

7-1987

Establishment of a Five-Year Master Plan to Reduce Substance Abuse in California

Senate Select Committee on Substance Abuse

Assembly Select Committee on Youth and Drug Abuse Prevention

Follow this and additional works at: http://digitalcommons.law.ggu.edu/caldocs_joint_committees

 Part of the [Legislation Commons](#)

Recommended Citation

Senate Select Committee on Substance Abuse and Assembly Select Committee on Youth and Drug Abuse Prevention, "Establishment of a Five-Year Master Plan to Reduce Substance Abuse in California" (1987). *California Joint Committees*. Paper 96.
http://digitalcommons.law.ggu.edu/caldocs_joint_committees/96

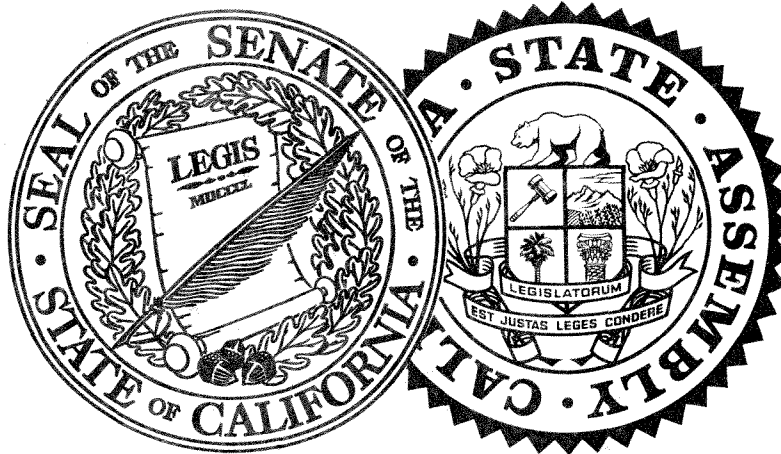
This Hearing is brought to you for free and open access by the California Documents at GGU Law Digital Commons. It has been accepted for inclusion in California Joint Committees by an authorized administrator of GGU Law Digital Commons. For more information, please contact jfischer@ggu.edu.

CALIFORNIA LEGISLATURE
SENATE SELECT COMMITTEE ON
SUBSTANCE ABUSE
SENATOR JOHN SEYMOUR, CHAIRMAN
ASSEMBLY SELECT COMMITTEE ON YOUTH
AND DRUG ABUSE PREVENTION
ASSEMBLYMAN STEVE CLUTE, CHAIRMAN

DEPOSITORY

JAN 7 1988

RECEIVED



Joint Hearing on
**“ESTABLISHMENT OF A FIVE-YEAR
MASTER PLAN TO REDUCE
SUBSTANCE ABUSE IN CALIFORNIA”**

July 27, 1987 - San Francisco, California
July 28, 1987 - Los Angeles, California
July 29, 1987 - Costa Mesa, California

KFE
88
1500
585
1987
no. 1

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

JOINT HEARING
SENATE SELECT COMMITTEE ON SUBSTANCE ABUSE
AND
ASSEMBLY SELECT COMMITTEE ON YOUTH & DRUG ABUSE PREVENTION
STATE OF CALIFORNIA

FIVE-YEAR MASTER PLAN
LAW LIBRARY
GOLDEN GATE UNIVERSITY

STATE BUILDING
350 McALISTER STREET
ROOM 1194
SAN FRANCISCO, CALIFORNIA

MONDAY, JULY 27, 1987
9:15 A.M.

Reported by:
Evelyn Mizak
Shorthand Reporter

88-1-132

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

APPEARANCES

LEGISLATORS PRESENT

SENATOR JOHN SEYMOUR, Chairman, Senate Select Committee
on Substance Abuse

SENATOR REBECCA MORGAN

ASSEMBLYWOMAN JACKIE SPEJER

STAFF PRESENT

TERRI DELGADILLO, Consultant
Senate Select Committee on Substance Abuse

IRENE KAVANAGH, Secretary
Senate Select Committee on Substance Abuse

PATRICIA MEGASON, Consultant
Assembly Select Committee on
Youth and Drug Abuse Prevention

AD HOC ADVISORY COMMITTEE MEMBERS PRESENT

G. ALBERT HOWENSTEIN, JR., Executive Director
Office of Criminal Justice Planning

RICH BAYQUEN, Chief Deputy Director
Department of Alcohol and Drug Programs

JACK DUGAN, Director
Crime Prevention Center
Office of the Attorney General

ROBERT RYAN, Administrator
Office of Special Projects
State Department of Education

DENNIS MEYERS, Legislative Advocate
California School Boards Association

SHARON ROSE, Legislative Chair
Californians for Drug Free Youth

CAROL STEIN, Member, Board of Directors
Californians for Drug Free Youth

GEORGE FEICHT, Legislative Chair
California County Drug Program Administrators Association

TROY FOX, Chairman, Legislative Committee
California County Alcohol Program Administrators Association

APPEARANCES (Continued)WITNESSES

1
2
3 WAYNE CLARK, Ph.D., Director
Substance Abuse Services
4 San Francisco Department of Public Health
5 HONORABLE WILMONT SWEENEY, Judge
Alameda County Juvenile Court
6 KENNETH R. KINGSBURY, Assistant District Attorney
Alameda County District Attorney's Office
7
8 HONORABLE DONALD B. SQUIRES, Judge
Fremont Municipal Court
9
10 RAMON DESAGUN, Teacher
California Teachers Association
11 V.C. LEAGUE, Project Director
Western Training and Development Center
12
13 PAUL G. DePACE, Zone Manager
Southland Corporation
14
15 DELVIN WILLIAMS, Executive Director
Pros for Kids
16
17 DAVID MEGGYESY, Western Director
National Football League Players Association
18
19 JOHN NEWMAYER, Ph.D., Director of Research
Haight Ashbury Free Clinic
20
21 MIMI SILBERT, Ph.D., President
Delancy Street Foundation
22
23
24
25
26
27
28 TONY AGUILAR, Vice President
State Organization of Mental Health Advisory Boards

I N D E XPage

1		
2		
3	Proceedings	1
4	Opening Statement by CHAIRMAN SEYMOUR	1
5	Opening Statement by SENATOR MORGAN	5
6	<u>Witnesses:</u>	
7	DR. WAYNE CLARK, Director	
8	Substance Abuse Services	
8	City & County of San Francisco	6
9	Questions & Answers	12
10	HONORABLE WILMONT SWEENEY, Judge	
10	Alameda County Juvenile Court	16
11	Questions & Answers	25
12	KENNETH R. KINGSBURY, Assistant District Attorney	
13	Alameda County District Attorney's Office	33
14	Questions & Answers	40
15	HONORABLE DONALD B. SQUIRES, Judge	
15	Fremont Municipal Court	45
16	Questions & Answers	54
17	RAMON DESAGUN, School Teacher	
18	California Teachers Association	58
19	Questions & Answers	61
20	V.C. LEAGUE, Project Director	
20	Western Training & Development Center	67
21	Questions & Answers	78
22	PAUL DePACE, Zone Manager	
23	Southland Corporation	85
24	Questions & Answers	89
25	DELVIN WILLIAMS, Executive Director	
25	Pros for Kids	91
26	Questions & Answers	99
27		
28		

I N D E X (Continued)

	<u>Page</u>
1	
2	
3	DAVID MEGGYSEY, Western Director National Football League Players Association 104
4	Questions & Answers 109
5	DR. JOHN NEWMEYER, Director of Research Haight Ashbury Free Clinic 112
6	Questions & Answers 121
7	DR. MIMI SILBERT, President Delancey Street Foundation 126
8	
9	TONY AGUILAR, Vice President State Organization of Mental Health Advisory Boards 132
10	Questions & Answers 140
11	Adjournment 145
12	Certificate of Reporter 146
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	

P R O C E E D I N G S

--oo0oo--

1
2
3 CHAIRMAN SEYMOUR: Good morning. Thank you for your
4 attendance at this Joint Interim Hearing with the Senate Select
5 Committee on Substance Abuse and the Assembly Select Committee on
6 Youth and Drug Abuse Prevention.

7 The purpose for the hearings, you know, is to establish
8 a five-year Master Plan aimed at reducing substance abuse in
9 California.

10 We have with us at this particular moment Senator Becky
11 Morgan, a member of the Senate Select Committee, and we are
12 expecting Assembly members to be joining us a bit later this
13 morning.

14 We've also asked to be with us at this hearing
15 individuals who are very active in playing leadership roles
16 throughout the State in the area of substance abuse. We have Mr.
17 Rich Bayquen, who is the Chief Deputy Director of the Department
18 of Alcohol and Drug Programs, representing Mr. Chauncey Veatch,
19 the Director. We have Mr. Albert Howenstein, Jr., who is the
20 Executive Director of the Office of Criminal Justice Planning;
21 Ms. Carol Stein, who is a member of the Board of Directors of
22 Californians for Drug Free Youth; also Ms. Sharon Rose, the
23 Legislative Chair of that organization; Mr. Troy Fox, Chairman of
24 the Legislative Committee of the California County Alcohol
25 Program Administrators Association; Mr. George Feicht,
26 Legislative Chair for the California County Drug Program
27 Administrators Association; and Mr. Dennis Meyers, Legislative
28

1 Advocate for the California School Boards Association. We
2 welcome them.

3 The program, the testimony and the witnesses are going
4 to be provided twenty minutes. We're going to try to conduct our
5 business per witnesses twenty minutes: ten minutes of testimony,
6 then ten minutes of questions from the members of the Legislature
7 or members of our panel who are with us today.

8 I'd like to make a brief opening statement, and then ask
9 Senator Morgan if she has any additional comments she would like
10 to make, then proceed to our witnesses.

11 After almost four years of service as Chairman of the
12 Senate Select Committee on Substance Abuse, I am convinced that
13 the alcohol and drug problems in California have reached epidemic
14 proportions. The alarming statistics clearly substantiate my
15 belief. For example, approximately 2,400 Californians will die
16 this year in alcohol-related accidents, and there will be over
17 65,000 alcohol-related traffic injuries. This will occur despite
18 approximately 340,000 misdemeanor arrests and 7,300 felony
19 arrests for persons driving while intoxicated.

20 Furthermore, a 1985 Department of Alcohol and Drug
21 Programs study revealed that there are approximately 991,000
22 active daily drug abusers in California of which 27 percent use
23 heroin. In addition, it is conservatively estimated that 3.8
24 percent of all Californians will abuse drugs to the degree that
25 services are needed. All of us here today can attest to the fact
26 that no segment of society, rich or poor, white or black, is free
27 from the scourges of substance abuse.

1 With a social and economic price tag of \$17.6 billion
2 annually to California, as well as the emotional and physical
3 impact on developing minds and bodies of our young people, we
4 must take a fresh look at these alarming statistics. With
5 insufficient resources to fully address the drug and alcohol
6 abuse problem, I strongly believe it is imperative that all
7 existing services and resources are coordinated and that all
8 unnecessary duplication is eliminated. It is clear that if the
9 substance abuse problem is to be solved, a comprehensive and
10 cooperative effort must be made at every level: national, state,
11 community, school, and most importantly in the home.

12 In this regard, the Senate Select Committee held a
13 hearing last November to determine the need for a Master Plan to
14 reduce drug and alcohol abuse in California. Those who testified
15 at this hearing overwhelmingly supported the development of a
16 five-year Master Plan.

17 The two areas most frequently addressed by the
18 participants underlining the need for a long-range plan were:

19 One, the lack of coordination among service providers at
20 the state and local levels; and

21 Two, the unnecessary duplication of effort in some areas
22 with a lack of resources for other needed services.

23 Earlier this year, I introduced Senate Bill 1369 to
24 establish an advisory committee of experts responsible for the
25 Master Plan development. The legislation culminated in numerous
26 meetings with State and local government officials and community
27 service representatives.
28

1 Unfortunately, I was informed of the Administration's
2 opposition to my measure on the basis that it created another
3 level of bureaucracy. In response, I decided to utilize existing
4 Select Committee resources to accomplish the same purpose.
5 Therefore, I scheduled these hearings for the purpose of
6 identifying the necessary components of a Master Plan.

7 The development of a five-year Master Plan is a major
8 task that if handled properly could effectively use precious
9 resources and significantly reduce the tragedies of substance
10 abuse. As I view the Master Plan, it is an attempt to bring
11 together disjointed efforts throughout California. Further, it
12 is an attempt to coordinate these resources so that we are not
13 duplicating efforts and thereby insuring that we get a higher
14 quality of service for the taxpayer's dollar.

15 Specifically, the Master Plan is an attempt to set goals
16 as to what we should accomplish over the next five years, and
17 really therefore an attempt to bring it all together in a
18 coordinated manner which provides a statewide network of
19 agencies, both nonprofit as well as governmental, to maximize and
20 most effectively use the resources invested in this tremendous
21 undertaking.

22 Because of the broad spectrum of issues which need to be
23 addressed in the Master Plan, Assemblyman Steve Clute and I have
24 requested that hearing participants direct their testimony by
25 responding to the following questions:

26 One, what do you perceive as the necessary components,
27 goals if you will, of a Master Plan?
28

1 Two, based upon your experience, what changes could be
2 made to more effectively utilize the existing and potential
3 future resources available for substance abuse services?

4 And three, what role can professionals in your arena
5 play in the implementation of the Master Plan?

6 I am most confident that with the valuable assistance
7 provided by each expert witness who will testify before us today,
8 tomorrow in San Diego, and on Wednesday in Orange County, we will
9 have the necessary components to set forth on our task of writing
10 legislation that will ultimately produce a Master Plan to attach
11 this deadly disease of substance abuse in California.

12 Senator Morgan, we welcome you here and we appreciate
13 the fact that you came to us and shared an interest in the field
14 of substance abuse. We particularly appreciate you taking your
15 valuable time to join us in this interim hearing.

16 Perhaps you have a statement?

17 SENATOR MORGAN: Just very, very brief, Senator.

18 I think the chairmanship which you've undertaken for
19 this project is an important one. I asked to be on the Committee
20 because of the background that I have. As a school board member,
21 I saw what was happening to our high school students and younger.
22 I got involved in drug and alcohol abuse and then became a county
23 supervisor, saw the number of cases that were in our children's
24 shelters, in our juvenile agencies, and particularly in our adult
25 jails very much relate in one way or another to drug or alcohol
26 abuse, whether it was the use, or because of the burglary that
27 took place to support a habit, or in some way a connection with a
28

1 drug or alcohol abuse. I just see the damage that is done to our
2 people and our society with this involvement.

3 I appreciate the opportunity to participate with you on
4 the Committee and commend you for trying to put together some
5 kind of plan to address the problem.

6 CHAIRMAN SEYMOUR: Thank you very much.

7 Our first witness is Mr. Tom Peters, or I should say Dr.
8 Tom Peters, who is the Associate Director of Health for the San
9 Francisco Department of Public Health, representing Mayor
10 Feinstein.

11 Mr. Peters.

12 DR. CLARK: Unfortunately, Dr. Peters called in from his
13 car phone and indicated that he's on his way. Since we've
14 collaborated -- my name is Dr. Wayne Clark. I'm the Director of
15 the Substance Abuse Services for the City and County.

16 On behalf of the Mayor and the Department of Public
17 Health, we welcome you here. The Mayor, unfortunately, couldn't
18 make it. Dr. Peters is on his way, and these are his remarks.

19 CHAIRMAN SEYMOUR: Thank you, Dr. Clark.

20 DR. CLARK: Alcohol and drug related problems have a
21 significant impact upon the social, health and legal institutions
22 in San Francisco. We see this problem in our jails, where 40-60
23 percent of misdemeanor arrests are alcohol or drug related. Our
24 hospital emergency rooms personnel tell us that 20-50 percent of
25 hospital admissions are alcohol or drug related. Our welfare
26 systems and homeless programs indicate that 25-65 percent of
27 their clients are as a result of alcohol or drug problems.

28

1 To us the data is conclusive. This city, this state and
2 nation have a significant substance abuse problem.

3 Your staff requested that I direct our comments to
4 several questions regarding California's Master Plan for
5 reduction of substance abuse problems. First they asked what
6 would be the necessary components or goals of a Master Plan.

7 I think they can be stated quite succinctly:
8 prevention, prevention and prevention. The health of our cities,
9 our state and our nation can only be improved if we set up
10 strategies and tactics to reduce the deleterious consequences of
11 alcohol and drug problems in our society and in our cities.

12 Let me give a few examples to you how substance abuse
13 prevention strategies can impact the reduction of these societal
14 problems. Recently one of our supervisors and several other
15 communities in the State have looked at the fetal alcohol
16 syndrome, which is now the third leading cause of Down's Syndrome
17 in this country. As you know, developmentally disabled citizens
18 become a lifelong cost to our society. Prevention of fetal
19 alcohol syndrome can impact the prevalence of developmental
20 disabilities in our state and significantly reduce the health
21 care costs that are associated with their care. Substance abuse
22 prevention efforts, designed to reduce fetal alcohol syndrome,
23 can help women have healthy babies.

24 Another example of how substance abuse intervention can
25 prevent health-related consequences is certainly, and San
26 Francisco feels this most strongly, is the case of AIDS. San
27 Francisco is seriously impacted by the AIDS epidemic. Indeed,
28

1 40,000 of our citizens are estimated to be infected. Our
2 Department of Public Health is aggressively employing primary,
3 secondary, and tertiary intervention activity to attempt to blunt
4 the next wave of the AIDS epidemic. San Francisco initiated a
5 comprehensive plan of outreach training, research, counseling,
6 and indeed even treatment for the prevention of substance
7 abuse-related HIV infection.

8 We look forward to the State of California to help us in
9 this mission which we feel will enable us to hold the rate of
10 infection steady until a vaccine can be developed. We feel that
11 substance abuse prevention, education and counseling is a
12 mechanism to prevent the spread of AIDS. Substance abuse
13 treatment -- methadone programs, residential treatment programs,
14 programs that will get I.V. drug users off needles and continuing
15 to transmit the disease -- is an important part of the substance
16 abuse prevention area which could help our health care
17 consequences, such as AIDS, in our society.

18 Let me list a few other areas where we feel substance
19 abuse interventions have a dramatic impact on the health, social,
20 and legal consequences we see. Briefly, I would point to a new
21 residential treatment program for the mentally ill substance
22 abuser, duly diagnosed, that we have established in San
23 Francisco. Also, we have established an adolescent academy,
24 called our Walter House Program, for mentally ill children who
25 are despondent but frequently stoned all the time. We see 80
26 percent of the clients in that program have dual problems of
27 substance abuse/mental illness. Both efforts will have an impact
28

1 on our acute psychiatric hospitalizations and other costs to our
2 Medi-Cal and Medicaid systems in California.

3 We have many other joint efforts with our school systems
4 which we feel keep our kids in school and improve the quality of
5 our education system. Again, it isn't substance abuse
6 intervention; it's prevention for other problems in other
7 institutions. We see the list as seemingly endless, and a five-
8 year plan is an excellent start.

9 The second area you asked us to address is to recommend
10 changes which could be made to more effectively utilize existing
11 and potential resources for substance abuse services.

12 First, the State should not retreat from funding
13 communities at their existing levels. San Francisco is
14 significantly impacted by substance abuse problems. It's
15 underfunded. We have waiting lists at every single program.
16 There should be no retreat from existing funding levels in any
17 community in the State of California.

18 We feel there is no county in this State that has too
19 much State funding for alcohol and drug problems. Instead, as
20 I'll mention later, the State should provide additional resources
21 for all California communities.

22 We also feel that other counties in the State should
23 take the lead from San Francisco in creating what we've
24 determined as local funding sources for substance abuse programs.
25 Here again we have several examples. The bottom line will show
26 that San Francisco is supplying significant local revenues to our
27 substance abuse programs, sometimes 200 percent higher than other
28

1 counties; indeed, 30 percent of the substance abuse budget in San
2 Francisco, which is considered high compared to other counties
3 with local funding.

4 In addition to this general fund commitment, the Mayor
5 has begun to instruct drug seizure funds to be used for substance
6 abuse prevention and treatment efforts. She just recently
7 instructed that \$200,000 be set up to establish a new program for
8 youth and services in a neighborhood that is under-served.

9 Other local efforts using existing resources include
10 merging alcohol and drug programming into a substance abuse
11 division. San Francisco did this several -- in 1979. Several
12 other communities in Northern California and Southern California
13 have done this also, which has increased service accessibility to
14 at-risk populations.

15 Also, we feel our pioneering dual diagnosis programs
16 assist in coordinating our mental health services and our
17 substance abuse programs. And indeed, when we talk about
18 prevention of substance abuse issues, and the community
19 psychiatry people talk about their approaches to preventing
20 mental health problems, we find a great deal of parallel in our
21 joint efforts at prevention.

22 A final example we feel very proud of is our nationally
23 honored Sober Hotel Program, which merges efforts of our city's
24 Housing, Economic Development and Criminal Justice programs to
25 deal with the complex problem of the homeless substance abusers.
26 In San Francisco, we feel we have shown that interdepartmental
27 local efforts can more effectively utilize existing resources.
28

1 Yet we feel that that's not enough. New State funds and
2 federal funding is also needed. There's too much to do for just
3 the municipalities to shoulder for the responsibility of alcohol
4 and drug problems. California should have its own war on drugs
5 and match dollar-for-dollar, and maybe even double the dollar
6 efforts, of the federal initiative. New revenues could come from
7 integrated sources such as the initiative to create a nickel a
8 drink tax, which could be earmarked for alcohol and drug
9 programming. This users' tax could bring hundreds of millions of
10 dollars to implement the intent of the five-year plan that you
11 have proposed. Merging departmental activities, enlightened
12 health and social programming, are essential methods, we feel,
13 for effective utilization of existing resources. But creating
14 new State and federal funding sources are also extremely
15 necessary.

16 The last question you asked for our city to address is
17 what role a professional can play in the implementation of such a
18 Master Plan.

19 I'm speaking for the Health Department. We've been
20 discussing this extensively. The AIDS epidemic has had a
21 profound impact on our city. We in San Francisco have already
22 begun to understand the necessity of cooperative collegiate
23 working relationships, coordinated programming, and generally
24 speaking the need for professionals to rise above our normal
25 bureaucratic roles and responsibilities, and instead to roll up
26 our sleeves and go back to the negotiating table, or go back to
27 the table where we're discussing joint efforts, and develop
28 effective health, welfare, and social services.

1 In the case of alcohol and drug problems, merging
2 substance abuse programs and coordinating our professional
3 efforts will result, we feel, in the collegiality needed to
4 reduce substance abuse and the health-related social and legal
5 consequences.

6 Thank you for your attention to this matter. We'll give
7 any support we can in San Francisco for a five-year Master Plan.
8 We feel, as mentioned initially, that prevention is extremely
9 important.

10 CHAIRMAN SEYMOUR: Dr. Clark, thank you very much for
11 your testimony.

12 Senator Morgan, a question?

13 SENATOR MORGAN: It's one I might be asking several
14 witnesses, but one deals with, you said "prevention, prevention,
15 prevention." That starts with our schools, for which the State
16 has some responsibility.

