundreds of millions of dollars a year to help their bottom line, and states like Alaska, Colorado, Nevada, Oregon and Washington saw marijuana tax collections spike as the legal market took hold — even though some analysts believe those gains will level off with time.

“You’ll see people get mad at the revenue. It’s not the revenue’s fault. The revenue’s fine,” said Auxier of the Tax Policy Center. “The problem is that you’ve either promised or budgeted too much, on something you at the very least should have known was volatile.”

Bernie Becker is a tax reporter for POLITICO Pro.

Exhibit 7

DECLARATION OF SALLY SCHINDEL

I, Sally Schindel, hereby testify on my personal knowledge:

1. I am over the age of 18 and a resident of Yavapai County, Arizona.

2. I am registered to vote in Yavapai County, Arizona.

3. Six years ago, I lost my son Andy when he died by suicide in Peoria, Arizona, after he was unable to end his marijuana addiction. He was a college graduate and completed three years of active duty in the U.S. Army before becoming addicted to marijuana. His use of marijuana began during his teenage years (starting at 13). Before his death, he was diagnosed with severe cannabis use disorder and mild alcohol use disorder. He told me that he needed to quit using marijuana in order to survive, but he did not know how to stop. Instead, he died by suicide, leaving a note that said, in part, "Marijuana killed my soul + ruined my brain." A copy of language from the suicide note is attached to this declaration as Exhibit 1.

4. My life's mission was materially altered by the loss of my son to marijuana addiction. I now spend my time educating others about marijuana as a volunteer, including work with MATFORCE, a non-profit organization that seeks to reduce substance abuse in Yavapai County. Through my volunteer role, I give public presentations about my personal experience with marijuana and the problems with legalization. A list of all the locations where I have spoken over the past six years is attached to this declaration as Exhibit 2.

5. I have read the proposed Smart and Safe Arizona Act ("the Initiative") and its one hundred word summary (the "Summary").

6. After review, I find the Summary to be unclear and completely contrary to the safety of Arizonans. The Initiative's title and Summary give the impression that the Initiative seeks to legalize only "marijuana," which is defined as the marijuana plant and its seeds, but not the resin extracted from the plant, under A.R.S. § 13-3401(19). But, according to the Initiative's

text, the Initiative seeks to legalize more than just “marijuana.” The Summary does not appropriately explain to the voters what exactly marijuana is and fails to disclose that the Initiative actually redefines marijuana to include its much stronger and addictive concentrates. I have found during my educational presentations that many people believe marijuana is not a potent drug, as they may have been exposed to earlier versions of marijuana. However, studies have shown that the amount of THC in marijuana has now significantly increased, making modern marijuana more dangerous. *See* ELIZABETH STUYT, MD, THE PROBLEM WITH THE CURRENT HIGH POTENCY THC MARIJUANA FROM THE PERSPECTIVE OF AN ADDICTION PSYCHIATRIST, *Mo. Med.* 482–486 (Nov. - Dec. 2018), attached as Exhibit 3. While the Initiative’s Summary is silent on this issue, it is clear that the text of the Initiative in fact will legalize hashish and highly potent THC concentrates. Unfortunately, I have observed through my educational presentations that there is little awareness in our communities about the increased danger of marijuana addiction from the more potent resins of the marijuana plant.

7. In my opinion, voters who signed the Petition would have been confused and misled by the Summary about the true range and implications of the Initiative because the Summary language completely fails to describe what this Initiative will actually accomplish.

8. Based on my personal experiences, I am greatly concerned about the Initiative’s impact on Arizona law and the general community. Although the Summary and Initiative text are silent on the societal impacts that will result or how to address them, legalizing recreational use of marijuana will have severe consequences for Arizona’s families and for young adults who will be of legal age to possess marijuana. Unlike prior versions of marijuana or other legal pharmaceutical drugs, legalized marijuana is a completely different product being delivered in a completely different way. More Arizonans will use marijuana if it is legalized, which means

more marijuana addiction problems in our communities and greater access to the drug, which marijuana is classified as, by our community's children.

