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Drug and Alcohol Abuse in California: Where Are We Now? Where Are We Going?

Senate Select Committee on Drug and Alcohol Abuse

CALIFORNIA LEGISLATURE

SENATE SELECT COMMITTEE

ON

DRUG AND ALCOHOL ABUSE

SENATOR JOHN SEYMOUR, CHAIRMAN

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SENATE SELECT COMMITTEE ON DRUG AND ALCOHOL ABUSE

Senator John Seymour, Chairman

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State Capitol - Room 2040
Sacramento, California

October 22, 1984

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Senate Select Committee on Drug and Alcohol Abuse

Senator John Seymour, Chairman
October 22, 1984; 8:30 a.m. - 4:30 p.m.
Room 2040, State Capitol, Sacramento

AGENDA

I. Overview of Prevention, Community Efforts, Law Enforcement Activity

- A. Dr. Larry Wallack, Prevention Research Center
- B. Ms. Sharon Rose, Californians for Drug-Free Youth
- C. Ms. Jan Billings, Walker Junior High School
- D. Ms. Oleta Lutz-Pierson, Mothers Against Drunk Driving
- E. Mr. Tom Pike, Interested Individual
- F. Chief Jimmy Kennedy, Anaheim Chief of Police

II. Industry Participaton

- A. Mr. Kevin Forth, Straub Distributors
- B. Mr. Ben Tate, Kaiser Aluminum and Chemical Corp.

III. Designer Drugs

- A. Dr. William Langston, Prof. of Neurology, Stanford

IV. Provider Services/Treatment Centers

- A. Mr. Joe Collins, Calif. Assn. of Alcoholic Recovery Homes
- B. Ms. Annette Dodge, Hope House
- C. Dr. Dave Lewis, Adolescent/Adult Substance Abuse Programs
- D. Dr. Ed Carels, Comprehensive Care Corporation
- E. Dr. Joseph Pursch, Comprehensive Care Corporation
- F. Ms. Deborah Smith, Calif. Women's Commission on Alcoholism

V. Drug Abuse Support Groups

- A. Mr. George Feicht, Calif. Drug Program Administrators
- B. Mr. Lawrence Gentile, State Advisory Board on Drug Programs
- C. Mr. Chuck Aldrich, Calif. Community Program Alliance
- D. Mr. Galen Rogers, Methadone Programs Alliance
- E. Dr. Sandy Weimer, Orange County Mental Health & Drug Abuse Services

VI. Alcohol Abuse Support Groups

- A. Ms. Sue Zepeda, Alcohol Program Administrators Assoc.
- B. Mr. Sonny Walker, State Advisory Board on Alcohol Related Problems

VII. Public Testimony

11.	Ms. Annette Dodge	Director, Hope House, Inc.
12.	Dr. M. David Lewis	Medical Director, Adolescent/ Adult Substance Abuse Programs
13.	Dr. Ed Carels	Executive Vice President, Communications Division, Comprehensive Care Corporation
14.	Dr. Joseph Pursch	Medical Director, Comprehensive Care Corporation
15.	Ms. Deborah Smith	Executive Director, Calif. Women's Commission on Alcoholism
16.	Mr. George Feicht	President, California Drug Program Administrators Assoc,; Substance Abuse Program Administrator, San Joaquin County
17.	Mr. Lawrence Gentile	Chairperson, Southern Calif. Program Directors' Chairperson, State Advisory Board on Drug Programs
18.	Mr. Chuck Aldrich	California Community Program Alliance
19.	Mr. Galen Rogers	Chairperson, Methadone Programs Allicance
20.	Dr. Sanford Weimer	Assistant Director of Program Operations, Mental Health & Drug Abuse Services, Orange County Health Care Agency
21.	Ms. Susan Zepeda	Administrator, Orange County Alcohol Program; President, Alcohol Program Administrators Association
22.	Mr. Buford (Sonny) Walker	Vice Chairman, State Advisory Board on Alcohol Related Problems

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Witness List (Invited Guests)

1.	Dr. Larry Wallack	Prevention Research Center
2.	Ms. Sharon Rose	Northern Vice Chairperson, Californians for Drug - Free Youth
3.	Ms. Jan Billings	Principal, Walker Junior High School, Orange County
4.	Ms. Oleta Lutz-Pierson	Vice President, Sacramento-Placer Chapter, Mothers Against Drunk Driving; Northern Calif. Legislative Advocate, MADD
5.	Thomas P. Pike	Former Member, National Institute on Alcohol Abuse and Alcoholism
6.	Chief Jimmy Kennedy	Chief of Police, Anaheim
8.	Mr. Kevin Forth	President, Straub Distributing Co. Ltd.
8.	Mr. J. Bennett Tate	Employee Assistance Programs, Kaiser Aluminum & Chemical Corp.
9.	Dr. J. William Langston	Professor of Neurology, Stanford; Chairman of Department of Neurology, Santa Clara Valley Medical Center
10.	Mr. Joe Collins	Executive Director, California Association of Alcoholic Recovery Homes

CHAIRMAN JOHN SEYMOUR: Good morning. I'd like to welcome all of you here today to the first hearing of the Senate Select Committee on Drug and Alcohol Abuse. I appreciate your efforts in making it here to accommodate our rather early opening schedule, and I want to sincerely thank all of you for your interest and participation in this hearing.

I'd like to introduce at this time my good friend and colleague in the State Senate, Senator Wadie Deddeh. Senator Deddeh represents the 40th District which encompasses Chula Vista and portions of San Diego. Senator Deddeh chairs the Senate Public Employment and Retirement Committee as well as the Subcommittee on Education Reform. Prior to joining the Legislature, Senator Deddeh served our citizens as an educator.

We all know that the problems of drug and alcohol abuse have become rampant in our society, and we suffer great losses due to the tragic consequences of this abuse. The issue has thus evolved as a matter of mass social conscience and concern that it is therefore imperative that the California Legislature become more actively involved so that we may seek positive, aggressive action to remedy the sad situation that we now confront.

At this hearing we would like to evaluate the problem as it now exists and discuss alternative solutions that we the Legislature and the state in conjunction with those in the field can and should take in the future to strike a telling blow at this dread situation. We are most eager to hear the input of our witnesses here today who have dedicated many years to combating this problem.

This committee would now like to join the ranks of the countless parents, educators, law enforcement officers, and community groups throughout the state and lend our support to your very worthwhile efforts to inhibit this abuse.

Before we begin today, there is one more thing I'm compelled to mention. Since the formation of this committee, we have been overwhelmed at the interest and enthusiasm expressed by those of you out there in the field who have been so active in this issue. I am heartened to see your zest and eagerness in your work. And I know I can speak for my colleagues here in saying that we too are very excited about embracing this issue and we look forward to working closely with you in determining the future direction of our mutual battle against this tragic problem.

In the interest of time, I believe we should commence with our hearing. We have invited 22 witnesses to participate and each of you have traveled a distance to be here today. I will, therefore, be running a very strict schedule so that we may hear from all of you and your expert testimonies.

The other members of the committee who will be---or some of whom will be present today include Senator John Foran. Senator John Foran, a former Assemblyman, presently

represents the 8th District encompassing portions of the Counties of San Francisco and San Mateo. He is chairman of the Senate Transportation Committee, and Senator Foran has authored numerous legislation which has improved our state's transportation services. So I'm happy to have Senator Foran with us today.

Other members of the committee include Senator Gary Hart, Senator Nicholas Petris, and Senator Ed Royce as well as Senator Diane Watson, Senator Paul Carpenter, and Senator Ed Davis.

I think we'll begin this morning then by taking testimony from our first witness, Dr. Larry Wallack from the Prevention Research Center. Dr. Wallack.

DR. LAWRENCE M. WALLACK: Thank you. I should note that I'm also on the faculty of the School of Public Health at the University of California, Berkeley and that the Prevention Research Center is one of nine federally funded alcohol research centers, and it's the only one that focuses primarily in the area of prevention.

I want to compliment Senator Seymour and the committee on holding hearings on this important issue. And I think although this is a critical problem in society that there are positive signs that we're seeing in terms of surveys and trends, and these are in terms of both alcohol and drugs that it seems that the proportion of abstainers, for example, in the latest national surveys are up; drug use in the high school surveys nationwide tends to be down; overall consumption of alcoholic beverages seems to be down. And I think the increased public attention to this issue is a very positive sign that makes the time for these hearings very propitious because it gives us the opportunity of jumping onto a trend that already exists where our efforts can be maximized.

One of the toughest assignments I've had is to boil down this notion of prevention of alcohol-related problems in ten minutes, and I'm going to try and do that, and I fully expect I might end up being cut off.

When we talk about prevention, the first thing we want to talk about is what does it mean. Prevention means reducing the number of new cases. This is an important concept because traditionally we've looked at treating the problem as a way of prevention, and we can't do that. We can't do that with any kind of public health problem, because treating the problem alone will never eradicate the problem. So we need both: treatment and prevention. I've prepared a couple of documents that I'll leave with the committee: One of the documents in a brief paper explains a lot of the things that I'm going to be talking about; the other is a publications list of the Prevention Research Center, and I encourage you to take a look at it and to order some of the publications which we will send free of charge to you in order to facilitate your deliberations.

So what we want to do is we want to reduce the number of new cases, stop the flood of people coming into the system. Now in public health, we have a story that we tell that illustrates the futility of using only treatment approaches and the need to focus

on prevention. The way this story goes is that there's a public health worker alongside of a river and all of a sudden there's a cry for help. There's somebody drowning in the water and the public health worker jumps in, pulls this person out, resuscitates him; and as soon as the person starts breathing again, there's another cry for help. Well, after the public health worker jumps in and pulls these people out on a continuing basis, it dawns on this person that they're so busy saving the casualties and treating the casualties that they don't have time to look upstream to see how they're being pushed in and what prevention is. Prevention is looking upstream and dealing with those conditions that contribute to the problems. It goes hand in hand with treatment. You can't have one thing without the other thing. Treatment tends to get a lot of attention and deservedly so, because it's treating the casualties. But again, we can't only treat the casualties.

I wanted to just focus on a couple of the basic assumptions that I think would be important in guiding your deliberations. In terms of prevention, there are several basic assumptions on which prevention policies and programs must be based. First, alcohol problems affect us all. There's this idea that alcohol problems only affect alcoholics or only affect the people in the immediate environment. They don't. They affect the quality of life for entire communities. Because alcohol problems cut across the different levels of community life--the individual, the peer group, the family, the schools, the neighborhood and, in fact, the general social fabric--these problems must be addressed on many levels. This means that programs and policies that focus only on one level, for example, trying to convince people to drink less, will never be adequate to address serious alcohol issues. In public health circles, this notion of focusing on the individual is often referred to as blaming the victim; and historically, approaches that focus on blaming the victim have not been successful.

Second, and this is a critical one, is that education does not equal prevention. Education may be at the base of all prevention policies and programs, but experience clearly indicates that education is not enough. Also, the target for education must be broadly defined. In addition to the usual types of community groups and individuals, education needs to focus on those decisionmakers whose decisions affect the lives of others. In other words, we need to focus our education on the policymakers about how complex a problem this is, how long it's been around, and how difficult it is to deal with.

Another point about education is that education in addition to providing the signs and symptoms of alcoholism and telling people when they should come into treatment must link alcohol problems to larger family, community, and social issues. Alcohol problems are not independent of the social-political context, and we need more education on this level.

The third point about prevention in general is that because we all have a stake in the increased quality of life that will result with a lowering of alcohol-related problems, we all have a shared responsibility for assuming part of the burden of prevention. The basis for this share of responsibility is an ethical one, based on a common obligation to the collective or community good. Each member of the community must be willing to accept the proportional share of responsibility for the reduction of alcohol-related problems. For some this may entail spending a few cents more for a drink, if they do drink; and for others such as the alcoholic beverage industry, it may entail a more limited promotion and distribution of their products and consequently, perhaps lower profits. For most of us, the sacrifice may well be a relatively minor inconvenience. The potential payoffs though are great.

The fourth principle of the basic assumption of prevention is that the use of alcoholic beverages is deeply ingrained in our society; it serves many people, provides benefits for many, and is here to stay. We can't confuse public health approaches to prevention with prohibition. Now the alcoholic beverage industry loves to put labels on people such as neo-prohibitionist and they're trying to get rid of alcohol in society. I don't think that are any serious groups in this country that have a lot of currency in this field that are trying to get rid of alcohol. I think we all come in the prevention field from a shared value of trying to reduce alcohol-related problems and trying to increase the quality of life. Don't be misled by these labels, I urge you. The work of prevention is to strive toward policies and programs that acknowledge that alcohol is this country's No. 1 drug and must be handled by all -- those who produce, market, and distribute, and consume it -- with special care.

The fifth point is that it must be understood that prevention is a long-term undertaking. The serious problems we seek to address did not appear overnight; they will not disappear tomorrow, the day after, the year after, or maybe even in our lifetime. Prevention is a goal we strive for. One of the problems of prevention programs is they often have to make unrealistic promises in order to get funded. They need to somehow produce significant results in a short period of time on problems that are deeply ingrained in the social fabric. There are no magic bullets for prevention of alcohol-related problems or drug problems, no instant cures, no vaccines. There is no one right way. There are many different approaches that need to be used depending upon the nature of the problem. Thus, a key to prevention is perseverance and commitment.

The final basic assumption about prevention is that prevention must address not only the problem but also that basic conditions that give rise to the problem. In this society we have very strong supports for drinking. We have an entire society, in a sense, that sometimes seems like it's organized around making alcohol more easily available and more attractive when it is available. And I think we have to realize that unless

prevention goes upstream and focuses on these basic conditions, then in the long term we're not going to have much effect.

Recently I did a paper for the Carter Policy Center in Atlanta on a national project that they are working on, and I established five basic points of policy in terms of dealing with alcohol problems. The first one is that moderate consumption in low-risk situations is accepted. It's a basic point of policy dealing with alcohol and should be. The second one is that any consumption in high-risk situations is actively discouraged. The third point is that abstinence in all situations is accepted. We have a situation here where even though 38 percent of the population -- in California, it's closer to 20 percent -- say they have not had anything to drink in the last year, people are still made to feel uncomfortable if they decide not to drink. Oftentimes they have to explain why they don't drink rather than explaining why they do drink. The fourth of the five points is that heavier consumption in all situations, whether they are dangerous situations or not, should be actively discouraged. And the fifth point is that safety and health protection mechanisms that apply across entire populations -- an example of these things would be air bags in automobiles -- these things that make the environment safer for everybody should be encouraged as a way of reducing the consequences of drinking when in fact they do exist. So those are five basic policy points that should be incorporated into prevention planning.

SENATOR WADIE DEDDEH: How do you relate that to the air bags? Run that one more time by me.

DR. WALLACK: OK, the issue with the air bags and, let's say, safer consumer products in general is that they create a general safer environment that makes---increases the premium on safety for everybody now, because when you drink, you're at increased risk for all kinds of---all ranges of accidents. And maybe the committee doesn't know that trauma, accidents, injuries, are the leading cause of death in the entire country for those from the age of zero to 44 years old and then it gets into heart disease. But basically, a safer environment in relation to automobiles, consumer products, machinery, and all these things will inevitably lower alcohol-related problems because we will not wipe out intoxication. We will not wipe out excessive drinking. We can only hope to moderate it; and by approaching it from different---

SENATOR DEDDEH: Prevention. Taking some safety preventions.

DR. WALLACK: Exactly. Now, finally, I just wanted to say that in California and in other states there's a growing move toward increasing the power of local communities to deal with alcohol-related problems, to deal with how these problems are addressed, to deal with the availability of alcohol, to deal with increasing local zoning and planning powers to make sure that alcohol availability fits the needs, values, and norms of that community. And I want to encourage this.

And I think there are a lot of positive things that are going on that we could pick out to encourage. In business we have corporations who are working on server intervention programs. These are programs where they train bartenders, they train servers of alcoholic beverages to be more knowledgeable about alcoholism and signs and symptoms of alcohol problems with their patrons. And this is something that all sides have agreed on is a good thing.

The parents movement, the whole idea of taking over control for availability of alcohol on the local level is also a good idea. Anything that empowers communities and franchises communities more in determining the level of control they can have over alcohol is good.

School programs are also to be commended and to be used, but in the past we have used school programs instead of, rather than in addition to, public policy approaches and other kinds of educational and community programs. And I think it's a danger when we do that, because alcohol in society is extremely complex and we can't approach it from any one way. We need to focus on several different levels on which the problem exists and we need to use many different strategies and we can't shy away from those public policy approaches that ask everybody to share a slight burden in terms of the availability of alcohol problems, restrictions on alcohol advertising that potentially will have great benefits for the entire population.

CHAIRMAN SEYMOUR: Thank you very much, Dr. Wallack. Before we ask for any questions, I'd like to recognize Senator Nicholas Petris who has just joined us. Senator Petris represents Oakland, and some of you might be most familiar with him due to his work on the Mental Health Act of 1967 which revolutionized California's approach to mental health treatment. Nick, we're happy to have you today.

Are there any questions of Dr. Wallack? If not, Dr. Wallack, we thank you very much for your testimony.

Next on our agenda is Ms. Sharon Rose, representing Californians for Drug-Free Youth. Ms. Rose.

MS. SHARON ROSE: I am very pleased to be here today to explain the importance of the parent movement which is taking place all over the nation. I am involved at the local level as chairman of a community group called Citizens for Prevention of Alcohol and Drug Abuse. We introduced the "It's OK not to drink" sticker and campaign to Northern California. I am on the board of directors as assistant chairman for Californians for Drug-Free Youth, which is a state organization. My affiliation at the national level is with the National Federation of Parents for Drug-Free Youth as a Nancy Reagan speaker.

I have been involved in drug prevention for seven years and feel strongly that parent involvement is the key to the success of prevention programs. It is imperative that parents work closely with schools, law enforcement agencies, and professionals in

the field to educate away the demand for drugs by our youth. Our grass-roots efforts have been instrumental in building partnerships with all of these agencies at the local and state level.

I have travelled to many communities in this state to help parent groups organize to start prevention programs, and the one key to success is having direction and resources available to them from their county alcohol and drug programs office. Parents cannot be expected to do all the work in prevention, and they need these services to help them.

The state needs a plan for prevention. Right now each agency has their own program, and they need to all get together and develop a plan of action which will educate away the demand for drugs. Every school in California should automatically have a prevention program built into the curriculum. Teachers should be trained to recognize the child with a drug problem and know what to do about it.

The Californians for Drug-Free Youth organization is made up of volunteers who spend a great deal of time training other parents to organize educational programs to combat this epidemic among our youth. We know that prevention is the answer, and programs must start at a very early age. There are many communities without the resources to implement the programs, and this issue must be addressed.

We must have leadership coming from the top. The Reagan Administration has taken a stand against alcohol and drug abuse and has mandated programs to assist in the prevention effort. The leadership in this state must take a stand and offer leadership and direction. Right now there is no place for me to send a mother with her addicted teenager for treatment without it costing her $10,000 a month. We need treatment centers for adolescents because our kids have no where to go for help for longer than 24 hours.

The parent/community movement exists and it is effective in preventing alcohol and drug abuse. The demand on volunteers is overwhelming. I could spend every day in schools and communities talking to kids, parents, and educators trying to prevent further abuse in their lives. Parents are the key to reducing the denial and the blame so positive programs can be effective. This problem has to be attacked at the grass-roots level to educate away the demand for the drugs and the alcohol. Again, I must mention that the county alcohol and drug programs offices are the key to the success of parent involvement.

Where are we going? We are going to continue to build this statewide network so we can further help our kids. We ask for your support in our efforts because we know that we are making a difference. We recognize that "love does mean accepting wrong behavior" and it is wrong behavior for our children to be using alcohol and drugs. We all have a responsibility to correct this behavior, and the parents are willing to accept their part of the responsibility, but it takes all of us working together every minute of every day.

If I become tired and discouraged, I read this quote from Abraham Lincoln:

> A child is a person who is going to carry on what you have started. He is going to sit where you are sitting, and when you are gone, attend to those things you think are important. You may adopt all of the policies you please, but how they are carried out depends on him. He will assume control of your cities, states, and nations. He is going to move in and take over your churches, schools, universities, and corporations....The fate of humanity is in his hands.

I thank you very much for the opportunity to come and speak to you as a parent today. It's very important, I think, that you realize what the parent movement is all about.

CHAIRMAN SEYMOUR: Well, thank you, Ms. Rose, for your testimony. Let's see if we have any questions. Senator Deddeh.

SENATOR DEDDEH: I can't help but be impressed by your sincerity and presentation. I come from two backgrounds: One, I'm a schoolteacher by profession.

MS. ROSE: I am too.

SENATOR DEDDEH: Married to a schoolteacher who has been teaching for the last 37 years, and she is still teaching. Junior high age -- seventh, eighth, and ninth grade. So I know that, and I taught high school.

It is something new, and correct me if I'm wrong, it's only in the last 10-12 years that we've been reading about junior high kids becoming addicts, drinking, ...

MS. ROSE: That's right.

SENATOR DEDDEH: ... the rate of suicide increasing among teenagers. And I'm troubled by that, and I must ask you the $64 question: What is causing this? Why? We didn't have it 30 years, 25 years ago. We have it in the last 10-12 years. What is happening?

MS. ROSE: Well, I think it's because the supply is here. The kids are using drugs, I think, to solve some of the social problems they might have. I think they---we're living in a do-drug society. And they see on television constantly that a pill will solve all of your problems. I think they just think that will help them out. The alcohol helps them forget, maybe, a divorce or a death or whatever it might be. And they're available. These things are available today where they weren't available before.

SENATOR DEDDEH: Is it not also possible that we are living in a society where both mama and pop are working, the kid comes home, there is nobody to come home to? We are witnessing a generation of emphasis on the material thing in life, and---

MS. ROSE: That's very possible.

SENATOR DEDDEH: These are---now that I've said that, what have we in this Legislature, to your opinion, done to ameliorate, to react to the problem that you've so eloquently described? What have we done?

MS. ROSE: What have you done to do something about this?

SENATOR DEDDEH: To do something about this problem. Or have we done anything?

MS. ROSE: Well, I think we've made a number of---you know, taken a number of steps toward remedying this problem, but I think there is so much more to be done.

The one thing that bothers me the most is that the Department of Education has their program, the drug and alcohol department has their program, and I think sometimes they overlap. I think we need some direction in the state -- a plan, an overall plan -- so that everyone can work together and coordinate their efforts. I think we need direction. And I don't think we've gotten that from the Legislature so far. It's very difficult. I could say, and I don't know if I'm right, but I could say that all of our problems exist because of the alcohol and drug---I mean, everything relates to that. And if we could educate away the demand for this, if we---I know that I'm making a difference in my school district because I'm starting at the sixth grade level, and for two years now I have talked to these kids and told them I care about them and asked them, you know, given them information and they are hungry for information. I have gone to the junior high schools and they are hungry for information. There's not enough information out there for the kids. They don't know all of the consequences of doing drugs and drinking alcohol. They don't realize how toxic the alcohol is.

And I'm thinking there's got to be a way that we can get this information to them, make these kids who don't have parents 24 hours a day waiting on them hand and foot, make these kids feel good about themselves, give them some self-esteem, and make them feel worthwhile. I think that's the key. But I think we need a real plan. I don't know---the Legislature has done a lot. It was wonderful when we passed the drug paraphernalia law, and that was a wonderful step forward. And we just need more things to happen like that.

SENATOR DEDDEH: My San Diego experts, and these are county people, came to me knowing that I am on this select committee and they told me that while---I understand money does not do everything always, but it helps. And they said to me that their appropriations in San Diego as related to the rest of the state were cut.

MS. ROSE: Yes.

SENATOR DEDDEH: And at a time when we need to supposedly fight this serious problem, social problem, in our society--that's why I ask--are we really doing enough at this level here to help remedy this situation? And San Diego says no.

MS. ROSE: Well, I was told in my letter not to mention funding. [Laughs.]

SENATOR DEDDEH: Oh.

MS. ROSE: So, I could go on and on about that.

SENATOR DEDDEH: I take my question then.

MS. ROSE: There are a lot of things that---there are a lot of things that can be done without money. I worked for four years with selling 50-cent bumper stickers. Of course, I am not paid; I'm just a volunteer. But there are a lot of things that can be

done that aren't costly that just aren't being done.

SENATOR DEDDEH: Thank you. Thank you, Mr. Chairman.

CHAIRMAN SEYMOUR: Any other questions of Ms. Rose? Thank you very much, Ms. Rose. We appreciate your testimony. Did you have something you wanted to add?

MS. ROSE: Well, I just have a couple of things. I just now thought that maybe there are things through legislation that could help us a lot like taking the beer out of the gas station so it's not as available to the kids. Legislate against having that combination. Legislating to do things that prohibit---well, for instance, I'd love to see all of the beer ads off TV---off the television that relate the alcohol to athletics. That kind of thing. And there are a lot of things that we can do -- positive things that we can do that will help. Thank you very much. I appreciate the opportunity.

CHAIRMAN SEYMOUR: Thank you very much, Ms. Rose. I should add a couple of points for edification of those who are present today as well as my committee members. No. 1, we are recording all the testimony that is being offered today, and we will be able to provide a transcript to any and all of those who may have an interest.

Relative to the question of funding that was raised, certainly in San Diego, the situation, I know Orange County's situation, the county which I represent, and a number of other counties, there has been a lack of equity in funding. And I think we recognize the need for that to be addressed. There certainly is no intent on my part or the part of this committee to cause you not to focus on what additional funding will do. I think we all understand and respect the fact that there's never enough money to go around. I come into this committee as chairman with the given that there's going to be a necessity for increased funding. And so, nobody's trying to even suggest that you don't bring that up. On the other hand, we're really trying to focus today on what's going on out there and what more can we do, as Senator Deddeh has raised the question, what more can we do. We recognize there's no free lunch, that there's a price tag on everything. Hopefully, what will come out of this is as we commit more and more funding to this problem, we will be directing those resources in areas and programs that really work rather than what happens so many times: we get excited about a problem, we feel we want to do something about a problem, and so we just throw money at it without taking a proper accounting of what is being done out there, what's working and what isn't.

And so with that, I think we'll call on our next witness who happens to come from the area of education, Ms. Jan Billings from Walker Junior High School.

I've been advised that perhaps some are not alert---if you have a written testimony, just bring it to the sergeant and then he will pass it out to the committee members and make full distribution prior to your remarks. Thank you. Ms. Billings.

MS. JANICE BILLINGS: Yes. I think it's---the sequence is going to work. I think with the remarks that were just made and strongly so that perhaps I can fill in in some

of those areas. We do know that beer and alcohol, cigarettes and, for that matter, anything that a kid wants to get high on is available wherever---I mean, it's unbelievable where little tykes can get ahold of this kind of thing. We know the green fields are going to be there forever, but I think what we're going to have to work on is the kid himself. And the program that I would like to describe this morning is such a program.

We know, and being in education over 20 years, in administration just 3 years, drug use on campuses is less. Kids are more sophisticated than they were in the sixties and early seventies, but the peer pressure is much tougher. The pressure on campus is not so much to participate during the school hours, but where to go after school. And so we find such terrible epidemics of suicide such as we're reading about in Texas. We don't really know what they're related to. It's a very complicated issue. But, to the program.

Since the spring of 1982, the Anaheim High School District has been involved in the following areas in drug abuse: education, prevention, support, intervention, and referral. And my approach is that if we concentrate on the first two, education and prevention, and even support, the last two will hopefully lessen a need.

During the 1982-83 school year, we applied and received a grant for $10,000 to improve school climate at Dale Junior High School, which is a school in a generally mid to low socio-economic area. My involvement in this program has convinced me that this is a key to drug prevention. The program was called S.T.A.R. (Social Thinking and Reasoning).

The objectives of this program are to address the following concepts and teach the kids the appropriate skills. They are: responsibility; self-discipline; improved attendance; respect of self, others, and property; coping with peer pressure; decision-making and problem-solving skills; programs to enhance their self-concept; how to communicate with peers and adults; and how to deal with criticism. As we implemented the program at Dale, we came to think of it as a "backbone builder" to give our kids the skills and techniques to say "no" and still feel good about themselves.

Before we could even implement such a program, however, we did have to have a framework of order on our campus. We had instituted an assertive discipline program in 1981, and it really dramatically turned our behavior around. Students felt safer and attendance increased. And we know that when kids are in school, the likelihood of their getting involved in illicit activities is lessened. I might add too that our police departments in the surrounding cities have been extremely helpful in rounding up. I think they are a concerted effort now for truancies and actually bringing those kids back to school. Our supervision was tighter; there were fewer places for smoking or drug use to occur. Another important result of assertive discipline is that the teachers have become more consistent, less stressed, and have developed a new "esprit," and what we were trying to do was build a total school climate of a positive nature. Once that was in place, a more orderly classroom environment, more learning and achievement can take place.

And we know that achievement and success and feeling good about yourself are steps in the right direction as far as drug abuse is concerned.

To complete the program of discipline, we involved the PTA in a project to assist in writing a booklet, and they came up with this Assertive Discipline Handbook for Parents. And we held workshops, bringing the community and the teachers together. We are now using the same rules---or similar rules, consequences; and this creates a strong link between the home and the school so these kids can expect similar attitudes toward behavior, and it gives them a security of perameters.

Once that was in place we went on to a mind-set of success. We went to work on our first all-school activity, and it was a jog-a-thon to earn money for computers and other student activities. We set a goal of $5,000 and made all kinds of phone calls to involve the community. Faculty, staff, students, custodians, parents, and even our Anaheim Police Department resource officer joined us in the jog-a-thon; and we earned $11,000! Now, this school whose total self-image had been steadily going downward to have achieved that kind of success on one activity, they were heroes. And we were on our way.

We took every opportunity to sincerely compliment the students. When visitors came to look at our assertive discipline or computer program, we told the students in the morning announcements. In fact, the public address system became a teaching tool and a valuable method of positive reinforcement and building a total positive school climate.

In concert with the school-wide activities, we were teaching the skills outlined in the objectives: responsibility, dealing with peer pressure, decision-making, etc. What started out with four teachers responsible for the core curriculum soon grew to all teachers presenting related activities in their classrooms. So when we talked about "peer pressure" or "decision making" in the core classes, students were discussing these first period, second period, third period from different aspects. When their P.E. teacher brings it up, and their math teacher brings it up, they begin to see maybe there is some value at listening and learning these skills.