17 Is there an age that's crucial to start that prevention
18 effort?

19 DR. CLARK: No, we have prevention efforts for our
20 Senior Health Services in San Francisco. We find a situation
21 where prescribed medications for seniors and alcohol don't mix
22 quite the same way they do when we're in our twenties and in our
23 teens. So we need to educate pharmacists on more effective
24 medication policies on how to instruct their clients on better
25 distributing medications, especially if you're using alcohol.

26 So, we don't feel that there's an age limit. We think
27 that concentrating our efforts on youth is important, but we know
28

1 that there's a late onset of alcohol problems in our society, and
2 prevention of those problems, those populations, is important.

3 I think especially as our Baby Boom generation grows
4 older, the potential problems of retirement and leisure time for
5 our senior citizens will be a major issue that we'll be creating
6 for our society. And I think that prevention efforts there, with
7 legislative policies that will assist seniors to be active, to be
8 involved in nonsubstance abuse activities, is important.

9 SENATOR MORGAN: I was fascinated by your answer to the
10 question. I always associate the other end of the spectrum, and
11 you've dealt with, obviously, what's on your mind -- the older
12 generation -- which I think is very valid.

13 I was thinking more in the elementary schools where many
14 of us think that fourth grade may be even too late at this point,
15 and parents and others are very resistant to that, saying: Don't
16 expose my kinds to educational drug programs or alcohol issues
17 that young.

18 DR. CLARK: Well again, we would use our experience with
19 the AIDS epidemic. We feel that education regarding sex and
20 drugs is something that should start at the earliest of ages to
21 assist our youth in making better and appropriate judgments
22 regarding their behavior.

23 SENATOR MORGAN: Thank you.

24 CHAIRMAN SEYMOUR: Any questions from the members of our
25 panel? Yes, Mr. Howenstein.

26 MR. HOWENSTEIN: I have one question, Dr. Clark.
27
28

1 How are you bringing together your drug and alcohol
2 programs? I have some understanding that historically they've
3 been strongly separated. Could you describe how you're bringing
4 them together in San Francisco?

5 DR. CLARK: Sure. Administratively, we made a division
6 of Substance Abuse Services, and through our contracting process
7 -- most of our contracts are with community-based nonprofit
8 organizations -- we have established certain regulations that
9 require them to identify drug problems in their alcohol programs
10 and identify alcohol problems in their drug programs. We've had
11 historical relationships.

12 We have quarterly meetings amongst the two groups. If
13 they're separate funding, they're separate from the alcohol and
14 drug programs. We also coordinate all of our services within one
15 administrative office.

16 I think, though, that one of the most helpful is that as
17 new funding becomes available, we require them to be a Substance
18 Abuse program. And we require them to be involved in
19 detoxification to detoxify for all substances, not just for a
20 specific, for example, alcohol or heroin.

21 CHAIRMAN SEYMOUR: Other questions of Dr. Clark? I have
22 one question for you.

23 You made mention of the fact that you were able to merge
24 alcohol and drugs into a Substance Abuse. I marvel at that.

25 My personal experience has been that there are alcohol
26 people, then there are drug people.

27 DR. CLARK: Sometimes they're the same people.
28

1 CHAIRMAN SEYMOUR: But they have seemed to be in
2 divergent directions, sometimes not even recognizing the other
3 exists. Every time I've asked that question of why don't we just
4 treat substance abuse as substance abuse, I find: Well, John,
5 historically that just doesn't occur. You have your alcohol
6 people, and you have your drug people.

7 I think to be effective what you've accomplished is most
8 commendable. I just wondered how you did it?

9 DR. CLARK: Well part of it is a policy-making decision
10 in regards to the city and county in our health policies. And
11 also, it is a recognition of the nature of the clients coming
12 into those programs, that Better Living Through Chemistry is what
13 our clients are striving to.

14 (Laughter.)

15 DR. CLARK: This kind of drug, or that kind of drug, or
16 that kind of drug; they're using a variety. Poly drug abuse is
17 very much a part of what's going on.

18 We also feel that through the economy that has been
19 required since the late '70s, that we didn't think that we would
20 expand as rapidly as we felt the need demanded, and so we wanted
21 to assure that we could, in each new program effort, expand so
22 that we could reach as large a section of the population as
23 possible.

24 I think if you really take a look throughout the State,
25 most of the counties have substance abuse programs. They've
26 merged alcohol and drug.

27
28

1 CHAIRMAN SEYMOUR: I see a negative shaking of the head
2 by Mr. Jack Dugan, who has joined us representing the Attorney
3 General.

4 Jack, you don't find that to be true?

5 MR. DUGAN: No. They're intellectually separated,
6 physically separated.

7 DR. CLARK: Well, we work on that. I think you're right
8 in the sense that there is a great deal of diversity in the
9 field, and I think that some of my colleagues will say that
10 merging alcohol and drug abuse treatment would be detrimental.
11 We've found that it's not harmful to either segment in San
12 Francisco. Several other communities in the Bay Area have also
13 attempted it and done it so successfully.

14 It doesn't mean that every time you have a client that
15 has an alcohol problem or a drug problem that you're going to
16 have to have a program that fits perfectly. But I think at the
17 same time it's an intellectual leap I think we're going to be
18 making as we get into the '90s. Science fiction, the new drugs
19 that are coming down the pike make the current irrelevant, and
20 we're going to be having much more variety of substances use and
21 abuse to regulate. I think we need to be on top of that across
22 the board.

23 CHAIRMAN SEYMOUR: Thank you very much.

24 Our next witness is the Honorable Wilmont Sweeney, Judge
25 of the Alameda County Juvenile Court.

26 Judge Sweeney, thank you for being with us today.
27
28

1 JUDGE SWEENEY: Thank you, Senator, Members of the
2 Committee, for inviting me to participate at this hearing.

3 I couldn't agree more with the previous speaker, who
4 indicates that the principal problem, or rather the principal
5 component of a five-year Master Plan ought to be triple
6 prevention, the business that he speaks of.

7 I'm speaking strictly as a juvenile court judge and the
8 problems that I see in my county. And the principal problem that
9 I see in my county at this time, not throughout the county but in
10 significantly large segments of it, is the tremendous increase in
11 the use of cocaine. It's the drug of choice. It happens to be
12 my county prefers cocaine to whatever else some other counties
13 prefer.

14 I have two real major recommendations to make that ought
15 to be included in the program, and they're certainly not new from
16 what I've read and what I've heard. I mean prevention in the
17 traditional sense. I believe additional steps ought to be taken
18 to prevent the stuff from being distributed into the
19 neighborhoods where it's being distributed.

20 I have found that there is a tremendous increase in the
21 number of young people who are dealing, distributing, and using
22 drugs. As I say, it's essentially cocaine in Alameda County.
23 They are not the ones who are bringing the stuff into the
24 neighborhoods. We know that other people are bringing it in. We
25 know that in large measure it's the adults who are bringing it
26 in, passing it out to the youngsters to distribute, and inducing
27 the youngsters to get hooked on it so then they have a need for
28 remedial services that need to be provided.

1 So, I'm really speaking more to law enforcement efforts
2 than anything else. We have cooperation between the local
3 government and state government and federal government in the law
4 enforcement agencies to try to get the big dealers, the big guys
5 who bring the stuff in, pass it out to the smaller dealers in the
6 neighborhoods.

7 But the fact that it is increasing, the way it is
8 increasing in my county, indicates quite clearly to me that those
9 efforts are not enough. No matter how much is being spent now,
10 how much time is being devoted now, not enough is being done
11 because the neighborhoods are being destroyed, families are being
12 destroyed, kids are being destroyed by this influx of this stuff.
13 Kids are dropping out of school because they can make easy money
14 selling drugs, getting hooked on the stuff, and then continuing
15 to sell the drugs because they feel they've got to do it in order
16 to make the money to get the drugs. They keep doing it. Then
17 they become a drag on the rest of us.

18 The law enforcement people to whom I talk -- I talked to
19 our local people because those are the ones to whom I have the
20 greatest access -- they indicate that they don't have the
21 resources to do the job that needs to be done. They point out
22 that it is tremendously expensive, for example, to maintain
23 surveillance over somebody whom they feel is a major drug dealer,
24 or anybody; to watch somebody 24 hours a day, seven days a week.
25 They indicate that they simply do not have the funds to provide
26 that kind of surveillance.

27
28

1 It appears to me that that kind of surveillance and
2 intervention is going to be absolutely necessary if we're going
3 to prevent the influx of this stuff into the neighborhoods, where
4 it is now. It's really destroying the neighborhoods. I mean
5 that literally. At least 80 percent of the cases that come into
6 my juvenile court now involve drugs. I've indicated the major
7 drug of choice is cocaine at this time. They're either coming in
8 for possession, for possession for sale, or actual sales. They
9 start out at the lowest teens and go up to age 17, which is below
10 age 18, where we stop.

11 We get young people who come in as witnesses and
12 otherwise who are pre-teens, who are thoroughly conversant with
13 the way the operation works. They come in; they know who the
14 dealers are; they know how the stuff sells; they know what the
15 market price is and everything.

16 We've got families who come in. I get parents who come
17 into the courtroom to testify on behalf of their kids. Their
18 kids have been busted for possession or sale of cocaine. In the
19 course of the arrest, they are searched; they are found to have
20 large sums of money on them. Maybe their families are on
21 welfare, poor families, not very affluent families. And they may
22 have one, to three, to five, to six or seven hundred dollars; I
23 had one with \$6,000 on his person. I get parents who come in
24 there who act as though they forget that they are parents, and
25 the harm that they are causing to their children. They come in
26 and testify time and time again, after first swearing to tell the
27 truth, that they gave the kid this money to do something with;

28

1 gave them money to go pay the utility bill, or buy some clothes,
2 to do this, that, or the other thing.

3 And I have to sit up there, totally impartial, while
4 they tell these damn lies and listen to all this stuff. They
5 never think of what they're doing to their kids. They are
6 backing up the kids in what the kids are doing. They're helping
7 to destroy their own child.

8 We have developing, in some of these areas that the
9 families are coming here, what I tend to think of as a cottage
10 industry, where everybody in the family, even the extended
11 family, know what's going on. We get the police who are breaking
12 into houses because they've got adequate cause to believe there's
13 drugs there. They find drugs and money scattered all over the
14 kitchen table. Everybody is sitting around, communicating with
15 each other, socializing and so forth -- little kids, big kids,
16 neighbors -- everybody knows what's happening. They're in there
17 because somebody has gone up and made arrangements to buy some
18 drugs, and the police have adequate cause to go in.

19 Witnesses come in, children who come in, and testify,
20 and they treat it as though it's nothing; as though they were
21 making dolls to sell somewhere else.

22 We have other families who come in where the people are
23 crying the blues about what are they going to do about their
24 children. What are they going to do about this drug business.
25 They tell me: Judge, I can't do anything; there's drugs all
26 around us all in the neighborhood. They can't walk from home to
27 school without running into this stuff, so there's really no way
28

1 that I can keep them away from it, totally away from it, and I
2 don't know what to do.

3 I have families come in who say: I have moved from one
4 neighborhood to another in order to get away from this stuff, and
5 I just can't move anymore. I don't have that kind of money; I
6 don't have those kinds of means.

7 I said to a member of this panel that I can't emphasize
8 enough the need to put in whatever resources need to be put in so
9 that the job that only policing agencies can do can be done by
10 them. We can't expect neighborhoods to go out and collar drug
11 dealers, certainly not these big ones. Somebody needs to have
12 24-hour surveillance, we can get it.

13 Policemen will tell me and tell you if you ask them that
14 they can go into the neighborhoods and, based upon their
15 experiences, they know who the big dealers are. They know them
16 by name, rank, serial number, and telephone number, and address.
17 But they say: We can't arrest them as often and fast as we want
18 to because we don't have enough evidence to justify a conviction
19 when it comes before the court. So it takes time. It takes many
20 months, sometimes it takes years before they're able to do that.
21 Then somebody else springs up and they've got to go through the
22 whole thing again.

23 The principal thing appears to me to be a lack of
24 resources that's causing them to be so slow and unable to do the
25 job that they need to do. Many people in the neighborhoods, most
26 of them I think, are opposed to the influx of drugs in their
27 neighborhoods. Yet people who call in all the time, the police
28

1 refer them, many of them, as refused callers. They will call in
2 to report that somebody's in the neighborhood on the corner who's
3 selling this stuff, wearing so and so, and doing it right now.

4 "No, I will not give you my name, and I will not be a witness. I
5 will not involve myself any further in this. I'm just telling
6 you what it is."

7 We have marches; we have all kinds of things organized
8 by churches, but that's not enough.

9 The second thing that I think ought to be involved in
10 the Master Plan is a provision whereby the State assist the local
11 governments, the local communities, to organize coordinated
12 approaches whereby they can prevent the influx of the stuff into
13 the neighborhoods, because it's killing the kids. It's not
14 simply a matter of making a few bucks, and it's not simply a
15 matter of anything else that's simple. They blow each other
16 away, too. I mean literally. We get kids who are shooting each
17 other in the heads about drugs, and any other parts of the body.
18 They shoot into homes. They don't have the experience that you
19 and I have as adults. They don't know when to shoot somebody and
20 when not to shoot somebody, so they just shoot people
21 irrespectively, whether there's good cause to or not.

22 Neighborhoods need to be given some assistance in
23 housing and to coordinate their approaches to fight this mess. I
24 think they need to get that from the State government, through
25 local government also.

26 I take the view, I'm sure all of you would agree with
27 me, that everybody has a right to live in a safe neighborhood.
28

1 There just cannot be any question about that. It is not safe
2 when we have hoodlums, thugs, interested in making large pots of
3 money being able to, to the extent they are doing it now in
4 Alameda County, just totally inundate a community with drugs.
5 They can pick up kids every day of the week, and I get them every
6 day of the week, standing out on the corners just as though they
7 were hawking fruit in the summertime. They're selling them to
8 undercover policemen. They're spending a large amount of money.
9 You get these teens, two undercover cops, two uniformed cops
10 around the corner on the radio, and they'll bust one or two kids
11 for one or two or three boxes of cocaine, bring them in, and I
12 conduct a hearing. We deal with it, and we make a finding, and
13 then we've got to do something about it.

14 It doesn't touch it. As long as you've got one, you've
15 got three more who spring up because that want to do it, want to
16 make some money. And we don't see any reduction taking place.

17 Neighborhoods need some help in how they can organize.
18 The law enforcement people need some help getting more funds to
19 do the kind of jobs, as I've stated before, only they can do. I
20 think that needs to come, in large measure, from the State
21 government.

22 I hear a lot of business about this is a local
23 government responsibility. I hear some of them saying that the
24 State government is supposed to be doing it. Others say: This
25 is what the federal government's supposed to be doing.

26 But people who are just living, and who are working, and
27 who are plain old common people may not remember all the civics
28

1 courses as they should have learned in grade school. They just
2 know the government ought to do something. There ought to be
3 some way whereby there can be a curtailment of the availability
4 of this stuff. Families ought not to feel a need to come to
5 court to say, "Judge, there's nothing I can do about it. I can't
6 move because I don't have the money. My kid's got to go to
7 school. It's all in the school where he is; it's all in the
8 neighborhood where he is." They ought not to be able to be
9 needing to come to say that to me because they think there's
10 nothing they can do about it.

11 If they're interested in trying to do something about
12 it, and the vast majority are trying to put a stop to this, then
13 they need some help. I think that should be integrated as a
14 significant part of your Master Plan.

15 I know there are other aspects that need to be dealt
16 with. I'm getting increasing numbers of young people who are
17 becoming addicted to the stuff. Initially they started coming in
18 simply as dealers, selling the stuff. Now I'm getting more
19 youngsters who come in, they are selling but they're addicted.
20 We have to find ways to meet, deal with their problems. We've
21 got to put them in programs of various and sundry kinds. We
22 don't have enough of those.

23 We need more local programs available to us. We don't
24 want to hear that stuff about local government ought to do it, or
25 somebody else ought to do it. Local government says: I've got
26 so many other things, I don't have the money to handle it. In
27 the meantime, the neighborhoods are going to hell.

1 I've got a lot I can say. Thank you very much.

2 CHAIRMAN SEYMOUR: Judge, we appreciate you taking the
3 time to offer your testimony. It's very obvious to me that
4 you're committed to try and find an answer. Sounds to me like
5 you're up to your eyeballs in the problem.

6 I have a question, though, which is relative to a pilot
7 project which to my understanding is in Alameda County. It's the
8 only county in the State that has been undertaking a somewhat
9 unique effort, I guess, in a special criminal justice grant
10 program that was authorized by legislation of Assemblyman Harris.
11 It's evidently a coordination program.

12 I'm wondering if you can tell me in your opinion how
13 effective that has been? Is it a program that we perhaps should
14 consider statewide? If you had it to do over again, how would
15 you change it?

16 JUDGE SWEENEY: Mr. Herbert of the District Attorney's
17 Office, I notice, is on your calendar to speak to you. He can
18 probably give you a better overall response to that question,
19 because one of the things those of us in juvenile justice are
20 uptight about is the War on Drugs didn't bear in mind that many
21 of the people in the trenches were going to be juveniles. We
22 didn't get any of that money. It's going to those adults, and
23 it's great. You got to do it; you got to do that kind of thing.
24 But people ought to recognize that there is a certain effect it
25 has on other aspects of the operation also.

26 As I said, we have just a tremendous influx in the
27 number of our young people in the juvenile justice system who are
28

1 coming through as a result of this drug business. We have filled
2 up our juvenile hall, and it's threatened with closure. They've
3 threatened by saying, "You've got so many kids in there, we're
4 going to declare that it's inappropriate to hold kids in it."
5 We've got two camps. We've got kids who've got to wait two and
6 three months before we can get them into a camp. Basically it's
7 because of this drug stuff that nobody saw.

8 When you take a big War on Drugs in a big county like
9 Alameda, you've got to look at the whole picture and bear in mind
10 it's going to have some effect somewhere else. There's a
11 tremendous increase in the number of arrests and the number of
12 convictions, the number of sentences of adults because of this
13 War on Drugs.

14 I would certainly urge that it be spread to other
15 counties where they have drug problems, but for God's sake,
16 remember that there's a juvenile population that's going to be
17 tremendously affected by whatever you do to the adult population
18 on drugs. I think that is foremost.

19 CHAIRMAN SEYMOUR: Thank you, Judge Sweeney.

20 Senator Morgan, a question?

21 SENATOR MORGAN: Judge Sweeney, what's the source of
22 most of the cocaine that's being distributed?

23 JUDGE SWEENEY: From what I hear from the police, and we
24 meet -- well, some of us meet with them about once every month in
25 the juvenile district to keep track of what's going on -- they
26 indicate that it's simply coming from out of the country, the
27 bulk of it. They indicate that it comes in on ships, and it

1 comes in in other ways. They're required to cooperate with the
2 federal government customs people and so forth in order to get
3 it. That's as close as I can get to the source.

4 I don't get any indication that it's manufactured or
5 created locally other than it's in the country. It may well be.
6 I simply don't know.

7 SENATOR MORGAN: This sort of confirms what Peter
8 Ueberroth said in a conversation I had with him, the Baseball
9 Commissioner, that he had some question about whether all the
10 millions of dollars and billions of dollars that we're spending
11 on drug education prevention programs are ever going to do any
12 good until the federal government dries up the sources. It's two
13 countries primarily.

14 I'm wondering, at the State level we always hesitate to
15 become involved in international issues. That's somebody else's
16 responsibility. But until we're able to work with our federal
17 elected officials, we've got to get that message to them so we're
18 not swimming upstream.

19 JUDGE SWEENEY: A thousand years ago, I was a member of
20 the Berkeley City Council. I have no hesitation about getting
21 involved in international issues.

22 (Laughter.)

23 SENATOR MORGAN: I recall that.

24 JUDGE SWEENEY: I certainly agree. We've got to get it
25 at the source. We've got to stop it from getting into the
26 neighborhoods.

27 SENATOR MORGAN: Your source is out of the country?
28

1 JUDGE SWEENEY: That's my understanding.

2 CHAIRMAN SEYMOUR: Other questions from members of the
3 panel? Mr. Bayquen.

4 MR. BAYQUEN: Judge Sweeney, do you believe that stiffer
5 penalties are necessary for the War on Drug dealers who are
6 adults or juveniles?

7 JUDGE SWEENEY: I don't think stiffer penalties are
8 needed for juveniles. Right now we can give them the same
9 penalty we can give adults.

10 Our problem is that we're dealing with different kinds
11 of people. We're dealing with youngsters who have not developed
12 yet. They have not matured yet. They are maturing.

13 We don't have the -- we don't have the proper means to
14 deal with the kids the way they ought to be dealt with. I've had
15 to modify my policies as to what kids I'm going to lock up for
16 how long because we don't have enough room. There are some kids
17 that you can lock them up for 30 days and probably never see them
18 again. Other kids, it takes a little bit longer. Some need some
19 additional stuff in addition to being locked up. Some we send to
20 the California Youth Authority. It's overcrowded. It's dismal.
21 I wouldn't want to send a kid there for anything but the toughest
22 problems. We can't treat a kid adequately, from my judgment, for
23 drug stuff by sending him to the California Youth Authority. And
24 yet they have one of the best technical treatment facilities for
25 those youngsters.

26 I don't need more years' time made available to lock a
27 kid up. I need some other services to help deal with the
28 problems that these kids have.

1 The adults I can't speak to. For the last six years
2 I've been back in my childhood.

3 CHAIRMAN SEYMOUR: Mr. Howenstein.

4 MR. HOWENSTEIN: I'd like to ask a follow-up question on
5 that. I think what the Judge said is something that we
6 discovered last year in some of our hearings.

7 Before I put words in your mouth, your Honor, as you
8 talk about the increased number of children who are distributing
9 drugs, is it your sense that the adults are using those children?
10 And do you have any understanding as to why they might be using
11 those children?

12 JUDGE SWEENEY: There's no question but that it's the
13 adults who are using those children. It's adults who are buying
14 the stuff. Kids rarely are the ones who buy from each other.
15 After they get hooked on it, they start buying. You've got the
16 adults that are giving them rebates, giving them a cut rate on
17 stuff so they can get them hooked so they can use them more and
18 more.

19 Yes, they're using them. They're also using them out
20 there selling them because the penalties, they figure, are much
21 less than they would be if an adult were caught doing the same
22 kind of thing.

23 You can send a kid up to Y.A. now, send him up for
24 murder in the first degree, while an adult's looking at life
25 imprisonment without possibility of parole. The most you're
26 going to look for with a kid is about five to seven years.
27 That's the most. That's a tremendous increase in the number of
28 years.

1 MR. HOWENSTEIN: Recognizing the sensitivity of your
2 response, do you think that the adult who uses a child in that
3 fashion, that insidious fashion, should be subjected to maybe
4 more severe penalties?

5 JUDGE SWEENEY: Yes, I would hang him up by whatever the
6 tenderest part there is and leave him there. Yes, there's no
7 limit to how tough you ought to be with an adult.

8 MR. HOWENSTEIN: Thank you.

9 There are several things going on in your community. I
10 know the mayor has a coordinating council for drug and antidrug
11 programs. The Oakland community organizations that I have met
12 with are involved in a lot of the community activities. We've
13 had community members involved in some of our college seminars to
14 organize many of the same things you're talking about.

15 Is your familiarity both with what the mayor's program
16 is doing as well as with the Oakland community organization? Is
17 that kind of tracked at your suggestion that we pursue more
18 rapidly, more in depth, to organize and support the community's
19 response?