9. Through my volunteer work, I am keenly aware of the issues Arizona families face related to the increased presence, use and distribution of marijuana among young adults. The Summary fails to address the effects that increased access to marijuana will have on young adults in Arizona, who would now be legally allowed to possess marijuana. The Summary also fails to disclose that the text significantly decreases the penalties imposed on youth under the age of 21 who use marijuana in violation of the law.

10. Further, the misleading Summary also fails to explain that the Initiative provides significant power to marijuana sellers. These shops are designed to look like candy stores, with the idea of encouraging ever-increasing sales of marijuana. The Summary is confusing and misleading because it failed to disclose that the text will allow marijuana licensees to advertise marijuana with very few restrictions on advertising. The increased power of marijuana stores, and their growing market of marijuana, will only exacerbate the existing marijuana addiction problem in our communities.

11. I feel compelled to strongly object to the direct and indirect impact of the Initiative. If passed, the Initiative will have unanticipated consequences on Arizona and greatly change the manner in which citizens interact in accordance with the law. I would like to do my best to spare other families the tragedy that I and my family have faced.

I declare under penalty of perjury that the foregoing is true and correct.



Sally Schindel
Dated: July 8, 2020

EXHIBIT 1

I barely even do what
I want. I want to die. I am
quitting while I am ahead. I don't
want anyone to worry about me. I
am setting my parents free. Otherwise
I will only get worse. My soul is
already dead. Marijuana killed my
soul & ruined my brain. I am
doing everyone a favor.

EXHIBIT 2

Sheet1

Andy's Story told:

		Audience	Cumulative	
1	11/05/14 Prescott Valley	15	15	
2	11/18/14 Marijuana Harmless? Think Again! State conference, Phoenix	350	365	
3	12/09/14 Yavapai Broadcasting, Cottonwood	250	615 est	https://www.youtube.com/watch?v=U4-tWbV_52o
4	12/17/14 Juvenile Detention High School, Prescott	30	645	x
5	01/21/15 PACE Academy Alternative High School, Prescott Valley	30	675	
6	01/22/15 Lunch 'n Learn MATFORCE, Prescott	20	695	
7	01/27/15 Republican Women Yavapai County luncheon panel, Prescott	200	895 est	
8	02/18/15 Mile High Middle School parents, Prescott	10	905	Shari Sterling
9	03/06/15 TASC staff, Phoenix	50	955	Marrya Briggs
10	04/01/15 Juvenile Detention High School, Prescott	30	985	Deborah (Darlene) Thompson
11	04/10/15 Juvenile Probation families, Cottonwood	20	1,005	Jala Tass
12	05/08/15 VA Hospital Domiciliary, Prescott	50	1,055	Joyce Rafidi-Tatum
13	05/29/15 Yavapai County Adult Probation, Prescott Library	20	1,075	Jann Barrett
14	06/03/15 Patriot Radio AM960 Seth Leibsohn Show, Phoenix	200	1,275 est	Seth Leibsohn
15	06/10/15 Int'l Business Times interview with Joel Warner	100	1,375 est	
16	06/17/15 AZ School Resource Officers – Scottsdale, Talking Stick (2 presentations)	100	1,475	Dave Kamleiter
17	06/19/15 COJET, Probation & Judicial Training, Prescott Courthouse	30	1,505	Britney Cain
18	06/24/15 AntiochCOGIC Church Health Series, Peoria	36	1,541	Chris Pullins
19	06/26/15 Damion Gosa Memorial Foundation, S. Phoenix	50	1,591	Cynthia Lazro
20	07/20/15 Oasis Radio, Riviera Broadcasting	50	1,641	Katherine Landingin
21	07/23/15 News21 interview	50	1,691	
22	08/26/15 Juvenile Detention High School, Prescott	30	1,721	Deborah (Darlene) Thompson
23	09/22/15 Marijuana Harmless? Think Again! State conference, Phoenix	380	2,101	https://www.youtube.com/watch?v=mHLDMUdzbZ
24	09/28/15 PEO	16	2,117	Beverly Goehring
25	10/01/15 OLLI	30	2,147	Rudy Arena
26	10/27/15 Aspire Alternative High School	35	2,182	Kellie Burns
27	10/27/15 Yavapai County Alternative High School	25	2,207	Kellie Burns
28	11/04/15 Illinois Family Institute	25	2,232	
29	11/05/15 Minooka Police Explorers	14	2,246	
30	11/08/15 CO Springs Gazette	250	2,496 est	
31	11/09/15 PEO Chapter MD in Morris, IL	14	2,510	
32	11/10/15 Grundy Cty Alternative High School	12	2,522	
33	11/10/15 Grundy Cty Alternative High School	14	2,536	
34	11/10/15 Minooka Community Center	12	2,548	
35	01/15/16 Juvenile Detention High School, Prescott	30	2,578	x
36	02/02/16 Sequoia Support Services-recovery high school, 1648 S 16 th St, PHX	20	2,598	Winnifred Mendivil
37	02/26/16 AZ Federation of Women	30	2,628	
38	03/31/16 SAM Summit Atlanta	200	2,828 est	
39	09/09/16 Republican Women – Oro Valley, AZ	30	2,858	Pat Moomey
40	09/13/16 MAPPED Colalition – Bullhead City	6	2,864	Lorrie Duggins 928-763-9200 x 204
41	09/13/16 Republican Women – Kingman	25	2,889	Nancy Moschcau 928-486-5325