We then had---we started to talk about integrity; and if you will notice, I did pass out along with my form---information, this "integrity" button. And some of these programs when you become involved with small children and junior high children, you begin to realize that there are things that are very, very important to them that matter down the line, but at the moment you wonder what it is you're trying to achieve. Well, what we were trying to achieve was a sense of pride and self-esteem. And what we ended up with was a week-long integrity week toward the end of the year; and we had writing contests, the button-designing contest. This was designed by a Mexican-American girl who had not participated in anything before this and a special education student. And when we put the design together and we cranked out about 2,000 of these buttons and gave them to our kids and parents, that was pride.

We had them write on "Integrity" and I'd just like to read---this is from Sylvia Savedra, an eighth-grader:

> I think having integrity is a very important part in life. If you have integrity, you find pride and happiness in you. When you get older, you can say you've had many years of happiness.

Here's another one -- Julie Maciel:

> Integrity means caring about your friends and other special people. You have to trust them, respect them, share with them.

This is from Norma, and Norma had been in my office and the assistant principal's office on a drug case early in her---in seventh grade. This was written in the eighth grade.

> Integrity is all the things that you pride yourself on, all the things that help you to hold your head up high. It shows your pride.

Now we don't know how many kids we touched like Norma, but this is, I think, a step in the right direction.

The drug prevention link -- I believe once these kids began talking about attitudes, skills, feelings, our drug prevention link was made most effectively by our school resource officer. Officer Tuttle came on campus and talked about decision-making. His approach, I feel, is one that law enforcement should take on campuses. They don't talk about---they don't sensationalize, they don't bring the paraphernalia. I'm sure that kind of education has its place, but we felt that in keeping with our program, when he talked about decision-making in the real life situations the kids face every day, it meant something. The students role-played adults, friends, parents in a variety of scenarios ranging from family situations to shoplifting, to drug-taking. What should you do if...

Students felt more and more comfortable talking about feelings, caring and pride. They began to offer suggestions to the school. They felt that they belonged. And these were not student body leaders. One hundred and fifty otherwise uninvolved students, many we labeled as "loners," began to come to meetings to talk about activities. We formed a Friendship Committee to welcome new students, and this is a very transient school. A beautification committee planted roses. The Dale Detectives -- I mean it was a delightful program and the kids vied to be a detective to catch kids picking up litter and put their names in a little box and choose them at the end of the week. The entire student body participated in making a film on why students enjoyed going to Dale Junior High. We also discovered that some of the students who were beginning to participate were ones who had had behavior problems. Many of the students that would come to my noon meetings on beautification or Friendship Committee I had seen third period in my office on a referral. So they were the kids on the fence, and if we could get them, we felt that we were being successful. Many of them never joined a club before; and at the end-of-the-year potluck, we saw parents who had never stepped foot on that campus before. And these are the attributes that describe potential drug abusers -- when they feel left out, they have

no ownership of the school itself. These kids were beginning to get a little confidence, a good self-concept, feeling better about themselves, and getting high on activities as they built a little bit of self-esteem.

A formal evaluation of programs like this, and I know there are many of them in the state, is difficult to know how successful you are. Did we prevent any kids from becoming drug involved? We're not sure, but we do know that achievement was an end product. Our Chapter I students, the kids in the lower 25th percentile, academically low achievers, many with low self-esteem, little success, and that profile that lends itself to drugs as an image builder -- these students have made unbelievable growth in their end-of-the-year tests. The state Chapter I committee visited us to see what we were doing to promote the achievement. We shared our S.T.A.R. program with them, and they invited Ms. Barroza from state Education Department to visit Dale, and she has since asked that the program be shared with other Chapter I schools.

Beyond the self-esteem programs in our district, educators are becoming involved in the intervention and referral programs. But we need direction from the Legislature to determine just what our role is to be. We know our expertise lies in social studies, English, math, and learning theory; but we are taking it seriously. We are going to intensive week-long workshops on drug abuse. We are sending our personnel out to become educated in the problem. This takes time. It takes them away from their classes. But we know that our students' potential is being diminished and a lot of young lives are being ruined, so we can't be indifferent. It is our problem.

We are being trained in identification, intervention and referral techniques, although at this point we are emphasizing prevention. We know too that we need to involve our elementary feeder schools. I have been working with the feeder schools at Walker and involving seven other junior high schools to develop a K-8 program similar to S.T.A.R., dealing with self-esteem and those kinds of decision-making and peer pressure concepts. Where the homes cannot provide these skills and attitudes, I think the school has to fill the vacuum. And to those parents who do teach those attitudes, we have to support them.

We do need help from the Legislature to help define our responsibilities, as I said. We need a strong working relationship with the other agencies and, as was mentioned before, parent groups, public agencies. A lot of these things don't take money. I think they just---they need a strong leadership to determine how the networking can take place. I think that those of us who are involved in it just get on the phone a lot or pick up every shred of information and try to pull it together for ourselves.

There was legislation, AB 1983, that was a joint effort between the Justice Department and the state Department of Ed., but only one school in Orange County, one district--Garden Grove--applied for and got that grant. The emphasis was, well, punishment and prevention. And I understand guidelines have been changed for this year so that there

is more leeway. We know that in some schools the punishment and the cleaning out the campuses with enforcement officers is necessary. But we would like to have, I feel, at the junior high level, of course, that we're still into the prevention mode; and we need help in networking with public agencies in that regard.

We know this is a very complicated and costly issue, but we also know that we're all going to do whatever it takes to give our students the inner strength and self-esteem to say "no" and realize that they can get high on life alone. Thank you.

CHAIRMAN SEYMOUR: Thank you, Ms. Billings. It's obvious from your testimony that you have a very successful program that hopefully we can learn from and perhaps use it as a model as we move ahead.

Are there other questions from members of this committee?

I'd like to recognize Senator Herschel Rosenthal. Senator Rosenthal, thank you for being with us. Senator Rosenthal had served very ably in our State Assembly prior to coming to the State Senate. He has had a deep and abiding interest in mental health programs and programs that truly service our citizens and meet many of the problems that we're confronted with. So Senator Rosenthal, thank you for joining us today.

Our next witness would be Ms. Oleta Lutz-Pierson, representing Mothers Against Drunk Driving. Good morning.

MS. OLETA LUTZ-PIERSON: Thank you for the invitation. We appreciate it very much.

My name is Oleta Lutz-Pierson. I am vice-president with the Sacramento-Placer County Chapter ...

CHAIRMAN SEYMOUR: Excuse me, Ms. Pierson, could you get that microphone just a bit closer. Thank you.

MS. LUTZ-PIERSON: Is that OK?

CHAIRMAN SEYMOUR: That's fine. Much better. Thank you.

MS. LUTZ-Pierson: ... with the Sacramento-Placer County Chapter, the local chapter here, of MADD.

We have several things that we'd like for you to consider. Most---some of them I've already heard, and I'm not sure whether to be concerned about it or just what. Let me give you an overview of what we're doing in the community.

We have victim advocate services, and we have court monitoring services. We are involved with effective reform and public awareness. In public awareness, we have a speakers bureau, candlelight vigil -- it's a memorial -- a poster contest, essay contest, health and safety fairs.

Our target problems that we're really concerned about now are the fact that there has been an increase in deaths on the highway. We also have found that there is a diminished concern among drunk drivers as to their sentencing. We're also concerned about the sale of alcohol beverages in gas stations. And we feel that there's less respect or

concern for alcohol-related traffic citations and sentences.

It is much to our dismay and concern that there has been an increase in these drunk driving crashes. According to recent information by the California Highway Patrol and the National Transportation Safety Board, we have seen an 11 percent increase in drunk driving crashes in California; three-fourths having previous traffic offenses involving alcohol.

It has been suggested that this increase may reflect an economic upswing; more money for recreation and leisure, ample gasoline, larger cars, more people on the road, and more alcohol consumption.

Studies by the National Transportation Safety Board indicate that the law enforcement agencies, the judicial system, and alcoholic treatment centers have been unable to curb the repeat offender. The NTSB has suggested stiff penalties including long-term incarceration for repeat offenders, swift trials, and increased efforts to detect drivers under the influence. Confiscation of license plates in the case of the repeat offenders or persons found to be driving with a suspended license was another proposal.

Mothers Against Drunk Drivers would be delighted should these suggestions be implemented. We would also like for you to consider some of the other---some of our own.

We are really concerned about the mandatory vs. optional jail sentencing that we have at the present time. In tandem with increased highway deaths, we have seen a social attitude change. People are less concerned about going to jail for 48 hours, because they don't. MADD is strongly in favor of a mandatory sentence vs. optional. Law enforcement officers to whom I've spoken would have work furlough limited to the first offender. Second offenders would get mandatory jail sentences.

Another thing that we're concerned about at the present time is the blood alcohol intoxication level. At the present time, this .1 ...

CHAIRMAN SEYMOUR: .10.

MS. LUTZ-PIERSON: Yes, .10, thank you. We support the scientific and law enforcement findings that show reflex, response time and coordination are affected by even a small amount of alcohol. And although we're not against drinking or alcohol, we acknowledge the depressant aspect of this chemical. Operation of an automobile, a plane, a train, or an 18-wheeler requires our most refined manual and intellectual skills. We urge you, as our lawmakers, to author and support legislation to lower the present blood alcohol intoxication level from .1 to .08.

We are also concerned about the dramshop law that was repealed some time ago. MADD would like to see the dramshop reinstated and make the servers and the sellers of alcohol responsible for personal and property damage, if such service is to an obviously intoxicated person. MADD feels that the dramshop, while in effect, was very effective in deterring irresponsible drinking and driving.

And public education. PSA's and commercials are so effective they are used by large industries to accomplish many things. This media (radio, television, and newspaper) could be utilized to make it so socially unacceptable, that no grown man, woman or teenager would consider driving a loaded weapon while under the influence. Let's use this media to the very fullest. And as an example, we might consider the lady that shouts "Where's the beef?" She could be shouting "Give me the keys." Something.

Another thing we've noticed is that we have businesses in this area who have been innovative enough to take steps to train their own personnel in ways to---that they will recognize the need for ... customers.

One local establishment gives free nonalcoholic drinks to the designated driver. All evening long. This same eatery has a training manual that all bartenders, waiters, waitresses must pass. This manual deals with serving liquor responsibly. And due to the rowdy history of this establishment, I was really surprised to hear of their innovative program. I'm speaking of Fanny Ann's Saloon in Old Sacramento. I mean, it really came as a surprise to me.

Another leader in the bar/restaurant field is the Confetti, another place that---and what they do is they actually send somebody---they will pay the taxicab fare for an intoxicated patron.

So I think that there are things that we can do. We need to give these businesses some incentives. And an interesting thing, as I was talking to these people, I said, "What would be an incentive to other businesses like yourself to take on a program like this?" And interestingly enough, he said, "Well, the Senate Select Committee could send us a letter." And I'm serious. I was so surprised. I was absolutely astounded. But I mean that's what they---but you know when it really comes right down to it, it's positive reinforcement, it's a public -- thank you -- you know, it's something like even a California State commendation or resolution or something that we can do that shows these people that we really do appreciate what they're doing.

Senator Seymour, committee members, and fellow guests, we do have a crisis and we are concerned about it. One out of every two people in this room will have a crash with a drunk driver. That's half of us! Not necessarily a fatal crash, but still a senseless irresponsible attack on the life and the property of a member---of your or a member of your family. Some have already experienced such an insult. As a teenager, I was hit by a drunk driver while walking home from school. I wasn't even on the street. I was off the side of the road, way off the side of the road. I was in the ditch, as a matter of fact, trying to avoid this erratically driven car. But drunk drivers drive in ditches, in culverts, on sidewalks, on the opposite lanes of traffic, anywhere.

In Placer County, one drunk driver hit a small car while attempting to pass on the right shoulder. He was---I don't why he was ..., but he was trying to pass on the right

shoulder. In that car there were five teenage girls, three sisters and two cousins. They were all related. It caused their car to careen into the opposite lane and hit headlong another car that contained four adult occupants. Eight people were killed in a second. [Inaudible.] One teenage girl lived through this ordeal. She'll be confined to a wheelchair for the rest of her life. When finally apprehended and tried, he spent 3½ years behind bars. If those were your children, that wouldn't be long enough. That would be no compensation.

Let's prevent these tragedies as a network -- together. And let's make it absolutely unacceptable, personally and legally, to drive while under the influence. And I think you've done---you've passed some good laws so far. We just need to tighten up some more.

CHAIRMAN SEYMOUR: I'm sure you can count on us to work towards that end, Ms. Pierson. Thank you very much for your testimony. Are there any questions, members of the committee? If not, Ms. Pierson, we thank you again for providing us with your testimony.

Our next witness is Mr. Tom Pike, who has spent almost a lifetime studying and working in this area of alcohol abuse. Mr. Pike.

MR. THOMAS P. PIKE: Yes, sir. Mr. Chairman and members of the new Select Senate Committee on Alcohol and Drug Abuse. I am delighted to be here. I am moved, and I am sure you must be moved, by the testimony you've heard. I have to go back fifteen years ago when I testified with Marty Mann, the founder of the National Council on Alcoholism, and Bill Wilson, one of the co-founders of Alcoholics Anonymous, before Senator Harold Hughes' first committee in the United States Senate. We were all certainly as impassioned and full of conviction and feeling, but we didn't have the facts. I'm impressed by how much new factual information has been developed all the way from Larry Wallack's presentation and on to the very competent young ladies.

By way of qualifying myself, let me say that I am honorary vice chairman of the Fluor Corporation, that I'm an alcoholic -- thank God, a recovered alcoholic -- an arrested one. I had my last drink 38 years ago, and since that time I have enjoyed a rich, varied and productive life in industry, government, higher education, and the field of alcoholism.

I had the privilege of working closely, as I indicated, with Senator Harold Hughes of Iowa in securing passage of his historic, comprehensive alcoholism act, Public Law 91-616. I'll never forget the number of that bill I think as long as I live. In 1970 President Nixon signed that bill. This was called alcoholism's Magna Carta, and I think it was a good name. I am delighted that the California State Senate is now considering similar broad scope legislation, which is what I gather from the announcements about these meetings. And I want to congratulate you and your committee for undertaking this. I think that you've all heard enough and you know enough now of what's come to be general knowledge of the enormous and deadly impact of problem to young and old, from little kids

all the way up to senior citizens that are richly deserved, this kind of treatment and attention in the California Senate; namely, to become the subject of a select committee. And I wish you very well in your undertaking ...

CHAIRMAN SEYMOUR: Thank you, Mr. Pike.

MR. PIKE: Now, my wife, Katherine, and I have worked many, many years, as you've indicated, as volunteers primarily with the National Council on Alcoholism, with the County of Los Angeles, with the City of Pasadena, and the State of California alcoholism programs. We have served on many---we have both served on many alcoholism boards and committees at federal and local levels.

For example, I was privileged to serve on the first National Advisory Committee on Alcoholism under Secretary of HEW Robert Finch in 1969, and I have served a three-year term as a member of the National Advisory Council on Alcoholism under its first director, Dr. Morris Chafetz, from 1973 to 1976.

I also had the honor of serving as first chairman of California's State Alcoholism Advisory Council in the early '70s under Loran Archer.

I am grateful for your committee's invitation to testify today about alcoholism. Just a couple of facts for background, but I think it's important to set the enormity of this killer disease that we're facing and talking about and all of its social manifestations. This dread disease, as your committee knows, is our nation's #1 health problem and our #3 killer, ranking only slightly after heart and cancer as a major cause of death.

Whether you realize it or not, it is virtually certain that you have an employee alcoholism problem in your state government, because it is a fact that 5-10 percent of all employed persons in this country are indeed alcoholics. Of our ten million alcoholics in the country, over half of them are on government or corporate payrolls and are currently robbing their employers blind. The total national economic impact of the disease of alcoholism in our society exceeds $100 billion a year -- a staggering loss to our society.

Alcoholism is an insidious disease. It's still poorly understood. It's unjustly stigmatized. It's an illness around which our society has created a dense fog of fallacy, myth and moral condemnation. Its victims are subjected to a hideous conspiracy of concealment, and it's a hidden disease which, like the iceberg, shows only the tip. It is treated too often by being ignored, swept under the rug, and denied.

Looking back for a moment, the first alcoholism legislation in California that I'm aware of was passed in 1954, with the help of the then brand-new Assemblyman, Cap Weinberger, now Secretary of Defense. Then Senator George Deukmejian carried the legislation in 1973 to structure the state program with the counties so as to meet the requirements of the new Hughes Act, Public Law 91-616. California was ready for this federal legislation, and I can tell you, probably has stayed preeminent among the 50 states in the

excellence of its alcoholism programs. This doesn't mean that there isn't more to do. It just means we're, in my opinion, way, way ahead of any other state in what we've done to date.

Katherine and I have been active in founding voluntary sector organizations such as:

1. The Pasadena Council on Alcoholism in 1950.
2. The NCA-LA branch in 1965.
3. The Bishop Gooden Home, which is a recovery home for male alcoholics, in 1966.
4. The Casa De Las Amigas, which is the first recovery home for women alcoholics in Pasadena, in 1968.

I have also been chairman of the National Council on Alcoholism in New York and have worked over the years with their labor-management committee in advocating and installing EAP programs (Employee Assistance Programs, if you will) for employees of government and private industry ever since the 1960s. This area has great potential and still needs to be vigorously pursued. I'll have a thought and the suggestion as to what your committee or the state might be able to do to further that program.

Next, I want to, most importantly, report to you a most significant conference which was held in April of this year. Katherine and I were privileged to work closely with Dr. Louis Jolyon West of UCLA Medical School for a year in selecting authors for 8 definitive texts and 65 participants for the American Assembly on Public Policy on Alcohol Problems held at Arden House, Harriman, New York. It is affiliated with Columbia University, was established during the presidency of Dwight Eisenhower in 1952 there. Here the participants, highly qualified men and women, alcohol experts drawn from all disciplines, spent three days discussing alcoholism issues; and they came up with a remarkable consensus on public policy recommendations.

Arden House was established in 1952 when Eisenhower was president of Columbia to test the idea and the concept that men and women holding opposite views on major public policy issues have a good chance of achieving meaningful compromise when they hold their discussions while sharing the same roof and breaking bread together for three days, which is just exactly the format. We found this to be very true because the alcoholic beverage industry was prominently represented in this group of 65 people. I was kind of against it to begin with because I think they have a hard time being objective on problems of this kind, but the fact that we did achieve such a consensus with the liquor industry which is certainly a legitimate part of this country's industry and employment and so forth, I think, makes their findings all the more noteworthy.

I strongly urge this---your committee and the Legislature to study this American Assembly report and I suggest that you adopt as your strategic Magna Carta, as the Hughes Act was a Magna Carta for the United States Government. A small portion of this public

document is aimed at the national level, but most of it is directly applicable to state needs. For instance, its comprehensive contents cover:

1. Background or relevant facts on incidence, adverse effects, costs, etc.
2. Prevention.
3. Research.
4. Legal, economic and political aspects.
5. Diagnosis and treatment.

Time doesn't permit a full reading and discussion of this remarkable consensus report on alcohol policy here and now, but I do wish to enter it into the record for study, discussion and, hopefully, action by your committee, Mr. Chairman. I am including the full text, as it was entered in the Congressional Record, by Senator Hatch of Utah, in the typed copies of my testimony. By the way, I have submitted two copies of testimony. When I first received your invitation, I proceeded to go to work in testimony and produced about a 30-minute job. I then got the 10-minute word, so I'm now working on a 10-minute job. You've got both kinds. [Laughs.]

CHAIRMAN SEYMOUR: We thank you for your restraint. [Laughter.]

MR. PIKE: I understand very well. I'm glad to comply. But this report is a truly unique document, and I seriously urge your very serious study on it.

Also, I have attached to my longer testimony an excellent response to this American Assembly Policy Report written by Susan Blacksher, who was chief of the Division of Alcohol Problems in our California Department of Alcohol and Drug Abuse.

I submit this report in its entirety as my basic and comprehensive recommendation to your committee. And I would like to comment briefly on a few of its features:

Because, as I've already mentioned, the EAP (Employee's Assistance Program), because they are so sensible and so cost effective, I urge that -- and this is for public as well private employees; it doesn't make any difference where the people are, that 5 to 10 percent of them seem to become alcoholics or problem drinkers and need attention -- I urge that the state encourage their adoption in every way possible in both government and private industry. Considering the great power of example, county and city governments could be significantly influenced by the state's adoption of a sound, vigorous program for its own employees.

Also, because such a small percentage of all employees are insured for alcoholism treatment, the state should use its good offices, in my judgment, to bring insurers, providers and employers together to bridge this coverage gap on a priority basis. I saw a figure recently that indicated only about one-third of all the employees, public and private, in this country were covered under health insurance that covered alcoholism. Now, I've been trying to peck away at this thing for about 20 years myself. I still can't understand why the principals have

so much difficulty coming together on it, and I imagine it's still a matter of education and ignorance and fear of something that they don't know too much about it. At any rate, it's still a very important gap to be covered, and I'm sure that the state and your committee can play an important catalytic role in seeing to that.

In the interest of greater cost effectiveness, the state, in my opinion, should also advocate insurance coverage for the use of social detox facilities -- these are treatment facilities -- 12-step houses and recovery home programs. Per diem costs on this type of treatment facility, and believe me, I know, because Katherine and I have helped found them, we've helped finance them, and we've helped operate them, on the board of directors, today run as low as $25-$35 per diem, compared to $200-$300 per diem for some of the expense of inpatient hospital programs. These recovery homes have an excellent success record. The state could be, again, a powerful catalyst in effecting this.

In addition, many EAP directors are now referring selected patients directly to AA, where there is no cost and the success ratio here is great. I'm not recommending or trying to downgrade the inpatient hospital program. I'm just trying to say that there's another way to go, and everybody in the business needs to know the relative results. Sometimes a person must have 30 days or more hospitalization. Then maybe he needs the expensive hospital. But these others are out there and they can help us bring this thing into a more economic scale, which we're all interested in, I think.

I also suggest that the Legislature's role in the development and implementation of a statewide prevention strategy to reduce the impact of the inappropriate use of alcohol might be as follows. I don't want want you to think I'm presumptuous. You asked for ideas, so these are one citizen's suggestions.

1. Increase funding for demonstration research projects to determine appropriate prevention models and strategies as well as statewide replication of positive models of existing demonstration projects which are successful. I think that's some splendid input from the first testimony on that.
2. Develop public policy, in the form of legislation, which would take into consideration the level of consumption, drinking practices, and environment where drinking occurs. We can't close our eyes to these things. These are all part of the picture. Such policies would have a direct impact on production, marketing, advertising and availability.
3. Establish a comprehensive statewide prevention program which integrates activities and responsibilities at the state, county, and local community levels. Activities should include alcohol education, as we heard about

eloquently this morning; community prevention planning; public policy development; health promotion; and specific skill development.

4. And I think this is terribly important. Introduce legislation that would mandate minimum levels of alcohol education for school curriculum, from kindergarten through the 12th grade -- I think you can't start too early on the ABCs of the beer and booze that little kids see all about either on the shelf in mommy and daddy's house or on the television -- in education, health educators and medical professionals could be included.
5. Continue the present focus on the drinking driver issue and related legislation. Expand efforts to prevent drinking and driving, particularly for youth.
6. Recognize that effective prevention efforts must focus on both the individual and the environment in which the alcohol consumption takes place.

Finally, on the vital question of alcoholism's organizational position in government, I would strongly urge that the committee not yield to the siren song of certain MBA whiz kid types, and we've seen these in Washington, at state, at county and city levels down through the years, who tell us we can save money by combining the management of alcohol with drugs or mental health, or whatever. Experience has shown conclusively that such organizational mergers are costly, and that they threaten the integrity of the alcoholism effort. Alcoholism is a complex disease which differs so much from drug abuse and mental health that they should never be combined, in my judgment. Alcoholism is finally coming into its own, administratively, and should be allowed to continue into its maturity as it is presently structured in state and federal government, and not be tampered with by well meaning "efficiency experts".

I'm sure all of you gentlemen are aware from what you've heard so far this morning and from what you already know that alcoholism and drugs are no ordinary kind of a health problem. They're tough. They penetrate every level of society, every age, etc. They need specialized management if they're going to---if the fight's going to be fought well.

It is vital to maintain the categorical integrity, in my opinion, of alcohol funding:

1. Because of the need to identify impact caused by inappropriate use of alcohol separately from drug abuse for funding and reporting purposes. You've got two battles going here.
2. Due to the disease concept for alcoholism vs. drug addiction and the legality/availability of alcohol vs. drugs, which you're all familiar with.
3. The philosphy of recovery from alcoholism is distinctly different than from drug abuse or certainly from mental health.
4. The alcohol constituency is unanimously opposed to proposed legislation merging prevention and treatment activities for alcohol programs with drug programs, for functional as well as funding reasons.

That's my testimony, Mr. Chairman. I thank you ...

CHAIRMAN SEYMOUR: Thank you very much, Mr. Pike. Before we get to any questions, I'd like to recognize two more Senators that have joined us here today: Senator Gary Hart. Senator Hart had previously served four terms in the State Assembly before coming to the State Senate. He currently represents portions of Los Angeles, Santa Barbara, and Ventura Counties. He's a former educator. And Senator Hart chairs the most important Senate Education Committee where he has been successful in passing a number of major education bills, most notably Senate Bill 813, the major school finance education reform bill of 1983. Senator Hart, thank you for being with us today.

Also joining us is Senator Ed Royce. Senator Royce, his first term, represents our 32nd District of the State Senate which includes a number of communities in the Orange County area. He's a businessman by profession. Senator Royce is the vice-chairman of the Senate Committee on Industrial Relations. Senator Royce, thank you for being with us today.

Any questions of Mr. Pike? Yes, Senator Rosenthal.

SENATOR HERSCHEL ROSENTHAL: I guess it's part question and part statement. I agree with you that alcoholism is a disease. We've heard from previous witnesses in terms of the drunk driving. We now know, for example, that penalties, putting people in jail doesn't reduce the numbers. As a matter of fact, it's increasing even though we've increased penalties.

You mentioned about the concern of being---to identify it. You know, I'm glad that the Governor signed a bill I carried, for example, which is going to make part of the training of physicians and nurses and psychologists aware of alcoholism and how to recognize it.

One of the things that you haven't dealt with, it seems to me, and which becomes very significant when we're talking about treating any disease or any problem is the cost. I don't know if anybody---if we took your program here, for example, and did some of each of it, how much money would we be talking about.

MR. PIKE: You mean the American Assembly program?

SENATOR ROSENTHAL: Yes.

MR. PIKE: I haven't the slightest idea. I don't think anybody has attempted to price that out. I think rather that's been the kind of an overview policy that the states could take a look at. California has a lot of that in place. Maybe there's some of it that they don't have in place that would fit in your opinion.

SENATOR ROSENTHAL: I think that would be one of our major problems here. And even though California may be farther ahead than other states, I guarantee you that we're talking about, literally, hundreds of millions of dollars to get involved in this program that we should be involved in. And I'm not certain that we could either get it passed or

signed.

MR. PIKE: Well, having been in this business for about 25 years, I know the great difficulties of getting bills passed and signed and funded. But I do know that when the problem is studied, as this committee is obviously going about it, that you can and you will pick out priorities. You pick out areas where there is a good chance with a few more dollars ... where you can get something done and save lives. Now anytime you save a life, why, you're talking about a lot of dollars, who can put the dollar value on a human life?

And I ... in passing this, Senator, would like to congratulate you on your efforts on this education of position. I too have had that conviction for years; and it's a disgrace in this country. The medical profession by and large with some exceptions, of course, is deaf, dumb and blind about alcoholism. They don't recognize it. They don't know anything about it. And a lot of them didn't care ...

I have funded programs in the Stanford Medical School and the UCLA personally. And I'm almost on the verge of having an ... with UCLA for not having it done what they said they'd do in the professorship that we set up there and made our contribution for; namely, they were supposed to bring together an integrated program of training, treatment, and research, which has been basic to heart or cancer or anything else, in alcoholism. And they've done a little research with government funds, but they haven't got any mandatory education yet and they haven't got any inpatient ...

SENATOR ROSENTHAL: Well! Just---

MR. PIKE: ... work and work and you work some more.

SENATOR ROSENTHAL: And I think we need to look at it because even on the first item, first point, "Increase funding for demonstration research projects to determine appropriate prevention models and strategies as well as statewide replication of positive models of existing demonstration projects which are successful." I don't know what that would cost.

MR. PIKE: Well, I agree with you that it could cost more than there is ... but I think that that particular item on research is perhaps a policy recommendation pertaining to the national level, not the state level. My opinion for some time has been that the basic research funds are going to have to come from the federal government because they just don't exist, for reasons you gentlemen know better than I do, at the state level. And we have been fighting---we got pulled way down---$150 million a year, or approximately, we got in the first several years of the Hughes Act. We had comprehensive programs of research and treatment, etc., etc. The last few years we got down to about $25 million just on research. We finally worked back up to about $40 million just on research; and you compare that with over $1 billion a year to cancer and the National Institute of Health, $500 million. So that's the way the ball bounces.

CHAIRMAN SEYMOUR: Thank you very much, Mr. Pike. We appreciate your testimony. Mrs. Pike, thank you for being with us today.

To close out the section of our interim hearing dealing with Overview of Prevention, Community Efforts, and Law Enforcement Activity, our next witness is the chief of police of the City of Anaheim, Jimmie Kennedy.

CHIEF JIMMIE D. KENNEDY: Senator Seymour, members of the committee, the issue of drug and alcohol abuse in our society is well documented and provides a ready-made topic for many media stories. However, the degree of the problem remains elusive and difficult to define. Abuse of drugs and alcohol is sometimes hard to detect and many times is ignored by family, friends, and co-workers of the abuser. The degree of damage - whether it be material, social, economic, psychological, moral or spiritual - remains a nebulous figure that is difficult to quantify.

One problem in researching the topic of drug and alcohol abuse is that more questions are raised than are answered. How does one measure the number of lost productive years of the high school or college dropout who leaves school because of substance abuse? How many illnesses are misdiagnosed by doctors whose judgment is clouded by drug use? How many defective products enter the marketplace because of drug use in the manufacturing sector? There aren't any clear-cut answers to these questions.

According to the Department of Transportation, 71 people are killed and 500 people are injured every day nationwide as a result of alcohol-related accidents. In 1982, in Orange County, 114 of the 231 fatal accidents, or 49%, were alcohol-related; 3, 557 of the 15,987 injury accidents, or 22%, were alcohol-related. In 1983 there were 4,686 reportable traffic accidents in the City of Anaheim; 810 of these accidents, or 17.3%, were alcohol-related. So far in 1984 there have been 18 fatal traffic accidents in Anaheim, 9 of which were alcohol-related.