20 JUDGE SWEENEY: Yes, I certainly don't want to give the
21 impression that nothing's being done. What I'm suggesting is
22 that not enough is being done of the kinds of things which are
23 being done in order to meet the enormously increased numbers.
24 That's what needs to be done.

25 The alternative is unthinkable. We are really and truly
26 losing children. When we lose them as children, the
27 probabilities are, if we don't get far more effective in our
28

1 remedial actions than we are now, then we're going to lose them
2 forever. Then they're going to be a burden on the rest of us.
3 They're going to be on welfare, or they're going to be locked up.
4 They're just going to be hanging around on the streets, ripping
5 us off in other kinds of ways simply because they will have no
6 ability to be self-sustaining.

7 We can't afford that. Whatever money we have to put
8 into at the front end to prevent this in the first place is
9 worthwhile.

10 MR. HOWENSTEIN: Thank you.

11 CHAIRMAN SEYMOUR: Time for one more question of this
12 witness. Ms. Rose.

13 MS. ROSE: There are five neighborhoods in Sacramento
14 that are getting together and putting on a conference for parents
15 and kids at the State Capitol. And they are addressing -- the
16 name of the conference is Save Our Children -- and they are
17 addressing how parents can get together and use their parent
18 power within those neighborhoods to get rid of these drug
19 dealers, and get rid of the problems, and kind of clean up their
20 own neighborhoods, and learning some techniques in how to get
21 that parent power together and, you know, do it themselves,
22 because they don't see any help coming from the outside.

23 Do you see this kind of thing, this kind of prevention
24 tool, as an important thing to maybe be successful in other
25 neighborhoods?

26 JUDGE SWEENEY: I think that's extremely important.
27 It's an extremely important tool. I could certainly urge
28

1 Sacramento to invite other counties to come in and participate,
2 at least to observe, so they can set up similar gatherings in
3 other counties.

4 The general population, no matter what you read and
5 hear, the general population generally, I get the sense of, is
6 woefully uninformed about this business.

7 We meet with the parents when we have the kids in
8 custody periodically. The parents will sit -- you know, they
9 don't have to sit up front, and the kids will be assigned to camp
10 or juvenile hall. Then you will hear the different parents talk
11 about how much they do not know. They don't know the symptoms to
12 look for which indicate that their kid is either selling stuff --
13 you know, if he comes in with a brand-new Cadillac and he's a
14 sophomore in high school, then they have an idea. But short of
15 that displaying a lot of money, they don't have any idea that he
16 might be involved.

17 They don't know the symptoms to look for that he may be
18 using. It's heartrending to hear the parents sit there and say
19 that: "I had no idea that my son was using this stuff." Yet his
20 grades had dropped off dramatically; he'd come up with a whole
21 new set of friends; he dropped all his old friends. They didn't
22 know who the new friends were. He's having these kinds of odd
23 kinds of illnesses from time to time. Nothing indicated to them
24 that he could have been on drugs.

25 They need the kind of thing that you're talking about.
26 They need to hear it over and over and over again, just permeate
27 the entire neighborhood.
28

1 MS. ROSE: That's the kind of thing that we're
2 addressing. I'm on the planning committee for that, and that's
3 exactly what we plan on doing.

4 JUDGE SWEENEY: Invite the rest of us to come in and
5 watch it.

6 CHAIRMAN SEYMOUR: Thank you very much, Judge Sweeney.
7 We really appreciate your testimony.

8 We've been joined on the panel by Mr. Robert Ryan,
9 representative of the State Board of Education.

10 Our next witness is Charles Herbert, who's the Assistant
11 District Attorney of the Narcotics Unit from Alameda County.

12 MR. KINGSBURY: Members of the committee, I'm not
13 Charles Herbert. My name is Kenneth Kingsbury. I'm a Deputy
14 District Attorney in Alameda County. Mr. Herbert had an
15 unexpected death in the family; he couldn't make it this morning.

16 We'd like to thank you for inviting us to participate.
17 For the last year and a half, I've been the grant coordinator for
18 Assemblyman Harris' AB 248, Urban Narcotics Task Force program.

19 CHAIRMAN SEYMOUR: Excuse me. My apologies. I should
20 have recognized.

21 Our court reporter, who dances those fingers, needs a
22 five-minute break. I was supposed to announce before you began
23 your testimony, so if you'll just be patient. My apologies.

24 (Thereupon a brief recess was taken.)

25 CHAIRMAN SEYMOUR: The panel will reconvene.

26 Mr. Kingsbury, please come to the podium.
27
28

1 Before you begin and while the panel is coming back, I'd
2 like to recognize Mr. Paul DePace, who is the gentleman walking
3 back to his seat there. He is representing the Seven-Eleven
4 Stores.

5 I would like to share with members of the panel, some of
6 which are aware, that last year we attempted to produce a very
7 high quality drug video that would be distributed through the
8 State Department of Education to our local schools; a drug video
9 that would have stars who relate to kids. We started off with
10 Michael J. Fox of "Back to the Future". This was an attempt to
11 have a public and private partnership.

12 The bottom line is that Seven-Eleven, in good community
13 spirit, was willing to put up half the money for the video, and
14 the State Department of Education with the Department of Alcohol
15 and Drug programs, Chauncey Veatch's operation, put up the other
16 half.

17 So thank you. We appreciate that. We were just
18 chatting at the break as to how it was progressing. It's
19 developing very well, and hopefully we can look forward to this
20 fall beginning to distribute it through the Department of
21 Education.

22 Okay, we've got everybody back. My apologies again, Mr.
23 Kingsbury.

24 MR. KINGSBURY: As I indicated, for the last year and a
25 half I have been the coordinator for Assemblyman Barris' AB 248,
26 the Urban Narcotics Task Force.

27
28

1 For some of you who maybe aren't familiar with the
2 program, it is an agency approach essentially dealing with the
3 supply side of drugs consisting of our courts, of personnel in
4 the District Attorney's Offices, the Public Defender's Office,
5 the Probation Department, the Sheriff's Office, and the court
6 administration.

7 Basically we are a multi-agency approach toward dealing
8 with the drug problem in the City of Oakland. As indicated by
9 Judge Sweeney, essentially on a needs assessment basis, we have
10 decided to deal principally with the street dealer adult.

11 I think the components that were mentioned at the outset
12 by Senator Seymour are well listed, well needed in terms of a
13 five-year program. As you might imagine, as a District Attorney
14 specifically involved in the kind of program I'm involved in, my
15 emphasis leans towards law enforcement and their coordination
16 with the community.

17 In the last year and a half, I have locked up hundreds
18 if not thousands of individuals for drug violations. Basically
19 we are filling the prisons that haven't even been built yet. Our
20 problem in Alameda, and everybody's problem, is that there's just
21 not enough room in the county jail to hold them any more.

22 I think any part, however, of a program that you come up
23 with in terms of a five-year plan must concern law enforcement.
24 The emphasis now is on treating the demand side of the problem.

25 In response to Senator Morgan's comments, I really
26 believe you have to start educating kids starting in the womb
27 forward if you want to solve the problem.
28

1 However, as to the law enforcement part of it, I think
2 it's very necessary, we have found it very necessary that you
3 have to set the right climate for this kind of dramatic change to
4 come about. I have some specific suggestions.

5 First of all, I think to the dealers Judge Sweeney was
6 talking about, you have to make the penalty certain and tough
7 enough to make the consequences known, and you have to make that
8 person less available. When you arrest a man for dealing, you
9 have to make sure he's not right back on the street, being
10 glorified as a John Wayne or what have you. You don't want to
11 make him a hero.

12 How do we go about doing that? Again, I'll defer to
13 Judge Sweeney.

14 He mentioned surveillance. These things will cost the
15 State of California very much money. That has been repeated in a
16 number of bills before the State. I think there's another one
17 this year. I don't know if it's died or in mortal danger at this
18 point, but it's dealing with electronic surveillance. I'm
19 talking about a very tight form of electronic surveillance. If
20 we're going to get the big dealers, and I'm not talking about the
21 the little hood that's selling a little rock of cocaine, but
22 we're talking about the suppliers, the man above the midrange
23 dealer. We need that kind of surveillance under the tightest and
24 strictest controls that the courts and the Legislature can find
25 available to be able to tie him down. Without it, we can't get
26 it.

27
28

1 Secondarily, what can we do once we arrest this man?
2 I'd like to compare for a moment the State system and the federal
3 system in several regards. First is the system of bail.

4 The federal system has a rather unique component to it
5 in that if you arrest somebody on a large scale dope dealing
6 operation, it is fairly simple, to make a simplification, to have
7 that person held without bail, or at least with extremely high
8 bail.

9 We don't have that readily available to us in the State
10 system. And as a result, one of the problems I have in
11 prosecuting cases in Alameda County is, if I get anybody other
12 than the little street dealer, he makes bail; he waives time;
13 he's out of custody; he gets arrested again; he makes bail; he
14 waives time; he's out of custody. And as a result, last Friday
15 during my pretrial session in Alameda County Superior Court, I
16 had one man with three ongoing felonies out on \$87,000 worth of
17 bail, still out today, and in my mind no doubt what he's doing.
18 I had another man who had four cases, four drug cases in a row.

19 What I'm saying is that the bail system in California
20 has to be revised to deal with those people that are arrested
21 with very high quantities of dope and those people that are
22 arrested repeatedly. The burden should at some point shift to
23 them to show why they are not a danger to the community, as I'm
24 sure we're all aware that they are.

25 Another adjunct to that is a rather recent and
26 frightening decision by a federal judge locally concerning
27 forfeiture funds, and it involves the case of a man named Rudy
28

1 Henderson. Mr. Henderson was arrested and a great deal of funds
2 were taken from him. Forfeiture proceedings under the system
3 were filed, but the judge allowed the defense attorney to collect
4 that money for her fee. That's going to defeat the forfeiture
5 proceeding.

6 Unless something is done to tighten up those kinds of
7 rulings, that's going to defeat the whole purpose of the
8 forfeiture system. If the man's money can all turn right around
9 and go to his defense attorney, the forfeiture proceeding is
10 gone.

11 Next, in terms of drug trials, there is a section of the
12 Penal Code, 1048, that deals with who gets preference and what
13 goes to trial. Mostly they deal with cases of aged victims,
14 child victims, sex abuse.

15 What I'm submitting to you is that to that list under
16 1048 of the Penal Code's need to get priority are certain types
17 of drug offenders; again, the repeat drug offender and those with
18 a large amount of drugs. Those people need drug priority -- or
19 excuse me, trial priority so they can't sit back, hire a good
20 private defense attorney who has a thriving practice over half
21 the State of California and who will telephone in saying, "I need
22 a continuance because I'm in some trial in Shasta County," or a
23 trial in San Joaquin County, or a trial in Stanislaus County.
24 And it's a rotating stream of continuance which will sometimes
25 lead to continuances of up to two years.

26 Last in this line is sentence. As I indicated before,
27 in the last year and a half, even as District Attorney, I have
28

1 come to realize that we just can't lock up the future generation.
2 That doesn't appear to have a future for us. There have to be
3 more alternatives in terms of intensive probation programs, work
4 incentive kinds of programs for first-time offenders.

5 However, you must do something to help us when we do
6 catch that midline-to-above drug dealer; the guy who's dealing in
7 half pound, pounds, or kilos mostly of cocaine. That has to do
8 with the fact of no probation statutes. They're pretty broad
9 right now, quite frankly. There was some legislation passed last
10 year that helped us quite a bit, but the enhancements that the
11 Legislature has passed for us, 11370.2, .4, and 11379.8 of the
12 Health and Safety Code, all add substantial enhancements, but for
13 some reason, riders always get attached to those bills saying
14 that they can be excused in the presence of unusual
15 circumstances. At least in our county that tends to be a big
16 problem because an unusual circumstance seems to be if the man is
17 standing before the judge awaiting sentence.

18 So again, there are three or four areas that I think for
19 our law enforcement components that are vital: electronic
20 surveillance; tightening up of the bail; priority trials; and
21 some rather certain sentencing so that the man does not go right
22 back out into the community and is seen there peddling his drugs
23 day after day as something of a folk hero.

24 In terms of community action seminars and the community
25 component, and how law enforcement might help, I have found that
26 our participation, the District Attorney's Office at least in the
27 Oakland Interagency Council, and I was a member of Mr. Dugan's
28

1 Attorney General's Challenge program, I've attended those kinds
2 of programs. They're invaluable. They do, however, need to be
3 flexible.

4 One of the problems we've had with legislation recently
5 is particularly where it talks about vertical prosecution. That
6 means the man takes the case all the way from Stage One all the
7 way through. That's not flexible enough. I think the approach
8 has to be for maintaining certainty but flexibility. Perhaps a
9 team kind of vertical prosecution would help us considerably.

10 Thank you.

11 CHAIRMAN SEYMOUR: Thank you, Mr. Kingsbury.

12 Questions?

13 MR. DUGAN: I wondered if the Judge wanted to defend his
14 judicial brethren.

15 JUDGE SWEENEY: He speaketh straight.

16 (Laughter.)

17 MR. DUGAN: I had a question that troubles me.

18 Do you think, as a prosecutor, that we incarcerate too
19 many juveniles? Stay away from the adult side.

20 MR. KINGSBURY: You're speaking about for drug offenses?

21 MR. DUGAN: Mostly I'm speaking across the board, but if
22 you want to narrow it to drug offenses, yes, I'll go along with
23 that.

24 MR. KINGSBURY: It's a difficult question to answer. In
25 my opinion, we don't do enough. And I'm not speaking of just
26 jail. The problem we have there is there does not seem to be
27 enough alternatives to jails. At this point it appears to be the
28

1 only form of punishment is incarceration. We have weekender
2 programs; we have a boys' camp; we have certain periods of
3 incarceration which Judge Sweeney has been one of the best
4 juvenile court judges that we've had. I'm sure he's aware that
5 the alternatives are lacking.

6 The idea is that when you catch the kid selling the \$20
7 rock on the street -- I deal only with the adults that are using
8 the 12-year-old to do that -- your choice is to do nothing and
9 send him back to the same community from which he came, or to do
10 what? Put him in jail with a bunch of fellows who have done the
11 same kinds of things. And unfortunately the periods of
12 incarceration are short enough where it's old home week. They're
13 either sitting on their butts at home watching television, or
14 they're sitting at juvenile hall watching television, talking
15 with themselves. And it doesn't change. It doesn't help a great
16 deal.

17 It's a bit of punishment, yes, but unfortunately it's
18 not viewed as that in many instances. It's viewed as the price
19 of doing business.

20 It appears to me what we should be concentrating on are
21 alternatives to those kind of lockup situations, alternatives
22 that will result in productive ends.

23 CHAIRMAN SEYMOUR: Other questions? Mr. Howenstein.

24 MR. HOWENSTEIN: If you could, Ken, talk a little bit
25 about the effectiveness of the coordinated program, such as the
26 Harris program. Just briefly about the coordinated efforts at
27 the local level.
28

1 MR. KINGSBURY: What we've done is, at the start, each
2 of these agencies involved -- the courts, the district attorney,
3 the public defender, the probation department and the sheriff's
4 office -- all assigned people to be nominated to our board. I
5 suppose I was the representative nominated from the D.A.'s office
6 because I've not only been a D.A. for ten years, but I was a
7 probation officer ten years before that. Before that I worked in
8 the State prison systems. So I have a feel for the whole thing.

9 Essentially what we do is, we have periodic meetings,
10 monthly or six weeks. What it basically boils down to, Mr.
11 Howenstein, is that we have now, rather than dealing with an
12 unknown entity and an unknown agency, you have somebody you can
13 phone, a named individual. You get together periodically and
14 work out problems of communications, problems of the way business
15 is done.

16 And what we've found, or what I've found -- I've been
17 with Alameda County in one capacity or another since 1965 -- is
18 that the way business is done has become much more efficient.
19 There are not as many things slipping through the cracks anymore.
20 People are talking. The lines of communication are open.

21 It's not agency-wide, however. It seems since our
22 program has started, it pretty much stays within that program.
23 It has not expanded to make the whole agency closer together, but
24 in terms of our unique problem dealing with drugs, it has brought
25 us closer together. I think it's made us a good deal more
26 efficient.

27 CHAIRMAN SEYMOUR: Other questions? Mr. Ryan.
28

1 MR. RYAN: Schools. I know in Alameda County most of
2 the kids don't go into this program. I know of several programs
3 from the county office.

4 Do they work? What role do schools play with prevention
5 in your program?

6 MR. KINGSBURY: Our program is primarily, as you can
7 tell, law enforcement oriented toward prosecution of drug
8 offenders.

9 My contacts with the schools and the schools' program
10 has basically been limited to the impact program, the decide
11 program, mainly because my kids are involved in it.

12 I have found, at least for the schools that I'm involved
13 with, that basically provides a very good measure of education.
14 As indicated, I think drugs, at least for my age person rapidly
15 approaching 50, when I was in high school, this was totally
16 unheard of. My kids now know so much more about drugs than I
17 ever did at that particular age. Parents generally aren't --
18 don't know what's going on.

19 And I think the programs that I've seen put on by the
20 schools are great insofar as education is concerned, helping them
21 to at least understand the pharmacological results of what
22 they're going to be taking and what they're doing to their
23 bodies.

24 The problem I have with it in our particular community
25 dealing with the quote-unquote "middle-class" kids is that the
26 morality or the social acceptance is basically there except for
27 that deviant number, maybe 10-20 percent of kids that have
28 problems anyway.

1 The problem that I have with it is, it doesn't appear to
2 be reaching that segment of our community where it's a socially
3 acceptable thing to do. It's a morally fine thing to do, to use
4 drugs.

5 Frankly, a good percentage of this generation, I've
6 given up. It's my contention that we have to start dealing with
7 the kid coming out of the cradle at this point and save him earlier.

8 CHAIRMAN SEYMOUR: Time for one more question, and that
9 question goes to Mr. George Feicht.

10 MR. FEICHT: Given your earlier statement where you
11 talked about the need for coordinated efforts, and law
12 enforcement ought to be a key ingredient of any kind of
13 coordinated effort, I agree with that.

14 Your law enforcement coordinating council you have, do
15 you think there's a place to kind of expand that maybe to include
16 people from education and some people from a treatment/prevention
17 type network? Would that work, or is something like that in
18 Alameda County now?

19 MR. KINGSBURY: There isn't anything formalized in our
20 program right now. It's something that I have discussed of
21 making a part of the AB 248 thing, and I've offered our services
22 to some of the local schools in terms of putting together sort of
23 a law enforcement package, and that would consist of a district
24 attorney, a public defender, a probation officer, and someone
25 from the street arrest team that Judge Sweeney was referring to.
26 Even though they're not part of our program, I go out and ride
27 with them on occasion and make telephone contact daily, if not
28 more often.

1 But I think that kind of thing would be helpful. We'd
2 certainly be willing to do it. I think you'll find that law
3 enforcement agencies, particularly the youth services division,
4 even though they like to think of themselves as tough guys and
5 our job is law enforcement only, most of them, when you get right
6 down to it, would be willing to participate in something like
7 that.

8 We'd certainly, from our standpoint in law enforcement,
9 encourage it.

10 CHAIRMAN SEYMOUR: I'm sorry, we're going to have to
11 move on. Thank you, Mr. Kingsbury.

12 MR. KINGSBURY: Thank you.

13 CHAIRMAN SEYMOUR: Our next witness is the Honorable
14 Donald B. Squires, Judge from the Fremont Municipal Court.

15 Judge Squires, thank you for being with us today.

16 JUDGE SQUIRES: Thank you. Good morning, Senator
17 Seymour, Senator Morgan, and members of the ad hoc panel.

18 First I'd like to thank you for including me in your
19 discussions today. I hope I'll be able to give you something of
20 a municipal court perspective on some of the substance abuse
21 problems we all face.

22 I'd like to introduce myself first to explain something
23 about my background so you can evaluate my comments more
24 effectively.

25 I'm a municipal court judge from a suburban, homogenous,
26 middle-class community, with a jurisdiction of about a quarter of
27 a million people. The jurisdiction is Fremont, in the San
28

1 Francisco Bay Area. It is serviced, as I say, by six municipal
2 court judges. Fremont is the largest city in the Bay Area.

3 I've been on the bench now for four years. My previous
4 legal experience has been in the same district attorney's office
5 as Mr. Kingsbury who just testified, and in Fresno. I now serve
6 as Chairman of the Judicial Coordinating Committee, a
7 representative body of judges in Alameda County on the municipal
8 benches, and as Chair of the Subordinate DUI Committee.

9 I believe I share many of the goals of the Select
10 Committee here today. I've been asked to comment on three
11 separate areas. As to the first one, proper goals, my focus is
12 unequivocally, the prime goal has got to be reduce crime. This
13 crime comes of all sorts. I believe the only way we can create a
14 more peaceful society is to address substance abuse totally.

15 I previously referred to myself not as a municipal court
16 judge but as a substance abuse judge. Eighty-five to ninety
17 percent of the cases that appear before me are directly or
18 indirectly related to substance abuse. Studies show that 44
19 percent of all the arrests nationwide are related to alcohol
20 alone. The Los Angeles Police Department figures show that 72
21 percent of all their arrests directly involve alcohol.

22 No municipal court judge with whom I've ever conversed
23 believes that the figures are so low. Every single one believes
24 that our involvement with substance abuse is at least 80-90
25 percent. Those are the numbers I hear around the state
26 everywhere.
27
28

1 I have figures from the U.S. Department of
2 Transportation, Fatal Accident Reporting System, National
3 Judicial Council, Los Angeles Police, and they're all the same
4 kinds of statistics that everybody here has seen. I'm not going
5 to repeat them all for you. Each of the people here must have
6 known these figures and must be committed to solving the problem
7 of substance abuse.

8 But as a substance abuse judge, let me make first one of
9 only two or three major comments. Other than police officers,
10 there is no single group in California that sees more substance
11 abuses on a daily basis than a municipal court judge. We see
12 more substance abusers on a daily basis than every treatment
13 program combined. Two percent of our nation's population, some 4
14 million people, are arrested each year because of their use of
15 alcohol. Everyone comes before a municipal court judge or
16 something similar along that line throughout the country.

17 In the last week, I've handled cases involving alcohol,
18 which I believe to be the drug of preference throughout the
19 nation, but also LSD, heroin, toluene, cyclohexanes, and cocaine.
20 Even in the quiet suburban communities such as mine, on Friday I
21 held in my hand some \$800,000 to \$1 million worth of cocaine.

22 To answer your question, Senator Morgan, that cocaine
23 came from Peru and was shipped in by allegedly -- the decision
24 hasn't been made -- but allegedly by a person trying to make a
25 profit who lives in a lovely residential area, quietly, in Union
26 City.

27
28

1 The municipal court judges are unique, however, in that
2 they have the power to do something about all of the people that
3 come in front of them. I believe that municipal court judges
4 provide an interface that you can use in whatever processes you
5 design to serve as a link between enforcement and the eventual
6 treatment of substance abuses.

7 Judge Sweeney, who is revered in our county,
8 particularly in his concern with juvenile law, and Mr. Kingsbury
9 both were talking about enforcement. My focus is on what to do
10 with the person when he comes to me; what to do, I believe, is to
11 define his treatment.