Sheet1

42	09/14/16	MATFORCE Community Conversation about overdose deaths		30	2,919	Merilee Fowler
43	09/17/16	Art of Recovery Expo – Phoenix		900	3,819 est	Barbara Brown
44	09/19/16	Yavapai Fire Department Chiefs		20	3,839	Kris
45	09/20/16	PEO Chapter BG		20	3,859	Shirley Howell
46	09/22/16	Red Hat Lunch		10	3,869	Marsha Barnow
47	09/27/16	Pct + PV Chanbers of Comm Meet & Greet		80	3,949	Dave Mauer
48	10/01/16	Hope Takes Flight at SafeLaunch at AOPA Fly in		12	3,961	
49	10/05/16	Take Back the Night at PV Civic Center		12	3,973	
50	10/11/16	Pct Valley Chamber of Commerce Breakfast meet candidates		60	4,033	Allison Flannery
51	10/13/16	No on 205 for Matforce – Sedona Comm Ctr		4	4,037	
52	10/15/16	NAMI Walk – Phoenix No on 205 Exhibit		100	4,137 est	
53	10/17/16	Sec'y of State Town Hall at Las Fuentes		20	4,157	
54	10/18/16	KPPV Radio with Mayor Skoog – No on 205		200	4,357 est	
55	10/19/16	Kelli Ward Radio Show in Lake Havasu City – call in		200	4,557 est	
56	10/20/16	Matforce No on 205 at Step One in PV		6	4,563	
57	10/22/16	HopeFest exhibit for No on 205 + commercials and Andy Story		500	5,063 est	
58	11/01/16	PEO Chapter O – Prescott		30	5,093	Nancy Clark/Marsha Hicks
59	10/31/16	Pinal Central Newspapers	Link	200	5,293 est	
60	11/02/16	Marijuana Harmless? Think Again! Newsletter	Link	200	5,493 est	
61	since April 16	MomsStrong	MomsStrong.org	600	6,093 est	
62	since Nov 15	Parents Opposed to Pot	various articles	900	6,993 est	one of the links
63	since April 14	my own Facebook	Various & numerous	100	7,093 est	
64	since April 16	420 Youtube video		2100	9,193 est	
65	11/14/2016	Bend Bulletin- Markian Hawryluk- Mainstreaming Marijuana		300	9,493	
66	02/16/17	AZ House of Representative HB2404 testimony		100	9,593 est	
67	03/28/17	SC law enforcement and behavioral health personnel		60	9,653 est	
68	03/29/17	SC legislature testimony		100	9,753 est	
69	04/17/17	Yahoo News Weed & the American Family		4500	14,253 est	
70	04/20/17	Steven Crowder – Louder With Crowder – not broadcast		3	14,256	
71	05/23/17	Saving Lives Camarillo		6	14,262	
72	10/02/17	P.E.O. Chapter EQ		25	14,287	
73	11/01/17	letter to Arizona AG Brnovich		2	14,289	
74	03/01/18	KQNA DJ Fone radio show		200	14,489 est	
75	04/05/18	SAM Summit Atlanta		300	14,789 est	
76	04/23/18	P.E.O. Chapter FE		22	14,811	
77	05/01/18	P.E.O. Chapter CO		20	14,831	
78	4/25/2019	AZ Republic article		300	15,131	
79	4/27/2019	Fox & Friends YouTube		144	15,275	
80	4/26/2019	AZCentral Facebook		300	15,575	
81	4/28/2019	Fox & Friends Facebook		300	15,875	
82	4/28/2019	USA Today article		2000	17,875	
83	4/29/2019	USA Today Facebook		4800	22,675	
84	5/7/2019	USA Today Top Stories		300	22,975	