The current trend of drug abuse in the City of Anaheim is the use and sale of cocaine. At requests from different companies, programs have been initiated by our Narcotics Bureau over the past two years to identify and curtail drug use and sales. Through these programs, it was estimated that 40% to 50% of blue-collar workers in the industrial plants of 60-100 employees are involved in some type of drug abuse while on-the-job. Cocaine use accounts for at least 70% of the total drug abuse. It was found that many of the employees that were injured on company time and received disability leave were under the influence of a narcotic when the injury occurred.

Drug abuse by employees in large corporations of 10,000 persons or more totalled approximately 10%. Cocaine use accounted for 80% of all drug use among white-collar workers. It is estimated that many high-level executives use approximately one ounce of cocaine per week. The current "street price" for cocaine averages $2,000 per ounce.

Another major problem that we face is the influx of Central and South American

Nationals into the area. They are primarily responsible for the increase in the availability of cocaine. Multiple pounds of cocaine are seized ... in most cases totalling hundreds of thousands of dollars. Drug Enforcement Administration estimates that we are only accounting for approximately 10% of the cocaine that is available.

Drug seizures in the City of Anaheim within the last two years amounted to approximately 4 million dollars. An additional 4.1 million dollars in illicit drug funds were also seized. The crime rate is definitely and drastically affected by persons who need to steal and rob to support their habit!

The use of alcohol and narcotics among today's juvenile is of growing concern. During the months of September, 1983 through June, 1984, the Anaheim Police Department arrested 145 juveniles on narcotic violations and 113 juveniles in possession of alcohol. During the summer months, these numbers in our city decrease due to many of the youths spending much of their time in the beach cities. It is estimated that Police contact with juveniles in possession of alcohol far exceeds the total arrests made. "First time offenders" are often told to empty the container and merely given a verbal warning.

Peer acceptance and approval of drug and alcohol use among students in both public and parochial schools has contributed greatly to the increase in substance abuse by youths.

A study conducted by the UCLA graduate school on teenage substance abuse showed that by the 11th grade, 69% of Orange County teenagers have been intoxicated by alcohol. At the same age, 47% had been intoxicated by other drugs.

It was speculated that alcohol and drug abuse among Orange County teenagers is close to 80%. Alcohol, in particular, is easily obtained and socially acceptable.

The goal of MADD (Mothers Against Drunk Drivers) is to bring the issues of drunk driving and victims' rights out into the open and to keep them there until drunk drivers and their victims are no more. According to statistics from the MADD National Headquarters, 8,000 teens cause 22% of all night-time fata alcohol accidents.

The National Council on Alcoholism has gathered the following information on teenage alcohol abuse:

- Alcohol is the most widely used drug among teenagers.
- The most popular drink among teenagers is beer.
- One out of 10 teenagers is presently, or will become, addicted to alcohol.
- An estimated 3.3 million teens in the U.S. are showing signs that may lead to alcoholism.
- Most young people have their first drink between the ages of 12 and 14 years.
- Sixty percent of those killed in drinking-driver accidents are teenagers.
- Fourteen tenagers die each day in alcohol-related auto accidents.
- The number of teens arrested for driving while intoxicated has tripled since 1960.

Solutions to these problems don't come easy. I will discuss some of the approaches being used by my Department as well as others. Secondly, I will comment on suggested methods to reduce involvement in the drug and alcohol abuse problem.

The Anaheim Police Department Traffic Bureau currently has Officers assigned exclusively to drunk driving enforcement. So far in 1984, these Officers have arrested 335 drivers who were under the influence of alcohol or drugs.

The traditional Police response to the problem of drunk driving has been to put more Traffic Officers on the highway to enforce laws on driving while intoxicated; however, in the past, this has not proven to be a completely acceptable long-term solution. It is costly and many of the offenders are repeaters (32% in 1982, according to the California Highway Patrol) who don't appear to learn their lesson from strict enforcement. So despite the harsher D.U.I. laws that went into effect in 1981, D.U.I. remains a problem. A recent National Transportation Safety Board study of serious or fatal accidents in 15 states revealed that one-third of the drivers involved were driving with licenses that had been suspended. The National Transportation Safety Board is recommending harsher penalties for drunk driving.

One solution would be to lower the presumptive level of impairment from a blood-alcohol level of .10% to .08%. This should cause people to moderate their level of consumption. Oregon currently has a blood-alcohol level of .08% as the legal limit for determining "under the influence."

Another solution should concern itself with young people. According to the Department of Transportation, 44% of all night-time fatal alcohol-related crashes are caused by the 16-to-24 age group. Teenage drivers are involved in 1 out of every 5 fatal accidents.

In light of these statistics, a viable solution might be to---

SENATOR DEDDEH: May I ask a question on that point?

CHAIRMAN SEYMOUR: Yes, Senator Deddeh.

SENATOR DEDDEH: Chief, on that very point, is there any study made as to what day of the week these accidents happen? The reason I'm asking that, because you know what happens on a football night, on a Friday, when kids go berzerk for all intents and purposes. Is there any way in your suggestion, as a Chief, to maybe alter our way of doing our, you know, athletic activities; instead of playing the afternoon instead of at night? Will that help in eliminating or decreasing some of those accidents? Would that be possible?

CHIEF KENNEDY: Conceivably that, I suppose, could make an impact. I think though that traditionally even without the school-related activities, traditionally, Friday and Saturday nights are the worst nights of the week. We notice that even during the summer months when the school is out of session.

SENATOR DEDDEH: Hmm. So it's not related then.

CHIEF KENNEDY: Well, I think it's related, but in a minor effect.

SENATOR DEDDEH: OK. Thank you.

CHIEF KENNEDY: In the light of these statistics, a viable solution might be to prohibit people below 18 years of age from driving between 1:00 a.m. and 5:00 a.m.

Still another solution should be an increased emphasis on the part of the local Police - both Patrol and Vice and Alcoholic Beverage Control Officers - in checking bars ... especially for violations of serving obviously intoxicated persons.

Experts agree that in order to cope with alcohol misuse among today's teenager, an especially strong emphasis must be given to problem prevention. Among the most promising approaches to prevention are those which focus on promoting responsible decision-making and healthy self-concepts in young people.

We are working hard toward addressing the problem of drug and alcohol abuse through our School Resource Officers Programs. The Officers are approaching the problems in four ways:

First, they give classroom presentations, beginning in the elementary grades through junior high and high school, dealing with the subject of drug and alcohol abuse. They talk about the immediate and long-term effects and the fact that the students are entering a period in their lives when they will have to make certain decisions and choices, and that the use or nonuse of drugs and alcohol will be one of those choices. As a part of their program, the School Resource Officers bring young people in from an organization called "Hope House". These people are actual drug and alcohol offenders who are in the process of trying to straighten out their lives, but are not yet "cured". Having these volunteers come into the classrooms and talk about how their lives have been affected has been a tremendous "eye opener" for many young listeners.

Secondly, each School Resource Officer is an advisor to a "Chemical People Task Force", which are parent groups from the various P.T.A.s throughout the City who meet to become educated about drug and alcohol abuse and who will attempt to put together a plan to "turn the tide" so to speak.

Thirdly, each School Resource Officer gets directly involved with the actual counseling of young people who have used drugs and alcohol and try to help them to make the the proper decisions about the use of same.

Lastly, each School Resource Officer is involved in referrals where they work with the parents of abusers in getting them into treatment programs that are available in the hopes that the young person will become a productive member of the community instead of a burden.

In the area of industry, education of administrators and line supervisors in industrial plants and other types of organizations is essential if drug abuse is to be

curtailed and injuries reduced.

Over the past two years, the Anaheim Police Department Investigators have conducted training sessions on how to recognize drug abusers (at the request of the company). Through these programs, arrests have been made of suspects selling narcotics to fellow employees during working hours. The availability and incorporation of an ongoing training program would require additional manpower and money.

Criminals are making such tremendous profits from the large quantities of narcotics being sold that they are unlimited in their abilities to defy the law.

In conclusion, it is my belief (as well as my colleagues) that efforts must be focused in early prevention techniques, aggressive law enforcement, strong court backing, and effective treatment programs.

The many-faceted problem of drug and alcohol abuse has been around for a long time and won't be quickly or easily resolved. I believe the best efforts towards problem reduction (we will never totally resolve it) will come from a strong, unified effort by all concerned agencies.

CHAIRMAN SEYMOUR: Thank you very much, Chief. Questions? Senator Royce.

SENATOR ED ROYCE: Yes, Chief, I have one question and that has to do with your suggestion of a stepped-up emphasis on the part of local police and vice and Alcoholic Beverage Control officers as far as going into cocktail lounges and bars and checking at that point for people who are intoxicated. And let me ask you, are there any communities or any studies of communities in which this has been done in a very vigorous way? Obviously, it would take a lot of manpower out of the field to do very vigorously on a nightly basis. But perhaps there are some communities that have tried this over a period of time and what is the result in terms of fatalities and D.U.I. in those communities?

CHIEF KENNEDY: Senator, I'm not aware of any studies that have been conducted. I am aware of, in conversations with some of my colleagues, where this has occurred, probably not over a long period of time. But the effects seem to be quickly recognizable in terms of frightening, if you will, the people in the bar to maybe leaving before they have the last two or three drinks and being out on the street where they're still capable of driving without becoming intoxicated and being a hazard.

SENATOR ROYCE: If you were to suggest a program which the state might embark upon which would help in this way, what would be your suggestion? Would it have to do with the vice and Alcohol Beverage Control officers, or do you think there's a way that local police could more effectively undertake this type of activity with the assistance of the state?

CHIEF KENNEDY: I personally believe the local law enforcement agencies are probably best able to handle that and uniformed officers. Because their appearance is readily recognizable. And as I stated and you also stated, it does take additional manpower and

it takes time away from calls for service when you respond in this type of fashion.

SENATOR ROYCE: Thank you, Chief.

CHAIRMAN SEYMOUR: Senator Hart.

SENATOR ROSENTHAL: We just have to---we'll just have to give you more money. Is that right?

CHIEF KENNEDY: [Chuckles.] That would help.

SENATOR GARY HART: Chief, I have a question on---I was very interested in your comments about your Narcotics Bureau study about the use of cocaine, with blue-collar workers on page 1 of your testimony. I guess---I'm surprised by it, maybe I'm naive about cocaine. I thought cocaine was really a high-priced drug and that blue-collar workers would find it very difficult off of their salaries to be able to support any kind of cocaine habit. I've got two or three questions: One, you state that it's estimated that 40 to 50 percent, and I don't know what estimated means, how you arrived at that estimate, how rigorous your study was, No. 1; and No. 2, can you comment on how people do support their habit if they're blue-collar workers? Does that mean that either the price of cocaine is not as high as I thought it was or are all of these employees engaged in illegal activities to support their habits or cocaine activity?

CHIEF KENNEDY: That's a good point. And to answer the first part of your question, it's difficult to come up with hard facts, hard figures, in a study such as this, because obviously the people that we put into these plants to work at the request of the companies were in there in an undercover capacity.

SENATOR HART: I see.

CHIEF KENNEDY: So they had an opportunity, probably, to develop better facts than if someone had just gone and openly conducted a study. These are our estimates and I certainly would not want to bet my life on them, but from the things that we've seen, this seems to be pretty accurate.

SENATOR HART: How many plants did you survey or have agents in? Are you talking about two or three plants, or are we talking about many more than that?

CHIEF KENNEDY: No, we make this service available on request by the companies. And in the past two years, we have, I believe, been involved in eight different plants of various different sizes.

The second part of your question, you accurately stated that the employees do not earn enough money to support their habit. Therefore, they are involved in illegal activities; quite often, stealing from their employers.

SENATOR HART: What sort of money are we talking about? I don't know if we're talking about a habit or recreational activity or what sort of money are we talking about for an employee to need to, you know, engage in the use of cocaine?

CHIEF KENNEDY: Well, I think the blue-collar workers mostly are involved---it's

not so much a habit as it is a periodic occurrence. Cocaine has been described as the drug of the rich, and it obviously is because it's very expensive. But when we're talking about occasional habit and if the employee has the opportunity, the availability of stealing from his employer or anyone else for that matter, we notice that their use of the drug goes up.

SENATOR HART: Thank you very much.

CHAIRMAN SEYMOUR: Senator Hart? Senator Rosenthal? Chief, I'd have one question. Do you have an opinion relative to the need or lack thereof of education of the judiciary relative to background, available statistics, on drug and alcohol abuse, thereby aiding them in insuring adequate sentence or adequate steps towards insuring that justice is dealt out in the courtroom?

CHIEF KENNEDY: Yes.

CHAIRMAN SEYMOUR: Is there a need for that? Is there not a need for that? What's been your experience in the prosecution effort?

CHIEF KENNEDY: I think there's a very definite need for that. I think that there are, as we've seen here this morning, there are many different agencies involved in the treatment or handling of drug and alcohol abuse problems. And I think we tend to view those responsibilities from our own perspective. I pointed out that usually the first offender alcohol possession case, the officer merely pours the alcohol out and tells the youngster to go home. This may happen six, eight, ten times before any court action ever occurs. And then the court, of course, says, well, this is his first offense; therefore, we don't need to treat this as stringently as we would if it were his second or third. So there's a lot of skating that goes on before any real action occurs. And I think that education and cooperation between the agencies that are dealing with this problem is certainly important.

CHAIRMAN SEYMOUR: Any other questions? Chief, thank you so much for your testimony and being with us today.

Our next witness, and now we will hear from two witnesses representing the alcoholic beverage industries. The first witness in that category will be Mr. Kevin Forth, representing Straub Distributors. Mr. Forth.

MR. KEVIN B. FORTH: Good morning. My name is Kevin Forth, and I am President of Straub Distributing Company, an Orange County distributor of Anheuser-Busch and other beer products with a work force of more than 250 employees. I also serve as first Vice President of the California Beer Wholesalers Association, a trade association representing wholesalers selling in excess of 95% of the beer sold in the State of California.

To begin with, I'd like to say thank you to Senator Seymour and the other distinquished members of this Senate Select Committee on Drug and Alcohol Abuse for the privilege and opportunity given to the malt beverage industry to provide to you today

input on what we are doing. It is very much appreciated.

The problems of alcohol abuse, especially drunk driving, are generating growing public concern and reaction across the nation. Numerous states like California have imposed or are considering tougher drunk driving penalties, and in many states dram shop laws have subjected retail establishments to increased third party liability. And, citizen organizations like Mothers Against Drunk Drivers (MADD) are springing up in local communities from coast to coast. Certainly, the alcohol abuse issue is fast becoming one of the major social issues of the decade.

My company and the industry I am proud to represent are deeply concerned about any misuse of our products. Despite the fact that beer is the "beverage of moderation," we recognize that problems do exist -- and, that our industry must address this issue in a positive and meaningful way. We sincerely wish to become part of the solution, for if we do not, we will by default be perceived as the cause of the problem.

Today, while there are increasing demands for tougher DWI laws (which we wholeheartedly support), there are also mounting pressures for restrictive laws and regulations on the marketing, sales, and distribution of our products. Those harsh controls and heavier restrictions on our industry and the consumer will prove, I feel, counterproductive to the development of a healthier social atmosphere and really don't address the root causes of the problem. In that regard, industry has aggressively supported and will continue to support a number of positive programs that promote moderate and sensible consumption of our products.

For example, my major supplier, Anheuser-Busch, has provided substantial financial support to the Alcoholic Beverage Medical Research Foundation at the Johns Hopkins University School of Medicine for research into the social, medical, and behavioral aspects of alcohol abuse. It has also provided funding to the Alcohol Research Center at UCLA for research and publications of "Abstracts and Reviews in Alcohol and Driving." And, it has given grants to the Health Education Foundation, a private nonprofit organization which has developed a retailer training program called TIPS, which is an acronym for Training and Intervention Procedures, for servers of alcoholic beverages. I believe one of the speakers addressed that issue this morning. The Washington-based organization is headed by Dr. Morris Chafetz, founding director of the National Institute on Alcohol Abuse and Alcoholism.

At the local level here in California, beer distributors have introduced a program called "Preventing Alcohol Abuse." It is an elementary, junior high and high school curriculum that presents students with a realistic, nonjudgmental approach to alcohol use and abuse that will enable them to make responsible decisions about drinking or not drinking. The program was developed by FLI Learning Systems of New Jersey under the sponsorship of the National Beer Wholesalers Association, a national trade association

group. The three-level "Preventing Alcohol Abuse" curriculum offers students information on the effects of alcohol on the body, information on the effects of alcohol on behavior, exposure to the legal issues involved in drinking and driving and, probably most importantly, practice in coping with peer pressure and expanded knowledge on which to base decisions about alcohol use. Straub Distributing Company and other Orange County beer distributors have placed the entire program into the 23 Placentia Unified School District schools and the Silverado High School in the Saddleback Valley School District with positive reviews from both their administrators and educators. To date, the program is in place in 17 other school districts in California and over 5200 schools across the country. The "Preventing Alcohol Abuse" program is funded totally by beer distributors and is provided at no expense to the school or school districts.

On another front, teenage drinking and driving ranks, certainly, as one of the most serious aspects of alcohol abuse. Our company and industry oppose the use of our products by anyone who is not of legal drinking age. However, as pragmatists, we realize that many high school students drink at least occasionally.

We believe the best way to approach the problem is by addressing youth in a meaningful way with facts and information, not by preaching at them. One organization which has successfully adopted this approach is Students against Driving Drunk (SADD). This organization is targeted at high school students and their parents. And I might add that in 1984 it will be expanded to the college and university systems.

Students Against Driving Drunk was established in 1981 to improve young people's knowledge and attitudes about alcohol and drugs and to help save their lives and the lives of others. The program has three major components: First, it provides a series of lesson plans to present the facts about drinking and driving, permitting high school students to make informed decisions. Second, it mobilizes students to help one another, through peer pressure, to face up to the potential dangers of mixing driving with alcohol or drugs. And third, it promotes frank and open dialogue between teenagers and their parents through the SADD "Contract of Life." Under this agreement, both students and their parents pledge to contact each other for safe transportation home should they find themselves in a potential DWI situation.

While Anheuser-Busch has provided grant funds to this organization for day-to-day operations, Straub Distributing Company has flown its founder, Bob Anastas, out from Boston six times to speak to students of 15 high schools representing more than 15,000 students throughout Orange County. SADD is a program that has proven effective and our organization will continue to bring Mr. Anastas to our schools in the future.

On another front, Anheuser-Busch distributors have introduced in their marketing areas the "Know When to Say When" program. This program which encourages drinking in a responsible manner is designed to help the social drinker steer clear of drunk driving

and other alcohol-related incidents through education. Specifically, the program consists of a home entertainment guide; a bartender and waitress guide, which I believe was alluded to earlier; newspaper ads; point-of-purchase materials for retail establishments; and a no driving while intoxicated film depicting a drunk driving arrest. The entire "Know When to Say When" program is now being used by the Marine Corps Air Station at El Toro. By the end of 1984, more than 6,000 Marines will have been exposed to this message of moderation. In addition, the "Know When to Say When" film has been shown extensively in Orange County on the campuses of the University of California-Irvine, Cal State-Fullerton, and Chapman College. The film and all of the guides and point-of-purchase materials are supplied, at no charge, by our company. Also, the film is available to any civic, business, or charitable organization at no charge. Through the "Know When to Say When" program, we will have a substantial impact on the alcohol abuse program -- sending a message of moderation to consumers at the point-of-purchase, and in a variety of other ways as well.

I just mentioned our involvement on college campuses with certain alcohol abuse prevention programs. I'd also like to add that we are also a supporter of an organization called BACCHUS -- an acronym for Boost Alcohol Consciousness Concerning the Health of University Students. This is a national, student-oriented program with well over 150 chapters in colleges and universities across the country. Its philosophy is to marshall peer pressure among those students who do use alcohol responsibly and those who choose not to drink in creating acceptable norms of drinking behavior. My company has provided the seed money of several thousands of dollars to establish BACCHUS chapters at the University of California-Irvine and at Cal State-Fullerton. In addition, our company provides ongoing financial support of BACCHUS programs and events on campuses such as Alcohol Awareness Weeks. BACCHUS is an excellent example of a positive approach to alcohol abuse through education, and we will continue our support in the future.

Another program implemented within this state through our beer wholesalers association is "TAXITIME." The purpose of "TAXITIME" is to offer a positive, creative alternative to the present drunk driving problem. "TAXITIME" offers a free ride -- with no obligation -- to patrons of sponsoring retail establishments who have overindulged and are in need of safe transportation home. The taxi fare is jointly financed by local beer distributors and/or local cab companies and sponsoring restaurants and taverns. We recognize that problems associated with drunk drivers are as varied as they are complex. While the program is not the answer to the drunk driving problem, we believe it is a positive step in the right direction. For example, in Orange County last year, the program was run from December 23 through January 2. More than 1,000 of our on-premise retailers were supplied with a dedicated phone number that could be used by their manager or bartender to call a cab when the determination was made that the service was needed.

During the fourteen days the program was in effect, 135 potential drunk drivers were kept off Orange County streets and highways, helping to reduce the number of alcohol-related accidents. We plan to continue the program again this year.

Parenthetically, I'd also like to add that our company has an employee assistance program, implemented in 1980, to provide confidential and professional assistance to employees and their families. We recognize alcoholism and other drug dependencies as illnesses which can be successfully treated. Our employee assistance plan is designed to identify the problem at the earliest possible stage and motivate the individual to seek help for himself or his family and direct him or her toward the best assistance available.

The allotted time you've given me today does not allow me to go into several other key components of our industry's response to try to be part of the solution to the problem. I will, however, provide you with a position paper our company has put together on this important issue and that was part of the handout that you've just received.

The last paragraph of our position paper is my close today and sums up my perspective on this issue.

We recognize our responsibility to be part of a solution to the alcohol abuse problem. We reject, however, the notion that massive government sanctions should be applied to this problem. Proponents of overly punitive measures and discriminatory taxation display a confused understanding about what place alcohol should have in our lives and how it should be used. By their actions they imply that there is something inherently evil in alcohol itself. Straub Distributing Company believes that the alcohol abuse problem reveals a flaw in the attitude of our society. Alcohol abuse is a social, not a legal issue. It cannot be taxed or legislated away overnight. Education, endorsed by general consensus, consistently promoted and practiced, can begin to provide meaningful results. We must first discard the myths surrounding the use of alcohol. Secondly, we need reinforcement, or social pressure, to create drinking customs that are acceptable to society. Finally, it has to begin at an early age and be a continuous effort. There really is no short cut, no substitute, no alternative way. Learning takes time, knowledge, and reinforcement. Our industry feels that the time for education is at hand and we best be about our business insuring it. Thank you.

CHAIRMAN SEYMOUR: Thank you, Mr. Forth. Questions of members? Senator Rosenthal.

SENATOR ROSENTHAL: Just a comment. I think that the number of things that you talked about are very good -- providing the funds, you know, to carry on some of these programs in the high schools and the films that you've been involved in. My question is in the 23 Placentia Unified School District schools and the Silverado High School that you referred to, has there been a way to test whether or not what you were doing was more successful than before that program was instituted? In other words, is there a record

that before you went in there X number of students were involved and after you've been there for some period of time, and I don't know how long the program has been going on, there's been an evaluation which says this program has worked?

MR. FORTH: The program has been in the school district---this will be its second year right now. And I think that the consensus of the administrators and the educators is that, you know, with the one-year shot, it's really too early to tell. But one of the---the feedback that we did get from administrators and superintendents of school districts is that, you know, they really need information. There's a lack of information on what they can provide the students, and we've provided them with information on this FLI Learning Systems program. Some of the elements of the program they used. It wasn't necessarily a turnkey type of approach, because they have integrated this program into other programs they are using. But there is definitely felt to be a need for the information. And I found that the administrators were really hungry for information to provide to the students.

SENATOR ROSENTHAL. Thank you.

MR. FORTH: You're welcome.

CHAIRMAN SEYMOUR: Further questions? Thank you very much, Mr. Forth, for your testimony. We appreciate your being with us today.

Our next witness is Mr. Ben Tate from the Kaiser Aluminum & Chemical Corporation. He's also a representative of the Employee Assistance Program. Mr. Tate.

MR. J. BENNETT TATE: Senator Seymour, I'd like to commend the committee for having these hearings and thank you for your gracious invitation to be with you today.

I would like to spend my time with you outlining what is considered to be an approach in the industry called the Employee Assistance Program, which Mr. Pike has referred to. I would like to talk about the problem of alcohol and drug abuse in industry, first. Secondly, I would like to talk about the industrial response to that problem, both historically and ongoing. Third, I'd like to point out the essential elements of an EAP program. And lastly, I would like to make two suggestions about potential legislative activity.

First, let me begin with the problem. In a recent national study done by The Research Triangle Institute for the Alcohol, Drug Abuse and Mental Health Administration of the United States Government -- this study was done in 1982 -- it was estimated that alcohol abuse costs industry 49.4 billion dollars annually. Drug abuse costs were estimated at 16.4 billion dollars. These figures include direct and indirect costs. A footnote on the study indicates that this estimate appears on the conservative side. To translate this cost and how it impacts industry, we see those employees who abuse alcohol and drugs to have this kind of profile compared with other employees. They have 3.6 times more accidents. They have 2.5 times absences in excess of a week. They have 4 to

6 more times general absenteeism. They are 5 times more likely to file workmen's compensation claims. They have 8 times more inpatient hospital days. They have 4 times more frequent use of the grienvance system. And they function at about 67% efficiency. That is very costly to industry.

We estimate, as again Mr. Pike has mentioned, from 5% to 10% of any workforce will be adversely impacted by alcohol and drug abuse. This is the target population for what we call the employee assistance program.

The industry response to this problem began in the 1940s, working---industry began to perceive that alcoholism was adversely impacting the workforce. With the support of Alcoholics Anonymous, help was offered to employees who were identified as alcoholic. These programs were referred to as Occupational Alcoholism Programs. They met with limited success because they tended to turn into witch hunts and did not take into account the strong denial component of the disease of alcoholism. As one cynical personnel director stated, "It was like announcing will all drunks please report to Personnel at 9:00 a.m. on Monday morning."

In the 1960s the programs began to shift from the symptomatology of alcoholism to identifying and addressing the impaired work performance which was a result of the disease. With the passage in 1970 of the Comprehensive Alcoholism Act, which again Mr. Pike has referred to, and the establishment of the National Institute of Alcohol and Alcohol Abuse, the EAP efforts in industry received a big boost. Today many EAP programs are designed to address the troubled employee as identified by declining work performance. These programs are referred to as broad brush programs rather than occupational alcoholism programs and provide a range of service from alcohol and drug rehabilitation to marital counseling, financial counseling, wellness programs, etc. It is believed that they will be able to help more alcohol/drug dependent people under the rubric of assistance to all employees rather than being branded with the name of alcohol/drug rehab programs. Given this approach it is still true at Kaiser Aluminum & Chemical Corporation that 70% of the "troubled employees" that we see are indeed alcohol/drug abusers or live with someone who is.

One of the Senators -- I believe it was Senator Rosenthal -- was asking about cost effectiveness from Mr. Pike and how we can afford some of this. A recent study done in California entitled "Medical Care and Alcholism Treatment Cost and Utilization" by H. Holder and J. Hallan found that the alcoholic and the family members used both inpatient and outpatient medical services 8 times more frequently than the control group. Two years after treatment their use dropped below the control group. A significant cost savings in this era of concern for medical benefits and medical costs.

Presently, it is estimated that there are 8000 corporations in the United States that provide EAP services. In California the estimate is between 350-400 industries

that have some form of EAP services available to their employees. It is also estimated by Kaiser Aluminum and many of the others that these programs have a return on the investment of $4 for every $1 invested.

Now, briefly I would like for your information to spell out some of the essential elements of an EAP program. A corporate policy that spells out the nature of the EAP program, what problems it is prepared to address, states clearly the confidential nature of the program, states clearly the disease concept of chemical dependency, and states that supervisors may refer employees to the program on the basis of well-documented declining work performance. Such a policy should also identify who has access to the program. Again at Kaiser, we not only insure or cover our employees, but also their dependents may use the services.

Secondly, an EAP program should be a joint union management program if there are any unions involved. At Kaiser Aluminum we have a joint union management program, serving 15,000 employees and dependents in about 30 locations worldwide. The primary union involved there, by the way, is Steelworkers, although there are 18 other unions that we have agreements with.

Third, it is important to have an ongoing educational effort to keep in front of the employees the services available through the EAP program.

Fourth, another essential element is continued training of all supervisors from line foreman through the salaried. The purpose of this training is to help them confront employees whose work is declining and to refer these employees, when appropriate, to the resources of the EAP program.

Next, the identification of cost effective treatment resources for problems presented is essential, such as good treatment programs, both inpatient and outpatient, for chemical dependent employees and family members.

And lastly, the insurance benefits that provide adequate coverage for employees that may use the treatment resources to address their problems and return to work more productively.

Those we consider some of the basic essential elements of the a good EAP program.

Lastly, I would like to touch on two possible legislative actions. In the present climate of medical cost containment, many corporations find health maintenance organizations (HMOs) an attractive cost effective benefit resource for their employees. We at Kaiser Aluminum & Chemical Corporation, however, found the alcohol and drug rehabilitation services offered by most HMOs is very limited. Usually detoxification services without long-term rehabilitation was all that was offered. This in our experience led to recidivism, and in the long run was not cost effective. We therefore provided an insurance role overrider for alcohol and drug dependency using another carrier for our employees who have HMO coverage. This is an additional cost to us, but we still feel in

the long run it's cost effective. Other corporations, however, that only have HMO coverage with no rider find that for their employees to receive treatment for alcohol and drug problems, they must use county and state-funded rehabilitation facilities. This is, therefore, a cost shifting for HMO subscribers to county and state-funded programs. It would be helpful to investigate the HMO charters to be sure appropriate drug/alcohol rehabilitation programs are provided for their subscribers. Otherwise the state and the county are going to end up picking up the tab for decent rehabilitation.

Another area where legislation may assist the development of an EAP program is in providing tax credit for corporations that have EAP programs, or more importantly, those who wish to start an EAP program. The professional organization of EAPs called the Association of Labor-Management Administrators and Consultants on Alcoholism -- that's just awful; it's called ALMACA -- in Northern California has drafted a tax credit program that is limited in time over five years and designed to encourage the formation of new EAPs primarily in small businesses. I have attached this proposal to my testimony for your consideration.

Thank you for your kind attention.

CHAIRMAN SEYMOUR: Thank you, Mr. Tate, for your testimony, Any questions, members of the committee? Well, thanks again, Mr. Tate, for a very thorough presentation.

Next, offering testimony on the designer drugs, we have Dr. William Langston, professor of Neurology at Stanford University. Dr. Langston.