12 Your second question was concerning the effective use of
13 resources. To me it's startlingly obvious: use the judges that
14 are already in place. You have to involve them. You already
15 have a core of dedicated people who have a finger on the pulse
16 and problems of their community. You already have a building in
17 the center of every city in California filled with personnel and
18 equipment designed to assist in this particular area. You
19 already have the complete infrastructure that's designed to
20 support the courts.

21 If you have to focus on massive judicial education on
22 substance abuse, then you have to rekindle the dialogue on what
23 judges should do and what they can do. Perhaps in five years
24 that's all you can really hope to accomplish.

25 But the problems of substance abuse will not
26 realistically be solved within five years. I suggest that you
27 train and educate your judges and seed ground for the future.
28

1 I have to make a slight aside here. This is a
2 bipartisan organization, but I find that in my community, we're
3 down one or two judges. We have had an opening now for some
4 time, the last three or four years, and we've been asking for a
5 new judge to be appointed. That's been bogged down in partisan
6 politics.

7 I don't mean to include this group in those partisan
8 politics, but I wish to let you know that we don't have all the
9 judges that everyone says we should have because of politics.
10 You're involved in that area. You resolve that. I want you to
11 know we need judges. We can't do the job that we're supposed to
12 do without the staffing, let alone the enormous problem that
13 you're trying to resolve.

14 My second recommendation is that municipal courts focus
15 on mandatory assessment of every person convicted of a drug or
16 alcohol-related offense to determine the degree of substance
17 abuse and what to do with them. In my view, this would include
18 most of the people I interact with on a day-to-day basis.
19 Without knowing what makes a person act the way he does,
20 sentencing becomes neither an art nor a science; it becomes a
21 guess. Judges in California sentence by norms that have no
22 relation to the problems they try to address. Assessment seems
23 to be a solution.

24 It's believed that 15 percent of the drinking population
25 of America consumes over 73 percent of all the alcohol. It would
26 help me to know that the person in front of me at the time of
27 sentencing fits in this high-risk category. As it is now, I
28

1 look at the blood alcohol content if I have it, the drug
2 assessment if there is one, the person's prior record if it's
3 known, and some of the circumstances around the event that
4 brought the person before me. Frequently they do not really tell
5 me whether this person is a true first-time offender or whether
6 it's merely the first time he's been caught. More often than not
7 I believe that it is perhaps the second.

8 My third recommendation is your Select Committee include
9 on its staff or as consultant municipal court judges. The
10 California Judges Association might also serve as a valuable
11 resource. Judges can help in designing, or more likely
12 critiquing, legislation. The laws you pass will have no teeth
13 until and unless the judges enforce them.

14 By judges I also include prosecutors and the police. By
15 co-opting and including judges in the design of your Master Plan
16 seems to me essential to the success of your endeavors. I have
17 no empire-building, grandiose schemes in mind, but I see judges
18 as being already in place and able to serve if they're given the
19 resources and training and education that they need.

20 I'd like to offer a side comment. I often hear
21 reference to a concept called treatment. And I think that from
22 -- you ought to know that from my perspective, there is no such
23 thing as treatment, in that out there that people refer to, we
24 don't have treatment programs. With all respect to the county
25 people, the State people involved in treatment, they're not
26 funded, and they can't get the people that I have. I could send
27 hundreds of people on a monthly basis to treatment programs and
28 completely swamp Alameda County treatment programs.

1 First of all, my people that I send wouldn't qualify for
2 the alcohol and drug treatment programs. They're reserved for
3 people with greater problems than most of the people I see, or at
4 least diagnosed with greater problems. There are only a few
5 individuals who carry insurance that covers alcoholism. The DUI
6 programs that I send people to are not treatment in the current
7 sense of the word; they're educational. And education and
8 treatment should not be confused.

9 There are numerous studies that have shown that sending
10 someone who is a true substance abuser to a simple education
11 program, such as our DUI program, does not address the problem,
12 but in fact enhances the problem by creating more stress on that
13 individual, by making him educated, true, more aware of his
14 problem, and he goes out to the bars as he leaves the DUI
15 program. Any number of cases of that are recorded.

16 Your panel has an enormous task. It's gratifying to all
17 of us that you're attempting to do it. Banning alcohol didn't
18 work in prohibition. Banning drugs now isn't working very well.
19 Education and treatment costs more; we all know that and try to
20 figure out ways to handle that.

21 I suggest that you begin by educating your
22 professionals, that you institute an assessment program so that
23 we know who needs treatment, and somehow build a treatment system
24 statewide from the beginning, from the ground up, as your prime
25 goal.

26 I know that what I'm calling for will require a complete
27 redesign of many roles in the municipal court and misdemeanor
28

1 structure, and in particular probation officers. As probation
2 officers, I believe that you have to beef up the number of
3 probation officers so that you can supervise substance abuse. I
4 believe that we should, as many other states have done, such as
5 Maryland and Illinois, all across the country, make every
6 probation officer a qualified alcohol counselor. We don't do
7 that. We don't have the funds or resources to do that, and our
8 probation officers look at alcohol problems at the bottom of
9 their pile. They traditionally look at crimes, those involving
10 rape, murder, arson, burglary, the traditional types of crimes,
11 and they are not looking at the root causes in terms of how to
12 help them.

13 I think that we need alcohol counselors. I think we
14 need judges and lawyers to interrogate and be addressed, be
15 educated as to the problems of substance abuse as it affects us
16 all.

17 When you think that my job is that of a substance abuse
18 judge, that the whole muni court system is dealing with them, no
19 one ever addresses them. I think perhaps you need to inform the
20 community of the enormity and the gravity of the substance abuse
21 problem.

22 I'd like to conclude with one other comment. If I'm an
23 expert in any area, I'm an expert in driving under the influence
24 as an observer. Our system is incredibly ineffective. I'm not
25 saying it's inefficient. We all know it's inefficient. It's
26 also ineffective.

27
28

1 We don't punish driving under the influence offenders
2 seriously. We pretend to; we say that we're going to send them
3 to jail. But if I send someone to jail in Alameda County for
4 less than 15 days, he's out of that jail because we have such
5 overcrowding that a sentence of less than 15 days is literally
6 meaningless.

7 If I give someone a fine, and I use the legislatively
8 mandated minimum fine, and I add all the penalty assessments, it
9 comes to about \$750-800 for a first-time offender. If I do that,
10 the person normally can't pay it immediately; so we put him into
11 a court collection system, and the figures show they don't pay
12 it. They pay part of it, and eventually it falls apart.
13 Certainly I don't mean everybody, but I do mean the majority of
14 people.

15 We give license restrictions, and from the judge's
16 perspective, I read the literature and I see that license
17 restrictions are supposed to be one of the things that has the
18 greatest effect on our citizens, but yet there's rarely a person
19 that appears before me that isn't driving under a suspended
20 license. They've all been there before. Their licenses are
21 restricted. So, I don't see the license restriction as being as
22 valid as perhaps some of the national studies.

23 I don't think our system rehabilitates at all. I don't
24 think it deters repeat offenders. I see far too many of them to
25 think that we really are a deterrent factor.

26 I think our municipal court system in terms of DUI
27 enforcement is successful only in one area, and that's in
28

1 building contempt for our society of laws by the people who come
2 before us, come before us and see this magnificent system with
3 all the grandeur, and when they walk out, they realize nothing
4 happened.

5 I think that we must either decide to live with what we
6 have now, which is a woefully inadequate system with problems
7 compounding geometrically, or we need to build new jails and
8 warehouse offenders, or we need to redesign the system on
9 intervention, rehabilitation and treatment grounds. That's an
10 overwhelming objective for you. If that's your goal, so be it.

11 I would encourage you to consider treatment, however, as
12 one of your primary goals.

13 I should say I also agree with everything that I've
14 heard here earlier today. I've heard Judge Sweeney, and I agree
15 with his assessment. We need enforcement.

16 But I have more people every day than I can deal with.
17 So I think that we have to focus on what to do with them, and I
18 think that's got to be treatment.

19 Senators and members of the committee, I appreciate it.

20 CHAIRMAN SEYMOUR: Questions of the panel? Ms. Rose.

21 MS. ROSE: I just heard about a program in Florida where
22 the DUI offenders are, instead of putting them in jail with the
23 rest of the people there, doing a bleeper system where they're
24 kept at home.

25 Do you know anything about that?

26 JUDGE SQUIRES: Yes.

27 MS. ROSE: And how do you feel about that?
28

1 JUDGE SQUIRES: I think it's terrific. It's expensive,
2 and our county's investigated it about two or three years ago.
3 Just like computers and calculators, the technology three years
4 ago was quite different from what it is now.

5 I believe they're starting this in Santa Clara County or
6 some place right now. Each system requires a person to wear an
7 electronic bracelet or anklet, and they have to actually string a
8 new telephone line to that house and then put on a black box.
9 The person can only move so many feet away from the black box.
10 That would save money, and perhaps we could even charge the
11 offender for the service. I think it's great.

12 MS. ROSE: One thing they did in the one county in
13 Florida was that they had saved \$248,000 in a very short time
14 just in, you know, you have to house these people when you put
15 them in jail, and so on and so forth.

16 JUDGE SQUIRES: You need to house people when they go to
17 jail in Alameda where they can afford it. But there needs to be
18 something else. The system is not totally self-enforcing. We
19 need to send probation officers out to the houses to spot check
20 to make sure the person's not getting soused and beating up on
21 their children. We don't know what's going on in that person's
22 mind, so we need to have some kind of a monitor.

23 But I think it's a wonderful idea to save money. I
24 would be very happy to push the idea as far forward as I can in
25 Alameda County.

26 CHAIRMAN SEYMOUR: Question, Mr. Fox.
27
28

1 MR. FOX: Yes, I have kind of a follow-up question.
2 It's a question related to the mandatory assessment.

3 If such a mandatory assessment process were in place,
4 what would you think you would need as alternative treatment
5 options basically for you as a judge?

6 JUDGE SQUIRES: I don't know if I need to send everybody
7 who comes before me through the DUI program. I'd like to know
8 whether -- I know that the legislation requires that I do that
9 right now, or deny probation and give them more time in jail.

10 Realistically I'd like to abolish part of the DUI
11 infrastructure altogether and not send people there if they don't
12 need it; just send people there who do need it.

13 I'd also like, if I had that assessment in place, to
14 skip DUI altogether for the first offender program, and instead
15 make it one-year long for the second offender rather than the
16 drinking driver program created by SB 38 some years ago. That
17 program is a treatment program; an inordinately expensive
18 program. It costs close to \$1,000 in our county to send someone
19 there. Of course, they pay on top of the fine.

20 What I would like to do if I had the assessment program
21 is decide which of the first time offenders by definition are
22 truly substance abusers and send them straight to DDP. But I'm
23 not about to do that when I simply see a one-three blood alcohol,
24 no accident, nothing else in the police report that tells me this
25 is a common occurrence. But if it turns out we just happened to
26 get this guy on the way to the bar, and he hadn't even really
27 started drinking, I'd be happy to send him to that program.
28

1 I need first to know what the problem is, and then I
2 need some place to send him. The drinking driver program is only
3 one, and basically it's the only one, so I'll send people there
4 until they're overflowing and there are hues and cries that
5 there's no room.

6 Judge Sweeney and Mr. Kingsbury both commented on jails.
7 We can build another jail of the same size we have now in Alameda
8 County, and I'm sure we could fill it in one week without any
9 question. Every judge is sentencing based upon the fact that
10 there's no place to put people. I look for every alternative I
11 can before I will send them to jail. When I order someone to go
12 to jail, and I want them to go there, it's for a reason. And I
13 feel that you may want to consider that in your deliberations as
14 well.

15 The jail systems are overcrowded. We have 1600 people
16 in Alameda County jails right now, and we keep people there who
17 are awaiting trial, and then we kick out people who have been
18 sentenced and found guilty. I find this a bit absurd, that
19 although there's a presumption of innocence in the beginning, we
20 keep them in jail; and once they're found guilty, we let them
21 out.

22 My concern here is that, and I know that we're short on
23 time, is that we can fill the jails quickly if we need to, but
24 we've got no place to put them. There were only four women who
25 were sentenced in Alameda County one day last month because every
26 other woman who was there was waiting for trial or waiting for
27 some other proceeding, which meant that the first woman who was
28

1 arrested anywhere in this entire county and was waiting around
2 for trial, we had to kick out one of the sentenced people down to
3 three. That's absurd.

4 CHAIRMAN SEYMOUR: Thank you very much, Judge Squires.
5 We appreciate you being here today.

6 Our next witness is Ramon Desagun, a teacher
7 representing the California Teachers Association.

8 MR. DESAGUN: Good morning. I am Ramon Desagun. I am
9 representing the California Teachers Association.

10 I am a classroom teacher in Linden, California, just
11 outside of Stockton. I am Chair of the Department of Social
12 Sciences and work in establishing our drug program within the
13 school.

14 The California Teachers Association is pleased to have
15 been asked to participate in this series of hearings for we are
16 most concerned about the alarming growth in the number of young
17 people who are abusing drugs and alcohol. CTA has participated
18 in several task force commissions on drug and alcohol abuse
19 prevention and is committed to do whatever it can to reduce the
20 societal problem which faces us.

21 To quote from the Attorney General's Commission Report
22 on Drug and Alcohol Abuse,

23 "Public schools must be part of the
24 solution to our drug and alcohol
25 abuse problems, for the future of
26 public education will be seriously
27 compromised if our schools are not
28

1 made drug and alcohol free. There-
2 fore, public schools must be re-
3 sponsible for providing drug and
4 alcohol use prevention education."

5 Public education is the last egalitarian institution we
6 have in America today where we service everyone; whether you're
7 gifted or special, rich or poor, we serve all of our students.
8 Public education has access to youth on a large scale, and it
9 also has the personnel already trained in teaching techniques.

10 It is because of these reasons that the focus of drug
11 and alcohol abuse prevention must be in the classroom, for it's
12 the classroom teacher who has first and probably the best channel
13 of interpersonal communication with our students. Most often it
14 is the classroom teacher who can determine if a student is
15 abusing drugs or alcohol, and it is the teacher who can initiate
16 the helping chain to assist the student in overcoming her or his
17 problems.

18 As this committee develops its five-year Master Plan, it
19 will take into consideration many components, and one of those
20 components will be the content of the curriculum to be used in
21 our public schools. There are several important criteria to
22 consider when adopting a drug and alcohol abuse prevention
23 curriculum.

24 First, the curriculum must be comprehensive in its
25 approach to K-12, and it must be mandated. We know that there
26 are some places out there in which the drug education problem is
27 very weak or almost nonexistent. The information given must be
28

1 correct and current. The drug and alcohol-free message must be
2 transmitted to the students.

3 The curriculum must be thoroughly evaluated for its
4 effectiveness. The curriculum must be sensitive to California's
5 culturally diverse population.

6 Adequate staff training must be made available. The
7 curriculum cannot be based on scare tactics, but rather on
8 enhancing such communication skills as listening skills, problem-
9 solving skills, decision-making skills, and most importantly the
10 competent reinforcement of self-esteem.

11 School districts and local bargaining units must work
12 together to implement the program.

13 And lastly, the curriculum must be developed and
14 delivered by a coalition of school and community personnel.

15 The implementation of these nine criteria, we are sure,
16 will lead to an effective drug and alcohol prevention program.
17 The local drug administrator in each county should play a
18 significant role in the development and implementation of the
19 schools' program.

20 I know from personal experience that the administrator
21 from my county has given significant assistance to my school's
22 program.

23 CTA understands the purpose of the hearing today. The
24 California Teachers Association is not one of the agencies which
25 directly impacts the delivery of services by State and local
26 agencies; however, it is the opinion of the Association that all
27 agencies do work together so that the thrust of a prevention
28

1 education effort is aimed at the classroom. The Master Plan
2 which is being developed by you must take this into
3 consideration.

4 Statewide and local agencies must cooperate in whatever
5 ways possible to see that the students in the classroom receive
6 as much attention and assistance as is possible to give. The
7 Association is aware of the need of streamlining of services
8 delivered to schools. Simply stated, the bureaucracy must be
9 minimized so that delivery can be maximized.

10 On behalf of the California Teachers Association, I
11 thank you for the opportunity for sharing the concerns of the
12 Association with you today. We have a most important task before
13 us: the saving of our youth from the abysmal experience of drug
14 and alcohol abuse. CTA wishes you the very best in your efforts.

15 CHAIRMAN SEYMOUR: Thank you, Mr. Desagun.

16 Are there questions? Senator Morgan.

17 SENATOR MORGAN: In your county, are the cities
18 cooperating with schools in putting together any kind of
19 programs?

20 MR. DESAGUN: Most of that is coming through the County
21 Drug Administrator, most of the assistance. Mr. Feicht is our
22 expert there.

23 I teach in a rural area. We are no city; we are barely
24 a town, so I don't have that expertise.

25 CHAIRMAN SEYMOUR: Other questions of panelists? Mr.
26 Ryan.

27
28

1 MR. RYAN: You mentioned comprehensive. Would you
2 elaborate on where would you see it being taught?

3 Right now there's a big push on academics -- math,
4 science, so forth. Where in the curriculum or school day do we
5 talk about evaluating, problem solving, responsible decision
6 making, drugs, alcohol?

7 MR. DESAGUN: Yeah. I am a teacher of American
8 Government and also a teacher of Interpersonal Communication, so
9 I'm in a unique situation in that I have all the seniors in my
10 high school for one semester for Government, and one semester for
11 my Interpersonal Communications. It gives us that time to
12 improve our skills as best we can.

13 I know that not every school can do that. In fact, I
14 have not been doing that for two years because the most important
15 interpersonal course has been replaced by economics, and I could
16 speak to you for weeks about that if you like.

17 Comprehensive in that it must be delivered in every
18 grade level K through 12 in science courses, in the State basic
19 requirement courses of ninth graders and tenth graders, in health
20 courses that the primary and the little school kids take. It's
21 hard to find a place.

22 I know that my experience in my courses is unique, but
23 it must -- not only must it be comprehensive, it must be
24 thoroughly integrated so that not just the science teacher is
25 going to deliver a drug-free message, but the social science
26 teacher, the English teacher with some of the reading that those
27 kids will be doing. There will be a thoroughly woven-in topic.

28

1 Did I elaborate enough?

2 MR. RYAN: You mentioned bargaining units and so forth
3 working with administrators.

4 If a two or three week component were developed, do you
5 see this as a problem if I came to you as a teacher and asked you
6 to put this in your teaching? Would the teachers in your
7 Association say, "It doesn't say so in my contract. I've got to
8 teach this other course." Or, "You didn't train me to teach this
9 course."

10 Is that going to be a problem?

11 MR. DESAGUN: I don't think so.

12 I think that perhaps if the teachers are not trained,
13 they don't have the information, they would feel uncomfortable.
14 As you teach anything, you must first have that level of comfort.

15 No, because I think the teachers of California
16 thoroughly understand the problem which faces us. I cannot speak
17 for every bargaining unit, however.

18 MR. RYAN: Do you think they're trained adequately?

19 MR. DESAGUN: I think more training is necessary. As I
20 look at my own district, the training that we have had has been
21 -- about two years ago we had a half-day, but I think those sorts
22 of things you always need refresher courses; you always need the
23 information that's available.

24 CHAIRMAN SEYMOUR: Sharon Rose.

25 MS. ROSE: I would just like to reiterate one thing that
26 you said a couple of times, and that is that any education, any
27 educational program that we do for our children should give the
28 drug-free message.

1 And I think that's so important because we have to start
2 giving our kids an idea of what we're talking about when we're
3 talking about drugs and alcohol, and if they're not drug-free,
4 then they're no use at all.

5 Do you find when you talk to your kids in your classroom
6 about drug-free that they argue with you about that and sort of
7 blackmail you by saying, "The more you tell us not to use it, the
8 more we will"?

9 This is kind of the argument that I get a lot, is that
10 people will say to me, "Well, the more you tell kids not to use,
11 the more they're going to use."

12 MR. DESAGUN: Yeah, I know. I don't think that
13 information, you know, is going to lead to that abuse.

14 I think the kids are really beginning to understand all
15 of the very horrible effects that drugs have upon them, and they
16 need to know that they need to turn to something else. They need
17 to be armed with those skills.

18 When I worked long ago for Wilson Riles in school
19 attendance, one of the things we found that was almost common to
20 every kid who was truant or who was a constant cutter was the
21 fact that they had no interpersonal communication with an adult
22 at school on a daily basis. Sometimes that's hard. When I have
23 160 kids running through my mill everyday, sometimes it's very
24 hard to find the time to interpersonally act with one of them.
25 Sometimes they fall through the cracks.

26 I think now the kids understand that drug-free. And I
27 know that there are other things out there which may not be
28

1 necessarily working against, but if you'll look at the program of
2 SADD, which is not entirely -- it's an alcohol-free situation,
3 you make the contract that if you are drunk to call an adult. I
4 don't know if that's necessarily a conflict, but as much as
5 possible I think we need to get the drug-free message across. I
6 think the kids are beginning to understand.

7 There are those that are committed to use no matter
8 what, but I think proper education, and the proper arming of the
9 kids with communication skills so that they can talk to their
10 parents or their peers, they can make the good decisions based on
11 good frameworks, then we know there's less risk.

12 MS. ROSE: Then you're saying to give them a real clear
13 message and let them make up their own minds, but the message
14 ought to be clear. I agree with you.

15 MR. DESAGUN: Exactly.

16 CHAIRMAN SEYMOUR: Next question, Mr. Meyers.

17 MR. MEYERS: You developed the curriculum in your
18 district; is that true?

19 MR. DESAGUN: With the assistance of the county. The
20 county-wide developed the K-12 curriculum. I worked on the 9-12
21 section.

22 MR. MEYERS: So with your discussion on the need for a
23 mandatory curriculum, you're saying that there should be a
24 mandate, a general mandate, that the development should be done
25 as you did locally with the help of teachers and the county drug
26 program?

27

28

1 MR. DESAGUN: I think there needs to be some sort of
2 outline, some general hints. A good drug abuse prevention
3 program includes these things, and these are the resources.

4 MR. MEYERS: Where in the curriculum that you district
5 has, where does the drug education occur? Is it in health or is
6 it integrated throughout?

7 MR. DESAGUN: In the elementary school it's in health.
8 In high school it is in what is called the basic requirements
9 where you do all those other things: you drive, and you fix
10 broken bones, and do all those other things they do.

11 MR. MEYERS: Thank you.

12 CHAIRMAN SEYMOUR: Mr. Ryan.

13 MR. RYAN: Could I make one observation?

14 I see a problem if you stick drug and alcohol abuse in
15 those courses that are not mainstream, not considered that vital.
16 It is a message to the kids that this is just about driving and
17 about some of the other things.

18 Place it in courses that are highly visible, that we
19 believe as adults are important courses.

20 MR. DESAGUN: I agree. As I said earlier, the science
21 teacher, the social science teacher, we all need to be working
22 together. And at my high school right now, we are working on
23 that so the drug message, the drug-free message, does not come
24 just from one place. I think that's significant.

25 CHAIRMAN SEYMOUR: Mr. Howenstein, one more question and
26 then we'll move on.

27
28

1 MR. HOWENSTEIN: My concern is in the area of education
2 and teacher involvement.

3 I think the question has come up as to the availability
4 of the curriculum and the interest of the teachers on the issue,
5 and with all kinds of special requirements.