Sheet1

85	5/17/2019 Prescott eNews podcast	100	23,075
86	5/30/2019 DEA testimony in VA	20	23,095
87	5/31/2019 FDA public meeting testimony in MD	200	23,295
88	6/19/2019 Congressional offices in DC, Gosar & McSally staff	2	23,297
89	10/3/2019 McSally office staff meeting Phoenix	1	23,298
90	10/22/2019 Prescott Accommodation Schools	62	23,360
91	3/14/2020 P.E.O. Chapter AC	12	23,372
92	5/1/2020 Phone conference with Rep Paul Gosar	2	23,374
93	5/12/2020 Arizona Women Zoom meeting	12	23,386
94	7/1/2020 Youtube Zero deaths	46	23,432

EXHIBIT 3



The Problem with the Current High Potency THC Marijuana from the Perspective of an Addiction Psychiatrist

by Elizabeth Stuyt, MD

Advocates for the legalization of medical and retail marijuana are quick to point out all the possible benefits that a community might see from such a venture. These include increased jobs, increased tax revenue, possible medical benefits and they advertise it as “safe” and “healthy” and “organic.” They utilize the words “cannabis” and “marijuana” for everything without differentiating between the different forms of cannabis that can have very different effects on the mind and body.

Many people who have voted for legalization thought they were talking about the marijuana of the 1960s to 1980s when the THC content was less than 2%. However, without any clear guidelines or regulations from government officials, the cannabis industry has taken a page from the tobacco and alcohol industries’ play book and developed strains of marijuana and concentrated marijuana products with much higher concentrations of THC, the psychoactive component that causes addiction. The more potent a drug is, the stronger the possibility of addiction and the more likely the person will continue to purchase and use the product.



Elizabeth ‘Libby’ Stuyt, MD, is a board certified Addiction Psychiatrist and a Senior Instructor for the University of Colorado Health Science Program, Department of Psychiatry. She is the medical director for a 90-inpatient dual diagnosis treatment program in Pueblo, Colorado.
Contact: libbystuyt@msn.com

The active component in marijuana that people find so desirable was not really known until the 1960s when a research team in Israel found that after injecting THC into aggressive rhesus monkeys, they became calm and sedate.¹ This team discovered that there was a receptor in the brain that fit THC like a glove so they named these receptors cannabinoid receptors. It was not until the 1990s that this same team discovered why we have these receptors in our brain.¹ They discovered compounds produced by our bodies that fit into these receptors which they named anandamides, a Sanskrit word for “supreme joy.” These receptors are found all over the brain and are still called endocannabinoid receptors but that is not because they are meant for people to take in THC.

The primary problem with the current available cannabis in dispensaries in Colorado is that the THC content is not like it used to be. Prior to the 1990s it was less than 2%. In the 1990s it grew to 4%, and between 1995 and 2015 there has been a 212% increase in THC content in the marijuana flower. In 2017 the most popular strains found in dispensaries in Colorado had a range of THC content from 17-28% such as found in the popular strain named “Girl Scout Cookie.”² Sadly these plants producing high levels of THC are incapable of producing much CBD, the protective component of the plant so these strains have minimal CBD. For example the Girl Scout Cookie strain has only 0.09-0.2% CBD.

The flower or leaves that are generally smoked or vaped are only one formulation. We now have concentrated THC products such as oil, shatter, dab, and edibles that have been able to get the THC concentration upwards of 95%. There is absolutely no research that indicates this level of THC is beneficial for any medical condition. The purpose of these products is to produce a high, and the increased potency makes them potentially more dangerous and more likely to result in addiction.