DR. J. WILLIAM LANGSTON: Thank you. It's a pleasure to be here. I'd like to begin by saying how gratified I am that this committee has been established to address what I think is an overwhelming need on the part of our society to study the problems and menace from the problem of drug abuse. I hope by the time I have completed this statement that you will understand why I feel so strongly personally about this issue. I hope that, as a result of this presentation, you will understand the origin of my sense of alarm and concern as a physician, researcher, teacher, and parent.

My purpose in appearing before you today is to call attention to what many of us believe is an ominous new phenomenon in the drug market. While techniques and methods of control have been developed for many of the well-known street drugs such as heroin, PCP and so forth, we now have a frightening spectre of seeing the illicit drug market inundated with new synthetic street drugs which can be developed and manufactured faster than they can be identified and controlled. Before describing this further, let me outline the basis for this frightening new development which has been called the "designer drug" phenomenon.

The term "designer drugs" was originally coined in the laboratory of Dr. Gary Henderson at the University of California, Davis. It was originally meant to refer to the increasing sophistication of these illicit chemists to make drugs which would fit the

personal desires of their clients. That's bad enough, but this new phenomenon has taken a truly pernicious turn as these drugs are now also being tailored to escape the law. Let me explain precisely how this is possible.

The government is required by law to specify the exact chemical structure and name of an individual compound which it wishes to control. There are a variety of reasons why this specificity is required; I will not go into those now. Because of the increasing sophistication of these "kitchen" chemists, they are now tailoring these drugs so that they are beyond the reach of the law. This is possible by simply making a minor modification in the chemical structure of a controlled drug such as adding a fluoride or a carbon molecule. The new drug, because the alteration is minor, may be expected to have similar psychoactive effects; but since it's no longer exactly the same chemical, it's no longer controlled and is legal. The chemist making the compound is beyond the reach of the law. If a new drug becomes widely distributed enough, the DEA (Drug Enforcement Administration) may move to control the compound, but this requires one or two years. By that time, new variations are already in circulation. In this way, individuals making these "designer drugs" can stay ahead of the law almost indefinitely.

To give you some examples, the amphetamine series (known as "speed" or "crank" on the street) is estimated to have between two and three thousand potential variations. The fentanyl series is a particularly good example. Fentanyl (known as Sublimaze) is used in approximately 70% of the surgery in the United States. The first designer alteration was a drug known alpha-methylfentanyl. This drug was considerably more potent than morphine or fentanyl and was finally controlled by the DEA in 1981. We are now aware of at least five new variations on the fentanyl series including one called 3-methylfentanyl and one called sufentanyl. Several of these are estimated to be two to three thousand times more potent than morphine, and I now hear there's one out that's seven thousand times more potent than morphine. The derivatives have been identified in both northern and southern California and, recently, within the last month, in New York and Florida as well; and the industry started here, I can tell you.

Why do they represent such a hazard and public health problem? Well, there are several clear-cut reasons. First, these drugs do not require the importation and the risk costs of standard narcotics such as heroin. Secondly, they are inexpensive to make. And thirdly, those making them cannot be prosecuted. Let me give some examples. It is estimated that a single chemist working an eight-hour day could, using the more potent fentanyl derivatives, supply the entire nation's need for heroin on an ongoing basis -- one chemist. In fact, a six-month supply that would supply the entire United States could be kept in a single closet. Hence, one can see the immense attractiveness of this approach in terms of cost and liability to those on the production side of the illicit drug market.

What are the hazards to the people buying these? Well, they are basically three. First, these chemists are obviously not required to carry out safety trials the way a drug company would. Hence, the first subjects to receive them are not laboratory animals, but living human beings on the street. Secondly, there are no quality controls. Thirdly, there is potency. The fentanyl variants, for instance, must be cut in microgram amounts. To give you an example of how small that is, a postage stamp weighs 60,000 micrograms. Hence, overdoes are common, and there are least 50 known deaths in California alone from this. My guess is it's a much higher figure, because it's hard to detect fentanyl in the blood. In a way, young drug users that buy street drugs now are playing a form of Russian roulette. Only it's not lead bullets that they are aiming at their brains, it's chemical ones.

Given this scenario, one would predict it was only a matter of time before a true poison would "hit the streets." This is precisely what happened in Northern California in 1982, when a highly toxic compound known as MPTP was circulated. This compound is toxic, kills cells at the base of the brain in the area known as the substantia nigra. By coincidence, this happens to be the same area that is damaged in Parkinson's disease. We were shocked to see a group of young drug abusers two years ago come into our hospital with what looked for all the world like end-stage Parkinson's disease, something you normally see in 70- and 80-year-old individuals. These young addicts had literally frozen up overnight and were totally unable to move or talk. Treatment with anti-Parkinsonian was life-saving in three; however, these patients continue to be require medication every two to three hours. Without they become completely frozen and are totally unable to function. Several have undergone prolonged hospitalizations. I was just figuring the hospital bill on one who was just discharged this week -- it was about $20,000 for the last three months -- to give you an idea of what one patient can cost. The future for these young drug addicts is grim, to say the least.

Now, while there are only, currently, seven severely young adults who are crippled by this first "designer drug disaster," we have now identified 200 people who were exposed to MPTP thinking it was a "synthetic heroin." My estimate is that we're just scratching the surface, and there are at least several hundred more who got this substance. It really hit the main distribution line in Northern California. Why are these individuals so important? Because we now have evidence that damage to this area of the brain, even if it's not enough to cause symptoms early on, may act like a time bomb, with changes slowly ticking away on the brain. In other words, sooner or later, all these young adults could come dowm with Parkinson's disease. Up until now, this concern was just theoretical; but in the last several months, we have started seeing a group of young people at Santa Clara Valley Medical Center who used MPTP two years who are now developing symptoms, all suggestive of early Parkinsonism. In short, we may be facing

an epidemic of Parkinson's disease in young adults in Northern California as a result of this catastrophe. The cost to society, not to mention human suffering, could be immense.

I bring this entire phenomenon to your attention for a number of reasons. First, I see it as a tremendous potential hazard in terms of dealing with and combating the drug problem among our youth. Ways to deal with this phenomenon and hopefully slow or stop it must be started now. Secondly, the costs in terms of the public health hazard have now for the first time become clear with this "designer drug" disaster. We need help and assistance in dealing with what may be an onslaught of young people with progressive neurodegenerative disease as a result of this. Further, it seems important to study and try to understand this catastrophe, this first catastrophe, with the idea of developing techniques and ways to study it given the popularity of this approach. We have already discovered at least one patient who has an entirely different neurological syndrome which looks much like Huntington's chorea. It left him completely disabled. There are now reports that there is a new toxic PCP "designer drug" on the street. While traditional street drugs pose a major health problem and need to be dealt with, I believe this is an instance where attention to developing and potentially even more serious phenomenon is fully warranted to prevent a much greater problem in the future.

I thank you for your attention. My purpose has been to alert this committee to the problem. If requested, I would be happy to try to submit some recommendations either in person or writing.

I might mention that we've worked closely with Robbie Roberton of the Department of Drug and Alcohol Abuse, who is trying to help us in our efforts with this.

Thank you very much.

CHAIRMAN SEYMOUR: Thank you, Dr. Langston. And let me, on behalf of the committee, request that you do just that -- submit whatever ideas you might have for this committee at a later time to help give us some direction. Are there questions from members ...?

SENATOR _____: Could we have a copy of his remarks ...?

CHAIRMAN SEYMOUR: We have a copy of your remarks?

DR. LANGSTON: I think those were circulated.

SENATOR _____: No, it's not this one.

SENATOR _____: No, it's not.

CHAIRMAN SEYMOUR: No, these are not. These are by Galen Rogers.

DR. LANGSTON: I know I did bring 30 copies. They should be there somewhere.

CHAIRMAN SEYMOUR: OK, we've got the copies ... Senator. Are there any questions? Senator Hart.

SENATOR HART: Just one question, Doctor. I was very startled by your testimony. I think it's of great concern. The question I have is I'm trying to understand that the drug culture---I was sort of under the impression, and I just don't have any knowledge

in this area, that street drugs were out, that we were back to alcohol and maybe cocaine is the in-drug, marijuana, and combinations of those things somehow. This idea of street drugs is something I thought that was maybe passe, that it was no longer there. If you have one case, it's cause for concern; but to what extent is this something that is reaching or potentially, right now, reaching a significant number of people? And in that regard, you use the term "young adult" and I'm---maybe you could help me define what age group we're talking about that's most susceptible to this problem in your judgment.

DR. LANGSTON: May I say that two years I was about where you were before our first patient came to Valley Medical Center. It was a real shock to me because I thought of heroin and so forth as kind of a fifties kind of drug. It's tremendously widespread. I gave a talk to the American Academy of Neurology in Boston about three months ago; and I called the Haight-Ashbury Drug Clinic to find out what their No. 1 drug was, and expecting cocaine or PCP. Heroin is by far the biggest problem they are seeing now. So heroin and opiates, I think, are just a huge problem. They're under the surface for some reason, but I think---I was amazed at how widely distributed they are. And it's not limited to any one class.

By young adults, I mean people ranging anywhere from 13 to 14 years old to the 40s.

SENATOR HART: But I thought you were talking about what you call "designer drugs" and somehow---isn't that different than heroin?

DR. LANGSTON: Most of these are sold on the street now as "synthetic heroin." The PCP story, if there are some toxic new variations on PCP would be different, although now I'm told people use heroin and PCP together.

SENATOR HART: And when you say this is all over the---I mean it's a big problem, are you talking about a particular geographical area as you were talking about Haight-Ashbury or are you talking about Silicon Valley or are you talking about, God forbid, Ventura County? [Laughter.]

SENATOR _____: Don't forget Santa Barbara as well.

DR. LANGSTON: I can only speak for the area I'm personally familiar with.

SENATOR HART: ... I just haven't heard about this.

DR. LANGSTON: Yeah. Our patients range anywhere from---I've personally seen cases from King City---as far south as King City, the whole Monterey Peninsula area, Santa Cruz, Watsonville, to as far north as Oakland and San Francisco and, given our geographic location, San Jose. That's about as far as I probably would see patients.

SENATOR HART: But in your conversations with your colleagues, you're finding similar concerns in other parts of the state, other parts of the country?

DR. LANGSTON: Oh, yes. Oh, yes. The "designer drug" phenomenon is really unique to California so far. I was talking to a DEA agent in Washington, DC last week and he said the drug dealers on the East Coast are getting very interested in this for the

reasons I just said. And some fellow even told him on the street that he had come out here for a two-month sabbatical to learn how to make these things and is making them in Washington, DC now. So I think you're going to see it spread.

But this new "synthetic" phenomenon---the point I'm really trying to make is these synthetics, what's dangerous about them is that they're untested. The heroin is at least a known. But these guys in these labs are cooking up these new drugs. I know of a case in Marin County where a chemist did this, asked his wife to try some and she dropped dead. That was the first person it had been tried on. That's to give you an idea of the hazard of this approach. But the addicts on the street don't know it. All they know is that it's a new synthetic and it's cheap. It's cheap comparatively. And that's all they're told when they buy.

CHAIRMAN SEYMOUR: Thank you, Senator Hart. Other questions? Senator Petris.

SENATOR NICHOLAS PETRIS: Isn't there something we can do about these minor modification that makes them legal? It seems to me if you've got a jar of poison and drop a little eyedrop of honey in it, it's still poison. Is there a need for a change in the law, or is there a need in the administrative side of things to cope with that?

DR. LANGSTON: I see this as such a potentially big problem that I think both sides need to look at it. My understanding of the law is this, that if you start using general categories, if you outlaw categories of ... drugs, the first thing you know you're outlawing new medications, you're stopping development of new drugs, you get into lots of problems. Now I'm not an expert in this area. This is what people tell me. But apparently, this legislation---the federal legislation is very careful because you get into so many problems if you start making it a broader issue. I know they tried to start outlawing the chemicals that one would buy to make these. And the story I heard last week was that narcotics were piperidines, and that's the chemical class of compound. It turns out that that class of compounds got its name from pepper. It comes from piperidines in pepper leaves. And when they outlawed some of piperidine compounds so the chemists couldn't buy them to make these, they went and got pepper. They're making it from that now. So it's an extraordinarily difficult problem.

I'm not sure I have answers for you, but I know there are a lot of people who are very concerned about it.

CHAIRMAN SEYMOUR: Other questions of Dr. Langston? Well, thank you very much, Dr. Langston. We appreciate your time in being with us today.

We now move into an area of provider services and treatment centers, and we will hear from four more witnesses before we break for our noon hour. First, we'll hear from Mr. Joe Collins who represents the California Association of Alcoholic Recovery Homes. Mr. Collins.

MR. JOE COLLINS: Thank you, Chairman Seymour and all the members of the committee.

We really appreciate the opportunity to be here and speak with you all today.

My name is Joe Collins. I'm with the California Association of Alcoholic Recovery Homes.

Before Senator Seymour gets out, I want to comment one thing you related back to what Tom Pike said: one of the differences between alcohol problems and drug problems is that at least you got the folks from the alcoholic beverage industry here today to talk to us, but I doubt seriously that we're going to any of those folks that Dr. Langston was talking about or any of the purveyors of cocaine or heroin today. So maybe when you can get them on the witness stand up here, why, we'll have a better shot at that. Pardon the ...

When we were invited to testify, Senator Seymour's letter suggested that we discuss ways that the organizations and folks that we're involved with have accomplished things on these subjects in the past and then go on and suggest the ways and means to move toward to the future. I thought that over quite a bit. And I'm not going to read testimony, but comment about it, and I would suggest that my testimony is written, there are copies available with a lot of back-up materials and they're available for you all to look at. But I thought seriously about what it is that we in what we call the "social model" or "community-based" area of alcoholism programs in California have accomplished. And basically what it comes down to is that we have successfully in the private sector, through our association in coordination with the state Department of Alcohol and Drug Programs, with the county alcohol programs, with legislators such as yourselves and in particular Senator Gary Hart who wrote what is our current alcohol statute that's on the books -- we all refer to it as AB 272, and have for years.

But we have created together in California a unique kind of alcoholism service system, which does not exist in any other state to my knowledge, and we call it the "social model," the "community-based model," the "social-experiential model." And what it really comes down to if we briefly examine what this kind of approach to alcoholism problems is about is that recovery from alcohol problems, prevention of alcohol problems, dealing with alcohol in our community or society is essentially a self-help movement. One way or another it is a self-help movement. And that which we in our association, as I said, together with the state and the counties have accomplished is to put that in place and make that work in our state. We have got the most effective, generally available, inexpensively available, high quality alcoholism service delivery system that you'll find anyplace in our country. We have that now. And we're only just beginning to scratch the problems.

You heard Chief Kennedy talk about some of the kind of things that are going---you know, the statistics that he gave us. I mean, it's scary. And we have the best system in the United States. So even though we have that, our work is certainly cut out for us.

One of the things that we have discovered and learned in our area is that, and I think this may be of some use and help to your committee, we certainly feel a need for your committee and hope that you're going to stay in business and keep on going for a while, because we certainly have needed it. But we have discovered a few principles which we believe to be basic, universal, and self-evident about alcohol and alcohol problems in our society. And I'd like to just skim through these quickly, and I'm going to stick to my time. I don't even have a red light, like I watched the debate last night, and I noticed if our President can stop when the red light goes on, why we can too.

CHAIRMAN SEYMOUR: Have you noticed the trap door above which you're ...? [Laughter.]

MR. COLLINS: Well, that's even better, I guess. Anyway, a couple of the---a few of the principles that we have discovered, I would like to just briefly mention and then offer some specific recommendations which I believe is part of what you looked for or requested.

About alcoholism and alcohol problems, we believe that they are community problems, not just problems of individuals. In no way can they be viewed as just being the problems of an individual person who may or may not---who may be addicted to alcohol, but that it is an entire community's problems: the way the community reacts to the person, how people get involved in the use of alcohol in the first place, the advertising that goes on, all of those things. We have a community problem, not a problem of an individual person's abuse of a particular drug.

We believe that denial at all levels throughout this problem area is at the heart of alcohol problems. The individuals deny that they have the problem. The community denies that it is a problem. We deny the existence of the potential for alcohol to cause problems out there, when on the one hand we know that the doctors say that women who are pregnant can't touch alcohol now at all. It used to be they said that you could drink a little bit. Now they say you can't even touch it at all. And we deny all that and we go on somehow or another believing that we can safely think about drinking all the time. We've heard the statistics. It would appear that for certain populations one out of five or one out of eight people in that area someplace who drink at all are going to become statistical alcohol problems for us, no matter how good their intentions are. We need to be aware of that.

So we believe that alcoholism is not solely a medical, mental health, or criminal justice problem. We believe that it's a problem which runs through the entire fabric of our society, and we need to look at it that way. If we don't look at it that way, we're going to miss the boat. And it happens to be tied up with advertising, with the way kids are brought up, in schools, family life, the breakup of family life. You know, who takes the responsibility for the kids anymore? Where do they learn these things when you have

both working parents and the kids are watching the TV six hours a day? You know, it's throughout-our-life patterns. We have to watch for that.

We believe that no overall solution to the problems of alcohol can be obtained at all until the community at large places greater values on not drinking, than on drinking. Now that's a tough one to buy into, but I think we have to at least think about it. I think that we may have to ask ourself the question somewhere along the way is, is there such a thing as responsible drinking at all? Statistically speaking. I'm not a prohibitionist or anything. I'm a recovered alcoholic myself. But I'm concerned about these problems and I came into the problem the same way that all these kids that we're hearing about came into it. So I'm suggesting that we may have to ask ourselves those hard questions: Is it possible to drink responsibly at all? And when and how are we going to bring the community to the place where it will accept the fact that not drinking is more important than drinking in order to deal with these large problems?

As I said, recovery from alcoholism, we believe, is a self-help process. Recovery, in my mind, means also the prevention of problems in the sense that kids can recover from the problems of alcoholism if they maybe don't start drinking in the first place. You know, if you don't take a drink, you're not going to become one of the statistics. That self-help is involved in that. The kids themselves need to be at a place where they can make their decision about that: Do I want to drink? What are the dangers of it for me? Shall I just let it got? Shall I make that decision and help myself avoid a problem ?

For those who do get caught up in the problem, we believe that the ultimate responsibility for recovery rests with the person himself or herself, that you cannot get cured of alcohol problems by somebody else. You have to do it for yourself. And I'm here along with many other folks in the audience, and Tom Pike mentioned himself as one, to tell you that I got precisely nowhere with my drinking. I spent many years in my profession, which happens to be physics, and got fired from every place in sight until somebody said to me, "Joe, you have to take responsibility for yourself. We'll help you. But until you take responsibility for yourself, nothing's going to happen." And lo and behold, my life changed around and I began to be a sober person and right now I count myself as being a pretty substantial citizen. I don't even worry about drinking and driving at all. [Laughter]

Just one quick, little aside the other day, my wife and I together got stopped by a policeman down in Culver City. And the policeman, because I was parking funny or something, came over and said to my wife, "Have you been drinking?" And she says, "I've been waiting 12 years for somebody to ask me that." She says, "I'm a sober alcoholic. Smell my breath, do anything ..." [Laughter.] "Test me. Nobody ever asked me." We're proud of being sober, sober citizens.

I believe---I'm going to skip down just so I don't waste my time here. I believe---we believe that governmental bodies have an obligation to the public to be consistent in

attitudes and policies regarding alcohol problems, alcoholism, and alcohol. For example, we don't see how government can, on the one hand, subsidize the alcoholic beverage industry through abnormally low taxes such as they are in our state, and on the other hand, claim that there is not sufficient money around to deal with the problems. We know that if taxes on alcohol in California were brought up to what is like a national average, it would be something on the order of two/three hundred, maybe $400 million additional income in this state. And that surely seems like it's enough money to deal with some of these problems that Tom Pike was talking to you about and that Senator Rosenthal was mentioning just a little while ago. We don't believe government can do what we call "success imagery" in advertising of alcoholic products on the one hand and then on the other hand blame the persons who believe the advertising, fall victim to alcohol problems, and are caught up in the criminal justice system because they're drinking drivers. I'm not saying we shouldn't go to jail if we drink and drive, but if we believe six hours' worth of TV a day, it tells us you've got to be able to drink and drink like everybody else and manage all this stuff, and then we try it and we turn out to be one out of the five or one out of the statistical group who fall victim to it, then I believe that government has to do something about that. Government has not---can't let folks be led to believe that it is safe to drink and use that stuff when it isn't.

I would suggest -- and quickly, just very briefly -- as recommendations that this committee continue to take this leadership. We congratulate you and appreciate the opportunity to be here, Senator, and think you are on the right track, and we hope you keep doing more of it and keep with it.

We recommend that the committee, perhaps, set a timetable for, say, a year or two years for major constructive legislation. The last we had was Senator Hart's bill, 272. There's been a little cleanup last year on a Lancaster bill, but that was just kind of cosmetics. We believe that there ought to be a major addressing to really a solid down-to-earth look at the whole problem and give yourselves a year, a year and a half, and use the folks that are available to you here; plan, strategize, think it through, get everybody behind it, and then take a leap forward in this field and see that California can stay out in front and keep on being the leader that it is. We would suggest that that might be done in 1986.

I want to mention one thing to you. Senator Watson is not here, but she is on the committee -- I was a little bit disappointed. But Senator Watson, for example, carried a very small, minor bill this last year for alcoholic recovery homes and residential alcoholism programs which, through joint efforts because many of you voted for it, there wasn't a single vote against the bill anywhere, but basically what it did was move licensing of alcohol programs out of a wrong department and into Chauncey Veatch's department, the right department. And it will open up the doors and make possible for us to

help there be more recovery programs for kids, for senior citizens, for disabled, and so forth. That was a small effort that a lot of folks got together and worked on. There was not a single vote cast against it anywhere; and lo and behold, the Governor signed it, and that is going to have some major impact on our ability to deal with alcohol problems in our state this year.

And so that's the kind of stuff that we can do and that's the kind of stuff that we hope your committee will do. And I ran over, and I'm sorry as heck, but ...

CHAIRMAN SEYMOUR: That's quite all right, Mr. Collins.

MR. COLLINS: ... I appreciate the chance to be here.

CHAIRMAN SEYMOUR: Well, we appreciate your testimony. Let's see if we have any questions for you. Evidently not. Thank you, Mr. Collins.

MR. COLLINS: Thank you.

CHAIRMAN SEYMOUR: Our next witness is Ms. Annette Dodge, representing Hope House. Ms. Dodge? Apparently, Ms. Dodge isn't with us at the moment, at any rate. Maybe we can pick her up later on.

Is Mr. Dave Lewis here, representing the Adolescent/Adult Substance Abuse Programs? Fine, Mr. Lewis.

DR. DAVE LEWIS: I'm Dave Lewis, and I'm the medical director, I'm a physician, of the Adolescent Substance Abuse Programs. We have four inpatient programs and three outpatient programs. One of the outpatient programs is located in Anaheim. The inpatient programs are in San Fernando Valley -- Pasadena, Studio City, and in that area.

What we work with primarily or mostly are adolescents, so most of the remarks that I'll have today will be speaking toward teenagers and the families of teenagers, because I think that's kind of where everything starts and we have really a lot of feelings about that.

I'm glad you all had me here, Senator Seymour, and that you've put together a formidable committee. I think that that's the kind of committee that it takes to get things going and actually ... a lot of the other thoughts ... been here. And also considering the breadth of the problem, I'd like to echo again something ... the problem affects a full range of cultural and economic---the full range of cultural and economic strata in our country and in California. And I think that with you being a---representing a suburban Orange County area, and Senator Watson and Senator Hart, all the people -- I don't know some of the others that you've already mentioned, but I think the people who are here, that it's that broad range kind of thing that ...

CHAIRMAN SEYMOUR: ... we have is absolutely a broad representation of Senator Foran from San Francisco, Senator Petris from Oakland, Senator Rosenthal from Los Angeles area, Senator Royce from Orange County, Senator Hart representing Ventura and Santa Barbara, Senator Watson from Los Angeles. When we got the assignment to put the committee

together, we wanted as broad a representation as possible, so that we have our attention focused on all areas of the problem and all areas of the state.

DR. LEWIS: It takes that kind of broad representation.

I want to speak quickly and kind of get through things. I think that if we're going someplace, you say, what does this committee want to accomplish? Well, what the committee wants to accomplish, if I can switch it over to almost a free enterprise kind of thing is you want to put people like me out of business. And we would like to see---so that we didn't have anybody around who needed to treat adolescent substance abuse. And so where I'm going to go to with my recommendations and some of the things I'm going to say is to that vein. If you're saying, how do we want to do away with the problem and have it so that families and adolescents in, you know, Ventura County, wherever people are, aren't affected anymore and aren't devastated by this epidemic, then how do we attack that?

One of the things you want to do, I guess, is say, do we really have a problem? In 1977 and in 1983 Gallup did a poll where they asked teenagers what they thought the greatest threat to this generation was. In 1977 the teenagers called the No. 1 threat drug abuse. They redid the poll again in 1983; they called drug abuse No. 1 and it had increased by five percentage points in the positive respondents. No. 2 was unemployment. No. 3 was alcohol abuse. And I thought that was interesting that the teenagers looked at the difference between drug abuse and alcohol abuse. And No. 4, they looked at family problems. Well, for those of us who treat drug abuse, we know that family problems join hand-in-hand with alcohol abuse and drug abuse.

A Parent Alert publication said that one---and you guys probably heard a lot of this kind of statistically---one in 16 teenagers today are using drugs or alcohol on a current daily basis. So you start into that and say, well, gee, that's a lot of people. Then you look at my programs, and if we see that teenagers are coming into the program, their average age of first use is age 8. That means that they've gotten alcohol out of their parents' alcohol cabinets, they've gotten pills out of their parents' medication cabinets, their big sister's friends might have gotten them high because it was fun to watch little kids get high. But their first contact with a mind-changing chemical is at age 8. Their first consistent use is age 11½. And when they come into the hospital then is age 15½. Go back to that in your mind if you can draw a little chronological chart and look at age 11½ to age 15½, and remember for all of us what the amount of psychological growth that occurred for us in that age between 11½ and 15½. So when the teenagers come into treatment, hopefully, not to have to be involved in treatment again. They have had a four-year period of their life stolen from them by drugs--the period of their life when they learned how to build self-esteem, when they learned family relationships, and they learned how, not only to interact in the family, but how to parent themselves, they have

had four years of schooling and the potential that a good school environment gives them robbed from them, they may be involved in something that's illegal and have that on their record, and they've also been denied the ability to learn how to build relationships because all their relationships have been built on their drug-using friends. So you see that's what we're dealing with and where we have to go.

Some quick recommendations, and some of you may have heard in other ways, but I sat down and said, you know, how are we going to deal with this. And I think the dealing with has to be broad-based and has to take on more than one spectrum. It can't be just one place or another. So that's why I think it is important that you all are here and that this is a powerful committee, because otherwise it just isn't going to get done because there isn't going to be the power there to do it. I think a broad-based public awareness program is important. And the awareness program has to be one that lets people know not only what the costs are to families, the social cost, and the personal cost to these people.

The second thing I think that you can do is to support the parent groups that are around. There are several dynamic, really good parent groups in this state -- Parent Alert, Palmer Drug Abuse Program, National Association of Parents for Drug-Free Youth, or Concerned Parents for Drug-Free Youth -- it's usually long and I can't always get it right. They're a great group. Because parents can disseminate information quickly, they talk a lot on the phone, they can do interventions, they have the usual support things that they do, so I think parent organizations are important.

I think that our schools are one place where parents and kids come together. And so developing a program for schools is real important. I'm not even sure exactly how I would do that. There are some really important programs, I think, in Anaheim with the high school program that they've got there and the CAPSA program. There are several others around that are important programs. Chief Gates and LAPD has the DARE program where they are training police department people to go into the schools. I think those are important programs.

Something just to give you a way to look at this, and I think it has to do a little bit with the question Senator Hart asked to one of the people up here, and that is that you have to look at the drug abusing and drug supplying community as probably the greatest demonstration of a free enterprise system that we've seen. It's unregulated and it's almost completely dependent on supply and demand for what the price structure is. We're not doing anything that's effective today. We're starting to, with controlling supply. So if you look at---if you think of it that way, and you think of it as almost a pyramid system, because I've got this many drugs, I want to be able to use so much drugs, and I want to be able to sell what I've got left over so I can make enough money to pay for what I use. So you have a group of people who will switch. If there's

a---if something happens economically to their system, they'll very quickly switch over and do something else. Because they've got the motivation to do it. There's tremendous economic motivation. So if we can do something to the supply of drugs, and this is just one suggestion of many, so that we decrease the supply of drugs, then what we're going to do is press the price of drugs up so that we may price the drugs out of the range of an adolescent to be able to afford it. You're never going to get rid of drugs, I don't think, at least in the next few years. And so we have to have something to affect the supply, to jack the price up, and if we can jack the price up high enough, then not as many teenagers will be in the marketplace to be able to afford the drugs and then there will be fewer that become dysfunctional later on. But when you're thinking about the drug abusing and drug supplying community, think of it as a free enterprise system and how to affect that free enterprise system. Because that's what it really is.

So if the law enforcement things need to be done, and I think that there's a lot that law enforcement is starting to do and that they're going to be doing a lot more. I think training judges and probation officers is important. I think working with early intervention is important.

There are going to be kids who start to use drugs. We know that. But the point is to be able to work with schools, parent groups, judges, probation officers to be able to impact and intervene early in their drug abuse so that we can get them treatment that maybe is not expensive hospital treatment, but outpatient treatment or support group treatment or residential care to be able to impact them early and intervene early.

The last thing that I think that is important that goes along with the testimony from the man from Kaiser is that there---and someplace we may be able to impact is, I'd like to see you all encourage the insurers to not have drug and alcohol exclusions in their policies. I think whether we're treating people on an outpatient basis or an inpatient basis or residential treatment to exclude a group of people because they have a drug or alcohol problem is not helping our cause. And I'd like to see that improved.

So that's the end of my ... sorry to talk fast, but---

CHAIRMAN SEYMOUR: That's quite all right. You did a great job, Dr. Lewis. Are there questions of Dr. Lewis from members of the committee? If not, Dr. Lewis, we thank you for your presentation and testimony today.

Next we have Dr. Ed Carels from the Comprehensive Care Corporation. Dr. Carels. Dr. Carels? Apparently Dr. Carels is not with us at the moment. We may be able to pick up later on.

At this particular time, I'd ask if there are members representing the public; that is, witnesses that we have not talked to that are going to offer specific testimony, just members of the public who would like to have anything to say. We'll provide another opportunity at the end of our day. But I'm given we're moving a little bit

ahead of our time. I thought I'd provide the opportunity now. Yes, sir.