6 Every time there is a new requirement added, there seems
7 to be a sense of being overwhelmed or rebellion -- I'll use that
8 word advisedly -- on the part of teachers with one more mandate
9 when they still have the three Rs to do.

10 MR. DESAGUN: I understand, especially at the elementary
11 level where the teacher teaches spelling, teaches flossing, and
12 everything else. There is more to do.

13 But I think we need to prioritize those things we need
14 to attack as much as possible.

15 MR. HOWENSTEIN: Would you conclude then that anti-drug
16 education would be in the priorities?

17 MR. DESAGUN: Oh, yes.

18 CHAIRMAN SEYMOUR: Thank you very much. We appreciate
19 your testimony as well as your commitment.

20 MR. DESAGUN: Thank you very much.

21 CHAIRMAN SEYMOUR: We'll take a short five-minute break.

22 (Thereupon a brief recess was taken.)

23 CHAIRMAN SEYMOUR: We're ready for our next witness, and
24 our next witness will be V.C. League, who is the Project Director
25 with the Western Training and Development Center.

26 MR. LEAGUE: Good morning, Mr. Seymour, members of the
27 committee and panel.
28

1 I have written testimony.

2 I am V.C. League, and I am the Project Director of the
3 Western Training and Development Center, which is located in
4 Oakland, California. The Training Center is one of five regional
5 training centers which is sponsored by the U.S. Department of
6 Education currently working with nine states, two territories,
7 and working with about 36 school districts in that area of which
8 11 of those school districts are in the State of California.

9 In addition to that, I do quite a bit of -- my
10 organization does quite a bit of work with California school
11 districts on an independent basis, so we are working with a
12 number of other school districts in addition to the ones through
13 the Western Training Development Center.

14 Lastly, the organization that I work for happens to be
15 the manager of the largest prevention resource center in the
16 United States, which is based in Illinois, funded by the Illinois
17 Department of Alcoholism and Substance Abuse, and referred to as
18 a CDS conventional resource center. In that particular project,
19 we have over 6,000 pieces of materials in the resource center.

20 I bring that up because I know that in California we
21 have been talking about a resource center for the last couple of
22 years. It's kind of ironic that in fact the resource center that
23 is operating in Illinois was originally developed in this state
24 for use in Illinois.

25 I think that in terms of talking about the five-year
26 Master Plan, there are pieces of data that are important in terms
27 of research that has been done over the last 10-15 years relative
28

1 to adolescent alcohol and drug abuse. My focus is primarily on
2 adolescents, although I do have contact in relationships working
3 with adolescents and their parents who are often chemically
4 dependent or who are involved with chemicals.

5 Secondly, there are a number of school teachers and
6 administrators in this state who are also having problems with
7 chemicals, and that often becomes a major deterrent in being able
8 to do anything in schools, and I think that needs to be taken
9 under consideration also.

10 I think there's four pieces of data that we need to look
11 at when we talk about developing programming for alcohol and drug
12 abuse and that I think are essential in your consideration for a
13 five-year plan. The first thing that we need to keep in mind is
14 that substance abuse seems to occur in sequential stages, and we
15 usually begin with adolescents using tobacco and alcohol, and
16 progressing up to marijuana, and with some high-risk adolescents
17 going on to take on additional drugs such as cocaine, heroin,
18 speed, some of those types of drugs. Primarily most of the
19 adolescents are heavily involved with alcohol and marijuana.

20 The second thing that I think we need to keep in mind as
21 you plan programs is that adolescent alcohol and drug abuse has
22 multiple causes, with risk for adolescent abuse increasing
23 according to the risk factors. And for some of the youths in
24 California, they may have more risk factors than other youths.
25 When we talk about risk factors, we have to talk about
26 socioeconomic levels; we have to talk about issues such as the
27 environment that they live in, their family situations; we also
28

1 have to talk about community situations, and we do have to talk
2 about an opportunity structure and opportunity to see that
3 there's a chance to have jobs, et cetera, et cetera.

4 The third piece of research that I think we have to pay
5 attention to is that adolescent alcohol and drug abuse serves
6 multiple functions, and that there's not any one particular
7 reason that young people may becoming involved with chemicals,
8 and that we often spend a great deal of time trying to define
9 that one reason to come up with just one solution. I think that
10 we need to accept the fact that it's multiple functions, that
11 with different kids in different communities and the different
12 groups, it serves a number of functions and they always are not
13 the same. This is why I commented that I think we sometimes have
14 trouble trying to understand why some kids in certain communities
15 ever would become involved in chemicals versus kids in another
16 community. Some may seem much easier to understand than others,
17 but I think the point is that there's a number of reasons why
18 young people become involved in chemicals.

19 The fourth one is that more and more the data is showing
20 that adolescent chemical use is becoming a statistically
21 normative experience in our culture, and that it is almost
22 becoming normal for kids to become involved in chemicals. And I
23 think that the commission that was set up by the Attorney General
24 last year beared out some of that, at least the research that was
25 done by Stagler, which shows that more and more it's becoming a
26 cultural norm for students to become involved with chemicals.

27
28

1 I think it's important that in the five-year Master Plan
2 that we have the plan in fact and that we begin to look at
3 coordinating and working together. I think that's going to be
4 very difficult. I think that we have continuously talked about
5 coordination for years, and I haven't really seen that many
6 efforts which have been beneficial in that way.

7 What I would suggest is that as a part of this five-year
8 Master Plan, that it becomes a real leadership issue, because I
9 think the way that we'll coordinate and the way that you'll have
10 organizations, agencies working together, sharing resources and
11 not duplicating, and coming together to jointly create and fund
12 programs, will be because of leadership. And I do think that
13 there is some merit in looking at the fact that we have to have
14 someone involved in the five-year Master Plan who's going to
15 provide leadership, and it's going to be done to some extent on a
16 nonpartisan basis.

17 I'm not so naive as to believe that there won't be some
18 partisan politics involved, but I think that as much as possible,
19 we really have to look at being nonpartisan. I think
20 coordinating efforts at the state, local and federal levels will
21 go up the tubes because they usually get involved with politics.

22 There's some other factors that I think we have to look
23 at in terms of things that have hindered effective prevention
24 programming. One piece, much of the prevention programming, and
25 research and resources have primarily had middle-class focus,
26 rendering it sometimes inappropriate or ineffective for wider
27 application. I think that in California, we have to look at this
28

1 issue because I think that most of you know that our State would
2 be one of the few states that have to come up with a new term for
3 minority, being that in the California public schools, the
4 minorities will soon be majorities. I think that that issue has
5 to be addressed, particularly when we talk about alcohol and drug
6 abuse, and other problems that young people are having; i.e.,
7 school dropout, teen pregnancy and some of those issues.

8 This is not to put down that we shouldn't be focusing on
9 those kinds of issues. This is just to say that we need to
10 broaden those opportunities to look at what works.

11 We have very little understanding of what works in Black
12 communities, or at least innercity Black communities in terms of
13 prevention. Very little information when we're talking about
14 Hispanics in terms of prevention. We just don't have that
15 information. It's not something particular to California either;
16 it's basically a national issue.

17 Secondly, prevention programs have sometimes been too
18 symptom-specific versus focusing on anti-social behavior,
19 including drug-specific program activities as well as teen
20 pregnancy and dropout prevention activities. We have to focus on
21 alcohol and drugs. That message has to be clear, but there's a
22 lot of work that we've done where we need to coordinate and put
23 it in conjunction with teen pregnancy and with dropout
24 prevention. There are a number of anti-social behaviors that
25 we're addressing in various governmental agencies. These need to
26 be combined. We need to begin to focus more on the problems of
27 adolescents, not just the problems of adolescents when it comes
28

1 to alcohol and drugs, but the problems of adolescents when it
2 comes to teen pregnancy, the problems of adolescents when it
3 comes to AIDS and on up. We need to really try and bring some of
4 those actors together.

5 School-based programming alone is inadequate. It's not
6 a school problem, although a number of communities believe that
7 it is. It is a community-wide problem and a society-wide
8 problem. Therefore, we just can't do programming in the schools
9 when we think about adolescents. We have to have good
10 school-based programming, and I think that, generally speaking,
11 this state is woefully inadequate when it comes to what's being
12 done in the schools; but nevertheless, we just can't focus on the
13 schools. We need to be doing things in the very areas that young
14 people function in; we need to be looking at these other areas
15 that they are spending time in. This is going to be even more
16 true because we have more kids who are leaving school because of
17 teen pregnancy, and we're having more kids who are leaving school
18 because they're dropping out. So if we expect to reach kids on
19 alcohol and drug abuse through schools, we're going to lose a lot
20 of kids.

21 The one other problem that I think that we have to look
22 at is the ongoing problem of the acceptability of alcohol use
23 versus the unacceptability of drug use in our society, and that
24 in some families and communities it may be okay to use alcohol
25 but not okay to use other drugs, i.e., marijuana. Yet alcohol is
26 a part of the sequential stages of adolescent chemical use.
27
28

1 We have to begin to be as concerned about alcohol as we
2 are about drug pushers and some of the people selling crack. I
3 mean, it is as important, particularly when we talk about
4 adolescents, because very few kids start smoking joints, and very
5 few kids start using cocaine. What most kids begin to do is,
6 they use alcohol and then they move on to the other drugs. Very
7 few kids begin to use marijuana, or begin to use cocaine, and I'm
8 talking about the most hard-core neighborhoods that we have in
9 this state.

10 We also need to begin to look at the fact that using
11 prevention programs only targeted at adolescents, we need to
12 begin to develop some programs that will also target adults from
13 two standpoints: one, their own use, their own consumption; and
14 two, how they're looked on as role models. This is particularly
15 true for people who are in professional positions.

16 Again, I'm not suggesting that if you work with young
17 people you should be a teetotaler or whatever, but I'm suggesting
18 that we need to begin to help our adults understand the role that
19 they play in terms of what kids see and how kids respond to some
20 of what they see adults doing.

21 The other one is -- the last one is a major issue to me
22 that can hinder programming, the lack of professional development
23 for prevention professionals, such as graduate studies and
24 ongoing career opportunities. There's very few training
25 mechanisms in this state that, whether we're talking about school
26 districts that may need help and needs to have teachers trained,
27 or whether we're talking about judges as was mentioned earlier,
28 this state has very little mechanisms for training people.

1 I think that one of the things that we can begin to do
2 is to not treat this problem of alcohol and drug abuse like it's
3 going to go away in a few years, as we're just trying to winter
4 through the storm by saying things are going to get better.
5 That's not the situation.

6 The realities are that we will be dealing with this
7 problem in third or fourth five-year Master Plans, that it is
8 just not going to go away; and so we need to equip our agencies
9 and our State to get ready for a long haul and address the
10 problem consistently over ten or fifteen years. Not this up and
11 down.

12 We got real excited last summer because with alcohol and
13 drug abuse, and we went crazy, and all kinds of things were being
14 done, and then it starts slowing back down. We need to have an
15 ongoing consistent effort, and I think that the five-year Master
16 Plan concept will do.

17 I want to talk about it because that's essentially what
18 this committee is about, and that is we have to begin to
19 coordinate, and we have to begin to interest key players and
20 individuals up and have them link up and have them work together.
21 And that's been a major problem. This committee's trying to
22 address that.

23 The recommendations that I have, and they're kind of
24 broad recommendations but I think that they fit right into a
25 five-year plan. The first one is that we have to look at quality
26 control efforts for current prevention programs. I think that
27 often because we treat this as something that's not going to be
28

1 around for a while, that we treat this as primarily something
2 that can be done without volunteers. We don't provide resources
3 to help people in management, prevention programs, skill
4 development in terms of areas that will help maintain programs
5 over a long period of time.

6 I won't speak to it by name, but there's a classic
7 example in this state where a program that has gotten a great
8 degree of national notoriety basically is almost out of business
9 and is struggling to stay in existence, and I think partly it's
10 because we look at people having skills in alcohol and drug
11 abuse, but we forget that organizations have to have the same
12 kind of skills, or alcohol and drug prevention organizations have
13 to have the same kind of skills that any organizations have.
14 They have to have skills in fund raising, skills in management,
15 skills in program planning, skills in evaluation, other kinds of
16 things that need to be done to run an organization. And often
17 people who are doing some crime prevention work have not had
18 those kind of backgrounds, so quality control, I think, is real
19 important.

20 The other thing that is important for us is that we have
21 a tendency that somebody shares an idea we like, we go,
22 "Ooo-who, that's a great idea. Let's do it and let's duplicate
23 it." And often those programs are not developed on sound theory.
24 They're developed on things that people get off on and enjoy
25 people doing or seeing people do, but they are not based on any
26 kind of data, and they aren't managed in any kind of way that in
27 the long term is going to have results. We get into fads when we
28

1 talk about programs. Somebody comes along with a new school
2 curriculum, and we go crazy for about six months until we find
3 out that it's not that good. A bunch of people spending lots of
4 money on it, so we need to look at quality control.

5 I think the five-year Master Plan could address that by
6 having criteria.

7 Conducting more programming for all youth within the
8 varied arenas, I've already mentioned that. I think it's
9 important that we look at relating and becoming more involved
10 through processes that would help the churches, that would help
11 other agencies, youth agencies, probation, et cetera, become more
12 involved and more knowledgeable.

13 Sometimes we don't need to do anything other than just
14 help those people become more knowledgeable about adolescent
15 chemical use and the problems and the stages of it.

16 We need to place more emphasis on the development of
17 non-school prevention programs. We need to institute more
18 programs which target adults, and then we need to establish some
19 mechanisms for program development.

20 A couple of other things again, and I really emphasize
21 it, I think that the five-year management plan is going to be
22 successful, your five-year Master Plan is going to be successful.
23 I think that in many ways it will become an issue of leadership.

24 I heard a question asked of the previous speaker, and
25 that was something related to teachers.

26 My experience in working with teachers across the
27 country is that while they may be reluctant at times to become
28

1 involved in alcohol and drug abuse and to take on more
2 responsibilities, often that's because the leadership in the
3 school or the community is not making it a priority and they feel
4 like they're being dumped on. Certainly when they, like, go to a
5 board meeting and see what programs are being addressed, if they
6 are involved in alcohol and drug abuse, and being asked to do
7 more around that area, and they see no commitment coming from the
8 board, or see no commitment coming from the State or from the
9 county department of education, of course they're going to feel
10 like they're being dumped on, and they're going to find ways not
11 to become involved.

12 My experience is that when you have a process where you
13 work with teachers and the school leadership, and you get them
14 involved along with local law enforcement and other community-
15 based people, you can do a number of things in a school district
16 and you can do it without spending lots of money, but it comes
17 down to a leadership issue.

18 Thank you.

19 CHAIRMAN SEYMOUR: Thank you very much, Mr. League.

20 Before we get to questions, I'd like to recognize
21 Assemblywoman Jackie Speier who has joined us. She represents
22 northern San Mateo County, and she is a member of the Assembly
23 Select Committee on Youth and Drug Prevention. We welcome you.

24 Question, Mr. Ryan.

25 MR. RYAN: Mr. League, I've known you for ten or twelve
26 years.

27 MR. LEAGUE: Right.
28

1 MR. RYAN: Nearly every RFP, federal program, state
2 program that I have read or been involved with for the last 10-12
3 years has had a component that says that you are to receive these
4 monies, you shall coordinate with, and it lists off all these
5 agencies, and you shall have a committee to do whatever.

6 It doesn't seem to work. It's a good idea. We all need
7 to focus on our target audiences and target groups. There are
8 communities where it works.

9 Why doesn't it work?

10 MR. LEAGUE: Well, I think one of the reasons that it
11 doesn't work, and I may be oversimplifying, but again I think
12 that it becomes a leadership issue. I think that when someone in
13 your community, whether it's the mayor or whether it's the
14 superintendent of schools, takes it and looks at it from that
15 standpoint, and brings the correct people together to begin to
16 coordinate, it can work.

17 My experience is that usually it's not clear that
18 there's a lead agency, or that someone has taken that leadership,
19 and everybody delegates their third or fourth -- you know, we
20 don't have even captains or lieutenants being delegated; we've
21 got sergeants and corporals being delegated, who usually can't
22 make decisions in the meetings. After a while we stop coming to
23 the meetings, and usually it's the best thing that we have going
24 for us is that we have new friends on the telephone that we can
25 call up to do something with. I really look at it as a
26 leadership issue.

27

28

1 The other issue is that I very seldom see a plan that's
2 for coordination that has a real solid plan. I've been on
3 numerous coordinating committees. I'm very active in Oakland,
4 coordinating group, and when it comes to the prevention and
5 education part of that committee, which I have been very active
6 in, it's not real clear on where we're trying to go and what
7 we're trying to do. It is real easy with law enforcement,
8 because that's a little bit more different when we talk about
9 dealing with the supply side. But when the council begins to
10 deal more with prevention, that committee I would have to say, we
11 don't know where we're trying to go.

12 I think that part of it is because, again, it's a
13 leadership issue, and people got more into the supply side of it
14 and kind of have prevention as the afterthought.

15 MR. RYAN: Perhaps more than just a recommendation or
16 requirement that there be coordination, more so that there be
17 strategies for how to sustain and provide for that type of
18 collaboration.

19 MR. LEAGUE: And you say to folks that you've got two
20 months to develop a solid coordinating plan. Like, usually an
21 RFP is the proposal or the applications. They say "coordinating"
22 but you really don't have to put together a solid plan to allow
23 people to say we're going to work with these organizations. We
24 never talk about how, when and what that relationship's going to
25 look like.

26 Secondly, I think that people need help on how to
27 develop those relationships. Whenever you pull two or three
28

1 organizations together, that's not easy. So, I think that often
2 it becomes a skill issue, too, as well as just a leadership or
3 sometimes a partisan politics issue.

4 CHAIRMAN SEYMOUR: Any questions from Senator Morgan or
5 Assemblywoman Speier?

6 ASSEMBLYWOMAN SPEIER: I was particularly interested in
7 your comment regarding the sequential use of chemicals.

8 We have a fact sheet that I guess was developed by the
9 California Attorney General, among others, which shows that 51
10 percent of California's 11th graders have tried illicit drugs by
11 the age of 16; a 300 percent increase in the use of cocaine.

12 Are you suggesting, then, that our focus is somewhat
13 misdirected in terms of some of the more elaborate drugs that are
14 being used by young people, and that earlier on we should have a
15 heavier focus on the use of alcohol?

16 MR. LEAGUE: Absolutely. I think that when you're
17 talking about first, second, third, and fourth graders, it's not
18 too early to begin to address the issue of, of course,
19 cigarettes, which most people do, and alcohol. And I think that
20 by the fourth grade, kids should be involved with having some
21 direct information about alcohol use, because almost all the
22 research that I've looked at, and that includes the research
23 being done by the folks down at USC, that talks about the
24 sequential stages of drug use, more and more that gateway theory,
25 of which initially I wasn't that sold on but over the last two or
26 three years I have grown into believing that it really is a
27 theory we need to look at and spend more time with, yes.
28

1 ASSEMBLYWOMAN SPEIER: Do you feel that within our
2 curriculum schools now are addressing that at all?

3 MR. LEAGUE: I think some of the curriculums that are
4 being developed now are beginning to, but when I look at
5 California schools, I personally believe that California schools
6 are not nearly as strong as they need to be in curriculum. So,
7 in general, the curriculums are problematic, let alone
8 specifically around the drugs and alcohol for younger kids.

9 I also think we need to begin to do some things in
10 preschool as much as possible to focus on Head Starts and other
11 programs. And secondly, when you have kids who are 11th and 12th
12 graders, our energies probably shouldn't be so much to focus on
13 their use as much as their role as parents, and begin to give
14 them information that's going to be useful for them four, five,
15 or six, seven years when they start making babies.

16 ASSEMBLYWOMAN SPEIER: One last question.

17 You make reference to much of the prevention programming
18 being developed around a middle-class model, and in fact there is
19 very little around lower economic strata.

20 MR. LEAGUE: Correct.

21 ASSEMBLYWOMAN SPEIER: What would you suggest as an
22 alternative to that?

23 MR. LEAGUE: Well, I think that the Master Plan that
24 you're talking about would have a component that would
25 specifically want to look at alcohol and drug abuse prevention
26 from the standpoint of other groups of people, and that would
27 include minorities as well as the people in different social and
28

1 economic levels. I think with the diversity in California,
2 you've got to look at, for example, people who live in some of
3 the rural areas and particularly in places where many of them
4 justify the growing of marijuana as an economic kind of issue.

5 I think the Master Plan would have a piece that speaks
6 specifically to special populations as you get in to do more
7 research and work with special populations.

8 CHAIRMAN SEYMOUR: Mr. Dugan has the last question.

9 MR. LEAGUE: I also want to say to you, because I know
10 you're with the Attorney General, one of the things I say in the
11 written testimony is that I think this committee should really
12 look at the Attorney General's recommendations because I think
13 some of the things that they recommended really have relevance to
14 this committee.

15 MR. DUGAN: Thank you very much.

16 I wanted to make one comment, Jackie, and that is that
17 alcohol is the drug of choice that is among the kids. That is
18 the overall drug of choice.

19 But I would like for you to comment because you went
20 over it quickly, a resource center, and frankly, it happens to be
21 some kind of a very important notion of mine. That is, there
22 doesn't seem to be any place for education to go to get what they
23 need.

24 MR. LEAGUE: Yeah. In Illinois, the company that I work
25 for, we, for the last six years, have ran [sic] the Illinois
26 Prevention Resource Center. And what it is, it's a center that's
27 open. We run it out of Springfield and Chicago, and educators
28

1 and all other organizations in the State have resources, have the
2 opportunity to use it.

3 For example, if you have a 4-H group, and you're looking
4 to do prevention, and you have a mandate to do prevention, you
5 could come to the Prevention Resource Center. As I mentioned
6 earlier, there's over 6,000 pieces of material that you could
7 use, including film, videos, books. We are a full- fledged
8 public library.

9 Secondly, we provide training and technical assistance
10 on a request basis.

11 Thirdly, we take things out into the State. Right now,
12 for almost every week, we're doing a prevention orientation
13 someplace. We also do other types of training. We've done lots
14 of training with cultures. For example, in Salinas we've done a
15 lot of training with working with cultures. In the State of
16 Illinois, we develop programs, policies, and what have you.

17 So, it serves as a comprehensive unit for the State of
18 Illinois, and like I say, we've been doing it for about seven
19 years, and it has made lots of difference in terms of people
20 saying, "Where can I get help if I want to do something?"

21 Also, all the parent groups have used it, and have used
22 it as a measure or a means for developing some of their
23 materials.

24 CHAIRMAN SEYMOUR: Thank you very much for your
25 testimony.

26 MR. LEAGUE: Thank you.
27
28

1 CHAIRMAN SEYMOUR: Our next witness is Mr. Paul DePace,
2 who represents Southland Corporation, or more popularly known as
3 Seven-Eleven Stores.

4 MR. DePACE: Thank you, Chairman Seymour, Select
5 Committee and distinguished panel.

6 My name is Paul DePace. I'm a Zone Manager for the
7 Southland Corporation, or more commonly known to you as the
8 Seven-Eleven food stores.

9 I'd like to thank you for the opportunity of inviting
10 our corporation to come down here today to give you some
11 testimony.