Because there was initially no regulation on the edibles they have been made to look very similar to regular products that people consume such as chocolates, gummy bears, PopTarts etc. As a result there has been a significant increase in the accidental exposure/overdoses of children younger than nine in Colorado compared with the US at large.³ New regulations beginning in 2019 require that all cannabis packaging in the state of Colorado must have a universal “THC” symbol on the label with the written warning “Contains Marijuana. Keep away from Children.” All marijuana-infused products must have the universal symbol marked on at least one side of the “Standard Serving of Marijuana.”

According to the 2014 Monitoring the Future Study, marijuana is by far the number one drug abused by eighth and twelfth graders.⁴ Since legalization in Colorado, marijuana use in adolescents and those 18-25 has steadily climbed, well outpacing the national average. Colorado leads the nation in first time marijuana use by those aged 12-17, representing a 65% increase in adolescent use since legalization.⁵ According to the Colorado Department of Public Health and Environment in 2015 the county of Pueblo, Colorado, has the highest prevalence of reported past month marijuana use by high school students at 30.1%.⁶ It is well documented that when drugs are perceived as harmful, drug use decreases as we have seen with adolescent use of tobacco.⁷ There is significantly less perception of harm by marijuana primarily because Colorado has normalized it as a society and allowed the perception that it is “organic” and “healthy” and that there is nothing wrong with it.

However, there are significant consequences of long-term or heavy marijuana use beginning in adolescence. Adolescence is a time of significant brain development. Normally during this period there is a significant increase in dopaminergic and glutamatergic stimulatory neurotransmitters and a decrease in serotonergic and GABAergic suppressive neurotransmitters located in the pre-frontal motor cortex – the last part of the brain to fully develop.⁸ The prefrontal motor cortex or the “seat of judgement” is the last to fully develop and can take up to 25 – 30 years to fully develop. This equates to a great deal of learning, exploring and doing during this period, similar to stepping on the gas pedal and problems with impulse control and judgement, similar to problems stepping on the brake.

The reasons why adolescents are at such great risk for developing an addiction to drugs or alcohol is because this is a period with increased neurobiological based

tendencies for risk taking with decreased suppressive and regulatory control, and this is a period of decreased parental monitoring and increase in peer affiliations, a “perfect storm.”

The marijuana of old used to be classified as a hallucinogen and was thought to not cause addiction because there was no identified withdrawal syndrome. This has changed and with the increased potency of THC there is a definite recognized withdrawal syndrome which includes increased anger, irritability, depression, restlessness, headache, loss of appetite, insomnia and severe cravings for marijuana.⁹ It has been reported that 9% of those who experiment with marijuana will become addicted; 17% of those who start using marijuana as teenagers will become addicted; and 25-50% of those who use daily will become addicted.¹⁰ A 2015 study carried out in the UK found that high-potency cannabis use is associated with increased severity of dependence, especially in young people.¹¹

Addiction is a problem with the learning and memory part of the brain and all drugs of abuse work in the same “reward pathway” where we learn to do anything such as eat and procreate. All drugs of abuse cause a release of dopamine from the nucleus accumbens that signifies salience and starts the process of long term potentiation which reinforces the learning. At the same time, the hippocampus which is vitally important for new memory and learning is negatively impacted by the chronic use of any addictive substance. These substances decrease neurogenesis in the hippocampus and actually cause shrinkage of the hippocampus and impair the ability to learn new things. This is true for alcohol, cocaine, methamphetamine, heroin, nicotine, and THC.¹² Animal studies have demonstrated impaired learning with all of these substances but the good news is that recovery is possible. When the use of addictive drugs is stopped and the animals are allowed to be in a recovery environment where they are free to exercise (voluntary exercise being one thing that improves neurogenesis) they can again learn new things.¹³

Human studies have shown that long-term (> 10 years) and heavy (> 5 joints per day) cannabis use compared with age matched non-using controls resulted in bilaterally reduced hippocampal and amygdala volumes ($p=.001$) and significantly worse performance on measures of verbal learning ($p<.001$).¹⁴ There is evidence that recovery is possible in humans as well. A study of 40 male and 34 female long-term (@15 years) cannabis users versus 37 non-users, healthy controls divided the marijuana users into three groups; those that smoked predominantly THC in the previous three months, those who smoked a combination

PERSPECTIVE

of THC and CBD in the previous three months and former users with a sustained abstinence of 29 months.¹⁵ They found that cannabis users had smaller hippocampal volumes compared to controls but the users not exposed to CBD had an even greater (11%) reduced volumes (CBD appears to be somewhat protective). In the former users the hippocampal integrity was comparable to controls. The only problem with this study is they did not test for functional deficits to see if function improved along with hippocampal volume.