UNIDENTIFIED MAN: These students here -- there are 20 or so -- are part of a group of 100 that are with the California General Capitol Focus program, a three-day political awareness program. Tonight we're going to be having a mock legislative hearing. We're going to be dealing with the roadblock issue -- is that a proper way for the state to detect intoxication? And---I don't know---is there any comments from the committee on that or---?

CHAIRMAN SEYMOUR: Well, we're here to take testimony. We're here to listen and observe and learn, not to give all of our thoughts that we may have.

UNIDENTIFIED MAN: OK. I don't know ...

CHAIRMAN SEYMOUR: Yes, sir.

MR. PETE ANDERSON: Is this for invited testimony or---?

CHAIRMAN SEYMOUR: Certainly, sir.

MR. ANDERSON: Pre-invited or just ...?

CHAIRMAN SEYMOUR: No, just member of the public. Please, come.

MR. ANDERSON: Thank you. I'm glad I had this opportunity. I was invited to attend the hearings, but not invited to present. And I did present a written testimony which I hope is helpful for the committee.

CHAIRMAN SEYMOUR: [Inaudible.]

MR. ANDERSON: That's it, yes, sir.

CHAIRMAN SEYMOUR: Good. OK.

MR. ANDERSON: I myself am a recovered alcohol.

CHAIRMAN SEYMOUR: Would you please state your name and ....

MR. ANDERSON: Oh, sure. Pete Anderson, and I'm with the Disability Substance Abuse Task Force. We're concerned about lack of services for people with physical and mental disabilities who also have drug and alcohol problems.

One portion of that testimony deals with that specifically; another portion of the testimony also deals with alcohol advertising and the way the media seduces communities and groups of people into thinking that the only way that they can survive in mainstream society is to use alcohol to the degree that they are advertising. I'd also like to mention that this advertising is also relevant to the whole notion of people needing to use some form of mind-altering chemically induced substance, not necessarily alcohol, but it transfers also over into the use of other forms of drugs either legal or illegal. And I think it's---we talk about prevention and treatment and providing services for folks and I really think that until we begin to confront the media industry, confront the alcohol industry in the way it advertises, confront the media industry in how they portray the use of alcohol in their regular TV scheduling, we're not basically doing a heck of a lot in the area of prevention and treatment.

The gentleman who spoke this morning relative to the films that are being shown to students in the programs that some sectors of the liquor industry are presenting, I feel that these films an individual may see one time in their life. They're going to go home that evening and they're going to see on TV from three, four, five o'clock in the afternoon until midnight and after films and advertising that is saying absolutely the opposite. I know that in conditioning -- I'm an applied community psychologist, master's degree in community psychology -- and I'm well aware that the more that we are told of a particular way that we should manage our lives the more input we have relative to that particular lifestyle is pretty much the lifestyle that we're going to pick up. If we went out and saw one film on alcohol advertising and the need to drink heavily, and I point to a number of instances where the liquor industry does in fact generate their advertising towards groups of people who are already drinking heavily, if we had only seen one advertisement stating that we need to drink heavily, and then went home and saw on TV from three, four, or five o'clock in the afternoon until midnight or after the opposite, saw the ill effects of alcoholism and drug abuse, saw the need for so-called responsible drinking, etc., etc., I guarantee that our society would have fewer alcoholics and drug abusers in it. So I think we need to take a real close look at when the liquor industry says that they're doing something, look also on the other side of the coin and see what else they're doing.

Also, I'd like make a mention -- it's not on my report, but I was almost institutionalized when I was thirty years old when I went into alcoholism treatment. I worked for eight years with the Veterans Administration---or I worked for, actually, eleven years later, but eight of those years with people who were paralyzed and had drug and alcohol problems. In the eleven years that I worked with the Veterans Administration, I became in touch with institutionalization professionally. I have seen residential community treatment programs and their successes in helping people deal with their particular problems in the community as opposed to taking people with drug or alcohol problems and putting them in large institutions which cost a lot of money -- $250, $350 a day per bed. We should make better use of community-based residential treatment programs such as alcohol recovery programs, drug abuse recovery programs, social model detox, and alcohol and drug detox programs which are community based.

I firmly support the notion of third-party reimbursement ... insurance companies that are now paying $250 or $350 a day for a medical model bed should be looking at community-based residential treatment programs which do just as good a job if not better in helping people develop the skills that they need to use in the community and not teaching them how to live in larger institutions.

I'm very grateful to have this opportunity. I thank you, Senator -- I'm from Orange County myself. In my letter you'll see that I think it's very commendable that

you have put together this committee, and I hope to be able to work with you for many years in the future, and also the committee members that have assumed responsibility on this committee. We talk about cost-effective government. I think when we can begin to do something about drug abuse and alcoholism problems in our society, we're going to have cost-effective government, we're going to have communities which will function on less, you know, input from tax money, because we will be alleviating a lot of the medical, social, crime, and other types of problems that we're experiencing today. This is a key factor relative to the problems that we're having. And I know that the work we do here will, in fact, pay for itself in the future. Thank you.

CHAIRMAN SEYMOUR: Well, thank you, Mr. Anderson, and thank you for the research that you've provided the committee. We'll certainly review it with great interest. And I'm very pleased that you did have an opportunity to offer testimony today.

Any questions of Mr. Anderson? Thank you, Mr. Anderson.

I think at this point we will recess for our noon hour and we will begin promptly at 1:30.

- RECESS -

CHAIRMAN SEYMOUR: I think perhaps we had better get started. I'm sure some of the members of our committee will be along shortly.

Is Dr. Ed Carels here, as well as Dr. Joseph Pursch? Oh, yes, Ed. Perhaps we could hear from you now.

DR. EDWARD CARELS: Thank you, Senator Seymour. It's nice to be here today. I am Dr. Edward Carels, Executive Vice President of Comprehensive Care Corporation. Comprehensive Care is the nation's largest private provider of chemical dependency treatment in this nation. We treated over 40,000 adults and adolescents last year. Our national headquarters are in California; in Orange County, specifically. In the state we have 6 chemical dependency hospitals and some 22 programs within hospitals. Aware of the special populations in this state, we also have specific programs for women, adolescents, and Hispanics.

What I'd like to do quickly is to go over some problems and specific solutions that I briefly discussed with members of our staff throughout the country as they pertain specifically to California. The first problem I'd like to identify is that in a recent study we conducted, it was determined that fewer than 40% of the American workers in this country had insurance coverage for alcoholism and drug addiction treatment. We know that the same applies to California. This is lower than virtually any other disease and contributes significantly, in our view, to the problem. The solution we feel is to require individual and group health plans, PPOs, and public plans to cover chemical dependency treatment.

The next problem is that at least one-half of all first offenders convicted of

drunk driving are chemically dependent or chemical abusers. There is research that affirms that fact. But no statewide screening program exists to differentiate between the chemically dependent and the socially irresponsible. All first offenders are funnelled into education programs -- which we believe are weak medicine for those with progressive life-threatening diseases. The solution we feel is to enact some kind of statewide screening program, that it be supervised by qualified chemical dependency counselors or clinicians to determine whether first or multiple offenders are chemically dependent so that they can be assigned to an appropriate treatment rather than an educational program.

The third problem is abuse of illicit drugs and alcohol in the schools throughout California. In Orange County, alone, 5% of the ninth graders and 9% of eleventh graders use marijuana daily, while 2% of ninth graders and 5% of the eleventh grade children use beer daily. Daily use is a symptom of chemical dependency. By eleventh grade, seven out of ten students have been intoxicated from alcohol and five out of ten use illicit drugs. The solution we feel to reach these young people is to train the teachers and the administrators of schools throughout the California school system on how to spot a person using drugs and what specifically can be done once they have spotted them; so in other words, educate people on spotting the symptoms and training them on the appropriate kinds of treatment available for people with chemical dependency problems.

The next problem is that while 81% of Americans feel alcohol and drug abuse are major national problems -- this according to a Gallup Poll we conducted in 1983 -- little, we feel, is being done about it by the American public, by the voting public. Two suggestions: One, encourage members in a grass-roots organization aimed at better prevention, education, research, and rehabilitation. I have attached for your review a description of the Americans for Substance Abuse Prevention, which is a private, not-for-profit organization that is aimed specifically at those goals. Secondly, I would encourage that we demand---we must discourage, I think, demand for using drugs and alcohol. Prohibition has proved one thing to me and that was that limits on supply is not enough to turn around this problem. We must limit demand for illegal drugs and we must minimize demand for alcohol being used to abuse. One suggestion here might be to have recovering alcoholics and drug addicts offer seminars in the junior high schools.

The next problem, 85% of those people with serious problems resulting from drug or alcohol usage receive no professional help. The stigma, ignorance, and denial of the problem is everywhere in California as well as the United States. The solution, we feel, is, first, to identify and then remove the barriers to seeking treatment; require a study in California of the barriers to treatment; and require that the study include recommendations for overcoming these barriers. And it should be aimed specifically at women. Women in this country and in California are frequently the last to receive

treatment when they need it.

The next problem is that alcohol and drug abuse are major state and national problems. They drain over $120 billion from our United States economy. They contribute to 10% of the deaths in America. They contribute to 30 known diseases. They are major factors in crime, wife abuse, child abuse, divorce, drownings, accidents, and a host of other social problems I won't bore you with. The solution, we feel, particularly in the State of California, is a comprehensive state-wide plan that would deal with this problem. And the state-wide plan, we would hope, would include the following elements:

a. The scope of the problem throughout the state

b. Treatment and prevention research needs

c. Barriers to treatment; e.g., lack of insurance coverage, lack of access to needed treatment programs (some of which, I may say parenthetically, have been erected by restrictive legislative barriers and regulations)

d. Areas of state needing more treatment and prevention programs

e. An action plan to meet those needs

In summary, Senator Seymour, I would say, we would be most willing and able to engage in a cooperative public and private sector effort to reduce the prevalence and devastating impact of alcohol and drug abuse here in the State of California and on the many families that it affects in this State.

Thank you very much.

CHAIRMAN SEYMOUR: Dr. Carels, in just a few minutes you gave us the whole load and I appreciate that. I appreciate the fact that you've taken the time to be with us today and look forward, hopefully, to working with you in the implementation of at least some of objectives you point out. Thank you ...

DR. CARELS: Thank you very much.

CHAIRMAN SEYMOUR: Dr. Pursch, representing Comprehensive Corporation.

DR. JOSEPH PURSCH: Thank you, Senator. Good afternoon. My name is Joseph Pursch. I am a physician and currently corporate medical doctor of Comprehensive Care Corporation.

Dr. Carels has given us the whole load, as you said. What I'm going to do is add the clinical field to the data that he has presented to us. I am one of the physicians who works in the trenches or on the firing line with the alcoholic and drug dependent people when they come to us.

While waiting to testify I have made up my own visual aid for you. This, very simply, is the wisdom of the ages on how to diagnose this condition; and as you can see, any five year old with as much incentive as a school luncheon can memorize this. All this says is that alcohol and drug dependency is an illness which seems to destroy those afflicted by destroying one after another of these areas of a person's psychosocial, medical, civil functioning. What it says is that as a person becomes progressively more

dependent on it -- first, the experimental, then casual, then incidental, then habitual, and then compulsive, and then fatal use of alcohol or other drugs -- these areas of society become progressively more aware of his or her problem. I say his or her because it's an ecumenical disease which will---it's really an equal opportunity unemployer, and it's also the first area in which women will achieve equality regardless of Republicans or Democrats.

So as the alcohol or drug user begins to drink more and more, the family becomes aware. Something is different about Bob or Betsy. Very soon, friends become aware. He doesn't drink the way he used to. Or, we don't want to drink with Betsy anymore. Then comes into operation the nation's No. 1 diagnostic test for alcohol and drug dependency--legal problems; namely, drunk driving. I'm convinced that drunk driving is America's best, used every day, detector for chemical dependency problems. More about that later. Financial problems are not far behind. Physical health problems, obviously, will occur sooner or later. Mental health problems like depression, anxiety, insomnia, panic, paranoia, suicidal behavior, homicidal behavior, without or without vehicle, accidental behavior, drowning in the ocean when you don't know how to swim, sleeping through a hotel fire because you were too drunk to smell the smoke let alone hear the sirens and, of course, eventually, destruction of one's ability to function on the job. As we say in my field, "the family is the first to know and the job is the last to go." And in between, all the rest of us have a chance to cop out because we're not the family and we don't want to know.

Looking at it then in this way, to me as a clinician, it is clear what happens when patients come into my hospital, into my ward into the hospital for treatment. The family has known for a long time. The friends have known which is why they bailed out. The lawyers and the courts have continued to cover up. The bankers have continued to make loans as long as there was still some risk worth having like an M.D. behind the drunkard's name. The physicians have covered up because they don't know what else to do. And the psychiatrists have put the drunkard on Valium because they think alcoholism is a Valium deficiency. [Laughter.] And that went on for a more or less long time. And the employer covered up because there are civil service regulations, there are unions, there are possible strikes, and the son-of-a-gun is close to retirement anyway. So let's pay him off, or let's call a doctor in and manufacture some diagnosis of a job-related liver disease and retire him as well. He was such a live case. This is a patient who had alcoholism. It's what we call a middle-age, Caucasian male which means he was a white bureaucrat with a coat and a tie. He was in the hospital these many times with alcohol and drug dependency.

Each of these sheets is an official, bonified hospital summary of what was done to him in the hospital at that time. But more importantly, here are the diagnoses we gave

this gentleman in order not to face the fact that he was an alcoholic. It shows nicely how alcohol affects every tissue in the body and how it enables those of us who don't want to know not to have to know.

Fergo, we called him duodenal diverticulum, simply because he had a duodenum. We called him pleurisy. He had an esophagus so we called him esophageal spasms, cardio spasm, abdominal pain; abdominal pain, cause unknown; abdominal pain, cause undetermined -- how those two differ beats me; polyp of the colon; abdominal pain, unknown, diagnosis undetermined; chest pain -- it is now going higher up; gastroenteritis, acute, cause unknown; diagnosis undetermined, abdominal pain; chest pain, cause unknown; concussion, fracture, compound, left mandibula---well, in English, broken jaw; broken tooth, broken knee; broken fibula, leg bone; and two ribs broken. This was a drunk driving incident. This gentleman hit another car head-on on a freeway. He did not get to be diagnosed as an alcoholic until seven years later. All of this were in between. Depressive reaction-- the psychiatrists got in here, of course. Heart attack which he never had. Alcohol will cause skipped heartbeats, enzyme elevations; but it was much more decent to call this white gentleman with a coat and a tie a heart attack. Also, his insurance policy would not pay for alcohol or drug abuse, but it would pay for heart attacks, esophageal spasms, duodenal spasms, and all the rest. Fracture dislocation, terrible left shoulder which he tore good enough for the pension. We have more records here than time.

Let it just be said that this gentleman spent 425 days as an inpatient in a hospital, not counting seven months in a psychiatric hospital. And he never got well until he was one day diagnosed by a laboratory technician who was also a drunkard and had seen him in the AA meetings and whispered this to his psychiatrist, a man like myself, highly trained, mildly arrogant, fully certified. [Laughter.] And it was with the help of a rumor that this man eventually was diagnosed to have the illness he actually did. He was then treated, and I'm happy to tell you he is well. He was treated in 1972. I had lunch with him last week, so that I would be sure your committee would have up-to-date information. This man is living and well, as we say, and is doing well and he's a changed man.

Only one other very brief one to give you another dimension of the problem. This is also a hospital summary, very official. It would go to the Supreme Court were it subpoenaed today as evidence. This hospital summary describes a man---the patient as a 45-year-old man who had a grand mal convulsion on the job where he worked. He was then taken to a hospital where he had another convulsion in the emergency room. It was duly figured out that this was due to alcohol withdrawal. He had the liver findings, the physical findings and all the rest of chronic alcoholism. He was in the intensive care unit. He cost quite a bit of money. He had all the abnormal tests. He had surgical consult, neurology consult, medical consult, a variety of them. Five days later his

tests were repeated and they were getting worse, but because of some job pressures he was released and sent back to work -- after five days of hospitalization.

Now what I did not do for the committee is I skipped one word when I read the opening paragraph, and I must now correct that omission. Because you see, the opening paragraph says, "This 45-year-old airline pilot was working on the job when he had a grand mal convulsion." The working environment of an airline pilot, of course, is a cockpit. And I don't need to remind you and I that you and I are the ones who are characteristically behind the cockpit, way back.

To make a long story short, this is what chemical dependency is about. This is how easy it is to detect it. It can be detected by any representative from these men and women in society. It can and is detected by every husband, every wife, every friend, every attorney who may not want to detect it. It is sooner or later detected even by the physician and even by psychiatrists and the employers.

What we need, in my opinion, is to provide education for the detectors who are as yet retarded or reluctant in their capacity for doing the detecting. Education for families, for citizens, for wives, husbands, parents, especially children. More pointedly or with a greater focus, we need education of detectors such as legal people, lawyers, judges, for heaven's sake, and certainly physicians who are very inept in diagnosing and treating this illness; also, psychologists, social workers, and other mental health workers, clergy who are not on this list because of brevity of space, and of course, employers.

I think what we need to have in California is a state-wide, intelligent, well-thought-out, tightly structured program to educate those who do not have the disease but are in a position of obligation to detect the disease and see that something is done for those who have it. And those who have the disease are not educable in my clinical experience; they are treatable. So we need education for the detectors of those of us who do not have alcohol or drug dependency and we need treatment for those who do.

To help the committee focus on, perhaps, what is most attainable and most concrete would be DUIs, as I said, the nation's best detector. I have served on President Reagan's---President Carter's Commission for Alcoholism, and I'm on President Reagan's blue ribbon panel on drunk driving problems. And it's been my experience before that committee that about 70% or 80% of first offenders are already in deep trouble with drinking and the use of other chemicals and that they need two avenues of approach. I think without exception we should do what we did in the Navy when I was a Navy doctor. Anyone who has been apprehended drunk driving makes this problem to me very clear. He was drunk and he was driving. There is no other way you can get a drunk driving conviction. He was drunk and he was driving and that's why he got apprehended. If you are drunk and you were driving and you were apprehended, it means you either don't know how

to drink or you don't know how to drive. Very simple Yugoslav logic. Hard to escape or argue with, you see. [Laughter.]

If you don't know either how to drink or how to drive, then it's intelligent that one either attends drinking school or driving school to learn whatever is deficient. In the Navy we call such a school NASA, Navy Alcoholism Safety Action, a project named after Governor Wolpe's idea in Massachusetts of decades ago. We found that by putting without exception and without pre-trial agreements and without any other legal or political shenanigans to get around us by putting everyone with such a charge through an education program. We found that 20% of the men and women in such a course, by the second or third week with themselves, turned themselves in, for further treatment rather than just education because they have come to the conclusion that they were more than in need of education, they were really sick.

I think in a civilian population what we should do is to at least evaluate all first offenders and see if they are only troubled enough to where they would benefit from a course of education on alcohol and other chemical agents or whether they are disturbed or dependent enough to need what we call rehabilitation. This could be done, in my opinion, very simply by well-trained people. And given the proper guidelines and the powers by the courts, by the judges, we could save a great many people from going on further down the line because as you can see on the list as I have constructed it at least, these problems arise fairly early. I have treated many chronic alcoholics in the hospital today who had their first drunk driving conviction 20 or 30 years ago when they were plainly in need of help. If they had at that time been intervened, if their disease had been intercepted 30 years ago, they would now have 25 years of marvelous living. As it is they are now emotionally, physically, and economically bankrupt when they finally come to me.

Another---a final problem I'd like to highlight for the committee, and Dr. Carels has touched on it already, is that when such a man or woman comes to our hospital or comes to any hospital in the country, we quite often find that he or she has no insurance coverage. Not for alcoholism or drug dependence. And I think that would need to be changed because it is the lack of insurance coverage which not only encourages doctors not to learn, but it makes liars sometimes out of those of us who already know. We are quite often forced to the wall and to make a choice whether to treat someone under a phony diagnosis or not to treat him at all.

My final remark is this that the oft heard argument that we cannot afford to possibly tackle this gargantuan monkey on our backs, we as a society cannot afford to treat these alcoholics and drug addicts. It would break the national treasury. I think that's a bunch of poppycock. I'm quite convinced as a clinician that there isn't an alcoholic in this country who does not go without being treated regularly and often and very

expensively and to no avail. And we're all paying for it. And the way we're paying for it is like this: this man was being treated. He was being treated for hundreds of thousands of dollars, and he never even knew what hurt him, let alone what ailed him. It was only after he was finally being treated for that stigmatizing, despicable disease of alcohol and drug dependency that he made a turnaround. And I'm happy to tell you that subsequent to that date he has not seen any physicians except on social occasions and he's living well. He's lost 40 pounds. He's a teacher at a university. He's not drinking and he's not using drugs. And he and I thank you very much, Senator.

CHAIRMAN SEYMOUR: Thank you, Dr. Pursch. I've got one question. Is there such data available relative to the numbers that you would treat as to, not just you, Dr. Pursch, but those in your profession, as to the numbers that you would treat, as a percentage of those who are rid of the disease, say, for example, for at least a period of five years?

DR. PURSCH: Oh, yes, sir. There's various data. The success rate for treatment ...

CHAIRMAN SEYMOUR: Yes.

DR. PURSCH: ... both chemical dependency, the best studies we have right now pertain to the highest and the lowest success rates. The rates range anywhere from 93% down to 40%; 93% success rate we have with men and women in two categories of profession: one are airline pilots, and the other are M.D.s -- doctors of medicine -- simply because there is a licensing requirement for a very desirable job which can be coupled to the requirements for treatment and to the urgency for successful recovery. For those two things we have a chance to treat men and women to the tune of 93%. We go all the way down to about 40% with men and women who are under-25, multiple chemical abusers, unskilled, do not have a job and do not want a job for various social, economic, psychological, and other reasons.

The average percentage obviously falls somewhere in the middle. I would say the average success rate for this illness is now about 70% or 75% in most specialized hands.

CHAIRMAN SEYMOUR: Very good. Senator Royce, any questions?

Dr. Pursch, you have a unique way of presenting some technical data so that you get right to the meat of the entire problem, and we appreciate you taking the time to offer testimony and also look forward to working with you as we develop a legislative package to begin to address this problem.

DR. PURSCH: Dr. Carels and I would both be happy to help ... we can. Thank you.

DR. CARELS: Thank you.

CHAIRMAN SEYMOUR: Thank you. Next, Ms. Deborah Smith, representing the California Women's Commission on Alcoholism.

MS. DEBORAH SMITH: Thank you, Senator. It's nice to be here in front of your committee today.

In the State of California, I'm really proud to be a part of the alcoholism field here because we're giving something that the rest of the country has not done before, and that is that we are the leaders in terms of cost containment in our public health alcoholism service delivery system because of our extensive recovery home and social model system. And secondly, we far exceed the services for women of any other state in the union for women and alcoholism. I think these points are very important because usually the figures that I've seen -- I started out first in employee assistance programs and did that for three years and then went in to work specifically in the field of women and alcoholism and found the same thing consistent in the public sector that I did in the private sector, was that less than 20% of the alcoholics really needed hospitalization. That beyond the detoxification, only 20% really needed medical detox; and beyond that figure, there was really no necessity for hospital-based programs in most of those. But because we were in employee assistance programs, and there were so few of us to staff them, it was more convenient to have them hospitalized or put them in those programs.

But basically what we have found, and other people have alluded to this and there have been some studies done on it that have shown that the difference largely in the outcome between a recovery home and a hospital program, there is no difference in the outcome and the main difference in design is $10,000 or what it'll cost you to treat the person.

In California, we have made really substantial inroads in terms of women's services and we have a long ways to go yet. What we have done within the past ten short years is dealt with three major areas: One, that we've dealt with the fact that men and women are different. And believe it or not, that was really a rough one. And the second is what those differences meant in terms of recovery and just what they were really, defining what sorts of things women responded to and men responded to. And then the last two years, it's been how do we get them into the system. And that's where we've really been able to see some progress in the last two years, and I really give a lot of credit to the Department of Alcohol and Drugs and the leadership in the last two years with both Chauncey Veatch and Susan Blacksher because we have been able to -- particularly women and other underserved populations -- access the system a lot more easily. And I think the field has worked together a lot better as a result of that -- more as a unit.

The points that I'd like to cover today are a few, and I'd like to start with the availability of alcohol to women. And as a chronic hanger-out in supermarkets, one of the things that I think anybody, all of us women know this and more and more men are realizing this, that as you're trying to untangle your shopping cart when you come into a supermarket, you're either facing a bakery, a display of candy, or the liquor department. And those are what you see when you first come in and that's what you see when

you leave. And the California Supreme Court within the last year, I believe it was in the last year, authorized the---within the state, a test case went before the state that said it was all right for the coupon redemption of alcoholic beverages. And the chief coupon---these are aimed at the chief coupon clippers who are women and what---I know Larry Wallack testified and other people that of studies that have been done that the higher---the more that alcohol is available the higher the incidence of abuse. And supermarkets are the chief areas where women will purchase alcoholic beverages.

Utilization of current publicly funded programs, as I said, although they're better than any other area nationally, we still have a long ways to go. And the women are estimated to be 50% of the alcoholic population, yet they're roughly only 19% of the people in publicly funded programs. And even the most conservative estimates put women way over that percentage in the alcoholic population.

In some excellent state-funded research done through the UCLA in the early eighties by Linda Beckman, this research documented what we had come to learn and know in working in the field in the issue of women and alcoholism, but this was finally documented and it's consistent with all the findings and figures that we have since then and with personal experience, is that women alcoholics are definitely for services, but they're going everywhere except alcoholism programs to get them. And the key factor seems to be that they're going where women feel safe to go as women and that they're not interested so much in the alcoholism programs. The figures that she found were that 15% of the people in alcoholism-only programs were women alcoholics. And what we also know is that the areas of women crisis centers and private therapy need a lot more training and effectiveness in terms of dealing with women alcoholics, and this is not the best place that women alcoholics can go. In fact, they will not ... it will delay their recovery from alcoholism unless they are lucky and hit one who knows something about alcoholism.

What we also have learned is that women's utilization of programs is in direct proportion to the number of women in visible administration, the degree of separation of the women from the men. The more the degree of separation in a coed program the more women will utilize it. The degree to which the program addresses women's needs and women will also not go where they are outnumbered. Now these figures also bear out in actual practice, as if practically if it were a script. There are roughly 50 women's-only programs, 51-52 women's-only programs in the state. Two of them are hospital and 50 of them are recovery home model. I'm talking about residential programs. All are full and have waiting lists. Every one of the women's-only programs are full and have waiting lists; yet in the exact same counties where the women's-only programs are full and have waiting lists, the coed and coed programs, the women's beds will go empty. And you cannot get the women from the waiting list for the women's-only program to go into the coed program where there have not been---I'm not saying the coed programs don't work, because they do.

But most of them have not been altered to where they fit the criteria I mentioned earlier. And when they do, women will use them. But there are beds that we're paying for that are going unused when it wouldn't cost a dime to alter those services and change them.

Now, many areas will report that they are seeing at least 30% to 40% of women in services; but, however, what they're really seeing if you get a further clarification of that, you'll find that over half of those figures are women who are spouses of alcoholics. And so the figure of women alcoholics is not anywhere near 30% or 40%. It's roughly around somewhere -- it varies in county to county -- between 12% and 22%. So we're really, in this case, only serving half of our population. We're serving alcoholic men and their wives, and we are not really getting at alcoholic women and their husbands. It's the same problem as trying to get a man to go to an Al-Anon meeting. The services just aren't---don't really exist.

There are no policy statements state-wide governing women and other underserved populations. And I use the term underserved populations instead of special populations for a very specific reason. If you take a look at what are technically called special populations or underserved, they are women, Hispanics, blacks, specific Asians. And we are roughly about 65% to 70% of the population and only receiving somewhere between 25% and 30% of the services. The burden was always placed upon us. Well, we have these wonderful services, why don't you use them? To give you an example of that, I was called into a big program in Southern California because they couldn't, for the life of them, could not see why women weren't using their detoxification center. So I went in and immediately had to go through 47 men in the intake and no women, went to the small room with two unmade beds, which was the women's area. And they said, now, why won't they use them? And I said, "Yes, it is a lovely room." I said, "If I were a woman here and I had to go to the bathroom, where would I go?" So they said, "Oh, follow me." And we went down the hall, through the men's dormitory where there were 36 beds for men, through the men's shower, and to the ladies room. So we then sat down and discussed: "Do you know see why women won't go to your program?" And it began to dawn on them. So we're learning new things that really do work. So if you put together the burden was always on the populations to---and yet when you modify the programs, the populations use them.

We have good Hispanic programs. We don't have enough of them. But when we have Hispanic programs, we have Hispanic people using them. When we have the women's-only programs, they use them. And so the burden is on the system, in other words; and that's why we use the term underserved.

And without spending a dime, you can modify the existing services so that they will serve these populations. And as we're talking about women being underserved, black women and Hispanic women are more critically underserved than Anglo women.

Now, within the county planning process which is required by state law each county produces a county alcohol plan. Now, there are two parts to this county plan: There's a part that's funded, and there's a part that would be funded if we had money. Now, we would like to think that when only, first, women have traditionally occupied that part of the plan that we would like to fund if we had more money, but we have now seen or are in the process of seeing the second influx of money available for alcoholism programs. The first was Statham, four years ago, and now we have Lancaster money which is available---is becoming available January 1 and we're already planning for it. One would think that with the available Statham money, there would have been a dramatic increase in services to women and other underserved populations, but there was not. And in fact, we had to really fight at local levels to get any of that money to be used for women and other underserved populations, and it was really a battle.

We're doing a straw poll right now, we just started, on Lancaster funds and little if any is really -- just in the counties we've talked about -- being used for women and other underserved populations. So we're concerned about that.

The progress that has been made is based on rather two random factors: One is the personal inclination of the county alcohol administrator, and that has to be coupled with the predisposition of the health department to make some of these changes and to make them a priority within their communities; and secondly, the second factor is a concentrated but sporadic community action, and it takes concentrated community action in order to do that and it has to be done currently county by county and it would probably take about another thirty years in order to really do it in that fashion.