12 I'm primarily involved in the overseeing of a portion of
13 our franchise system in Southern California. As the nation's
14 largest franchise store and operator of convenience stores, our
15 corporation takes a lot of pride in its track record of
16 involvement with government and community in addressing social
17 concerns and challenges.

18 We are, of course, known for our charitable work with
19 the March of Dimes and Muscular Dystrophy. In fact, we've given
20 over \$50 million to those organizations.

21 However, we're also highly involved in the substance
22 abuse arena. We have actively supported Mothers Against Drunk
23 Driving and Californians for a Drug-Free Youth, monetarily or
24 through their support of Red Ribbon Week in their efforts to
25 present a united front against substance abuse.

26 Of particular note are two programs we're involved in
27 that directly affect today's youth. I brought along a little bit
28

1 of material. One is our Come of Age program, which we designed
2 for implementation in our stores. This is an illustration of an
3 ad which we placed in U.S.A. Today, and here is an example of a
4 point of sale that we have up in our stores relative to the
5 responsible sale of alcoholic beverages to minors.

6 Obviously, as the leader in the retail industry, we are
7 very concerned that our stores, franchisees and employees are
8 knowledgeable and sensitive about responsible retailing of
9 alcoholic beverages. The Come of Age program is designed
10 specifically to allow our franchisees and their employees to not
11 only know the law, but be able to become experts in judging ages
12 of individuals attempting to buy alcoholic beverages, and also in
13 guiding them in ways to refuse sensitive sale situations that
14 they may get into at the sales counter.

15 We've done extensive advertising campaigns, and we've
16 also sent out a number, literally thousands of them in fact, of
17 packets to local high schools describing how our program is a
18 program that they can utilize in their schools. I have an
19 example of the packet that we send out here. I have several more
20 back at my seat for anyone desiring to get one. Just see me
21 after the meeting; you're certainly welcome to it.

22 One other program that we're involved in is called
23 Operation Prom Graduation, originally kind of the idea of Nancy
24 Reagan. Our corporation was happy to underwrite it along with
25 MADD, Mothers Against Drunk Driving, again, and the National
26 Federal of Parents for a Drug-Free Youth, which really did the
27 spearhead work, and we basically drew the money and we're happy
28 to do that.

1 We sent tens of thousands of copies to high schools
2 across the United States. It's basically a guide to holding a
3 graduation or a prom party in an alcohol or drug-free atmosphere.
4 It gives the high school the direction in setting up, sponsoring
5 and doing it. I brought along an example I had of one of the
6 folders we had printed, and I do have some extras also. If you'd
7 like to take one of these, I'd be happy to let you have that.

8 We also augmented that with yet another ad in U.S.A.
9 Today, which you see here. You can see it has a little
10 application in the corner so if anyone wanted to clip that out
11 and send it in, they could certainly get more information on that
12 out of that ad.

13 So, you can see that work in this area is not new to our
14 company. Most recently, we're very privileged to be entertained
15 as the sponsor for a substance abuse drug prevention video which
16 Senator Seymour alluded to earlier. In fact, it was his idea
17 along with a vice principal at a school in his area. They came
18 up with the idea of creating a video to be available and utilized
19 by public youth categories relative to substance abuse. It's
20 about a 25-minute video. It's currently being filmed with a
21 couple of major stars from T.V., Elissa Milano from "Who's the
22 Boss", and Pat Peterson from "Knot's Landing". It involves teens
23 talking to teens primarily. It's targeted for a junior or senior
24 high school student, and we're making both an English and a
25 Spanish version. The Spanish version is going to be -- I'm
26 trying to think of the word -- not only starring, but the
27 overspeaking on the version is going to be done by Edward James
28

1 Olmos who's from "Miami Vice". As I said, the filming's underway
2 in Senator Seymour's area. We expect to have it completed by the
3 end of the summer for distribution in the early part of the
4 school year.

5 Shortly, briefly, not being an expert in the field, what
6 can industry do in the type of environment we're talking about?
7 They can assist in carrying out the designs of experts such as
8 yourself, but basically time, energy, and money. I think that's
9 the role that we need to play.

10 A lot of private industry corporations have the vehicles
11 available; obviously the monetary funds are there to be prorated
12 appropriately for programs like this. Southland is particularly
13 involved, obviously, as the leader in the retailing industry and
14 necessarily so.

15 We understand and appreciate the challenges faced by
16 many in today's social environment. We work in that environment,
17 particularly youth. We're not afraid to commit resources to
18 serious and difficult issues. I don't think we've ever tried to
19 dodge serious issues in terms of sensitivity.

20 In order to mold positive social values, a united front
21 of expert citizens, responsive government, and private industry
22 is essential. We're very proud of our involvement thus far, and
23 we'd like you to know that it's been on an ongoing basis. We're
24 not a fair-weather player in this arena, and we're happy to be
25 entertained on an ongoing basis in all our localities.

26 So again, I appreciate the opportunity to come down here
27 today, and I'd be happy to entertain any questions.
28

1 CHAIRMAN SEYMOUR: Thank you, Mr. DePace.

2 Senator Morgan.

3 SENATOR MORGAN: Mr. DePace, what percentage or what
4 numbers of high schools do you think now have gotten your
5 material or are participating in a substance-free prom weekend?

6 MR. DePACE: Other than, you know, one or two that might
7 have slipped between the cracks, we've made an effort to send one
8 to literally every high school in the United States.

9 SENATOR MORGAN: Do you have any feedback here within
10 California about a follow-up to that, and whether the parents and
11 schools are getting involved to plan for that kind of a
12 celebration as opposed to the other?

13 I appreciate and commend your efforts, but what's the
14 follow-up?

15 MR. DePACE: Well honestly, from our standpoint in my
16 particular area, I think the onus is on our individual management
17 in each given locale to check on the progress that we're making,
18 so we're simply not mailing out a package, forgetting about it.
19 We're following up, you know, with the schools in our particular
20 area.

21 My area is primarily the north Los Angeles area, San
22 Fernando Valley; I also handle Santa Barbara and up the coast a
23 little bit and on up towards Bakersfield. And our individual
24 district managers in those areas are very involved locally, and
25 we have had some very good success stories.

26 Not every school's doing one, but we do some follow-up
27 and try to assist them if there's any misinterpretation about the
28 packages, et cetera. We've been very happy with the results.

1 I'm not really in a position to speak for the entire
2 country, obviously.

3 SENATOR MORGAN: I'm only interested in California
4 today.

5 MR. DePACE: Sure. If there is a high school in, you
6 know, in anyone's area that would be interested in these kind of
7 packets, you feel maybe it might have slipped through the cracks
8 in a particular area, and you'd like additional copies or
9 whatever, we're certainly in a position to do that for you. And
10 I have some business cards. You know, if you're not in my
11 particular area, then certainly you can contact me or tell me to
12 give you a call, or whatever. I'd be happy to follow up on that
13 for you.

14 CHAIRMAN SEYMOUR: Thank you. Sharon Rose.

15 MS. ROSE: I would just like to help answer that.

16 As a board member for the National Federation of Parents
17 for a Drug-Free Youth, I can tell you that we as parents in every
18 community where we speak, we bring up the graduation party and
19 give out the literature. And I know a number of schools in
20 California who have started all-night grad parties and have
21 drug-free prom parties.

22 So, I think that it's all working together. We
23 complement each other's programs.

24 Your literature is very helpful to us.

25 MR. DePACE: That's nice to hear.

26 CHAIRMAN SEYMOUR: Other questions?

27 Mr. DePace, thank you very much.
28

1 MR. DePACE: Thank you very much for your time. I
2 appreciate it.

3 CHAIRMAN SEYMOUR: Our next witness is Mr. Delvin
4 Williams, Executive Director of Pros for Kids.

5 Delvin, thank you for taking the time to be with us.
6 Good to see you again.

7 MR. WILLIAMS: It's good to see you, Senator. It's a
8 pleasure to be here.

9 I'm particularly pleased to share in today's hearing
10 because I think I've always been an advocate that if we're going
11 to do anything about this problem, we have to look at it from a
12 long-range perspective, and we have to get in the saddle and get
13 ready to ride it for a long time because it's not a problem that
14 has dropped out of the sky overnight, as some people believe that
15 it has, and it'll go away the same way. It's a problem that has
16 been with us for generations upon generations. It's a problem
17 that we've seen alcoholics in our families and we've not -- we've
18 closed our eyes and leave them in the corner. As long as they
19 have their drink, they'll leave us alone and they're okay.

20 So, we're finding out more information now about the
21 long-range effects of that in terms of ATA, Adult Treatment of
22 Alcoholics, and the problem that that's put on our society.

23 I'm particularly happy to be here to take part in this.
24 I'm having some problems here in keeping my notes coordinated.
25 I've got a lot.

26 But for the, I guess, for the sake of being repetitious,
27 after hearing Mr. League speak, I think he touched on a lot of
28

1 very good areas, and some of the areas that I have in mine. So I
2 won't belabor some of those points.

3 But I'd like to start out by introducing myself to some
4 of the members that may not be too familiar with what we're doing
5 in Pros for Kids, what we're about. Pros for Kids was started
6 about four years ago, five years ago, by myself and Larry Shriver
7 to look at some of the problems of substance abuse, particularly
8 faced by athletes, and what we can do to help kids. And over the
9 past three or four years, we've evolved from a community-based
10 organization to a statewide organization, thanks to Senator
11 Seymour, Assemblyman Agnos, and a piece of legislation that was
12 coauthored, to use athletes in the schools as positive role
13 models.

14 Over the last year or so, we've -- last two years, we've
15 designed a curriculum. The curriculum was designed by a school
16 teacher who took a leave of absence, is now on our staff, and has
17 written a curriculum that was endorsed by the California Teachers
18 Association as well as the Department of Education and many other
19 agencies that we now, for the first year, have just used in
20 schools.

21 Some of the reports that we've gotten back from that,
22 two principals have told us -- the Principal of Admissions, San
23 Jose High School and Pittsburg High School, told us for the first
24 year, for the first time that they can remember that there was
25 not any alcohol-related problems at graduation in the two
26 schools. And they have personally told us that they think that
27 our program had an impact on that. So, we're very happy to hear
28 that information.

1 But some of the things that I think that we need to do
2 -- I want to backtrack a little bit. There's a bill out now,
3 Assembly Bill 134, that I'd like also to commend Assemblyman
4 Clute on because it also addresses the problem from a long-range
5 perspective. And there were a lot of things in the legislation
6 that I think were good, but there are four things that I pulled
7 out that I'd just like to bring up.

8 One was the drug and alcohol abuse prevention education
9 at all levels. I don't think that any level should be
10 overlooked, from elementary school on to even till they graduate
11 from college, because some of the problems that we're seeing
12 today, particularly in college athletes with drug problems and
13 steroids, a lot of that is coming from a lack of knowledge and a
14 lack of institutional responsibility for the problems. We've all
15 put it on the individuals, but institutions have not addressed
16 it. So, I think this is going to address those issues.

17 The guidelines for prevention curriculum in selection of
18 materials I think is very important, that we're real selective
19 about the information and the materials that we design and give
20 to kids.

21 The establishment of prevention resource centers for the
22 schools and implementation. There's a lot of schools out there
23 that have the desire and want to do things, but they don't know
24 where to go to get the help. So if there is a resource center,
25 which Mr. League also touched on, I think there is a way to
26 coordinate all the efforts, bring the people together.
27
28

1 There's a problem that we're facing as an organization
2 in line with this, is that it's a good problem, in that we've got
3 a gentleman who has been so generous as to donate 1100 acres of
4 land to us in St. Helena in Napa Valley, and 250 acres of it is
5 flat land, where we can do some things. Where do we go as an
6 organization to find out who we can coordinate with to make this
7 a viable program for the State, for all kids, for all people?
8 And we're real frustrated with trying to do that as a community-
9 based organization trying to deliver a State program with demands
10 on us from other cities and states around the country for
11 support, when we have something in our backyard. Where do we go
12 within the State agencies and organizations to try and develop
13 this land into a resource?

14 And finally on Assemblyman Clute's bill, the curriculum
15 framework at each grade level for health and science involved
16 comprehensive instruction on abuse and prevention. I think
17 that's very important. I know for me as a person, having been a
18 substance abuser myself, that there was never at any level in my
19 use of drugs where I could have gone to get any proper
20 information other than my friends, and they didn't know any more
21 about it than I did. So I think that we have to create an
22 atmosphere where we can go as students, kids, adults and parents,
23 can go to a library or in the school to get that information.

24 I think there has to be something as well for, as Mr.
25 League also touched on, you're going to hear a speaker today who
26 I think will put it very succinctly, Dr. Darryl Inaba from Haight
27 Ashbury Free Clinic. They've been doing this for 20 years, and
28

1 he's got a lot of resource information. But Darryl has developed
2 a cultural model at the Haight, particularly here in San
3 Francisco, that knows the drug of choice for each ethnic group,
4 and why, and so forth.

5 So, I think we have to be able to coordinate with
6 agencies within, particularly like the Haight that's been there
7 for 20 years, with mounds and mounds of data to put in a resource
8 center, in a library, to develop some of that, to train some of
9 the teachers, and parents, and kids.

10 We put a lot of emphasis on kids and on users, but we
11 haven't addressed the problems from a parent's perspective, from
12 a teacher's perspective, because I know I've talked to some kids,
13 and they sit and tell me about how their parents or someone tried
14 to talk to them about drugs, and they know more about the drugs
15 than their parents, or than the teachers. And so that's a big
16 gap that we have that those of us that want to teach the kids
17 don't have as much information as the kids about drugs. So I
18 think we have to try to coordinate all of those and make sure
19 that there is a -- within that resource center, there is a place
20 for parents, for teachers, to train them specifically around the
21 problems of alcohol and drugs, because we're losing -- the gap of
22 communication is widening between the users and institutions
23 because the delivery mechanism is not of a nature that can
24 clearly articulate the program with kids.

25 There is also -- I had an opportunity to moderate a
26 panel that Assemblyman Bates had here on the changing family in
27 the year 2000. And there were eleven kids -- eight kids on the
28

1 panel -- ten kids on the panel. And their topics ranged from
2 dropout, to teen pregnancy, to just a wide variety of things.

3 But there were two things that stuck out in my mind that
4 I think really affirms some of -- reaffirms some of the feeling
5 that I have of why the problem began, and also that I thought
6 gave a real clear message to the people. One was that one kid
7 mentioned that their self-esteem is affected, that most minority
8 kids' self-esteem is affected simply -- particularly if they're
9 not an English-speaking student and they don't have access to the
10 educational system. We're talking about reading, writing, math
11 and all the basic things that these kids don't have access to
12 which affects their self-esteem. They get disinterested in
13 school and have a tendency to drop out. It's not that they don't
14 have the desire; it's that they don't have the mechanisms to
15 learn. So, there's been a real gap there in the educational
16 institutions to meet those needs of kids.

17 There was one kid that talked about, she was a Laotian
18 kid, and she was the only one in her family that spoke English.
19 And she would take her parents around and would have to read for
20 them. So she didn't have -- she was not allowed the opportunity
21 to have an education, and a lot of that leads to drug use and
22 abuse when there's a lot of stress on young kids, 12 and 13 year
23 old kids, that don't have an opportunity to become educated.

24 I may be kind of drifting off a little bit, but these
25 are some of the things that I think are very important that over
26 the last few years that we've come to -- come in contact with.

27
28

1 I think there's a lack of coordination on a local level
2 in terms of from county-funded programs as opposed to noncounty-
3 funded programs. Example is that if there's a county prevention
4 program that they monitor and oversee, that there's not much
5 close working relationship with those that are not county-funded.
6 So, it's hard to coordinate all those efforts and to know what's
7 being done, and we're duplicating efforts. So I think it's very
8 important that we look at that.

9 It's very clear, though, that on a statewide level, that
10 we're starting to move towards this way. All the departments on
11 the State level are coordinating, as Mr. League said earlier, not
12 from the two or three persons removed level, but from the highest
13 levels to hopefully create an agenda together that each one will
14 vigorously work towards seeing that it gets accomplished. I
15 think that's very important.

16 There's a thing that I'm real -- is a real sore spot
17 with me, and that's from my days of playing, and that's looking
18 at the problem in professional sports. There's a lack of
19 institutional responsibility for the problem of substance abuse.
20 When I say that, I look at all of the institutions in the
21 country, and some of our great institutions, particularly the
22 clergy, I have not over the last three or four years heard anyone
23 from the clergy take a real hard stand on substance abuse. I
24 have not heard anyone from a level of sports to take a real hard
25 stand and get behind it and say, "Probably what we're doing may
26 be part of the problem." You know, "What can we do to help avoid
27 the problem?"
28

1 Example in the clergy, I've not heard any of our great
2 leaders speak to this issue with constituents. I've not heard
3 them incorporate -- talk about incorporating into their sermons,
4 into Bible studies, into schools, into whatever areas that they
5 have access to. When you have thousands and thousands of people
6 coming to church every Sunday looking for direction, and our
7 great leaders have not tried to impact their followers from this
8 perspective. And I think this is an area that we have not
9 dabbled into. Regardless of what our religious beliefs are,
10 there's a lot of people that do believe, that have some kind of
11 spiritual belief. So, we need to try to focus on coordinating,
12 getting those leaders to institute something in their sermons
13 about this.

14 I think on the level of sports, which I have felt a
15 little bit frustrated with, is in using athletes as positive role
16 models in schools, and I haven't gotten the kinds of support that
17 I would like to have from professional sports organizations.
18 Particularly here in California, where there are more sports
19 organizations here than anywhere in the country, I think there's
20 15, and I don't have access to those. I don't have a medium to
21 get to the owners of those teams and say, "This is what we're
22 doing; how can you help us? How can we bring all of the
23 resources and the powers that be together to impact this
24 problem?" So, that's a real sore spot with me in trying to, over
25 the last two years, three years in this area, to get total
26 support from those entities. There are some that help, but not
27 all, but there are some that are very supportive. But how do we
28

1 -- how do I, as an individual, use a mechanism that's there to
2 access those institutions to help support our program?

3 So, there's a lot of things that I think I could comment
4 on, but V.C. League has; you'll hear from Dr. Inaba; you'll hear
5 from a lot of other organizations and people that will touch on
6 some real specific things, so I don't want to belabor the point.
7 You'll hear a lot of this throughout the day.

8 Any questions that you have I'll be more than happy to
9 answer.

10 CHAIRMAN SEYMOUR: Thank you very much, Delvin.

11 Senator Morgan.

12 SENATOR MORGAN: On your last point of saying the owners
13 of teams getting together and focusing on this more, because I
14 think you're right. The only area that professional sports
15 people have focused is what Ueberroth has done in baseball.

16 How can Legislators help you with this?

17 MR. WILLIAMS: Well, I think that I would like to sit
18 down with Legislators and those that are in the areas of
19 professional teams and explain to them what we're doing, what our
20 needs are, and what those teams can do to help us.

21 I never realized how much of an impact I had on kids
22 until I was done playing football, until it was too late. But I
23 think irrespective of what we think about what athletes should
24 do, they are role models, and they do have an impact no matter
25 how minimal the amount of time it is that they're used.

26 So I would like to sit down and in cooperation and
27 explain to a group of Legislators just how professional teams can
28

1 be more effective in helping their communities and this great
2 State to prevent substance abuse.

3 SENATOR MORGAN: I'd like to encourage you to start with
4 one geographical area, either Senator Seymour's or mine, for
5 instance, and get some Legislators to appear in our same area and
6 start with the teams in one geographical area rather than trying
7 to do the whole State. But whether it's a letter that we sign
8 together to setting up a meeting like that or whatever, I'd like
9 to offer my participation in helping you that way.

10 MR. WILLIAMS: I would be more than happy to do that. I
11 will contact each of you at your offices to try to set a meeting
12 up with you.

13 SENATOR MORGAN: I have just a second question.

14 Having talked recently with one of the doctors for
15 another football team other than the one you were affiliated
16 with, who was talking about the decrease in funding, particularly
17 in the Peninsula for our schools with the declining enrollments,
18 they've had to drop a lot of their sports programs. They had the
19 sports programs coached by volunteers in many cases, and what
20 that's done to the attention to medical needs of the players.

21 I'm wondering if that also spills over to the extent
22 that coaches give attention to drug and alcohol abuse among their
23 players, or is it even worse than it used to be with using
24 volunteers in sports programs?

25 MR. WILLIAMS: I think that makes it much worse than --
26 if you get a walk-on coach that comes on, and that doesn't relate
27 to the kids, that's not there with the kids throughout the school
28

1 day, does not understand the personal problems a kid may have,
2 that it really broadens the gap of communication there. So, the
3 walk-on coach is dealing with a kid with not enough information
4 about what his problem may be at home, or his problem may be in
5 school, but they're coming in and trying to impose upon him
6 certain rules and directions and guidelines.

7 I think with decreased funding, it's really affected
8 sports programs. I think that there has to be a broader training
9 program, not only for walk-on coaches but for coaches that are
10 there all the time. There are some coaches that have been at
11 schools for 20 years, and their whole approach has not changed in
12 20 years. So, that has an effect on the information that's
13 disseminated to kids. And kids see that what worked in the late
14 '50s or mid-60s won't work in the mid-80s. And those coaches are
15 still using those techniques, and that broadens the gap.

16 So, there has to be -- one particular incident that I
17 think a lot of those coaches are not really participating in
18 sports, they're just walk-on coaches that read a book, passed a
19 test and now they can coach. So the problem there becomes -- I
20 know that part of the problem with substance abuse in sports is
21 that there is a build-up from Monday to Saturday, Friday,
22 Saturday and Sunday to peak for a game on Sunday or Saturday,
23 whenever. So after the game is over with, and the crowd stops
24 roaring, then he can't turn off that adrenaline flow in one hour
25 when he takes his helmet off. And then we have a tendency to let
26 the kids go after the game, while he's still high emotionally,
27 and they'll go out and they'll want to reproduce that. They want
28 to celebrate.

1 But we haven't utilized the resources here to train
2 coaches on how to deal with kids after games, and how to deal
3 with the build-up every game and to bring them down, because
4 that's where the potential substance abuse is in sports. Not
5 only on a professional level, just in sports with the build-up
6 and then just let them down. And there's not a slow come-down.

7 So on every level, high school, college and pros, that's
8 a problem. If we don't train the coaches to make sure that
9 they're better prepared to handle that, we'll have lost a lot
10 more athletes.

11 CHAIRMAN SEYMOUR: Thank you, Senator Morgan.
12 Assemblywoman Speier.

13 ASSEMBLYWOMAN SPEIER: Delvin, you had mentioned your
14 1100 acres in St. Helena, I guess, that's been given to Pros for
15 Kids.

16 MR. WILLIAMS: We've -- as the gentleman that made that
17 contribution said last year when we talked back and forth, he's
18 now signed a letter of intent for a year to give us some time to
19 look at developing it and coming up with a plan for it. And upon
20 coming up with a plan, then he will donate it to us for a dollar
21 a year for the next 20 years. And if it works, if we do some
22 good things with it, then he's not opposed to making an outright
23 contribution after the 20 years or even before that.