There are other important neurotransmitters that are very active during adolescence and include acetylcholine receptors (ACH) and endocannabinergic receptors (CB1). ACH helps us focus and concentrate and ACH innervation of the pre-frontal motor cortex reaches mature levels during adolescence.¹⁶ These receptors in the brain are called nicotinic or nAChRs to differentiate them from the muscarinic receptors in the body. They are called nicotinic simply because nicotine binds to these receptors – not because we are supposed to use tobacco products. These receptors are involved in promoting or preventing neuronal cell death depending on the stage of brain development. Putting an exogenous form of nicotine in the developing brain, as in consuming tobacco, can dysregulate these fine tuning mechanisms during adolescence.

CB1 receptors regulate the balance between excitatory and inhibitory neuronal activity utilizing our own natural anandamides. Exposure to cannabis during adolescence disrupts glutamate which plays an important role in synaptic pruning in the pre-frontal motor cortex; disrupting normal brain development.¹⁷ This is most likely why there are many studies demonstrating the negative effect on cognition and IQ in people who are exposed to marijuana beginning in utero through adolescence. In spite of this, nearly 70% of dispensaries in Denver, Colorado, recommend cannabis products to treat nausea in the first trimester of pregnancy.¹⁸ This is basically bud-tenders practicing medicine without a license.

A study in New Zealand with a 20-year follow-up showed an average loss of 8 IQ points with early persistent teen use of marijuana.¹⁹ If you already have a high IQ, a drop in 8 points may mean the difference between making As and making Bs, however for the person with an average IQ of 100 (50th percentile), a loss of 8 points can put that person in the 29th percentile with significant difficulty in functioning. A study out of Yale University tracked 1,142 students who achieved similar SAT scores and were enrolled in college.²⁰ They found that those who used minimal alcohol or cannabis had an average GPA of 3.1 at the end

of the semester. Those who drank alcohol without using marijuana had an average GPA of 3.03 and those who used both alcohol and marijuana had an average GPA of 2.66.

Marijuana use is also correlated with creating or worsening many mental health problems including anxiety, depression, psychosis, and suicidal ideation. A prospective study in Australia followed 1,600 girls for seven years starting before they expressed symptoms of mental illness or substance abuse.²¹ They found that girls who used marijuana at least once a week were twice as likely to develop depression than those who did not use, and those who used marijuana every day were five times more likely to suffer from depression and anxiety than non-users. A study of 307 adults with depression assessed symptoms, functioning and marijuana use at baseline, and three- and six-month intervals.²² Researchers found that marijuana use was associated with poor recovery. Those aged 50+ increased their marijuana use compared to the youngest age group ($p < .001$) and the marijuana use worsened depression ($p < .001$) and anxiety ($p = .025$) symptoms. Marijuana use led to poorer mental health functioning compared to those who did not use marijuana ($p = .01$).