Alcoholism is also the only disease that declares that only women are unfit parents, which is a concept repeatedly proven to be false and yet is reflected in our interpretation of our laws. And our male parents' drinking is somehow thought to have little affect on children, also repeatedly proven to be false, particularly if you consider the violence that usually happens as a result of male drinking -- and female drinking also can be violence. But they're different. The dynamic of alcoholism is such that the whole family suffers. It doesn't matter which parent is alcoholic. And yet the practice, the way our public service system works, let's say, for instance, if a man were arrested for drinking and driving and he were a single parent and had his children in the car, he would go off to jail. The children -- this has happened many times -- the children go to protective services. He gets out of jail two or three days later, goes over and picks up the kids, and goes home. The same as if he went into a treatment or a recovery facility. If a woman did the same thing, it would be anywhere between 8 to 18 months before she got her children back. And in fact, a woman alcoholic would have to prove her fitness as a parent before she could get her children back, which men do not have to do, and the impact between children is identical between the male and the

female.

Therefore, it is my recommendation for the future that we examine some of the following: One is about the coupon redemption of alcoholic beverages. I am very concerned about that because I feel it's a marketing technique that is aimed right at the chief coupon clippers which are women. In light of what we know that works for women services and what doesn't work, that we empower the Department of Alcohol and Drugs to work with counties to implement policies that will insure and require appropriate women's services. I'd also like to say that since women are equally underserved in over equity counties as well as under equity counties that we examine the issues of parity of services to women and other underserved populations. I know this is really tricky, but I think it's something we ought to do. For instance, I understand that 90 percent of the black population is only in ten counties. So to just make a statewide formula would be very difficult. We need to take a look at the needs of the counties and have services that are appropriate to those populations. And again, this can be done whether there is existing money or not. It is not necessary to have more money to do this. And some counties, like Los Angeles County, are already experimenting and starting to do this and set a goal of five years where there will be parity of women's services; and they're working with existing programs.

Since funding history shows that new money is not being used for women's services, I'd also like to recommend that new money be earmarked for specific services so that parity can be achieved, and also that the practices of public workers who enforce parental abuse laws differently for men than women parents be examined to see if there's some equity that we can arrive at there.

And finally, since we know for a fact that women are traditionally shuffled from the medical facility---medical profession whether they have physical problems or not into the mental health facility, the women are disproportionately prescribed tranquilizers and therapists for physical problems, that we probably have an overload of women alcoholics and drug abusers in the mental health system that don't belong there. And in fact, the real cause of their being in the mental health system is probably alcohol and drug related in many cases; and to take a look at that.

I'd just also like to conclude with the fact that the purpose of the alcohol service delivery system is to provide---there are many pathways to recovery and that in providing services for underserved populations, we're not talking about separate programs, we're talking about a continuum of services. And in doing that, we're talking about providing more pathways. I think that a lot of the women who got sober about ten years ago and even five years ago were the type of women who if you dropped them in a pit, they'd crawl out anyway. And what we really should be doing and are now working very hard to do is to make recovery easier for these populations for whom there are natural barriers

within the system. Thank you.

CHAIRMAN SEYMOUR: Thank you very much, Ms. Smith. Thank you very much for your testimony. We appreciate that.

Moving into the drug abuse support groups, we'd like to hear at this time from Mr. George Feicht from the California Drug Program Administrators. Mr. Feicht.

MR. GEORGE FEICHT: Thank you, Senator Seymour. Again, like the other people, I appreciate the opportunity to speak before the committee today.

My name is George Feicht, and I'm the substance abuse program administrator in San Joaquin County. I'm also the current chairperson in the state Association of County Drug Program Administrators.

I'm going to brief, briefer than most people, I think. I wrote out my testimony. I put in some statistical stuff with regards to San Joaquin County to kind of give you an idea. I would like to highlight just a couple points in that report, if I may.

I think the issue of drug abuse amongst the population of California is one of those areas that we need to really take a good look at. When you not only have to look at what the cost is to the individual who is addicted to the drug as well as to the families around that person, then take a look at the impact that has on the criminal justice system and the community, you can see that the overall cost can be staggering.

I think---one of the important things that we would like to, as an association, is there's a difference sometimes in the different areas of California depending on the type of drug. In the rural areas of California where it appears that, like we do in California with everything else, we now grow the greatest marijuana in the world here in California, in the Mendocino-Humboldt area called sensimilla. We always improve on things. As a result of that, rural areas are now beginning to see a type of drug abuse that they never saw before. If you're growing some sensimilla drugs up in the rural areas and, say, you're selling a thousand dollars worth of it, and somebody comes into the area to buy some of that drug and they've got $500 worth of cash and $500 worth of heroin or cocaine, then a bartering system gets set up. So there are drugs being introduced in some of these rural areas that they have never seen before that now they're going to begin to have to deal with.

On the contrary---well, it's also---it's important, when growers grow marijuana in rural because it's very difficult for law enforcement to get up there, for one thing. It's inaccessible; mobility is kind of bad; transportation is kind of bad; and so consequently, they pick these areas because that way they have less chance of getting arrested in the sort of remote, out in the middle of nowhere, in those kinds of areas.

If you contrast that with an urban area where you have a greater concentration of hard-core drug users, like heroin addicts or cocaine users or PCP and some of the other things, you can see that these folks who are now in the process of having to really get

into illegal activities to support their habit, that those same costs not only to the family and to the individual but to the community and to law enforcement can be really great.

One of the things that we're looking at is that whole interface with the criminal justice system. We think that, and we feel very strongly, that there needs to be a real cooperative partnership so to speak between the drug treatment field and law enforcement areas in order to take a look at some of these things, not only from the supply reduction, because I think it's important. We folks in treatment would like to see the major dealer of drugs put out of business just like the people within law enforcement. It would certainly make our job a lot easier if we were treating a heroin addict if we didn't have to compete with an illegal connection out in the streets.

But I think we also have to look at reducing the demand through different types of programs and in the cost to the community, in San Joaquin County where our jails are totally overcrowded. And when you take a look at those folks that impact the jail system, the misdemeanor offenses, you'll see that the major majority of those, 80 percent, are there because of drug- or alcohol-related type problems. And so we feel that we need to really look into developing the alternative kinds of programs. One such program is the P.C. 1000, which is that program that was developed a few years ago in order to take the first-time drug offender and rather than put them into a jail situation is to allow them to get into drug treatment. We have identified a problem. We're going to allow these folks to get into treatment; if they successfully complete that treatment program, they then will not have a conviction on their record to have to deal with.

A problem we're seeing in most counties in California at this time is that, and most of these P.C. 1000 type programs are crowded, they're up to capacity, there are waiting lists. In San Joaquin County, from the time you were declared eligible for diversion to the time you could get into a drug treatment program would be anywhere from sixty to ninety days. So that means the judge either then has to continue the case for ninety days or put you in jail, which means we're back into the overcrowded situation again.

One of the things I would like to see us address in this committee is to seriously consider looking at legislation that would impose a fine or a penalty on those folks that get arrested for the first-time drug offense and let them bear some of the cost that it is to treat them. I think we have similar type programs in alcohol that you've heard about already, and I think that the time has come that we begin to look at drug abuse too. You know it's interesting, alcohol being a legal drug, it gets a whole different picture. Debbie was talking about it with the women's issue. You get over into the drug area because drugs are basically illegal or at least the ones that are the visible problem, like the marijuana, the heroin, the PCP, and cocaine, not so many people take that as long as they handle those things, you know, recognizing is a problem

and ... if you get involved in that, let's put you into a program but you're going to have to pay for that program. Let them be self-supporting. So that's an area.

In the area of prevention, we feel very strongly that if we're ever going to sort of "turn the tide" on drug abuse that we have to get into increasing our efforts in the whole prevention area. Bu as I said earlier, because the treatment within California is already at capacity, that we can't---we can get into prevention at the expense of treatment, so we have to take a look at ways of developing those kinds of treatment programs to help the young people in our area develop those strengths that are necessary to be able to say "no" to reduce that demand again for that drug. There are two such programs in California right now. There's Senate Bill 1409 which was funded with half a million dollars in order to do pilot studies, to do cooperative programs between educational system and drug abuse systems; and they're working out very successfully. There's another piece of legislation, Assembly Bill 1983, which dealt with taking the same kind of type programs, but the cooperative effort was between law enforcement and education. Both these programs are working well. The problem is there was a minimal amount of funding to take a look at some of the pilot issues. We've proved that they've worked over the years; we now need to put some funding in there so that every county then can receive some funds in order to be able to expand their areas in the whole prevention situation.

I'm not going to talk about equity, since the state Department of Alcohol and Drug Programs is conducting their equity hearings -- I'm sure the committee will be availed of that -- other than to make one statement, and I think it has been said here time and time again, all counties in California are underfunded. So the whole notion of equity or over-equity or under-equity is one that is really questionable. I don't know of any counties in California that are turning back, wholesalely turning back a whole bunch of money from the treatment system. The system is basically there. I have attached in there the Association position on equity ...

CHAIRMAN SEYMOUR: It could also be that there are some counties that are underfunded to a lesser degree than other counties.

MR. FEICHT: That's right. That's a better term. There are some counties that are more underfunded than others, that's true.

OK, in summary then, basically I would like say that from our perspective we feel that there needs to be a real major cooperative effort that happens between all those different agencies that are in fact impacted from the person who uses drugs -- the educational system certainly, the law enforcement system certainly. We need to coordinate with parent groups because these folks are those that give their time willingly and voluntarily to try to help us impact as we support groups for other parents and so forth. It's not an isolated problem. It does impact everybody, and I think it's extremely important that we take a look at---not only in asking for increases and local assistance,

but also take a look at impacting third party. Insurance, it was mentioned earlier. That's extremely important. You know, why isn't it? It's an illness. It's something that's taken place, and yet it's something we tend to put aside. Private fees and those penalties and fines. I think those are the areas that we have to take a look at.

Now, we as an association have a special Criminal Justice Interface Committee to work on those very type of, you know, some interfacing with that. We have education to the prevention committees to work on those kinds of issues also. We feel that's real important. We're excited about the committee and we wish to lend our assistance to you in any way we can.

CHAIRMAN SEYMOUR: Thank you very much, Mr. Feicht. We appreciate you being here to offer your testimony today, and we look forward to working with you.

SENATOR ROYCE: John, the question I would have is do any other states have an arrangement whereby that penalty or fine is exacted and then funnelled into the ongoing programs?

MR. FEICHT: Not that I know of.

SENATOR ROYCE: OK, thank you.

CHAIRMAN SEYMOUR: Thank you very much. Now we'd like to hear from Mr. Lawrence Gentile, State Advisory Board on Drug Programs.

MR. LAWRENCE T. GENTILE: Thank you very much, Mr. Chairman and Senator Royce. I think those of us who were here all day appreciate your member from Orange County returning to listen to us. We realize the chairperson has to be here, but we do appreciate his return very much.

I am speaking this afternoon with two hats. This year I happen to be the chair of the State Advisory Board, and I also happen to be the chairperson of the Southern California Programs Directors, a group of programs. I have submitted a copy of our testimony from each.

I just want to summarize because much of what we stated in our written testimony has been addressed today, and I just want to highlight several areas. I think Mr. Feicht commented on a number of them.

Clearly, during the past two years, the Advisory Board has been meeting around the state. And we have within the context of our meetings set aside at least two to three hours each meeting, which are quarterly meetings, so that we can get input and allow people through us to communicate with the Department; and some of what I will say will be based on what we have heard around the state. Primarily, I think if we look at drug abuse in this state, we have used the term, and I use it in the testimony, that we're in a "war" and we're losing it. And when I say "war," I'm quite literally meaning that I think we're being attacked from the outside, from outside we're being attacked internally. Now, clearly cocaine is probably the greatest single attack that's going on today, but

here in Northern California, as George mentioned earlier, we have, you know, the great marijuana agricultural crop. But just several weeks ago we were in Redding for our quarterly meeting, and the sheriff informed us that they had busted up the largest lab -- we're not talking about marijuana, we're talking about street drugs -- the largest lab in the entire United States had been seized and destroyed in Shasta County. Not in Los Angeles, not in San Diego, not in Orange, not San Francisco, the centers of population; but rather out in the rural areas where it's easy to find a place, locate yourself, it's going to be very difficult for people to find. Those kinds of things are moving throughout the state.

Now, in Los Angeles County, we continue to have massive problems with PCP. I've reviewed Los Angeles County's admissions for the previous year last week, and the top number of admissions to outpatient drug-free and residential drug-free programs was for cocaine; No. 2 was PCP; heroin is third. Heroin is third. So cocaine---quite literally, when a coke addict gets to a publicly funded program, realized he has gone through Dr. Pursch's list, you know, the job is gone, the family is gone, everything is gone, and when they come to us, they are literally destitute or nearly destitute and they are, therefore, in a publicly funded program. They're not into the high-paying or hospital programs at $10,000, $12,000, $15,000. They're in a program; they're being subsidized. And I say subsidized by the state, because generally speaking, the funding process doesn't pay for all of that. Those are the kinds of things we're seeing in what's out on the street.

I think we're seeing other problems within the context of prevention that we see beginnings. Now I see the parents' movement. We're ripped internally. As we look at the parents' groups, here you have people who are volunteers, giving tremendous amount of time; but every person has a limit. And we are coming to the point of almost expecting all of these parents to do everything. In talking to many parents who have addressed us in the State Advisory Board, their concern is a little bit of something that could help. And I think Bob Garner, who is the drug administrator in San Jose County---or Santa Clara County, when we had our meeting there about six/eight months ago, there was a jobs bill money that came dowm. It was a small amount of money and one-time-only money. He took that and rather than put it in a program where it would go and then, you know, cease in several months, but he found community groups who were concerned about drug abuse -- Oshins? in one area, other groups throughout the community -- and used two $3,000 grants basically to assist them, to get somebody to man the telephone or pay the telephone bill, do a little bit of mimeographing so they can have meetings, pay the rent at a building if they can't get a free public facility, etc. But something that engendered in the volunteers that someone besides just their own concern was interested in what they were doing, to say, yes, you are one of the most valuable, if not the most

valuable components in this fight against drug abuse. And they'll frequently---we say, gee, the volunteers are great, wonderful, go out and get them, you know. But that means days and nights and weeks and time. And after a while, you know, those of us who get paid in the field have a little different process; but after a while, husbands and wives have to realize or look at their situation. They have a commitment -- it is a commitment for their children -- but there's a limitation. I think the state needs to look at a reasonable process. For God's sake, I think giving people in a volunteer process a lot of money just destroys the volunteerism, but enough to do a few of the odds and ends would be tremendously helpful. And I think we need to encourage that.

Our concern that all of these problems are going on, we still have major budget cuts. You know, we had the block grant come---when the block grant legislation was ..., we had a 26 percent reduction. You look at prevention and you talk about the need we have in prevention -- you've heard it from a variety of areas today -- the Legislature in its wisdom and the Governor in his signed the Lancaster bill which puts $5 million into the treatment system of drug and alcohol. Mr. Chairman, $5 million wouldn't be enough to pay for just the beer advertising that was on during the World Series that we just completed. I mean, that's the kind of process we're talking about. We're talking about a society that is inundated with buy, get an aspirin, get Alka-Seltzer, get this, get that, take a pill for whatever ails you, you know, drink late, beer tastes better, it does this, it does that. This we are creating---you've heard a number of people talk about community denial. That is going on. And when we look at an impact in prevention and you talk about 5, 6, 10, 20 million dollars. Senator Rosenthal mentioned that this morning -- how much money. But when you look at what you're fighting. Just the two largest breweries spent $69 million last year -- the two largest breweries, not all of them -- $69 million last year just in radio advertising for their products. That's the kind of battle we're talking about.

So we need to focus in on the process and I think, if I can piggyback on something that George said, that we need, not to say, well, we're going to concentrate our efforts on prevention, so let's take the money out of treatment. They have a tremendous need for treatment. We need to begin the battle on prevention. How much money is going to be a very difficult process, but it's going to have to be a step-by-step.

We would recommend strongly that as a result of the discussions of this committee, at least in part, the Department be requested or ordered, if that's the basis or by the agreement of the Governor -- obviously, it's his department -- to develop a five-year plan for drug and alcohol abuse. Literally, where are we going? Where are we going? You know, we go different places every year depending on the latest crisis. There isn't a plan. Now we have plans in each county. We have plans in the state. Plans are pieces of paper that a few people develop and produce a group of statistical tables. Pay

attention to them if they want to give some money out. Disregard them if they have another priority. We're talking about an operational plan that says these are what our priorities are in California, this is where we want to go. And this is going to take some leadership. And we presently have a department. We have a new Governor -- two years ago. Had a department. And we have spent the whole time with this department trying to figure out whether it was going to continue to exist. It has been reduced by 30 percent of its employees. You know, we're talking about an increased process, and we are literally taking a department of a little over 200 people and just whittling it away. There's no way this department can provide the leadership that's needed.

Now, it's like putting the general, you know, we make Chauncey Veatch a general. We'll put him out there and say, fine, go out and fight the battle. Now, we are removing all of your tank divisions, taking your armaments away, continue on, young man. That's exactly where we are today. You know, this Legislature several years ago requested the department to take developed standards for certifying programs so that they would be able to get third party insurers to buy into those standards and start to reimburse the community-based programs, not just the hospital-based programs. And I put in the back of my testimony of the State Advisory Board a letter that we wrote earlier this year to Mr. Veatch -- in July -- and the response which I received back from his office which said we agree with you but, unfortunately, with cutbacks in staff, we can't do anything with it right now. We'd like to do something, but we can't do it right now. What I'm asking is that when you have this discussion as you move through into the next session is the possibility, the reality of going out and hire two consultants -- and I use that purposely so they don't become part of the bureaucracy, because I understand how bureaucracies work -- and put those two people, first of all, that they must be marketing specialists. They must know the insurance industry. And then they should be in each of the divisions, the alcohol and drug divisions, so they know the standards and the program. And then they should go out, and we were doing this a couple years ago, and then with budget cuts the people that were doing it disappeared, that these people go out and market our standards which are very acceptable to the insurance company so that the $40, $50, and $60 a day recovery homes and detoxes, that the outpatient programs can do that. If those programs could be treating these people first of all who are being treated in the medical situation as Dr. Pursch told you very clearly, under false premises they're being treated for everything but their alcoholism and drug addiction because it's either not covered or the doctor doesn't see it. If they can do that, they can come into the private sector, (a) we have reduced required dollars that has to come from the state just to continue to keep the treatment process; and secondly, (b) you have additional dollars available to impact. I think that's one of the most important things

that we have been hearing. And again, though I ... you that difficulty comes to have staff in the department. We just do not have people that can do things. We have had a prevention task force. And I gave you the executive summary that identified things which this department could and should be doing. They don't have people to do that.

We have a variety of concerns. I'll give you a perfect example of what has taken place. Mr. Collins referred to the law that moved licensing for alcohol programs to the department. Because of that, the department had to suspend the certification programs while it develops regulations to license. They don't have enough people to do it. They couldn't bring in two more people, because no dollars were attached to that bill, by the way. That's why it went through with a 100 percent vote, that Mr. Collins referred to. But the reality comes in now, and now we're stopping one process because we have to do another. And when that happens, we'll have a new crisis so something will give way because we don't have the people that are functioning. And in the community people are saying it's the department's fault, it's Mr. Veatch's fault, etc. No. I am beginning to think quite clearly that there is not the commitment, which has been verbalized, to drug abuse and alcoholism. If there were, why would we see proposed 50 percent staff cuts in the department?

CHAIRMAN SEYMOUR: Well, perhaps I can help you with that a bit, Mr. Gentile. When an administration moves in with its top priority of paying off a tremendous deficit, ...

MR. GENTILE: That's true.

CHAIRMAN SEYMOUR: ... top priority bar none; and then it moves into its second year of its administration and says, well, we've now got that paid off, the budget is now balanced, and we need this reserve; and then, three, as I was faced with some of my own bills that had funding, faced with the cold reality that you've got $93 million in the pot with a billion dollars, over a billion dollars, worth of bills chasing it. As you reflect from the time this administration has taken office, and time will tell whether you're right or not, but as you reflect of where we've been and where we are, I think I can understand that even though I had to swallow hard when a number of the concepts I had, price tags on them, were rejected. I'm willing to keep the faith I guess and take another look next year.

MR. GENTILE: I think that's what everyone is hoping for. But I think clearly the concern is we don't disagree and I understand what you have enunciated, Senator. What we're talking about is that in some instances we're being, you know, penny wise and pound foolish.

CHAIRMAN SEYMOUR: Of course.

MR. GENTILE: For example, to eliminate, say, a hundred thousand dollar expenditure for the third party process may eliminate the potential of a million or two million dollars on an annual basis to support the process which you are supporting in your entirety.

CHAIRMAN SEYMOUR: I hear you.

MR. GENTILE: You know, that's the type of concern.

One other comment that I would make. Well, I wanted to make two comments. P.C. 1000, which is a drug diversion process. We have heard a number of concerns expressed that, in deference to Mr. Feicht's statement, that it is being used by the courts to allow people with a long history of drug use to literally avoid the criminal justice system and go into diversion. And I heard testimony by the head of their probation in Los Angeles County to this effect last week. In other words, people coming in with an armful of needle holes, with a long history, but because it's the first time they've ever been arrested, they're referred into a diversion program, which is most inappropriate.

And I tie that with what you heard about drunk driving from Dr. Pursch earlier, is what we need to do is to have some sort of legislation on both of these areas -- the alcohol, driving under the influence, and the P.C. 1000 -- where programs have the requirement to go back to the courts and say, this individual is an alcoholic, is a drug addict, he requires and you should mandate more than simply a diversion process. Right now the judge may accept that. It's not clear. And I think if we're looking at that, that's a possibility because what we have is people slipping through the system and for two, three, or four times going through diversion and they're not profiting by it.

CHAIRMAN SEYMOUR: Thank you very much, Mr. Gentile.

MR. GENTILE: Thank you. I would like to send you a copy of Sidney Cohen, who you may know is one of the top researchers in drug abuse. He gave a consortium over the weekend which had some very pertinent information. I think you'll find it most interesting.

CHAIRMAN SEYMOUR: Thank you.

MR. GENTILE: I'll send it to you later.

CHAIRMAN SEYMOUR: Mr. Gentile, thank you very much for taking the time and being with us throughout the day.

MR. GENTILE: Thank you.

CHAIRMAN SEYMOUR: We are, as one might expect when you try to take 22 witnesses in one day, we're running a bit behind. We're not too far behind. On the other hand, I'd ask those remaining witnesses if they could keep us on something new and different than we have heard before and please try to confine your remarks to the ten minutes if that's at all possible.

Next we'd like to hear from Mr. Chuck Aldrich, the California Community Program Alliance. Yes, Mr. Aldrich.

MR. CHARLES L. ALDRICH: Thank you, Senator Seymour. Senator Royce. I'm Chuck Aldrich. I'm executive director of Pathway Society, a community-based nonprofit corporation in Santa Clara County. I'm here today representing the California Community Program Alliance, which is a group of 20-25 programs, basically in Northern California; also

extending out into the Central Valley, that come together on a monthly basis to discuss mutual concerns in terms of providing services.

I agonized most of the weekend in terms of trying to figure out what might be best to say before such an august body. Having had about fifteen years of experience in this field, I think what I have to say could fill volumes. However, I came up with about two pages; and I think what I'd like to do is stick basically to what I have written and that helps me to stay within the parameters of time and also in terms of logic.

The organizations represented by the Northern California Community Program Alliance wish to express their appreciation for the time allotted to us to make this presentation. The voice of those serving, as it were, on the front lines of this seemingly inexhaustive battle are encouraged by this brief moment in which to express their desires, their concerns, their committment for a better society in which the awareness of drugs and their potential for abuse is both recognized and addressed by those with whom the scepter of power resides. As President Franklin Roosevelt once said: "The measure of good government lies not in doing more for those who already have enough, but in doing enough for those who have too little." The addict, the alcoholic, the abused, the neglected, the uninformed of this society are those upon which we focus today.

Previous testimony has identified the extent of the problem. No segment of our society is free of its impact. From fetal alcohol syndrome to drug abuse among the elderly, the problem confronts us on all sides. Best estimates place the cost of substance abuse in industry somewhere around $100 billion a year in lost time and productivity. This represents only a partial assessment, an in-depth evaluation would reveal substantially higher costs. I invite your comparison of these estimated costs with the funds available to establish a defense much less raise an offense.

In consideration of the time allotted, I wish to make three specific points on behalf of the Alliance. Lengthy documentation of the extent of the problem exists amply within the literature. I invite your attention to the data already available in copious amounts. For the purpose of our interaction today, I submit to you the three principal concerns of our organization. These concerns affect the ability of organizations at the local level to provide programming that will effectively address the problem of substance abuse at any level. The three concerns:

1. The ongoing need for categorical funding. Separation of alcohol and drug funding continues to be an important issue. The size and power of the alcohol constituency alone is enough to deny the drug abuse field a voice in either its present needs or its destiny. Alcohol is still socially acceptable, drugs emote a pejorative connotation. Those who struggle in the field are looked down upon, considered to be lesser than those who fight the good fight against the vagaries of alcohol.

2. The need for communication within the overall field of substance abuse. The alcohol folks don't talk to the drug folks, the for-profits consider themselves better than the nonprofits (certainly better off financially). Most importantly, the State Department of Alcohol and Drug Programs neither talks with nor provides any leadership for the field as a whole. Friends, we're looking at a vacuum!

3. There is a need for leadership. Substance abuse in all its various forms is the leading problem in this country and in this State. The present political administrations, the one in Washington and the one in Sacramento, have created an absence of leadership that has been felt in every state, in every county, in every city and town of this nation. In California, not only do we not have leadership, but we have an adversarial relationship that will, if left unaddressed, result in the demise of an outstanding system evolved over the past twenty years.

Prevention, intervention, and treatment are the three necessary ingredients that make this system viable at the local level. Prevention, ultimately, is where we want to be. However, neither intervention nor treatment can be asked to take a back seat. We must provide equal time, effort, and funds to address the problem at all levels.

Additionally, as a society, we need to identify and eradicate the underlying causative factors related to substance abuse -- child abuse, neglect, lack of self-worth, to name but a few. An impossible task? I think not! Certainly not for a country that could put a man on the moon, that could set objectives for the stars and attain them. Assemblyman John Vasconcellos has shown the courage of his convictions by underscoring the need for self-esteem among all people in order to facilitate a society for the common good and to address the multi-faceted problems we face. His detractors are legion; so were Christ's. The truth of the message is not diminished.

I encourage you to hear what has been said, to look to the literature, and to see that we have only just begun to fight. Erich Fromm recommends that we rid ourselves of illusion. But we have no way of discovering our illusions unless our ideas about ourselves or the world are challenged and disturbed. Only if someone threatens our self-esteem will our attention be called to beliefs about ourselves that might be illusory. The possibility of getting rid of illusions begins when they are disturbed. If we felt this to be true, we would welcome challenges instead of trying to avoid them. Thank you.

CHAIRMAN SEYMOUR: Thank you very much, Mr. Aldrich. We appreciate your testimony.

Next we'd like to hear from Mr. Galen Rogers of the Methadone Programs Alliance. Thank you for being patient and waiting all day.

MR. GALEN E. ROGERS: Thank you for the opportunity. I have prepared a written script, which is before you; and I'd like to read that and expand on any areas that you might be interested in.

Dear Chairman and Committee Members:

I am participating in this special hearing as a representative of both proprietary and nonprofit organizations who operate licensed Methadone Clinics in the State of California treating approximately 5,000 of the 13,000 narcotic dependent individuals being treated in Methadone programs in this State. That's current figures, by the way. These are licensed proprietary and nonprofit clinics supported by patient fees in contrast to publicly financed clinics. The directors of these clinics share a common concern for the increase in substance abuse within this State and support both the education of our youth so that they may make more rational decisions and the treatment of individuals who have already become physically and/or psychologically dependent through the abuse of substances.

Given the time frame, I should like to address the management and treatment of narcotic dependency with Methadone in an outpatient setting as it currently exists in the State of California; the trends that are being observed from a treatment standpoint; the problems that are inhibiting patient access to treatment; and how the Legislature in the State can assist in alleviating deterrents to treatment.

I represent organizations who are admitting approximately 1,000 applicants per month into Methadone treatment. Clinics report that an average of 20% of their applicants are new admissions to treatment. These 2,400 new admits per year, if reflected statewide, means conservatively that approximately 5,000 individuals are surfacing for treatment annually. And you can underline surfacing because as I add in the next paragraph that if that figure is extended to the nationwide indicator that assumes 15% of the drug dependent or narcotic abusing population is seeking treatment in any given time, this would mean that approximately 35,000 of this State's population is becoming newly dependent on licit or illicit narcotics in any given calendar year.

However, while this is occurring, state regulations (specifically, California Administrative Code Title 9, Chapter 4) have been enacted that restrict access of these individuals into treatment, significantly impede clinical judgment, restricts state authority in support of their regulatory responsibility (and the legislative intent of these regulations), and transfers the legislative responsibility of the state authority to local government -- presenting to the field 58 governmental agencies making divergent policy. The result is increased costs to programs, increased costs to the taxpayer relevant to public programs, increased costs to the consumer in the programs that I represent, reduces access to treatment of needy persons, and creates the potential for adversarial relationships between the private and public sectors, which is probably, as far as I'm concerned, the most damaging thing that is occurring right now in California.

These aforementioned results do not begin to measure the costs to society of emergency admits, increased Medi-Cal/Medicare utilization and criminal costs associated with narcotic dependency and drug addiction.

It should be brought to the attention of this committee that Methadone clinics are regulated by the Food and Drug Administration, Drug Enforcement Administration, various third party or insurance standards, the Board of Medical Quality Assurance, and Title 9, which has overlapping and more stringent regulations than any of the above.

This situation makes it very difficult to project to you where we are going. It is obvious that substance abuse and narcotic dependency in this State or nationwide is not declining. It is on the increase whether it be at the street, blue collar, white collar, or the professional level. Why, then, has the state authority taken such a restrictive stance toward the licensed clinics in this State who have developed delivery systems to intervene in this disease to their utmost capability.

Title 9 contains regulations which were written into this document after public hearing, without following the California Administrative Procedure Act. Litigation has been filed against the state to clarify these and companion regulations such as the policy of subventing regulatory responsibilities. Litigation is a waste of time, intelligence, money, and energy which could best be utilized by approaching common goals of education and treatment. The "fields'" only objective is to be allowed to respond to the problems that these clinics are licensed to address in a responsible and meaningful manner free of arbitrary encumberances.