24 ASSEMBLYWOMAN SPEIER: And what do you envision on that
25 250 acres?

26 MR. WILLIAMS: I'd like to see -- just off the top --
27 there's a lot of things that we've dealt with, but to take off on
28

1 AB 2126, because after the third year's over, we'd like to use
2 that as a training center to continue to develop curriculum, to
3 continue to train parents and teachers; to also use that as a
4 summer area for camps and for kids. We run summer camps now
5 throughout Northern California, where they're academic and
6 athletic, and kids spend a half day in a classroom and half a day
7 on the field. The focus is substance abuse prevention.

8 I'd like to see us continue that on with the curriculum
9 that we've developed for AB 2126 to refine that, to continue to
10 refine that and train parents, teachers, and kids on that and
11 make that just a curriculum development center, training center.

12 We've also talked about using it as a field trip where
13 elementary school kids leave -- used to go on field trips or
14 outdoor field trips. We'd like to have them come for field trips
15 on substance abuse throughout the week, and run them there, and
16 develop the materials in coordination with all the State agencies
17 to do that.

18 There is an RFP out now to develop curriculum. I think
19 it's from the federal level for a million dollars that we would
20 like to bid on those kinds of proposals and develop that, have
21 that as a constant, ongoing development center. And to also make
22 it into -- that there is enough land that you can still have
23 outdoor trips because there's enough hills, and there is a lake
24 there that has been used for a lot of different things. We're
25 not totally clear yet as to what we want to do because there's so
26 many options.

27

28

1 We have people that are willing to donate plans. We've
2 got an architect who's willing to donate the plans. We've got
3 contractors who are willing to help us, but how do we bring in
4 all the resources, all of the powers that be to really make this
5 into a viable center?

6 CHAIRMAN SEYMOUR: Thank you very much, Delvin. We
7 appreciate your time and your testimony and your commitment to
8 this program.

9 MR. WILLIAMS: Thank you.

10 CHAIRMAN SEYMOUR: The next witness is Mr. Gene Upshaw.
11 Is he here? David Meggyesy.

12 MR. MEGGYESY: Senator, Gene is not here. He couldn't
13 make it.

14 My name is David Meggyesy, and I'm the Western Director
15 of the National Football League Players Association. We're the
16 labor union that represents all the football players in the
17 National Football League.

18 The question of substance abuse has certainly been with
19 us, and some of our membership have been targets and certainly
20 focus for the drug question.

21 What I'd like to talk about a little bit today is,
22 address my remarks to the question of substance abuse in the work
23 place. I've been here most of the morning, and nobody's really
24 talked about that. We seem to be emphasizing youth, and that
25 certainly is very critical, and to talk a little about what we're
26 doing in regard to the question of substance abuse in the work
27 place.

28

1 CHAIRMAN SEYMOUR: Excuse me, Mr. Meggyesy.

2 I appreciate that, and you're right. But I would hope
3 that you're going to direct this area into the need, and how it's
4 going to be a component in the Master Plan.

5 MR. MEGGYESY: We'll get to it.

6 So, I think we can break that element in, and I want to
7 talk a little bit about what the players are doing, and what
8 we're doing as an organization to deal with this question.

9 In our view in the work place, the drug question is a
10 labor-management issue, that we have seen certainly a number of
11 instances where -- and I'll tell you a little bit of our
12 situation where, particularly in the National Football League, in
13 our work place, that we have to deal with the question of
14 substance abuse, the question of drugs in the broadest possible
15 sense in the context of the collective bargaining agreement.

16 We have seen instances in the past where not dealing
17 with the question in this context has hurt our players and hurt
18 our membership, so we're very, very sensitive to that.

19 One thing I want to say is, the National Football League
20 Players Association, obviously, with many people here, most
21 people here, everybody here perhaps, we are opposed to illegal
22 drug use in the National Football League. Not only does the drug
23 abuse harm our players, it ruins careers and it also even kills
24 people, which we're very well aware of. And it does impact on
25 the image and the confidence of the game in the eyes of the
26 public, and so we're very sensitive to it.

27

28

1 In the National Football League, in our collective
2 bargaining agreement that we have, we have probably the most
3 comprehensive drug program in professional sports. It includes
4 testing in the preseason physical; it includes testing for
5 reasonable cause, and primarily it includes education. We have
6 over the terms of the collective bargaining agreement emphasized
7 education. The DEA has visited every team. Our staff people
8 have visited every team. Hazelton, which is our drug treatment
9 center, has visited every team. And so we've endeavored to
10 educate the players not only to the evils of the potential
11 negative and disastrous consequences of drug use, but also to
12 educate players about their role as professional athletes and how
13 the youth does look up to professional athletes, and how they
14 should play that in their mind.

15 Now, last year when Commissioner Rozelle tried to impose
16 random drug testing in the League, it was a violation of our
17 collective bargaining agreement. The NFLPA challenged the
18 Commissioner; we took it to arbitration and we won.

19 The issue last year was not a question of one side
20 condemning drug abuse, the League, and the other side condoning
21 it, the NFLPA. The issue was whether or not substance abuse, and
22 a rational approach to substance abuse, would be dealt with in
23 the collective bargaining process, or whether it would be imposed
24 unilaterally by the Commissioner of the National Football League.

25 Certainly the motives of the Commissioner, Commissioner
26 Rozelle, were many and varied, yet his actions didn't warrant his
27 attempt to impose, and I think underscored a philosophical
28

1 difference between the Players Association and the National
2 Football League on how to deal with the question.

3 We do not think, in listening to the testimony here I
4 certainly would agree with most of what's been said, that a quick
5 fix solution in the form of random drug screens will work. We do
6 know that any drug program, and I would say any drug program in
7 the National Football League and certainly in the work place, and
8 in the schools, has to have the confidence of the people who are
9 most affected. And, you know, we're all supposed to be somewhat
10 experts here, and I was thinking as I was sitting in the back of
11 the room that wouldn't it be interesting to hear from some people
12 who have been out there on the streets, who are teenagers, who
13 are affected immediately by this question.

14 At any rate, we believe that the way we're going to get
15 at the problem and the way that we're going to solve the problem
16 is when people are educated enough to stop using drugs. So we
17 have focused in our work and in our work with the League and with
18 the Commissioner on education and more education. And I do
19 honestly believe, although we don't have statistics to back it
20 up, that drug use in the National Football League among our
21 membership has fallen considerably.

22 Not only do we educate our membership, and we have done
23 so extensively, but we do see our responsibilities to do what we
24 can to educate others about the dangers of drug abuse,
25 particularly youth and young athletes. I just want to go through
26 a few programs and outline what we're doing.
27
28

1 We have a Super Teams program which involves high school
2 athletes. These are weekend retreats where we take the athletes
3 off with a professional football player, drug counselors,
4 teachers and coaches, and we spend a weekend and we talk about
5 not only the dangers, but we talk about the questions of self-
6 esteem for the athlete, and particularly on the high school
7 level, the athlete's role as an athlete and as a member of a peer
8 group who other members of his peer group look up to.

9 Our feeling is that if high school football teams and
10 basketball teams were drug-free, or relatively drug-free, they
11 could have a considerable influence on the rest of the student
12 body.

13 We have worked with the DEA in a series of commercials
14 that Gene Upshaw and Pete Rozelle have done. As I said before,
15 the DEA has visited every team with the two-pronged message, you
16 might say. I have personally, as well as other players,
17 participated in DEA-sponsored programs to educate teachers and
18 coaches about the question of drug use in the high schools.

19 This summer, Dan Fouts, among others, traveled to West
20 Germany to speak to high school students about the question of
21 drug abuse. We have an international scope.

22 On the local level, myself personally and a number of
23 other ball players have spoken at San Francisco high schools
24 basically at the same notion of speaking to high school athletes
25 about the whole question of drug use. We've worked with the
26 Center for the Study of Sports in Society in Boston, sending pro
27 football players out into the schools to speak not only about
28

1 drug abuse, but about the whole question of the need for an
2 education and the need to have a bigger and better perspective on
3 life.

4 So from the Players Association's standpoint, we are
5 doing quite a lot. When you asked me the question before, I'd
6 like to say that certainly we stand ready and willing, and we'd
7 like to certainly extend our help to the committee. If we and
8 the professional football players may be considered a resource,
9 and I think we can, we can be used, we're certainly willing to
10 help out, and we're certainly willing to do so. So, we'll wait
11 to hear from you on that.

12 One suggestion I would have, Senator, would be in
13 looking over your bill, on your Advisory Committee, would be to
14 include one person from the business community and one person
15 from labor on your State Advisory Board. Looking over that
16 group, I think that certainly is a nonrepresented aspect of it,
17 and looking over the fact sheet, I believe it's over 10 billion
18 600 million dollars are lost every year because of substance
19 abuse in the work place. I think that probably would be an idea
20 worth looking at.

21 Thank you.

22 CHAIRMAN SEYMOUR: Any questions from the panel? Mr.
23 Ryan.

24 MR. RYAN: I have a question.

25 This question bothers me a lot. I guess you're as good
26 a person to ask as anyone.

27

28

1 Are we as a society at risk of over-saturating our young
2 people specifically with a drug message? We're coming at it from
3 the schools, the work place. Can it become so commonplace to
4 hear about drugs and substance abuse and alcohol abuse also?

5 MR. MEGGYESY: You want my personal answer?

6 MR. RYAN: Both. It's not rhetorical necessarily.

7 MR. MEGGYESY: Well, my personal answer is that I tend
8 to agree with that. I think the Just Say No campaigns are
9 getting a little bit overdone.

10 I think that, you know, we talk about what this Advisory
11 Panel can do, and so on. I think, and it's been alluded to here,
12 I think you have to really talk about employment. You have to
13 really talk about opportunity. You have to really talk about the
14 economics of drugs, and you really have to talk about questions
15 of esteem, self-esteem. And I think you have to really talk
16 about, legitimately talk about, what are opportunities for people
17 in high school; what are the reasons why they should stay in high
18 school; what are the opportunities for all those kids who are not
19 going to go on to college and become budding yuppies to function
20 in society.

21 My sense is, and having a child that's 24 and a child
22 that's 20 and a child that's going to be 14, so I've been through
23 it a bit, is that, you know, for a lot of people there is not a
24 great deal and a great sense of opportunity out there. It's
25 working in a Seven-Eleven or working in the McDonald's, or
26 dealing drugs and so on.

27
28

1 So, I certainly don't know the answers, but I just think
2 the over-saturation, Just Say No, after a while, it's kind of
3 looked at as some kind of a lame message. And after all, I would
4 hope that some of the people here have experienced drugs. In the
5 very blunt truth of the matter, drugs are enjoyable. And to
6 suddenly tell a kid to Just Say No is not legitimate. I think
7 the alternatives have to be there.

8 CHAIRMAN SEYMOUR: Other questions? Mr. Bayquen.

9 MR. BAYQUEN: In the context of employee testing, what
10 is your Association's definition of reasonable cause?

11 MR. MEGGYESY: That's a very fluid definition, and I
12 might say it's one that we're in the process of hammering out in
13 our next agreement, which is going on right now as a matter of
14 fact.

15 Reasonable cause is that, we leave that up to the club
16 physician to determine what kind of behaviors are deemed to be,
17 at least in his view and presuming the guy has had some training
18 in recognizing the signals, as reasonable cause. And they vary,
19 but typically it's missed meetings, and what some people say,
20 certainly aberrant behavior in their view.

21 We are, as I said, in the process of nailing that down.
22 We have left a certain level of trust, I think, out there with
23 the clubs.

24 We also think that, and I think Lawrence Taylor's recent
25 revelation of the last few days, are that law enforcement
26 officials tend to know what's going on out there a little bit
27 more than what we know. And we can intersect and the clubs can
28

1 intersect, at least when we're talking about our membership,
2 fairly quickly.

3 I really do believe, because of our education, that the
4 drug use in the National Football League has fallen rather
5 dramatically.

6 CHAIRMAN SEYMOUR: Thank you very much.

7 Our court reporter has indicated a five-minute timeout.

8 (Thereupon a brief recess was taken.)

9 CHAIRMAN SEYMOUR: We have asked the panel to reconvene.

10 Our next witness is Dr. John Newmeyer, Director of
11 Research for the Haight Ashbury Free Clinic.

12 Dr. Newmeyer, thank you for being with us today and for
13 being patient.

14 DR. NEWMAYER: Thank you.

15 I'm Dr. John Newmeyer, and I'm an epidemiologist and
16 head of research at the Haight Ashbury Free Medical Clinic here
17 in San Francisco.

18 Basically I'm going to talk about the role that AIDS
19 prevention will play in the State's master drug plan, and the
20 importance particularly in the next five years of such a
21 component being included and being pursued effectively.

22 I am glad this work is going on because what's being
23 done at the State level relative to AIDS is a little dismaying.
24 I'm sure there's a lot of comment and criticism about the bills
25 now coming out of the Senate and the Assembly, that they're
26 inappropriate or ill-conceived. But from my point of view, the
27 thing that's wrong about them is that they're like hunting a
28

1 gopher in your garden with a napalm bomb attack. They're
2 imprecise and expensive and ill-conceived.

3 The gopher, as I'm going to point out, consists of that
4 small number of I.V. drug users who are carrying the AIDS virus
5 here in California and who are the main, in fact overwhelming,
6 route of infection to the general public.

7 I think we all share the goal that we want to keep the
8 general public from being infected by the so-called primary
9 groups that have been already infected with the AIDS virus.
10 Those primary groups, as you know, are men who have sex with
11 other men; second, people who share needles with one another; and
12 third, people who received blood products either as hemophiliacs
13 or as blood transfusion recipients.

14 The work coming out of the Center for Disease Control
15 suggests that overwhelmingly that second group, the intravenous
16 drug users, are responsible for what spread to the general public
17 we've seen thus far. That spread is sex partners who are not
18 I.V. drug users, or who are not homosexual men, or children or
19 individuals who have the virus, and that's the main route of
20 spread to the general population.

21 The numbers still are small, but of those numbers, and
22 there are about 1500 Americans thus infected who have AIDS, of
23 that 1500, probably 80-85 percent were infected by contact with
24 an I.V. drug user; either sexual contact or because they were the
25 infant of such a person.

26 What we thought a few years ago would be a major route
27 of spread, i.e., bisexual males, turns out to be essentially a
28

1 nonstarter. Bisexual males are either a lot fewer than we had
2 thought, or a lot less heterosexually active than we thought, or
3 a lot less infected with the virus than we thought, or perhaps
4 some combination of all three. But bisexuals are essentially a
5 very small part of the picture, perhaps 10 percent.

6 So, with 85 percent of the threat of spread to the
7 general population coming from the intravenous drug users, let's
8 look at that population in California.

9 Very roughly speaking, there's about 200,000 I.V. drug
10 users. Of course, there's a much larger number of drug users,
11 but of those who use the needles, they number about 200,000. Of
12 these, very roughly 5 percent, about 10,000, are now
13 seropositive; that is, infected with the AIDS virus. And of that
14 number, perhaps one-quarter of one percent of the O.I.
15 population, or about 500 individuals, have thus far been
16 diagnosed with AIDS.

17 So, the 10,000 individuals who are infected with the
18 virus or already have AIDS and who are I.V. drug users who are
19 likely to infect others, that is the gopher that I was speaking
20 of; that's the small entity that in my judgment will be
21 responsible for, in the next five years, something like 80
22 percent, or the vast majority of what's spread to the general
23 population that we will see. And of course these intravenous
24 drug users infect one another. So our fear is two-fold: that
25 the 10,000 will infect some of that remaining 95 percent who are
26 still seronegative; and also that they'll infect their sex
27 partners or have children who will be infected with the AIDS
28 virus.

1 The question then becomes how do we achieve the control
2 of this gopher? How do we keep this population from growing?
3 And that should be really the number one goal, to keep the
4 seropositivity rates as low as possible; I would say below 10
5 percent for as long as possible as a reasonable goal for our drug
6 plan for the next five years. I think it can be done.

7 The first goal, obviously, is to educate the public, to
8 make sure that every Californian knows how you get AIDS and how
9 you don't get AIDS. In knowing how you don't get AIDS, a lot of
10 unreasonable fears will be calmed and people will be able to
11 resume normal lives without the sense that in the next day
12 they're going to be infected with the virus, or the next month
13 they'll come down with the disease. So, calming unreasonable
14 fear is a large part of our work.

15 But making sure that a reasonable amount of fear and
16 caution does get imbued in the public has always been our other
17 goal. In San Francisco, it's really taken a two-word message to
18 get it across: Don't share, and a picture of a needle. That's
19 essentially what the message comes down to. We want anyone who's
20 using the needle not to share the needle with anybody else.
21 That's the essence of it. That has two corollaries: We'd like
22 you to stop using if possible; stop using the needle; get clean;
23 recover. Or the other corollary is, if they must share needles,
24 to disinfect the needles.

25 In thus educating the public of the danger of the
26 needle, I think we have built into that a prevention of young
27 people ever taking up the needle, and in addition to all the
28

1 other unattractive things about the hypodermic needle, the fear
2 of transmitting AIDS to one's self is added. I think that's
3 going to, in itself, reduce the number of young people who will
4 take up the needle in that particularly obnoxious form of drug
5 abuse.

6 The prevention of infection among the existing
7 population, though, is a special subset of that problem. We
8 educate the public, but we don't want to seem to be encouraging,
9 or sanctioning substance use or needle use. So, we have
10 developed an armamentaria of possibilities, of possible programs,
11 some of which we've implemented in San Francisco and some of
12 which we haven't been able to implement thus far.

13 The most important component has been the approach to
14 individual drug users by means of outreach workers. We call them
15 Community Help Outreach Workers, or CHOWs, and these individuals
16 work through the midcity consortiums to combat AIDS here in San
17 Francisco. They find the drug users on the street and approach
18 them on a one-to-one basis, and talk to them about AIDS, and
19 about the risks they face with the use of the needle, and
20 encourage them to enter treatment programs, encourage them to not
21 share needles, and also take one step further by saying, "If you
22 must share needles ever again, here's a little bottle of bleach
23 that you can flush your syringe with, then rinse it out with
24 water. That'll disinfect the works out of any kind of virus,
25 including the AIDS virus."

26 So, in addressing the users this way, we don't approach
27 anybody who's not a user and tell them about how they can use the
28

1 needle safely. That was a major concern. We only talk to people
2 who use the needle and try to get them in every way possible to
3 remove themselves from the possibility of infection.

4 Now, the Community Health Outreach Work program is
5 probably the main activity in San Francisco, other than the
6 general public education, that is being pursued. It has the
7 advantage of being inexpensive and very well targeted; finds the
8 gopher and addresses the problem of infection and spread of the
9 virus in that population. And I would add that of the 5 percent
10 of this 10,000 or so Californians who are infected with the
11 virus, probably half of them are within 10 miles of this spot
12 right here in Alameda County and in San Francisco. That's really
13 the epicenter of the problem, and that's why San Francisco has
14 been so active and concerned at such an early stage.

15 Let me run down the five or six other programs that part
16 of the armamentarium that can be part of the State's general
17 plan. Obviously, it behooves us to enlarge the treatment slot
18 capacity; to have more treatment slots available for people to
19 enter treatment programs. Methadone maintenance, therapeutic
20 immunities, detoxification programs, all of them should be
21 expanded.

22 A third program possibility is increasing access to
23 treatment; making sure that the people who are out in the street
24 know that the treatment programs are there, and taking it a step
25 further, giving them a coupon saying, "Good for immediate entry
26 into your local methadone maintenance program." This method is
27 being tried in New Jersey with very great success, and it
28

1 enhances the rapidity with which people get into treatment and
2 begin -- methadone maintenance is preferred in that state -- to
3 begin a path of recovery which at least assures that they'll be
4 sharing the needles less and using a sanctioned opiate, methadone
5 perhaps, rather than an injected illegal drug, namely heroin.

6 A fourth possibility, of course, is to increase the
7 possibility of testing; making sure that the I.V. drug users know
8 about the tests and where to get it, and making it available to
9 them on an anonymous and confidential basis. We find in San
10 Francisco that if the user finds out that he or she is
11 seropositive, they really get motivated to clean up their act.
12 They immediately want to know about treatment, how can they get
13 into treatment, what can I do about it. So, we see a very
14 encouraging kind of therapeutic response to the seropositivity
15 there.

16 Naturally, if they reported they were positive for the
17 AIDS virus, you need a good counseling program in support of the
18 person's anxieties and to give that person an action plan to deal
19 with that rather uncomfortable knowledge.

20 A fifth approach, which also comes out of New Jersey, is
21 the use of vans. These vans simply go to the copping areas, the
22 shooting areas, the parts of the inner city where I.V. drug users
23 concentrate, and make available information, medical
24 examinations, and other kinds of succor or assistance to the I.V.
25 drug users relevant to their fear of AIDS.

26 The sixth approach really has been tried more in Europe
27 than it is in this country because of problems with existing
28

1 laws, and that's needle availability or needle exchange programs.
2 Making the hypodermic needle more accessible to the users so that
3 if they continue to use, they have access to sterile equipment,
4 and no one has to share because needles are scarce, which is
5 quite often the case in this State.

6 In the seventh area is what I call the self-help groups.
7 In Amsterdam it's taken the extreme form of junkie unions.
8 Junkies are helping to band together in kind of a union for
9 applying for self-interests. In this country it takes a more
10 benign form of recovery groups or Narcotics Anonymous, which also
11 is a kind of self-help. Junkies who are on a recovery or
12 abstinence help others in a group context to pursue the same
13 path.

14 All of these approaches have to be culturally sensitive.
15 By that I simply mean that if you're going into a Latino area,
16 you have Spanish speakers, Spanish language materials. Also, if
17 you're going into a minority community, even if they speak
18 English, they may need to have culturally appropriate individuals
19 and the kind of vernacular of their subculture: Blacks talking
20 to Blacks, that sort of thing.

21 So, with that kind of forming of programs, I think each
22 county and each state in this country can choose among their
23 armamentarium how they want to address the problem of HIV
24 infection among I.V. drug users.

25 I think the evidence is clear, though, that it's very
26 important to do something. We have to act promptly because five
27 percent infection is nothing to be reassured about. We see the
28

1 geometric nature of the seropositivity. It doubles every nine or
2 twelve months, and five percent becomes ten percent very quickly,
3 and ten percent becomes twenty percent, and then forty percent.

4 So, I think with the programs I've mentioned, some of
5 which have been used in San Francisco and some in Europe, we can
6 see and choose from among them programs which suit our fiscal
7 limitations and also our moral limitations.

8 San Francisco is a little bit tighter in the fiscal
9 sense. We don't have much money to spend. As a taxpayer, I'm
10 encouraging my supervisors: Don't spend a lot of money on AIDS;
11 if you can, take the cheapest path and the most effective path.
12 We believe Community Health Outreach Workers is a very cheap and
13 effective way; however, we've had to be in a moral sense a little
14 bit loose. We've had to be user-friendly to junkies. Send
15 people out to be sympathetic and supportive and say, "We're your
16 friends. Here's the thing; here's the condoms." And it may be
17 that some counties would feel less comfortable with that user-
18 friendly approach. For them, methadone maintenance may be a good
19 way to go; make that available. It's going to cost you a lot
20 more, but I think it's morally satisfying because you then do the
21 double thing of preventing the spread of the virus and assuring
22 people get into treatment and stop using drugs altogether.