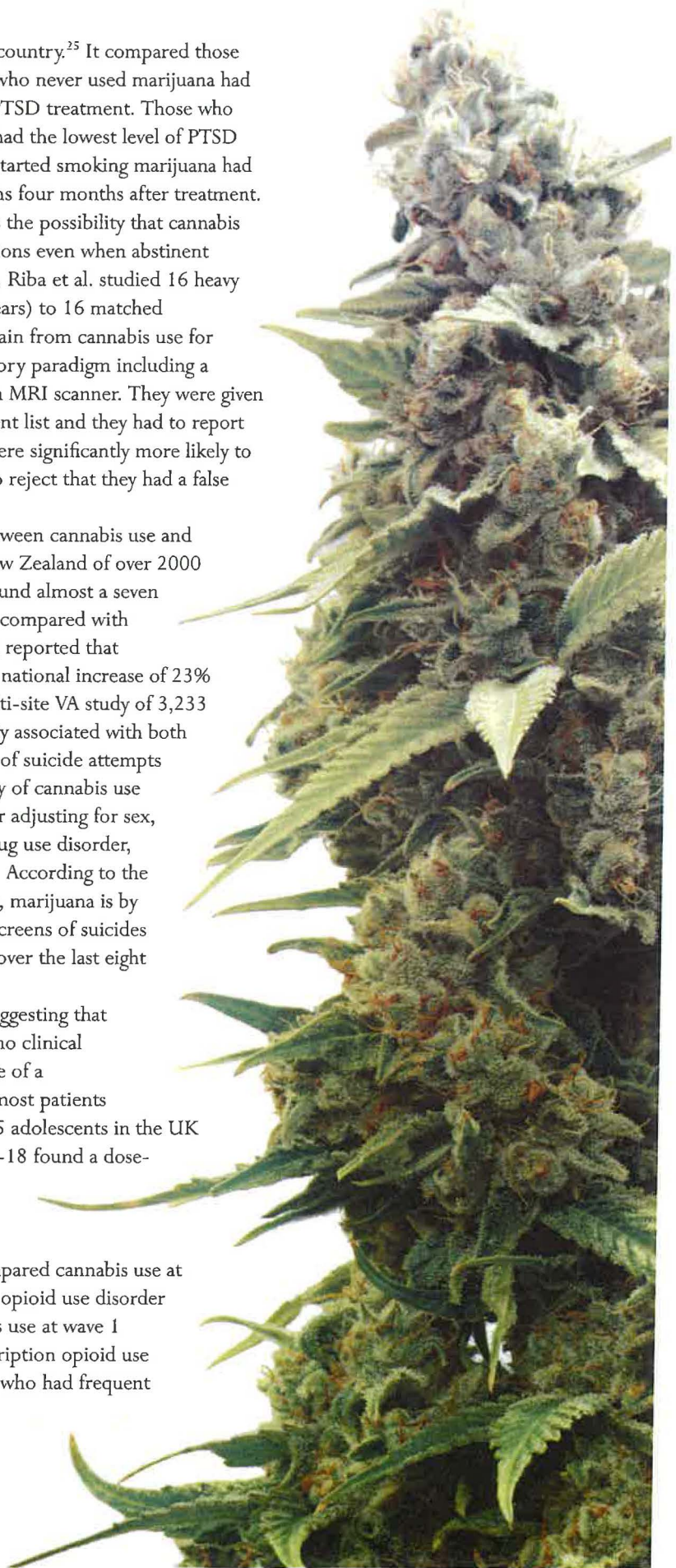
Numerous studies have demonstrated that using cannabis prior to the age of 15-18 significantly increases the risk of developing psychotic symptoms.²³ The risk is dose dependent and increases with greater frequency of use and with higher potency THC. A landmark study out of the UK analyzed 780 adults, ages 18-65, 410 with their first psychotic episode versus 370 matched healthy controls.²⁴ They found that use of high potency THC > 15% resulted in a three times increased risk of psychosis, and if the use was daily there was a five times increased risk. Those using hash with < 5% THC did not exhibit psychotic symptoms.

A growing number of states have identified PTSD as an approved condition for medical marijuana. However, this is not based on any research. There is no evidence that marijuana successfully treats PTSD and there is evidence that it can make it worse. Marijuana is not the answer for PTSD similar to the reason why benzodiazepines or alcohol are not the answer for PTSD. All these compounds do is provide temporary relief by numbing the individual and disconnecting them from the traumatic emotion. It does not resolve the trauma, and they have to continue to use multiple times a day in order to continue with the benefit. This can lead to increased addiction potential and withdrawal symptoms, cognitive impairment, a-motivational syndrome, and the potential for psychosis or worsening psychosis from the PTSD. An observational study done by the VA followed 2,276 Veterans who were treated for PTSD

in one of the VA PTSD treatment programs around the country.²⁵ It compared those using marijuana and those not using it and found those who never used marijuana had significantly lower symptom severity four months after PTSD treatment. Those who were using marijuana but stopped using it in treatment had the lowest level of PTSD symptoms four months after treatment, and those who started smoking marijuana had the highest levels of violent behavior and PTSD symptoms four months after treatment. Another conundrum that impacts treatment for PTSD is the possibility that cannabis users have an increased susceptibility to memory distortions even when abstinent and drug free which can compromise reality monitoring. Riba et al. studied 16 heavy cannabis users (daily for last two years – average of 21 years) to 16 matched cannabis naïve controls.²⁶ The cannabis users had to abstain from cannabis use for four weeks prior to the study. The study involved a memory paradigm including a study phase and a testing phase with the participant in an MRI scanner. They were given lists of four words to memorize and then shown a different list and they had to report if the words were on the previous list. Marijuana users were significantly more likely to have false recognition of the words and were less likely to reject that they had a false memory compared with the non-users.