Senate Bill 1674 was implemented on January 1, 1982, for the purpose of licensing of Methadone clinics in the State of California and to provide a conduit by which these licensed clinics reimburse the State of California for direct and indirect costs associated with the Division of Drug Program's legislative duties. This bill allowed for state licensure of Methadone treatment programs to provide Methadone maintenance to the maximum of 300 Methadone maintenance patients and 150 outpatient detoxification patients for a total of 450 patients per licensed facility. Obviously, this is somewhat dependent on local regulations and ordinances. The Department then delegated this authority to approve or disapprove new clinics and the annual renewal of that clinic's license. This delegation of authority has fomented deference to the determination of licensed patient capacity. Conflicts of interest are also involved when local government contracts or operates its own licensed clinic services. This problem has compelled patient abandonment, depriving the private treatment systems of responding to applicant's needs and depriving these treatment systems of the number of patients needed to conduct business efficiently and with economic viability. State statute authorizing the delegation of this authority does not exist. The effects are as follows:

Privately funded Methadone clinics are precluded from achieving meaningful economies of scale, depriving the marketplace of lower cost health care services in this area;

Applicants are compelled to seek treatment at publicly funded agencies, or to forego treatment altogether, because of the artificially created unavailability of services for

which they are eligible by all established medical criteria;

Privately funded Methadone clinics are deprived of the opportunity to expand and invest their respective capital funds in an efficient manner for the benefit of the marketplace;

The supply of privately funded Methadone clinic services is artificially reduced, resulting in reduced applicant choice and higher prices;

Consumers are told not only what clinics they may go to for new treatment, but are being told they must refrain and stop the use of otherwise perfectly proper clinical treatment at the facilities they have heretofore used and relied upon in the sensitive and socially beneficient task of weaning themselves from harmful drug dependency.

Many other issues exist that have been created by the enactment and administration of these regulations. Removing the shackles that have been imposed on these clinics by restrictive and confusing regulations and the administration of the same should promote a more efficient response to the ever growing need for intervention of this illness.

CHAIRMAN SEYMOUR: Thank you very much, Mr. Rogers. Questions? Thank you, sir.

Next we will hear from Dr. Sandy Weimer, the Orange County Mental Health and Drug Abuse Services.

DR. SANFORD WEIMER: Thank you, Senator Seymour, for inviting me to come today.

Given the lateness of the hour and the numbers of speakers you've already had, I'm going to try abbreviating further what I had done in the first place which is to anticipate that you would be going well-trodden ground and try to focus on just a few areas, not the incomprehensive, but some that are close to my heart that I think would not have received enough emphasis through the course of this kind of day.

First of all, an earlier speaker did mention the Triangle Research Report, which gives us some idea of the size of the problem in terms of the cost to society. I only want to mention those because I'll refer to those numbers a little bit later. The latest figures I have show $89.5 billion for alcohol costs and $64.9 billion for drug abuse costs in this country, which includes the whole gamut of costs as mentioned before: the crime, the incarceration, the automobile accidents, etc.

Another recent estimate suggested that $79 billion was going into the cost of the drugs actually distributed in the street. And if all of those drugs were peddled by one corporation, it would be the second largest corporation in the country.

Now, Orange County isn't free of this kind of problem. A recent article in the Orange County Register gave us some interesting statistics: In the City of Santa Ana, since last year, the rate of drug-related arrests is up 50%. In the first eight months of this year, compared with the year before, the comparable figure is 54%. Burglaries are up 30%. We know that these are related problems. John Miles, special agent in charge of the Orange County Office of the California Bureau of Narcotics, and a member

of our County Advisory Board on Drug Abuse, was quoted as saying, "The traffic is so voluminous that it is stifling local police."

Now, lest you think that this problem is confined to a hard core of addicts, let me cite some statistics briefly from a survey that the Orange County drug department, under the authorization of the Board of Supervisors, conducted in the schools of Orange County. It was delightful to know, incidentally, that some of the things that we're already doing have been good when the chief of police uses our statistics and when folks from the school system use our statistics. It makes me feel good that we've done something that other people have found useful. The survey to which they were referring was the first county-wide survey, that I'm aware of, done in California and attempt to be comparable to national figures. We contracted under the authorization of the Board of Supervisors with Dr. Rodney Skager of UCLA. All of the students' responses were held confidential, which we think gave us a fairly valid response. We surveyed 6,500 students around the county and built in validity checks so that we were sure that the information we were getting would be accurate. We looked at the use of intoxicants in children in the 7th, 9th, and 11th grades; and I'll just give you a few figures from that which are relative and disturbing: 51% of the seventh graders reported drinking beer in the last six months -- now some of those are simply taking a sip out of a parent's beer, but 3% reported weekly use; 17.8% of the students in Orange County in the seventh grade reported using inhalants -- now this is higher than the national figure. Inhalants are toxic hydrocarbons -- generally glue, gasoline, those kinds of things which are poisonous and for that reason, obviously, very dangerous. 30% of the eleventh graders reported weekly use of beer and 15% reported weekly use of---regular use of marijuana.

Now, we translated that into population figures just to give a more meaningful kind of a number rather than using percentages. We estimate the 4,775 of our twelve year olds have apparently sniffed some toxic substance in the last six months---349 are doing it weekly; 4,200 eleventh graders are apparently smoking marijuana weekly or more frequently; 5,360 would have been experimenting with cocaine and we estimate that 645 use it weekly or more. I could go on as the study was extensive and detailed.

One last point and then I just recommend that you read the report. Polydrug abuse is particularly dangerous and a worrisome indicator of risk and chronicity. At grade 7, 10% already claimed to experiment with polydrug abuse. This figure rises to 23% in grade 9 and 33% in grade 11. Very disturbing.

Lots of other folks have given you similarly alarming statistics. I'd like to begin to look at where some of the solutions to some of these problems might lie. Orange County receives a bit less than the statewide average in drug abuse money per capita. We've got a budget of about $4 million, for a population of 2 million people. With that, we fund a comprehensive program, as you've been hearing about, from prevention, early

intervention, outpatient therapy, and diversion programs to residential treatment for hard-core addicts. We are the provider of last resort. And as one of the parents mentioned earlier, when there is no place else to turn, a parent can turn to the county program.

Now, as you recall, I said that the drug abuse problem in this country was costing about $46.9 billion, according to the Triangle Report estimate. That makes our share in Orange County about $204 million. Just to compare again the figures. The amounts of money we've heard talked about in terms of advertising for alcohol, the amounts of money being burned up in costs for these kinds of programs -- we're spending $4 million in our county for county drug services, and we're estimated to be losing $204 million in drug-related costs as a result of the addiction. Our residential programs have space for 130 people and we have waiting lists -- 30 of those spaces are allocated for adolescents. Hope House is one of the programs that we support--the Chief mentioned earlier today -- and we feel is a very good program. If we could take some of the folks out of circulation and could even be rehabilitated, we would be saving enormous amounts of money. Now, two-thirds of our admissions to outpatient care are people recently detoxified from the heavy duty drugs -- heroin, cocaine, and amphetamines. Another 10% are PCP users. I think enough speakers have said it, I believe it is well that our level of funding statewide is inadequate. We are dealing with a problem of epidemic proportions and we're falling farther and farther behind.

Let me suggest some possible reasons to investigate. There has been widespread denial, as has been noted by other speakers, of drug abuse and alcoholism in our society. Treatment is frustrating; and while improvement rates of 75% in good residential therapeutic communities are hopeful, outright cures may be in the range of 20-30%. The treatments are relatively new on the scene, as health care goes. And the direct benefits are hard to measure. One problem that we have is that a community or state may put good money into treatment and benefit to the community is a relative, sometimes even imperceptible shift in crime rates that offers little in the way of dramatic payoff. The abuser and the family of the abuser may benefit much, but the taxpayer can't see it, touch it, or drive on it.

Because the problems are chronic in nature, the patients difficult to deal with, health care professionals interested in the problem are hard to find. I'm having trouble hiring good professionals for our system. Our medical school programs emphasize high tech acute care. We tend to do badly when the focus is chronic, or rehabilitative, and especially when it is psychologically taxing. The lack of interest by most physicians, psychologists, and other professionals has made it difficult to attract them to public service. In my experience as a member of the faculty of one medical school, and a trainee at four different universities in the course of my education and training, I

found that students were interested in what they were exposed to early and what the faculty showed interest in. The faculty tends to reproduce itself. Substance abuse was never held up as a respectable interest. I recently contacted all of the medical schools in the State of California to update my knowledge of the training problem, and I found that the only thing that was consistent about all the schools was a lack of uniformity from school to school. On the whole, the publicly supported programs do a little bit better. Two of the University of California campuses and two of the private medical schools reported no required practical clinical experience in substance abuse for medical students. The majority of the schools reported no required time in graduate education; that is, resident physicians in specialty training in substance abuse.

I reviewed this afternoon, before this testimony, SB 1796, which had escaped my attention before. It's a good step in the right direction, but it needs more. There is no detail in terms of what might be required of the medical students and physicians in training. It merely outlines the problem, and it needs some fleshing out. I think it's a good step, and I think that the committee ought to look at trying to pin some of that down.

Finally, I think we have to consider the nature of our neighborhood social structure. I think that drug abuse thrives because of the breakdown in community and extended family connections. The anonymity of our neighborhoods leads to a breakdown in natural social inhibitory forces. There is a little factor I like to call positive nosiness. When Johnny or Suzie knows that Mr. or Mrs. Jones on the next block, knows who he or she is and, what's more, cares about what they're doing, and that the parents know each other, we have a powerful social force. The parent movement in California is young and deserves support. In fact, I think it's revolutionary that parents are organizing and taking a public stand on these kinds of issues instead of hiding it in a closet. We must encourage these parent organizations interested in substance abuse and mutual support. We must help them and the schools break down the denial and the fear of being blamed to bring the problem out in the open. I believe also that it would be useful for the other counties around the State to replicate our study on a statewide basis, so that the facts can be put into the hands of the county programs, the parent groups, the schools. In addition, we are seeking educational programs right now in Orange County based on our study to reach the parents who ordinarily don't come to the kinds of meetings that we talked about at the schools. We're going to approach them at the workplace, and we're currently working on a program to pilot these kinds of things in county employees.

In conclusion, there is one key reason for the drug traffic, as you've heard. It's demand. People want to buy and use drugs. I don't believe we will ever find a simple key to switch off the demand. So, in the meantime, we have to apply a complex solution to a complex problem. We have to reach the kids early, before the peer pressures turn

malignant, so that they can learn to say no and influence others to turn away from this scourge. We must continue to support law enforcement. We must augment treatment services and perhaps fund them in novel ways. Now, I'm not a professional at writing laws, but it seems to me that some of the funding issues might be dealt with in some novel ways. There's a proportionality that perhaps ought to be brought to bear. I was delighted to hear of the kinds of programs that the private distributors of alcoholic beverages, for example, are supporting. Perhaps we can make some kind of a proportionality in the amount of advertising dollars spent could be tied to the amount of money being put into drug programs, because clearly the percentage of the people who are using alcoholic beverages are at risk for alcohol abuse. And so the more alcoholic beverages sold, the more folks are going to be drawn into an alcohol abuse kind of situation. Perhaps there could be some kind of a funding mechanism that would tie proportionality to that. Similarly, insurance for burglary. Homeowners insurance, for example, if the rates could be tied together and these programs could be shown to have an impact on burglary, perhaps there could be a tie-in there in terms of proportionality.

I've already mentioned my recommendation that the rest of the counties in the State support some kind of a survey in their schools. I think we ought to mandate minimum hours of instruction and, most importantly, require clinical experience for MDs and clinical psychologists as well as the other professionals early in their training. And I think that there ought to be visible support from the state for the parent groups and some money, seed money, of one sort or another earmarked for those groups with no strings attached. I understand that some earlier attempts put so many strings that the parent groups were unable to use the money.

I'd like to stop there and thank you very much for having me today.

CHAIRMAN SEYMOUR: Well, thank you, Dr. Weimer. We appreciate you taking the time. Any questions? Apparently not. Thank you.

Moving into the final area, Alcohol Abuse Support Groups, we'd like to hear first from Ms. Sue Zepeda, representing the Alcohol Program Administrators Association. Ms. Zepeda.

MS. SUSAN ZEPEDA: Thank you, Senator Seymour.

CHAIRMAN SEYMOUR: Thank you for waiting all day.

MS. ZEPEDA: Your patience also is commendable, that I think the testimony you're gathering today is very important. I'd like---and I think if I stick to my written testimony, we can stick to the schedule. You'll find that it summarizes a great deal of what you've heard today, a lot of which applies to changing the context in which we drink or choose not to drink here in the State of California through a variety of measures.

In the State, more than 3,000 of our citizens die each year from the physical consequences of the disease, alcoholism. At least twice as many more die from trauma,

resulting from the impaired judgment which ingestion of even minor quantities of this enticing substance can cause. In our quest for a good life laced with alcohol, we are falling out of our boats, running our cars into trees or bystanders, and burning ourselves and others as our sofas catch fire from that last, unnoticed cigarette. The problem is not solely the disease of alcoholism, but other alcohol-related problems.

There are many ways in which the State Legislature can impact upon this major health and safety problem -- not all of them requiring an increased commitment of taxpayer funds.

Looking first at policy-level interventions, to think for a minute about labeling. My favorite over-the-counter antihistamine has a succinct notice on the back of the box to alert me that I shouldn't take more than one every four to six hours; that I should not attempt to drive a car or operate any other heavy equipment when I have consumed even that one; that -- if pregnant -- I should consult my physician before taking any; and that it should be kept out of reach of children. I think if we could find similar warnings on the backs of alcoholic beverages, we might save some people the lost lives that have occurred in our State.

The area of advertising, and that's been noted as well today. Increased control over the timing and content of alcohol advertising over radio and television airwaves -- whether self-imposed or legally mandated -- would help shape viewers impressions of the uses and risks of alcohol. "Counter-advertising," aired not at midnight, but at times young viewers and parents are most likely to be watching, could also help increase awareness.

The area of taxation, and you've heard that today as well. California currently offers drinkers a real "bargain" when they purchase alcoholic beverages. Our taxes are among the lowest in the nation and have seeen little increase in recent years. A modest increase in the tax on these beverages could significantly increase resources available to the schools for prevention and to the criminal justice and health care systems (including alcohol recovery) services that are most impacted by alcohol misuse.

Zoning -- It always surprises me and there have been some recent notable exceptions that the same parents who are very disturbed by the presence of a "head shop" close to a public school seem not to bat an eye when a bar or liquor outlet is placed near by. And why do our public colleges permit and encourage the sale of alcoholic beverages on campus? Whatever the benefits of alcohol ingestion may be, it is not known for promoting clear-headed concentration on one's studies.

We seem reluctant, in policy development, to establish a relationship between the substance, alcohol, and the health problems and community problems its use gives rise to.

Turning to the area of cost containment, oddly enough, at the same time that we appear bent on denying the relationship between the substance and so many of California's

deaths and ills, today's newspapers seem ready to declare alcoholism the disease of the '80s. It is almost fashionable in 1984 to be in treatment at a well-known clinic for one's alcoholism. This publicity has done a lot of good, in bringing sick people to effective assistance sooner. But many of those who seek sobriety in expenseive hospitals do not need the high-priced medical setting. Still more need only their first days of detoxification within running distance of oxygen tents and operating rooms. Those who can pay, and their employers and insurance carriers, are picking up a much higher bill than they need to for their start to sobriety. Those who cannot pay the price of admission -- if they are fortunate enough to gain access to the small number of government-subsidized programs in California -- receive care that can be equally effective, at a much lower cost per bed-day or visit.

Joe Collins has described today California's cost-effective alcoholic recovery programs. There are other such similar programs providing nonresidential support and residential support to those who must achieve and maintain an alcohol-free lifestyle. Our social model recovery programs have been studied and acclaimed by researchers from the National Institute on Alcohol Abuse and Alcoholism and from elsewhere. There is no reason why the well-to-do should be denied access to these less expensive care options.

Medical need, not ability to pay, should be the basis for hospitalization. At the same time, needed care -- in clinics, recovery homes, and hospitals -- should be as available to rich and poor Californians alike as are the treatment for liver cirrhosis, cancer, fractured skulls, and burns, which, as Dr. Pursch noted, are the result of our untreated alcohol abuse and alcoholism.

Just because costly hospitalization is often not needed for alcohol recovery, though, does not mean that third party reimbursement mechanisms, both public and private, should be unavailable to alcoholics and their care givers. One cannot help but ask what the savings to our public and private health care system would be if we were treating and preventing that cause, rather than responding to the costly symptoms of untreated alcohol abuse and alcoholism.

We've all, in one form or another, taken the Research Triangle data and brought it to your attention today. The State of California Department of Alcohol and Drug Programs has localized that to California, and those are the figures I've used in my report.

They placed the health and social costs of unchecked alcoholism in California at a staggering $8.1 billion, or over $300 for every man, woman, and child here in California. And to state caution, this is probably a conservative estimate. This year, in contrast, the state has allocated $38.3 million to address the problem directly. Effective means to combat alcohol abuse and alcoholism are known to us; we could in all likelihood reduce the total costs of the problem to the state by an increased up-front investment in prevention and rehabilitation.

Not only are more resources needed, those resources will need to be spread in a manner which will offset current disparities in funding among groups in need and from county to county around the State. No California county presently has the resources it requires to address the current demand -- let alone the need -- for alcohol services. Nevertheless, some counties do receive three or four times what their neighbors receive per person. These disparities are historical in origin, but they must be adjusted whenever new funds are added to the system.

I mentioned the social costs of untreated alcoholism, placed by the state at a conservative $8.1 billion. Comparable figures for the state for drug abuse and mental illness were estimated at $2.7 billion and $6.6 billion respectively. It is not clear whether this is simply further evidence that problems of alcoholism have been underestimated and underfunded, or whether it's evidence of the success of heavy infusions of support to other behavior-related health problems in the past. It does indicate, in any case, that we have not supplied our county troops with enough ammunition to win the wars against alcohol abuse and alcoholism.

Another area that's of particular interest to me is the role alcohol plays in criminal activity in our State and the role recovery can play in the rehabilitation of criminal offenders. This is an area that clearly needs to be explored. Perhaps there are some recovery measures which, begun behind bars, could reduce the use of that revolving door to the drunk tank and relieve the crowding in our state's jails. A working partnership of corrections and alcoholism professionals can help us discover sooner if this is the case.

In short, my recommendations to your honorable Select Committee with regard to alcohol-related problems are these:

(1) Increased use of public-policy level interventions, to heighten consumer awareness and reduce access to dangerous levels of alcohol.

(2) Tougher standards of care review -- industry-developed or other -- and other cost-containment measures, to put a lid on the costs for an individual's recovery, coupled with ...

(3) Increased -- and more appropriately distributed -- funding for cost-effective methods of alcoholism rehabilitation for those who cannot pay their own way and for prevention efforts in all communities.

(4) An examination of the role of our current knowledge of alcoholism which could possibly reduce the cost to us of alcohol-related crime.

Just a final thought, if we know that smog or saccharin or "sudden unexplained death syndrome" killed as many of our parents or friends and children as alcohol abuse and alcoholism do, we would move quickly on several fronts to contain them. I feel your presence here today is evidence that you will not be lulled by familiarity into believing

that this old and persistent health hazard, alcohol abuse, is any less dangerous than the newer threats to our California lifestyle. Thank you very much.

CHAIRMAN SEYMOUR: Thank you very much, Ms. Zepeda, for your presence today. Are there any questions? Senator Royce.

SENATOR ROYCE: My question would be your concept there of the packaging, the advertising on the bottle.

MS. ZEPEDA: Yes.

SENATOR ROYCE: Do you know of any other states that have done anything along that line or any countries that do that?

MS. ZEPEDA: There's nothing being done currently in the United States. There have been movements to do this, but they tend to run head-on, of course, with the liquor industry's interests that they not be present either in advertising or on an actual label on the bottle. And nonetheless, the characteristics are strikingly similar of the drugs and their dangers.

SENATOR ROYCE: OK, thank you.

MS. ZEPEDA: Thank you.

CHAIRMAN SEYMOUR: Thank you very much, Ms. Zepeda.

Next we'd like to hear from Mr. Sonny Walker from the State Advisory Board on Alcohol-Related Problems. Mr. Walker.

MR. BUFORD "SONNY" WALKER: Senator Seymour, it's a pleasure to be here. And I want to thank you for this day. It's been quite enlightening for me also, and it's a pleasure to have all my colleagues come forth and give you all this great testimony. We have a few things we'd like to say also. We won't get the opportunity to say as much of it, but I think you've got a lot of ammunition.

CHAIRMAN SEYMOUR: I would say.

MR. WALKER: All right.

CHAIRMAN SEYMOUR: We appreciate all of it, and we'll appreciate you taking ...

MR. WALKER: The inappropriate use of alcoholic beverages puts alcohol as the cause of some of California's most serious social and health problems, ranging from highway deaths and accidents, crime, domestic violence, to illness, poor job performance, and birth defects, to name just a few. Because of this broad range, and because others have testified on many other facets of the problem, such as research and treatment, I will limit my comments to some of the specific studies, activities, and recommendations of the State Advisory Board during the past year.

Since an "ounce of prevention is worth a pound of cure," we have examined and will continue to emphasize the cost effectiveness of preventative action and education at all levels.

In the schools we found a lack of understanding of the problem by teachers and

parents as well as students. To counter this, we would recommend that appropriate training about alcohol problem identification and student counseling become an academic requirement in teacher credentialling. Some school administrators should receive special training in creating interaction with parents and parent groups to create a better climate for unified action in dealing with the increasing alcohol abuse among students.

Our Board, the State Departments of Traffic Safety and Alcohol and several counties are sponsoring a pilot project called "Friday Night Live." This is a modern, multimedia approach toward reducing the incidence of teenage drinking and driving. This pilot program is being funded by private sector groups, such as automobile dealers, insurance companies, and others in partnership with state and county governments. Public funding for this should be continued and increased to further develop this and other programs of its kind.

Insufficient enforcement of liquor laws and lack of training on the part of servers can result in sales to minors or persons already intoxicated. To counter this, we believe the state should consider the individual licensing of servers, such as bartenders and cocktail waitresses. A prerequisite to licensing should be a reasonable level of training in liquor laws, identification of the problem drinker, and the proper handling of the intoxicated purchaser. This would accomplish several important things:

1. It would insure the moral integrity and proper training of the server.

2. It would enable Alcohol Beverage Control to more effectively enforce existing laws.

3. Loss of individual license, and the potential loss of livelihood, would be a strong deterrent to the server from selling liquor to the already intoxicated customer or underage purchaser.

Rigid training and licensing of pharmacists, doctors, nurses, and others who dispense dangerous drugs is required. Yet, we do not set any standards for those individuals dispensing alcohol, which can be equally dangerous when dispensed in the wrong amounts to the wrong person. Training packages for servers are already available at the national level. This server licensing program and its enforcement could be self-supporting through its own licensing fees.

We also believe that the budget for Alcohol Beverage Control should be increased to permit adequate enforcement of existing laws. We applaud the zoning restriction steps taken in some local communities to prevent outlet proliferation and the sale of alcohol and gasoline together. Any adjustment in state law required to facilitate these local ordinances should be enacted.

Special education must also be provided to counselors, social workers, and others in how to outreach to special groups such as minorities and women. Their special problems often prevent them from realizing help is available. Psychological barriers often

prevent their utilization of existing alcohol treatment facilities.

Programs of treatment and early identification of the alcoholic employee must be encouraged and provided. Development of Employee Assistance type programs and related training for both public and private sectors is a must. For example, we have found that there is no real consistency in employee assistance programs throughout our own state government. Development of employer awareness and reasonably priced treatment is a prerequisite to insurance company participation and subsequent cost control.

We strongly urge the continuation of separately identified funding for programs dealing with alcohol. The widespread social and legal use of alcohol creates a different set of prevention and treatment problems, which cannot be effectively handled as a part of any other social program.

During 1984 and 1985 our Board plans to implement a Board public relations program to deal with industry advertising, increased visibility, and appropriate position statements.

Our Board will develop an awards program for those individuals and corporations who make significant contributions to the solution of alcohol problems. We believe a "pat on the head" will sometimes accomplish more than a "thousand swats on the behind."

Our Board will actively advise the legislative bodies and the Governor on such items as public policy and funding of alcohol-related programs.

The Board has played a key role in advising on major bills dealing with county funding, drinking age requirements, the selling of alcoholic beverages, employee assistance programs, and drinking driver regulations. We will continue to advocate.

We feel certain that strong unified action of government and industry, coupled with adequate funding, will enable California to continue the significant progress which has already been made.

I want to thank you very much.

CHAIRMAN SEYMOUR: Appreciate your being here today, Mr. Walker. Let's see if there are any questions. No, evidently not. Thank you again for your testimony.

Mr. Dan O'Sullivan from Behavioral Systems Southwest.

MR. DAN O'SULLIVAN: I'll be real brief because my plane leaves in about 50 minutes.

CHAIRMAN SEYMOUR: A great motivator.

MR. O'SULLIVAN: Yeah. Senate Bill 1915 was passed and signed by the Governor on the 30th of last month, and it allows, to bring it back to your memory, the judge to order the defendant into jail for one quarter of his sentence and then to secure a rehabilitative program for the remainder of his sentence. I have some concerns on implementation, and I think the biggest concern with most people is the indigent being offered and being allowed to take the program. Private providers would have a very fiscal hard time to accept all the indigents. And in the four county pilot programs, I'd like to

see it possible that the Legislature could, hopefully, help on state funding and/or may put a cap on the amount of indigents and also look into the highway funds in Title 23 of the federal government and new innovative programs can get assistance over and above any county funds that are given to the state, and possibly funding could come from there.

You asked a question earlier this morning about whether the judiciary should have training in this type---regarding drinking drivers. I just came from the first conference on assessments that was given by Hazelton back East. They have been doing assessments in the East -- they call it assessments. The court sends the people, the drinking driver, to the assessment counselors, and it's a team. And what they do is they give a---using an instrument called the Mortimer Filkins test, they---there's a questionnaire given to the defendant and then there's an interview done and a score taken and then they use outside information such as the BAC and prior record. Also they do contact the concerned other. And that's very important to it. All of this information is put into a score, and then the person is evaluated. And they come up with whether the person should go to school, a minimum counseling program, a maximum counseling program, or residential treatment. And also, the person is referred back to the court then, and the assessor goes to court at that time in case the judge or the lawyers want to ask him any questions. The punitive sentence is also in conjunction with that, and the family is involved.

Earlier today, too, it came up about recommendations that the DUI providers should give recommendations to the court. Another program I'm in, we do recommend to the court what we feel when a person leaves the program. And most of the providers I know do that, at least in the Los Angeles area.

Some of the other issues that I'd just like to briefly tell you about is that I think, for instance, and I'm going to refer specifically to the Hollywood and Los Angeles area where I work, there is a very, very big need for social detox facilities. There's twelve in Los Angeles County. As a provider I can put people into a detox or a residential facility, and I can't get them in. There's just no room. The social detox facilities that I have numbers for, every time I try to do it---get them in there, there is absolutely no room. And I feel that this is a much needed type of facility. And also that these detox facilities, it's not just a detox. There has to be a follow up. Because to detox somebody is a waste of money because many of the detox facilities downtown keep detoxing the same people over and over again.

Also, there's special, I think, special programs that have been overlooked, and they've been addressed here, and I'm just going to brief---a lot of them have been addressed and I'm just going to briefly recap them: the handicapped; the ethnic groups; foreign-speaking groups do not have programs because there's just not that many of them, but they should be involved -- the Spanish, the Japanese, the Chinese, Korean,

Vietnamese, Russ-Armenian; the elderly; the gay population; the juvenile, teenage population. I saved them till last, because finally, programs are coming in for the juvenile, teenage populations. We have outreach for them -- with no funding. We feel that the juveniles---any alcoholic or any addict, I think, needs to pay for it in part, at least, for his treatment. If you give an alcoholic or an addict -- I'm an alcoholic -- anything that was done for me I accepted readily because you were taking care of me and it meant nothing. And I think on the juvenile program, our outreach, we've made it very, very minimal and we want the juveniles themselves to pay, not the parents.

The gas station with booze in it, that's---I agree, has to be out.

Also, which wasn't addressed here is the ads. The ads, we may laugh at them, but the teenager thinks this is the thing. You know, if he hasn't done it tonight, he'll do it with Crystal cream, you know, something like that. And it's ridiculous. The kids have to be shown that these are fallacies. They're absolutely not to be believed.

Another issue I think should be addressed at some time by this committee is state licensure of alcoholism counselors. I think it's very important; and I believe there's something being done right now, but I hope it goes through very shortly.

I hope what I said is some help to you.

CHAIRMAN SEYMOUR: You certainly were, Mr. O'Sullivan. Any questions of Mr. O'Sullivan? Thank you very much, sir.

Any member of the public who would care to address the Senate Select Committee? Yes, we have three, four. OK, please, come forward. Sir, you, and then we'll hear from this lady here. In fact, why don't you all come up here. I think we've got room for three. We have four speakers, is that what we have? OK. If you would just come up here and make yourself comfortable at the table. And if possible, we'd like you to limit your remarks to, perhaps, five minutes each. Could you do that that quickly? OK, yes, sir, we'll start here and we'll work right around the table.

MR. KEITH PINCKNEY: All right, thank you, Senator Seymour. I appreciate the opportunity---

CHAIRMAN SEYMOUR: Would you give us your name and the organization that you represent or your home address? The reason we want to do that is we're making a tape recording of this meeting. We're intending to provide a written transcript of the entire proceedings to make available to anyone who might have an interest.

MR. PINCKNEY: Thank you. I understand that. I've been here since this morning. I appreciate the opportunity to have something to say, and my remarks are not prepared.

I'm from the wilds of Northern California ... Yuba City. And so I'm glad to have the opportunity to address somebody from Southern California and have the hearing in Northern California so that I can say something.

It was briefly referred to in Susan Zepeda's very apt remarks about costs.

SENATOR ROYCE: Would you give your name.

MR. PINCKNEY: Oh, I'm sorry. My name is Keith Pinckney. I'm a director of an alcohol recovery program. We have recovery homes for men and women, a social model detox, a drinking driver program, and a youth and family and prevention program. It's a comprehensive, community-based alcohol social model program.

SENATOR ROYCE: Thank you.

MR. PINCKNEY: Marysville and Yuba City. That's Yuba and Sutter Counties.

SENATOR ROYCE: Where? Where is that located?

MR. PINCKNEY: Marysville and Yuba City. Yuba and Sutter Counties. It's about 45 miles north of here.

SENATOR ROYCE: Oh, I know where Yuba is. I didn't know where you ... OK.

MR. PINCKNEY: I live in Yuba City and most of the program is in Marysville, part of it is in Yuba City.