Multiple studies have documented a relationship between cannabis use and suicidality. A large, longitudinal study in Australia and New Zealand of over 2000 adolescents and maximum frequency of marijuana use found almost a seven fold increase in suicide attempts in daily marijuana users compared with non-users.²⁷ A Congressional Hearing on April 27, 2017, reported that Veteran suicides were up 32% since 2001 compared to a national increase of 23% during the same time period. A 2017 cross-sectional multi-site VA study of 3,233 Veterans found that cannabis use disorder was significantly associated with both current suicidal ideation ($p < .0001$) and lifetime history of suicide attempts ($p < .0001$) compared to Veterans with no lifetime history of cannabis use disorder.²⁸ This significant difference continued even after adjusting for sex, PTSD, depression, alcohol use disorder, non-cannabis drug use disorder, history of childhood sexual abuse, and combat exposure. According to the Colorado Department of Public Health and Environment, marijuana is by far the most frequently encountered drug on toxicology screens of suicides among adolescents ages 10 – 19 and has been increasing over the last eight years.²⁹

Misguided marijuana advocates have recently been suggesting that marijuana is a solution for the opioid epidemic. There is no clinical evidence of this and in fact, marijuana is found to be more of a “companion” drug rather than an “alternative” drug for most patients seeking addiction treatment in Colorado. A study of 5,315 adolescents in the UK with three or more measures of cannabis use from age 13-18 found a dose-response relationship between cannabis use trajectories in adolescence and nicotine dependence, harmful alcohol consumption, and other illicit drug use by age 21.³⁰ A large study of 34,653 individuals using NESARC data compared cannabis use at wave 1 (2001-2002 – 81% response rate) to prescription opioid use disorder at wave 2 (2004-2005 – 70.2% response rate).³¹ Cannabis use at wave 1 was associated with a significant increase of having a prescription opioid use disorder at wave 2, with over four times the risk for those who had frequent use of marijuana.



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There is evidence that prenatal exposure of cannabis can alter opioid gene function in humans. Fetal brains obtained from aborted fetuses from women who were using marijuana during their pregnancy were compared to those from women not using marijuana during pregnancy.³² The researchers discovered impaired opioid-related genes in distinct brain circuits that they hypothesized may have long term effects on cognitive and emotional behavior. These findings are comparable to findings with animals. One study of prenatal cannabis exposure in rats found that the THC exposed rats exhibited shorter latency to first active lever press for heroin and had higher heroin-seeking during mild stress and drug extinction than animals not exposed to THC.³³ The THC exposed animals exhibited allostatic changes in the limbic encephalin systems in adulthood.

Another interesting study that supports the idea that cannabis use and opioid use are linked was in a randomized, double-blind, placebo controlled trial of naltrexone in non-treatment seeking cannabis smokers.³⁴ In a laboratory setting those receiving a placebo had 7.6 times the odds of self-administering active cannabis compared with those receiving daily naltrexone, an opioid receptor blocker.

If states continue to commercialize marijuana as has been done in Colorado we are destined to see many more people requiring treatment for addiction, depression, anxiety, suicidal ideation, and psychosis. We need to continually educate every one of the risks and increase prevention efforts to prevent children and adolescents from initiating marijuana use. This should include a strong ban on any advertising that appears to be directed toward youth – for all drugs including marijuana, tobacco, and alcohol. States will need to commit to increased funding for and availability of treatment options. The strongest recommendation would be to initiate regulations to limit the concentration of THC. Ideally this would be to less than 10% as there is no good research on concentrations greater than this for any medical condition and there is significant literature on the negative effects of high potency THC.

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