The cost, I think---when we get to equity issues, and they've been very briefly referred to here, primarily because equity hearings are being put on by the state right now. But I think when you think about equity, one issue hasn't been addressed; and that's equity among the various segments. You're talking about mental health, drugs, and alcohol. Susan Zepeda's statement---mentioning the cost of untreated alcoholism at $8.1 billion, mental health at $6.6 billion, and drug abuse at $2.7 billion estimated in the state; when you come to state expenditures, mental health is No. 1, drugs are No. 2, and alcohol is No. 3. So there's a great disparity even among the funds that are distributed right now. So when you talk about equity, I think you have to bring that issue to the fore as well. I think that the point has been very well made that all these programs are underfunded, but alcoholism to a larger extent than the other ones. So that was my main point. Thank you.

CHAIRMAN SEYMOUR: Fine. Thank you very much. Yes, ma'am, your name, please.

MS. CORRINE SANCHEZ: My name is Corrine Sanchez. And I passed out a written statement. I am the executive director of El Proyecto del Barrio, which means "project of the community." I'm representing also the Southern California Program Directors with Larry Gentile and ten of us that came down here on our own funds to impact somehow the seriousness we feel about this issue.

First, I'd like to briefly just make highlight comments, because I've got five minutes. El Proyecto has been in the San Fernando Valley for fifteen years. Predominately, our target population has been in the northeast valley, which is predominately Chicanos, blacks---population.

The problem of drugs in the community is not new for us. As a matter of fact, it's very old. The No. 1 problem in our areas, in our communities, has been heroin and still is today, rather than cocaine, predominately because Chicanos cannot afford, or the

blacks afford, the drug of cocaine. Marijuana and, more seriously, PCP is really utilized by the youth, which is a very serious concern for us.

El Proyecto has also been established to help ex-offender drug addicts get jobs and help the youth of their children. So it's developed to a comprehensive agency in the San Fernando Valley. Most recently, two weeks ago, parents got together -- community members, legislators, councilmanic representatives -- and protested in San Fernando, the City of San Fernando, because you find young children, the age of nine, pushing in the corners in the City of San Fernando where there is a predominately, about 40 percent, Hispanic population. We feel that this is an aggressive measure and an open attack to the problem---

CHAIRMAN SEYMOUR: Excuse me.

MS. SANCHEZ: Yes.

CHAIRMAN SEYMOUR: You caught my attention there when you said nine year olds were pushing in the corner.

MS. SANCHEZ: Yes.

CHAIRMAN SEYMOUR: The reason for their pushing is to feed their habit, or are they in it for just profit so they can do something else with it? Why would a nine year old be pushing?

MS. SANCHEZ: Well, that's a very good question, Senator Seymour. We don't know exactly why, specifically, that year---that age level is involved with dealing. They're fronts, definitely, for older people.

CHAIRMAN SEYMOUR: So what do they get out of it?

MS. SANCHEZ: But one of the rationales would be, which has been a problem in the community, economics -- to help the household with income.

CHAIRMAN SEYMOUR: So it may be that that nine year old isn't so much on the stuff himself or herself as it kind of puts bread on the table at home?

MS. SANCHEZ: Well, that---I wouldn't say that. I think, also, there are youngsters and I was going to get that---as I go on, because we dealt---we're working very closely with Pacoima Junior High and there are youngsters 11 years old using. And so it couldn't have just started in junior high. I wouldn't say they're just pushing they're not using.

CHAIRMAN SEYMOUR: OK, thank you.

MS. SANCHEZ: As I was saying, that's been an aggressive action and a very positive---it has a positive impact. Most recently, was this march.

As you are all aware, in the year 2000, Hispanics will not be a minority in California, but the majority. And not to say that because we're Hispanic we're drug users or abusers, but I believe with that increment of population will also be the increment of drug usage because the problems that drugs are used for -- economic, social, and political reasons -- will not cease with the population increase, but increase.

Another point in terms of the youth involved with drugs is we're finding, and this is in dialog with teachers on the campuses, high school and junior high, there is a satanic move, a lot of activity going on with the youth, that's knowledge of the schools and there's the usage of drugs with these activities, which is a very serious concern for the teachers on the campus. I do, of course, support educator involvement, but our role has been with the education system to come in and intervene and help the teachers. Teachers have enough on their hands in trying to teach. It's been something---an advantage for them for us to come in and help. So I see it, again, as a partnership rather than an isolated solution of the educational institution or any particular entity. So we've been working really close with the schools in that aspect.

Basically, the problem has been there; it still exists. And with those kinds of serious problems in our community, I've made a series of recommendations. One is, of course, yes, we do need more money. And I don't think---you know, you can say we don't need more money. The problem has not gotten smaller, but larger. I think the outpatient, residential, prevention, early intervention services have been effective and should be expanded and not at the expense of one or the other. I work very closely with job training partnership act through the federal government. One of the impetus of the legislation is partnership with the private sector. I don't see anything wrong with the state making a partnership with drug prevention, in getting more, like Anheuser-Busch, different cigarette manufacturers, or whatever to contribute and participate in this aggressively and support to resolve some of these problems. So yes, we do need more money.

Secondly, I believe that, of course, models need to be more developed that are focusing on minority communities; and predominately, Hispanic and black and, more specifically, the women within those populations. The County of Los Angeles underserves and is underrepresentative of women. And there's reasons for that. There's no real focus. So those kind of programs do need to be expanded and developed more.

I already stated the partnership of participation with the private sector. I believe hearings like today are invaluable. I feel very fortunate to be here today, and I give credit---of course, I went to you, Senator Seymour, but of course to our organization of Southern California Directors, in making it possible to be here. I think because it's so important that we're able to talk with you on a one-to-one basis that you do this, not just now, but continual, and come down into the community where you get that direct rapport from the other agencies. Unfortunately, and I don't know, maybe it's superficial on my part, but I do not see a lot of minorities represented here today, voicing their concerns as they work on a day-to-day basis on these problems. But I commend this effort and hope it will continue.

I also believe the media, and someone did state earlier, can be more fully

utilized, even with recent FCC status on saying that a lot of companies already have met their commitment to public service announcements. This is something that definitely needs to be done more widely whether it be on a quarterly, monthly basis to have PSA announcements and programs focusing on this very serious problem.

Also, as stated earlier, there is a lack of detoxifications for youth. Many of these youth have no places to go. And if they do go to any, it's with the adults, that they're being detoxicated off of drugs.

I also feel that there should be more public outcries or protest marches by you as representatives with community groups and other individuals to fight back.

I hope I hear the state carry out more of these activities in a leadership role and making a five-year plan and establish additional sources for this problem and providing alternatives like third party payments for a general problem that confronts our community today. Thank you, sir.

CHAIRMAN SEYMOUR: Thank you very much. We appreciate your testimony, Ms. Sanchez. Yes, ma'am.

MS. KAY VALLER: My name is Kay Valler, and I direct the substance abuse program in the San Juan Unified School District. The program that I direct is for kindergarten through sixth grade. It's an elementary program.

I came here today to sit in on the hearing and find out what was happening in the rest of the districts. But I've decided to address you because I didn't hear any testimony from anyone in school districts that were working with the lower elementary grades. And yet I heard so many people saying that's where it needs to start.

Our community serves suburban Sacramento, and there are fifty elementary schools in our district. And I felt I wanted to tell you that as we see it, having started a program of this kind, we feel there are three basic requirements that need to happen for an elementary program. One of them is funding. The programs and the information that children need to get aren't provided in health texts and they are not provided in social studies texts. So there needs to be some funding available for the programs to allow them to be implemented. The programs are available, but the funding isn't in the school budgets as they exist now for them to be implemented.

CHAIRMAN SEYMOUR: Excuse me, Ms. Valler. How are the fifty programs here in the Sacramento area funded?

MS. VALLER: In our school district that has the fifty schools, we just have one program, but we're putting it in all fifty schools. We initially started it with Title 4 seed funds. We applied for a grant and received a grant and developed the program that way. The district has opted out of general funds to continue the program. But Title 4 seed funding isn't available any longer. So that kind of thing needs to be---some kind of funding needs to be available for that.

CHAIRMAN SEYMOUR: OK, thank you.

MS. VALLER: The second thing that I think programs need is time. One of the Senators asked this morning, how do you evaluate this program? And the answer was, it's only been in place for two years. One of the problems we face with prevention is time. If we feel a program needs to start in kindergarten, then it needs to be recognized that it's going to be twelve years before those students are even graduated from high school. And we can't---we can say that we're teaching them the information, but we can't say that those students are not going to be involved for twelve to fifteen years. We tend to be a hurry-up society. And if we're going to really support prevention education, then we need to make a commitment to those programs that do show some worth, to give them the time to prove that they really can work. That often doesn't happen.

The third thing is to recognize the value of them. And by that, I mean from the top down, that there be some recognition from the state level that says we see this as important and we feel it needs to happen. Our program wouldn't have continued in our district if Dr. Stewart, who is our superintendent, and Arlene Engles, who is our associate superintendent, hadn't said in their goals and objectives we feel this is an important program and we'll provide the funds for it. At the lower level, I think the direction of the program and the actual construction of the program needs to happen individually in districts because each district serves a different population, and it needs to involve the community, and it needs to involve the services, and it needs to involve the problems that those students face in that community. But I think there needs to be a commitment from the top down that says this is valuable, it's important for the teachers, we recognize that this is an important job for you. Very often, our evaluation of elementary teachers is based mostly on reading scores and math scores. And when they're doing a good job in prevention because the students aren't involved yet, they're not recognized for that. And I think that needs to happen if we're going to see a real commitment in education for this.

The last thing that I wanted to say was that I think cost-wise we've heard that employee assistance programs are worth it. We've heard that intervention programs are worth it. I submit that prevention is always less expensive than intervention. And with prevention programs in the elementary schools and in the school systems, we'll have less time lost at work; we'll have less students lost as far as through their developmental years; and we'll have less loss of lives due to drunken driving. All of those things make sense in our society today.

Also, one of the things that we find that happens is that we tend to focus on whatever the latest concern is. Now the thing that's in all of the papers and on the media is child abuse. I really admire the fact that you had this hearing today that's on drug abuse which is not necessarily in the news anymore. I submit to you that within the

very near future there will be a hearing on child abuse, and one of the things that they'll say is that we need education for these students. And when they talk about what kind of education, they'll say we need to teach them decision-making, we need to teach them personal responsibility, we need to teach them a lot of things of the same things that we're teaching for drug abuse. So substance abuse education programs work in a lot of areas, not just in substance abuse, but as far as teaching children to take control of their lives and to be more successful at it.

I thank you for the chance to speak with you.

CHAIRMAN SEYMOUR: Thank you, Ms. Valler. Yes, sir.

MR. BILL DAWSON: I'm Bill Dawson. I'm from San Diego where I'm the director of an agency called CRASH, Inc. (Community Resources and Self-Help), and we run drug abuse programs both residential and outpatient down there.

I guess the first thing I'd like to say is "Me too." The southern part of the State, the very southern part of the State has the same problems and possibly in the same magnitudes with the same data that's been presented all day long.

I guess I learned a lot today, but in a way what I learned the most is kind of discouraging. We've got many, many more good ideas than we have the potential for resources, at least if we took today's input standing on its own to implement what we already know and what we already know we need to do. The same thing is true of my agency. I have waiting lists. I have people wanting to get in the program. I don't have nearly enough resources.

I'd like to underline a few things that were said today that I think are particularly valid. I'm also a member of the Southern California Program Directors. And I think one of the things that Larry Gentile said in his remarks is very, very true. We're in a war. And I think one of the things that this committee will have to do, and I'm sure you will, is try to bring all of the arms to bear in order to win this war. I very much like the idea of getting back on track with the investigation and implementation of third party payment resources for our kinds of services. I think that, as Larry pointed out, the small investment, a couple of consultants in the short run might have a large payoff down the road a little bit of the way.

Additionally, the ideas that were stated around a good look at P.C. 1000, not only looking at it from the point of view of what is it doing today compared to what the original legislation was designed to have it do, but what does it represent as a potential resource in the way of fines. I know I'm not very familiar with the alcoholism service delivery network, but I know there are some mechanisms for getting money through fines and other levies back into the system. And I think that's one of the things that through this mechanism that it should be explored.

As a colleague was telling me over lunch, I'm not so sure there aren't even other

resources, oh, maybe in the area of confiscated goods or, you know, whatever. I think drug abuse, if it's going to stand alone, and I think it should, I mean many arguments were stated today that drug abuse is different and somewhat unique compared to mental health and alcoholism, then I think we have to look at all of the potential resources available; possibly looking at the availability of---well, let me put it this way. In San Diego County, there for some folks are plenty of drug abuse services, but you've got to have the bucks. Maybe what we have to do is look at some of those available services, hospital programs or whatever, and get some scholarship beds or some other things developed for the indigent.

I guess I just want to underline that there's a strong need for developing as many resources to implement what we already all know should be done, and I thank you for your time.

CHAIRMAN SEYMOUR: Thank you very much, Mr. Dawson. I thank all that participated today; in particular, the members of this committee; in particular, Senator Petris who was with us most of the day and Senator Royce who even hung on longer than that. I would share with you that my other colleagues who were here earlier in the day---assure you it wasn't a lack of interest that kept them away this afternoon. Senator Foran, for example, as well as Senator Deddeh, were involved in an interim hearing elsewhere in the Capitol on transportation this afternoon. Senator Hart had another meeting going. And so I want to share with you that the comments that I have had from our members initially have been very heartening, very supportive.

You've given us a wealth of knowledge, more ideas than we feel we could probably implement. Let me promise each and every one of you that we will come up with a program. It probably isn't going to make everybody happy. It probably won't be funded well enough. It probably won't reach as many areas as some of you might think we will reach, but we will be in there pitching. We'll come up with a program, at least I'm interested in a program, that isn't just a one-shot program, one year, but rather a longer term program and outlined and planned so that, Mr. Dawson, as you so succinctly said, we can start winning the war.

We look forward to working with each and every one of you who have such a keen interest in the problem in helping us make that happen. I think together, working together, understanding what this is about here in Sacramento is a process of compromise, of negotiation, of bipartisanship, of give and take, of not everybody getting everything they want, but a spirit of working together to make it all possible. It's going to take that. It's going to take the Assembly as well as the Senate, as well as the administration, (a) recognizing the severity of the problem and (b) being able to compromise and negotiate on the proposed allegiance. To that end, I commit myself as well as the members of this Select Committee and thank you for your participation today.

THE FOLLOWING PUBLIC TESTIMONY WAS NOT HEARD DUE TO THE WITNESS' DEPARTURE PRIOR TO ADJOURNMENT

RIO HONDO DRUG COUNSELING SERVICES, INC.

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October 19, 1984

Mr. John Seymour
Senator Thirty-Fifth District

Chairman-Senate Minority Caucus

Dear Senator Seymour:

I would like to thank you and members of this committee for inviting providers from the Drug and Alcohol Abuse field to share our experiences and ideas with you, our elected officials.

Several epidemiologic indicators show that drug abuse has continued to rise in Los Angeles County with Heroin, Cocaine, and PCP as the leading drugs of abuse.

Drug Abuse has increased dramatically among youth and women. It is not uncommon to see several memmbers of one family abusing drugs, including, at least, one parent.

Polydrug use has continued to be more popular than the use of a single drug, making treatment even more difficult.

We need more Residential Treatment Programs, Outpatient Treatment Programs, Residential Detoxification Facilities, Early Intervention Programs and a comprehensive Drug Prevention Program.

Our elected officials must provide us with the necessary funds to combat and win the war against Drug dealers. Our program(s) are operating on shoestring budgets. The average dope dealer, without a high shcool education, can make more in (½) one half hour, than a drug counselor with a master's degree, can make in a week. We must have the financial resources to support a quality Program and hire qualified personnel..

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Our Agency, Rio Hondo Drug Counseling Services, Inc., has been in the forefront, in providing quality Drug Abuse services in the San Gabriel Valley Area. It is becoming very difficult, if not impossible, for us to continue at this level. We are unable to offer competitive salaries, Therefore, we cannot attract a sufficient number of skilled professionals and are losing other staff to private industry.

Our Judicial System is spending a small fortune in order to put drug abusers in jail for 30-90 days, only to have many of them end up in our program(s) for drug treatment on their own. There should be Legislation passed which will require judges to sentence Drug Abusers (with more than one conviction) to complete a Drug Rehabilitation Program, of not less than, (7) seven months in duration.

There are too many issues to discuss in the short period of time permitted, so, I would like to suggest that this committee schedule hearing thru-out the State with Providers, we are the ones in the trenches. We can win the war, with the right equipment, support and commitment from our elected officials.

Thank you,

Sincerely,

SPEED ROSS, JR., M. S.
Executive Director

SR/gme

THE FOLLOWING IS WRITTEN TESTIMONY SUBMITTED BY WITNESSES UNABLE TO APPEAR

HOPE HOUSE, INC.
A NON-PROFIT ORGANIZATION
Drug & Alcohol Rehabilitation Program
707 North Anaheim Boulevard • Anaheim, California 92805 • (714) 776-0080 • (714) 776-7490

October 22, 1984

TO: Senate Select Committee on Drug and Alcohol Abuse

FROM: Annette M. Dodge, Director- Hope House, Inc.; Chair-Orange County Advisory Board on Drug Programs; Member- Orange County Substance Abuse Prevention Network

"Drug and Alcohol Abuse in California: Where Are We Now? Where Are We Going?"
In the area of Treatment and Rehabilitation, a hard look has to be taken on what has been happening in California since the early 1970's explosion of drug usage among our adult and youth populations.
Recent information shows that marijuana use among the adult population in California is estimated at 38%...just one indication of the broad acceptance in what is classically thought of as a harmless drug...dispite our knowledge of its increased potency and the long term effects of chronic use.
We know from NIDA studies that drug and alcohol abuse reached a peak in the early 80's, with a current national use among high school students who use drugs and alcohol on a daily basis at 10% of the population. In 1983, the Orange County Board of Supervisors, at the request of the Orange County Advisory Board on Drug Programs, conducted the first School Substance Abuse Survey in the county. Prepared and conducted by Dr. Rodney Skager of U.C.L.A., the survey, held in 8 school districts representative of a cross section of Orange County, pointed out out the significant use of drugs or alcohol among our youth...with daily use at 14% or all our high school juniors. The survey pointed out 93% of our students at least experimented with substances once by the time they were in the 11th grade. More significant was the attitude that drugs and alcohol were okay...as long as one did not appear to be loaded...that old attitude of being able to "hold your liquor"!
In recent years substance abuses are occuring at younger and younger ages. The average age of beginning use of those clients entering treatment at Hope House is age 12. Many have, at the age of 22 or 23 already experienced 10 years of drug use...have been in and out of the juvenile justice system, and often have been arrested and charged with adult drug related crimes. Statistices show that virtually 100% of the serious abusers are a costly drain on our social resources. Repeated offenses cost our taxpayers millions of dollars annually in loss of property, cost of law enforcement and incarceration in overcrowded prisions. History points out that those offenders will repeat

these offenses...multiplying the cost to society over many years.
The cost of client maintenence in residential care is about $30/bed day... about 2/3 of which comes from government resources in the case of Hope House. The remainder is raised through other sources such as United Way and fundraising activities.
One out of every 4 persons entering the treatment phases at Hope House remains between 5-6 months and 50% have remained in aftercare as clean and sober members of the community. 1 of every 5 persons in treatment have completed our full 1 year program, with our current aftercare support group showing 95% maintaining long term recovery. I am not sure how to calculate the savings in dollars and cents to our taxpayers..as there have been no repeat offenders among our graduates of the past 2 years....it is, I am sure, in the hundred thousands.
So, Where have we been and where are we going?...How do we prevent future substances abuses while offering comprehensive treatment of current and future abusers?
Less than a decade ago, there were but a handful of treatment programs throughout the State of California for our drug addicted population...Orange County had none. In late 1976, Hope House opened its doors as a long term treatment program for young adult abusers, with the help of Orange County Revenue Sharing funds. Originally housing 17 young adults ages 18-30, the growing demands for treatment caused Orange County Drug Abuse to contract with the Phoenix House, adding 60 beds to our treatment capacity.
Today Hope House and Phoenix House offer 100 adult beds and have been operating at capacity for nearly 2 years. In 1983, public hearings on issues most concerning our county residents pointed out the high demand for residential services for adolescents who were out of control due to substance abuse. Orange Co. now has a 30 bed facility for adolescent treatment. It too, is at capacity.. and, in fact, all drug and alcohol agencies report long waiting lists for their overburdened services.
Obviously the demands are growing. As the Director of a Treatment and Rehabilitation Program, I find I cannot simply address the treatment aspect of drug abuse without touching upon the extensive work we do in the areas of prevention, education and intervention.
10% of our staff hours are devoted to specific prevention projects, and both Orange County rehabilitation agencies are active members of the Orange County Substance Abuse Prevention Network...a coalition of agencies, parent groups, chemical abuse task forces, school administrations, PTA's and law enforcement agencies working towards educating the public and enhancing prevention programming

throughout the county. However, even more important than these specific projects of prevention is the fact the TREATMENT IS PREVENTION, IS INTERVENTION, IS EDUCATION, and must be thought of as a vital part of prevention programming.

As an example....the residents of Hope Hosue, upon entering our program, submit a list of family members to be contacted by our staff for participation in our Family Education Program...an intensive 10 session edcuation and counseling program for parents, brothers, sisters, spouses and children of the person in residential treatment. 70% of the families respond, despite the anger, hurt and fear of futher pain caused by the substance abusing loved one.

Through this program family members learn about the role they play in the abusers disease and begin to identify the serious emotional problems the abuse has created throughout the family system.

Family members are taught how to identify the danger signals of abuse in other family members, and to begin their own healing process and recovery from the effects of the disease. Many are able to breakthrough their own denial of abuse and seek their own recovery. The process of reunification with the resident can then be started through group and individual counseling sessions. This process enhances the chances of long term recovery for our residents, while educating, preventing and intervening in the disease process of the entire family, so the behaviors and attitudes relevent to abusing families can be altered, shotstopping the progression of the disease from generation to generation...PREVENTION AT ITS BEST.

So,'where do we go from here?

Well, we all know how great the problems is...substance abuse affects us all. While I have concentrated on Treatment and Rehabilitation as one closely connected to that field, I also am one who daily feels the evergrowing demands for our services...dealing with distraught families whose loved ones wait in line for treatment for abuses that are so serious,that all other methods of recovery have failed. But, I am also deeply involved at a much larger level, as the Chair of the Orange County Advisory Board on Drug Programs, as an active member of our Prevention Network, and as the parent of two teenagers growing up in the midst of this turmoil.

What is needed in Orange County and the State of Calif. and throughout our nation is a comprehensive continueum of services...offering total program resources to meet the needs of our people:

1. The continued efforts of EDUCATION of adults and children alike
2. Continued and increased efforts in PREVENTION programming beginning in grammar school and continuing throughout the education process

3. Increased interaction between parent groups, public and private agencies, government, law enforcement, schools and clergy for comprehensive prevention and intervention programs
4. OUTPATIENT SERVICES for adults and adolescents offering both individual and group counseling.
5. TREATMENT and REHABILITATION programs for the serious abusers and addicts, both adolescent and adult oriented
6. DETOXIFICATION services for those who need them

Most of all, we need comprehensive family oriented programming in all areas of prevention, intervention and treatment so our dollars will be spent on the best posssible chances for recovery. Services throughout the state must not be cut, but be further enhanced by filling the gaps and offering a continueum of care to the residents of California.

Without complete services, our people will always be falling through the gaps and holes that currently exist in California. Lets find a way of working together to fill these gaps while maintaining the excellent services already in place throughout the state.

HEALTH CARE
DELIVERY SERVICES, INC.

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October 18, 1984

Senator John Seymour
California State Senate
State Capitol, Room 3056
Sacramento, CA 95184

ATTN: MS. GRACE TAYLOR

Dear Senator Seymour:

As I discussed with your staff today, I will, unfortunately, not be able to be in Sacramento on Monday to give testimony to the Select Committee on Drug and Alcohol Abuse as originally planned. I must be in Los Angeles on Monday and Tuesday of next week for joint meetings which the State of California Department of Alcohol and Drug Programs and the Los Angeles County Department of Health Services have scheduled with Dr. DeAngelis and myself.

I have enclosed written testimony for consideration by the Select Committee and wish to again apologize for not being able to present it in person and meet you and the other Committee members.

Sincerely,

Glen R. Smutz

Glen R. Smutz
Director, Management Coordination

GRS/lsf

Enc.

California State Senate

Select Committee on Drug and Alcohol Abuse

Senator John Seymour, Chairman

October 22, 1984, Testimony

Presented by: Glen R. Smutz

Health Care Delivery Services, Inc.

Good morning. My name is Glen Smutz. For the past three years I have been employed by Health Care Delivery Services (HCDS), Inc. as a program manager. My current position is in the corporate office as Director or Management Coordination. Prior to being associated with HCDS, I was director of the National Institute of Drug Abuses's treatment programs in the western United States for a period of 14 years. In fact, my entire professional career of 17 years, since completing graduate school, has been in the area of substance abuse treatment administration.

I am here today on behalf of Dr. Jerry DeAngelis and Marsha Feldman, HCDS's President and Director of Corporate Operations respectively. We will be presenting several issues of concern to us and offering some suggestions for change that hopefully will be of interest to this Committee. First, let me provide a brief overview of HCDS: Health Care Delivery Services, Inc. was established in 1976 and is incorporated in California and Nevada. HCDS is a not-for-profit corporation specializing in the delivery of health care to both youth and adults. HCDS is corporately located in Los Angeles and centrally manages programs in both northern and southern California.

The principals of HCDS are responsible for the management, administration, and clinical services of the West Los Angeles Treatment Program (methadone treatment), the Family and Community Outpatient Clinic in Los Angeles, and the Adolescent Treatment Programs in Van Nuys, Fairfield, and Martinez, California, which serve "hard to place" adolescents with a variety of behavioral and emotional problems. These programs are known in the communities as Pride House and Lions Gate Treatment Programs and specialize in the treatment of psychiatrically ill children who manifest substance abuse problems as well.

This treatment system of HCDS programs regularly provides services to over 2,000 clients on an annual basis and maintains a clinical and support staff of approximately 160 individuals.

We at HCDS devote a tremendous amount of our time and resources working with adolescents and pre-adolescents with problems. We have great concern about how our society and its governmental institutions view and respond to youth in trouble.

For example, the numerous definitions of "youth problems" and the multiple perspectives of the numerous agencies having jurisdiction over youth are resulting in very fragmented, overlapping, uncoordinated, non-productive efforts. The problems youth face are all too often segmented into arbitrary catagories such as "drug abuse", "family problems", "mental health problems", juvenile delinquency", "school problems", etc. These contrary viewpoints and overlapping jurisdictions need to be reconciled before true progress of a significant magnitude can be made.

To illustrate this point, let me describe a hypothetical case, which is really a composite of the adolescents we treat every day. The child is a 15-year-old female with a five year history of incest and other family violence by her father, uses marijuana and PCP daily, is chronically truant from school and was recently arrested for shoplifting and prostitution. I ask you, is she:

a) a problem for the mental health system?

or b) a drug abuser?

or c) a school drop-out?

or d) a juvenile delinquent?

or e) all of the above?

The common-sense answer is the correct answer: e) all of the above. As long as we remain narrowly focused, a person in need of a complete range of services will be bounced from system to system and will not have all their needs recognized, let alone met. This consequently leads to a failure in obtaining the overall objective that was set out to be accomplished.

Another concern of ours that treatment of youth-related problems such as drug and alcohol abuse needs to put on equal par with all the recent emphasis on starting prevention programs. Current legislation and resource allocation methods are not supportive of treatment of youth. Prevention efforts, particularly in the area of substance abuse, are very important, but should not be underwritten at the expense of treatment.

We might go so far as to suggest a moritorium be placed on the whole area of prevention, until concrete methodologies can be established, tested, and properly implemented, with a reasonable guarantee of positive results. Treatment works: we don't know if prevention does.

The need for treatment services for youth is enormous, as I am sure you will agree if you examine the voluminous data available. A new emphasis is needed on treating youth in the context of their family. The family, as the central unit, is hopefully an asset or, unfortunately sometimes, a deficit. Either way, it needs to be assessed and utilized appropriately. We cannot work with the child in isolation. The current trends in governmental financing are just that, unfortunately. For example, at times Medi-Cal has not reimbursed for family therapy--only individual and group services (defined as two or more non-related individuals).

There are several other issues of financial nature that I would like to share with you:

- -Insurance coverage for drug and alcohol abuse treatment, or even general mental health services, is woefully inadequate. Many policies still exclude such coverage and those that do provide some coverage, do so almost reluctantly, requiring 50% co-payments, and various other restrictions on the use of benefits.
- -Health benefit cost of employees are increasing dramatically each year (over 40% a year in many companies). This increase can often be directly attributed to relatively small numbers of employees over-utilizing costly health care services such as hospital stays of 21 to 30 days. Often as well, the problem of substance abuse is the cause of the hospitalization or indirectly related to it. Less costly alternatives need to be utilized. Employee Assistance Program (EAP) are helpful. More are needed, but better managed, evaluated programs must be created. Outpatient and residential services must also become accepted treatment alternatives to hospitalization, as the cost savings can be enormous.

With respect to accountability, we believe in holding service providers accountable--but not in over-regulation of them. Make programs prove they are effective and make them show where they spend the public dollars, but don't by legislation and regulation, completely direct their work--in other words, don't tell them how to do their jobs! We think the time has come to critically examine how regulation, in the extreme, effects costs of services. Our own studies, recently conducted, have shown us that it costs 4 times the amount of money to provide methadone services to publically supported patients than to private patients.

We provide both types of care and the services the patients receive are identical. Is the extra cost of regulatory-demanded paperwork, monitoring, etc. worth it, in the era of shrinking public funds for human services? We think not, and we feel you will conclude likewise if you examine this issue carefully and with an objective point of view.

Providers can no longer do "more, for less". Its time we recognize that there are no easy, inexpensive solutions to complex problems like substance abuse. Resources need to be allocated to "get the job done" not just as a cosmetic approach--"quick fix", as it were.

Conclusion

To summarize, we think there are some very specific areas were the Legislature can be helpful and take a leadership role in addressing the problem of substance abuse:

1. The Legislature should maintain the broadest possible perspective in any legislation initiative it undertakes. Substance abuse, while cutting across all social and ethnic groups also transcends all societal and institutional jurisdictions as well.
2. The priorities of treatment vs. prevention and youth vs. adult services need to be reviewed and brought into balance with future resource allocations.
3. New revenue sources are needed and appropriate insurance coverage for substance abuse should be created immediately.
4. Keep accountability and regulatory requirements in check and in proper perspective. Too much of our limited resources are being diverted from the primary objectives of our services.

5. Continue the fine effort initiated here today in encouraging comments and ideas from those working in the field. We welcome opportunities like this to share our views and opinions and thank you for being invited here today.