23 I think the goals basically are two-fold: one is to
24 keep seropositivity below ten percent for as long as we can; and
25 second, to make as many I.V. drug users as possible aware of
26 their options for preventing themselves from becoming infected.
27 These are measurable objectives, and it's my hope that the
28

1 committee will adopt these objectives and these goals in their
2 plan.

3 Thank you.

4 CHAIRMAN SEYMOUR: Dr. Newmeyer, we thank you.

5 Assemblywoman Speier.

6 ASSEMBLYWOMAN SPEIER: Dr. Newmeyer, I was particularly
7 interested in your comment regarding AIDS legislation that's
8 moving its way through the Legislature, and on its way to the
9 Assembly.

10 Maybe we are somewhat at fault, because there has been a
11 lot of information that had been disseminated through the
12 Legislature, through the media, that in fact AIDS is something
13 for the entire population to be concerned about, and as such, I
14 think that has been some of the emphasis for the legislation that
15 is moving its way through.

16 I would just like to verify some of the comments you
17 made. Basically you're saying that the studies and evaluation of
18 the population today indicates that it is only men who are having
19 intercourse with other men, shared needles, and recipients of
20 blood products.

21 You referenced that of the I.V. drug abusers, there are
22 approximately 200,000 in California?

23 DR. NEWMAYER: Approximately.

24 ASSEMBLYWOMAN SPEIER: And you're suggesting that about
25 10 percent or --

26 DR. NEWMAYER: Five percent or about 10,000.
27
28

1 ASSEMBLYWOMAN SPEIER: Okay, 10,000 then are infected
2 with or test positive?

3 DR. NEWMAYER: Yes, would test positive. They have the
4 antibodies. They may not have the virus, but probably most of
5 them do and they thus have the capacity to infect others.

6 ASSEMBLYWOMAN SPEIER: And that's basically the
7 population that we're talking about in terms of the --

8 DR. NEWMAYER: Basically in my judgment, 80-85 percent
9 of the secondary spread will come from those 10,000 individuals
10 or others like them who become infected through the needle.

11 ASSEMBLYWOMAN SPEIER: How have those numbers increased
12 over the last five years? What can we project those numbers
13 increasing over the next five years?

14 DR. NEWMAYER: Most of the increase has been among --
15 most of the increase among I.V. users has been in the last few
16 years. We documented in San Francisco that we essentially had a
17 doubling of infection from 1985 to early 1987. In late 1985, we
18 were saying, well, 7, 8, 9, 10 percent of the heterosexual I.V.
19 drug users were infected. Now we think it's 15-20 percent. More
20 and more Black I.V. drug users and less among White, but
21 city-wide, about 15 or 20 percent.

22 So, it's much worse in San Francisco than in California
23 as a whole.

24 ASSEMBLYWOMAN SPEIER: And then for those I.V. drug
25 users who have tested positive, who are infecting heterosexuals
26 who are not I.V. drug users, what percentage of those people are
27 represented? What would you say the figure is?
28

1 DR. NEWMAYER: It's still small. In San Francisco,
2 we've counted only 18 cases of AIDS out of 3,500 which are
3 heterosexually spread; that is, I.V. drug user infecting his
4 non-user partner. That's about five-tenths of one percent.

5 Of course, the number of infected individuals is
6 probably 20 times that. Several hundred, perhaps as many as a
7 thousand, girlfriends or boyfriends, or in the case of
8 prostitutes, Johns, sexual partners of I.V. drug users have been
9 infected in San Francisco via the I.V. drug user.

10 In my judgment, the figure's probably three, four, or
11 five hundred of such sexual partners who are out there infected.

12 ASSEMBLYWOMAN SPEIER: Thank you.

13 CHAIRMAN SEYMOUR: Senator Morgan.

14 SENATOR MORGAN: Thank you.

15 If I missed this earlier, I apologize. I'm protein
16 dependent so I had to get a snack.

17 These figures are much lower than what we've been
18 hearing in Sacramento as we dealt with this legislation this
19 year, and it should be out of the Senate and on its way to the
20 Assembly.

21 Can you help us understand why the figures, as I recall,
22 were more like 300,000 in the potential pool; 30,000 testing
23 positive at the present time?

24 DR. NEWMAYER: Of I.V. drug users?

25 SENATOR MORGAN: No, of the total population testing
26 positively.

27

28

1 DR. NEWMAYER: Of the State? Thirty thousand testing
2 positively of the State?

3 SENATOR MORGAN: Right.

4 DR. NEWMAYER: I think of seropositives as much larger
5 than that because you have the homosexual male population in San
6 Francisco which almost alone comes to that number.

7 But for purposes of this discussion, we can discount the
8 exclusively male homosexual population. Those individuals do not
9 spread the virus to the general population, unless they give
10 blood, and that area's protected, or engage in heterosexual sex,
11 and that seems to be very minimal, or share the needle. By and
12 large, the homosexual non-I.V. drug using, nonheterosexual acting
13 population is not spreading the virus.

14 That constitutes still in San Francisco 97 percent of
15 the infected population, 96 percent, and in the State as a whole,
16 probably 90 percent or more.

17 So, we just have to look at the much smaller population
18 of I.V. drug users as the route of spread to the general
19 population. Sure, we have a big population of gays spreading it
20 to other gays, but for purposes of Senator Seymour's proposed
21 bill, we can discount that because that's sort of part of the
22 city behind its ghetto walls burning and having problems, but not
23 spreading the fire to the other part of the city.

24 SENATOR MORGAN: It's not an increasingly large circle?

25 DR. NEWMAYER: No.

26 When you make your projections for the State or for the
27 nation, you can't just assume that the graph -- that the line
28

1 will go up, and up, and up, because you have to look at the
2 subpopulations of gay men, of I.V. drug users, of blood product
3 recipients of the general population and so forth, and look
4 what's happening within those subpopulations.

5 Within the gay male population, we're reaching a kind of
6 saturation point. There's not many more in San Francisco, not
7 many more gay men are becoming infected.

8 Some very important figures, the Winklestein Study shows
9 that in the last years, there's been very little or no documented
10 increase in seropositivity in a sample of 800 gay men. In his
11 sample of 200 straight men, there are zero infected individuals;
12 zero out of 200 in a random sample of 200 straight young men in
13 San Francisco.

14 ASSEMBLYWOMAN SPEIER: One more question.

15 Health professionals now are being focused on as
16 potential victims of contacting the AIDS virus through blood that
17 they come in contact with in their work caring for AIDS victims.

18 Have you had any study or evaluation of those numbers
19 and the potential for impact on health professionals?

20 DR. NEWMAYER: No, I only know the literature, and the
21 numbers are very small. The cases which occur are spectacular
22 and they get all this publicity, but I'm an epidemiologist. I
23 care about numbers per 10,000, rates per 10,000 individuals, and
24 I know it to be an infinitesimal rate.

25 ASSEMBLYWOMAN SPEIER: Thank you.

26 CHAIRMAN SEYMOUR: Dr. Newmeyer, we thank you very much
27 for taking your time and sharing your testimony with us.
28

1 DR. NEWMAYER: Thank you, Senator.

2 CHAIRMAN SEYMOUR: Our next witness is Dr. Mimi Silbert
3 from the Delancey Street Foundation.

4 Dr. Silbert.

5 DR. SILBERT: Thank you very much.

6 My name is Mimi Silbert. I'm the President of the
7 Delancey Street Foundation.

8 Let me start with your first question, which is the
9 necessary components of a Master Plan.

10 As I look through the people who spoke earlier, my guess
11 is that some of them focused on the points, the components, along
12 the way that I'm going to enumerate. They would obviously range
13 from education and prevention through what I consider are the
14 midrange issues that happen on a continuum with substance abuse:
15 counseling programs for people who are abusing drugs and alcohol
16 but who are otherwise functional; going through to the other end
17 of the continuum, and that's long-term residential care.

18 I would like to talk about the extreme of that
19 continuum, and that is the long-term residential care, and I
20 guess maybe even swing around to the other end of the continuum,
21 and that's prevention and education, a little bit based on the
22 question that I heard earlier about do you think we're over-
23 saturating.

24 Let me tell you a little bit about what Delancey Street
25 Foundation is, and how we use resources, because I think our
26 definition of the word "resources" and what I want to talk about
27 is a little different than the more traditional resource use that
28 most people might be testifying here about.

1 Delancey Street has been in existence for 17 years.
2 It's a national self-help organization. We have about a thousand
3 residents at any given time. Our headquarters are here in San
4 Francisco. We're also in Los Angeles, in New York, in New
5 Mexico, and we're just starting a place in North Carolina.

6 We range in age from about 10 years old -- we take
7 juveniles at our New Mexico facility -- all the way through about
8 68 years old.

9 The organization is unique in a couple of ways. The
10 first is that we've never taken any kind of government funding.
11 Indeed, we've not really taken any operational funding. Rather
12 than get monies to support the place, we have gone back to a
13 traditional system: we earn our own money. And we do that by
14 setting up a series of training schools that train the residents
15 in vocational skills and at the same time we pool the monies from
16 those, and that's what runs the place. It's economically similar
17 to an Israeli kibbutz.

18 Second innovative feature is the fact that we have no
19 staff as such. There is myself. I am the only nonresident in
20 the place. I happen to have a degree, a doctorate degree in
21 clinical psych. and one in criminology, but quite honestly, I'm
22 not sure that any of the things that I learned through those
23 degrees is particularly helpful to me in running Delancey Street.

24 Aside from me, everyone else in the place is a resident,
25 and it functions on a ladder system, so that at every step of the
26 way, someone is teaching what he or she has just learned to
27 someone newer, and learning from someone above them.
28

1 Now, if I may, I'd like to stress a resource that I
2 think we need to tap, because there's no question that to do the
3 kinds of education and prevention and counseling and other kinds
4 of programs that we traditionally service, and that the counties
5 are legitimately requesting more funding for -- there's going to
6 be an endless need for financial resources. I don't think that
7 we can ever really do something about the complete problem just
8 in looking at the word "resource" as a financial one from
9 government to programs.

10 So, I'd like to talk about the idea of developing the
11 resources of the substance abusers. And quite honestly, I
12 believe that one of the things that's a problem in substance
13 abuse is the fact that we're dealing with lots of people whose
14 strengths and resources have not really been developed, have not
15 particularly been needed, to whom there are not lots of
16 opportunities to pull them into the system and work them up.

17 And so, the model that Delancey Street utilizes is one
18 that I'd like to urge that we look at for lots of the substance
19 abusing population, particularly the ones that we serve, and that
20 is people who are primarily poor.

21 One of the things that I think we fail to look at when
22 we talk about prevention and education issues, and that I also
23 think doesn't get enough attention in long-term residential care,
24 is the fact that most substance abusers are extremely self-
25 destructive. They are skewered on a path, on a compulsive path,
26 to tear themselves down. So, if you were to try to take the
27 simplest way, I, for example, shouldn't eat butter, and cream,
28

1 and chocolate. But it literally calls to me in the middle of the
2 night, and I answer the call. And I'm not stupid. I understand
3 the little pads of fat that have accumulated every five years are
4 going to keep accumulating the more I eat the chocolate and the
5 more I eat cream sauces, but I eat them anyway.

6 And I say that because for many, many, many substance
7 abusers, it's critical to understand that we are designing a lot
8 of education and prevention programs for people as if to assume
9 that their logic was controlling their lives. We tell them that
10 drugs aren't good. We tell them the down side of what's going to
11 happen if they use drugs. And the fact is, for lots and lots and
12 lots of compulsive and self-destructive substance abusers, they
13 already know that. And they use it anyway. There aren't a lot
14 of people now who don't know that drugs will get you in the end.

15 There's something about it that they like to feel going
16 in that they're going to beat the drug. The drug is going to
17 start out exciting, and "I am going to be the person that beats
18 it and that controls it and that keeps it exciting." And of
19 course, pretty soon the cycle reverses itself, and the drug
20 controls me, and I control nothing.

21 To me, the particular horror of all this is that -- and
22 again, I've spent 17 years primarily with a population that,
23 along with substance abuse, has all of the other problems of
24 being what's now referred to as the permanent underclass, the
25 trapped poor. And they are people with very few resources and
26 for whom we have developed very few workable channels out.

27
28

1 At Delancey Street, and I think we -- we are considered
2 -- I think we are the most successful residential treatment
3 program in the country. Our statistics are terrific. We have
4 about 500 California residents right now. We've graduated
5 thousands and thousands of them.

6 The average resident coming into Delancey Street is
7 illiterate, unskilled, has been in and out of jail or prison or
8 mental hospital, an institution, four times, and has been
9 addicted an average of 10 years, primarily heroin, but cocaine is
10 obviously gaining ground now. They really are the serious,
11 hard-core addicts.

12 We are, by the way, receiving about 25 requests a day in
13 our San Francisco place alone and turning down now 90-something
14 percent of our applicants.

15 We charge nothing.

16 Now, one of the things that I want to stress is that
17 Delancey Street provides no overt counseling as such. We've
18 never really run it as a drug program.

19 Instead, I think of Delancey Street almost as some
20 people think of Harvard. I think of it as an incredible learning
21 institution, where someone comes in that has little access to
22 legitimate and successful opportunities to make it, and we teach
23 our residents how to graduate ultimately to making it
24 successfully in society. That means everyone gets a high school
25 equivalency at least; everyone learns three marketable skills;
26 people learn independent living skills like how to write checks,
27 how to wear clothes, what is wool, how you set a table, how you

1 go to a restaurant, how you attend the opera and the symphony.
2 And it's not necessarily that they need to enjoy all of those
3 things, but they do need to understand that everything that gives
4 the middle-class and up people access to society is something
5 that really isn't shut off to the rest of the people.

6 And mostly what we do is teach them how to make it, and
7 therefore, when they finally graduate, the average stay is, as it
8 is at Harvard, four years. When they finally graduate with
9 several skills and lots of hopefully interpersonal skills as
10 well, the vast majority of them are quite successful.

11 So, in the two questions together: What role can
12 professionals play and what resources can be made available, the
13 thing that I'd like to stress is that I don't think that we
14 should isolate substance abusers. One of the problems -- I use
15 to teach at Berkeley, and one of the things that bothered me is
16 that you would study social problems isolated. You take a course
17 in crime, and you take another course in unemployment, and
18 another course in psychology, and another course all around. And
19 in fact, that's not the way we live our lives; that's not the way
20 our problems happen. They mush into each other.

21 And if we really are to do something about this whole
22 mess of a problem, I think we need to grab several pieces of
23 legislation and several committees together, and take a look at
24 what we can do on a continuum for large numbers of people whose
25 strengths are not being developed, who don't feel useful, who are
26 unclear on their values. And I think values is a really key
27 word. We stress it a lot at Delancey Street, and we develop very
28

1 clear, traditional, old-fashioned American values. All of those
2 things, I think, need to be brought in under the umbrella of
3 substance abuse. And I guess the word would be alternatives.

4 If you live in the projects, and you're three
5 generations of living in the projects, and you can sell dope, and
6 suddenly you've got all kinds of money available to you, and the
7 alternative is that someone is telling you that you should go out
8 and maybe, with training under special sponsored programs, they
9 can make you a laborer somewhere, that alternative doesn't really
10 grab you. And I think we really need to develop a series of
11 alternatives, because in the end that is prevention and education
12 and treatment as far as I'm concerned. Real alternatives that
13 will really work and will be exciting, and will let people have
14 their lives have some purpose, and some meaning, and some
15 integrity, and some impact. And when your life has all those
16 things, drugs are irrelevant.

17 CHAIRMAN SEYMOUR: Thank you, Dr. Silbert.

18 Questions? Questions of the panel?

19 SENATOR MORGAN: I think you've left us speechless.

20 MR. HOWENSTEIN: That is an accomplishment by itself.

21 (Laughter.)

22 SENATOR MORGAN: Thank you very much.

23 CHAIRMAN SEYMOUR: Dr. Silbert, thank you very much.

24 Our final witness for the day is Mr. Tony Aguilar, who
25 is the Vice President of the State Organization of Mental Health
26 Advisory Boards.

27 MR. AGUILAR: Good afternoon.

28

1 I've prepared, I believe, concise written testimony
2 about where I am coming from with respect to the task at hand,
3 the development of a five-year Master Plan to reduce substance
4 abuse in California.

5 Rather than reading it into the record, I would like to
6 paraphrase at least some of the items I'm talking about, what I
7 feel are priorities that need to be addressed by this State.

8 Over the past 15 years, I have been involved with
9 alcohol, drug and mental health programs in a variety of
10 functions and a variety of capacities, my latest being an
11 Employee Assistance Program in Sacramento.

12 Having done that in the public sector and actually
13 worked with State and local government in developing unique,
14 innovative ways of dealing with substance abuse in communities,
15 I've found that remarkably, my role as an EAP manager at a work
16 setting has provided me with the most optimal way to deal with
17 people with these kinds of problems.

18 I think that my involvement with the ALMACA Association,
19 which is the international EAP association, and having done
20 previous testimony before the Legislature on issues such as drug
21 testing and other EAP and mental health types of issues, I find
22 that we are now looking forward when in fact we should be a
23 little bit more serious about looking backward. And when I say
24 looking backward, in the past 15 years, I've found we've done
25 quite a bit of what doesn't work.

26 I think from a private sector perspective now, from a
27 corporation that has to be self-insured, to adequately deal with
28

1 alcohol and drug and mental health problems, I've seen over and
2 over again our attempts to try to address a problem we have yet
3 to redefine in a way that really grasps the depth of the problem.
4 We are chipping away at the tip of an iceberg.

5 I heard some of the presenters before me talk about
6 unique alternatives and approaches that are successful and very
7 effective for the problems, but by no means do they really deal
8 with the depth of the problem.

9 I think the previous speaker, Mimi, dealt with a
10 particular issue that I feel strong about, and that is values.
11 Not only the values that our substance abusers have, but what our
12 systems and our institutions have and don't have with respect to
13 being able to put forth a real, substantial effort in terms of
14 the depth of this problem.

15 I find that if I were here speaking from a law
16 enforcement perspective, I'd probably be talking about the
17 inadequacies of the criminal justice system; and if I were a
18 parent, I'd be talking about the inadequacies of the schools; and
19 if I was here representing the schools, I'd be talking about the
20 inadequacies of the parents.

21 And I'm here, joining with others who are probably not
22 here today, standing back and saying, "We are all inadequate."
23 And once we stop trying to make the square peg fit in the round
24 hole, I think we can start to really take a look at what the
25 problem is. Our values and institutions throughout our
26 communities are the problem. We contradict each other ourselves
27 through all our approaches: law enforcement, treatment, and the
28

1 like. Even within the treatment system we contradict ourselves.
2 Alcohol programs don't get along with drug programs; and drug
3 programs don't get along with alcohol programs.

4 I mean, I sit on a statewide planning body that's
5 mandated to advise the Legislature and assist in local planning
6 efforts, and yet I can't get to first base when I start talking
7 to local planning officials around how we can complement alcohol,
8 drug, mental health systems without duplication, without
9 consistently foregoing what is in the best interests of the
10 clients, and let alone dealing with the depths of the problem
11 again.

12 The real iceberg really takes into account the need to
13 re-establish what our values are in these institutions; take away
14 the bureaucratic parameters that we place upon them; try to
15 quantify over and over again the same thing. I've been part of
16 statewide planning efforts where we do beautiful things with
17 documents. We fall apart consistently in implementation.
18 There's no such thing as practical, decisive implementation.

19 We've succeeded over the last 20 years in really
20 expanding the bureaucracy now, including our drug, alcohol and
21 our mental health program. And they are no longer responsive
22 because of this.

23 We turn revolving door issues with clients. We have
24 case mismanagement: people entering one system to another, over
25 and over again. We end up getting them dependent on the very
26 system we've created to try and get them off dependency.
27
28

1 I think one of the more shameful things I've witnessed
2 over the last five or six years is the development of the
3 entrepreneurial interests. Not wanting to downplay business, but
4 as an EAP manager, I get choked sometimes when I see us paying
5 \$20,000 for a 30-day stay in a hospital setting, when we know
6 magically that treatment plan was associated more with what the
7 benefits cover than with what the individual needed. And then
8 once they cut lose from that hospital, they're thrown on the
9 public rolls into public programs where they eventually find
10 themselves into the self-help type facility, like a recovery
11 home, where they actually get recovery.

12 I can't help but stand back and look at this system, the
13 scenario. What are we up against here? We're up against
14 ourselves.

15 I think the nontraditional approaches have to be looked
16 at. We have to stand back, look at the last 20 years, and while
17 we're looking at the next five years, let's take a look at
18 ourselves more closely. And I'm talking more about the idea of
19 trying to instill values, trying to approach our institutions
20 from a nonspecific way that says drugs are the problem, or mental
21 health is the problem, or alcohol is the problem. I think it's
22 more from a social system perspective, a community support
23 systems perspective.

24 I testified last year in the interim hearing for drug
25 testing, and I think they have valid utility. However, I think
26 given the scenario we're up against in drug abuse, we should be
27 talking about a random parent testing program to randomly test
28

1 our parents to see if they really know what the self-esteem
2 issues for their children are.

3 We have some good parenting programs around, but they
4 are not supportable enough, nor are they institutionalized well
5 enough into all the various aspects of our community or service
6 systems to make sure that we're knowing what the right hand is
7 doing with the left. And the victimization that goes on with
8 parents who attempt to adopt that coordination, to get involved
9 in the productive possibilities that we have offered through
10 these approaches, I think they quickly become dismayed, and if
11 anything, they eliminate the possibilities that are there.

12 Another big nut that I feel we need to crack is that of
13 payment. I think that's probably one of the major agenda items
14 for this group and for the future. From a self-insured employer
15 perspective, I find that my role as an EAP manager is being able
16 to selectively pick out and choose providers that provide low,
17 cost- effective bang for my buck, and being able to monitor
18 what's actually going on out there, and not letting the provider
19 be in charge of determining how long a person should stay
20 totally, and we're letting them decide because, like, my benefits
21 may cover a certain issue that's not what that person needs.

22 On behalf of my employer, I think I'm creating a unique
23 ability to help bridge that gap for that individual with a social
24 disease problem. A unique ability to look at the parent
25 employee, the employee who's a parent, and really start to hear
26 things like after, what, 15 years of experience, sound like they
27 have the makings of a drug abuse problem starting with their
28

1 children. The medium provides the intervention with them at that
2 point.

3 Believe it or not, I still like doing the type of work
4 I'm doing, but I feel what's needed is a macro level in our
5 state. We need community-based EAPs.

6 I, representing a statewide constituency group, do not
7 want to imply that the system is in a total tragedy, or a total
8 state of disarray. We do have good things. I do not want to
9 remove myself from the scene.

10 But I do believe that there is some decisive policy
11 needed, a step over and above the current parameter that we
12 function in. The citizenry have places that we are supposed to
13 interact with the system and help with planning efforts, but we
14 cannot make tangible change in terms of bureaucracies supersede
15 what we feel, and I believe what the providers themselves, who
16 are the experts in the actual treatment service delivery system,
17 feel. The bureaucracies need to perpetuate itself [sic] so they
18 can supersede it all.

19 And then in the scenario of declining dollars, obviously
20 we're going backwards from the traditional approaches we've
21 always taken. Again, this to me puts forth the need to re-look
22 at the issue.

23 As you'll see in my testimony, I have highlighted
24 something that's been scoffed at recently but has recently
25 surfaced; to me, one of the more unique approaches that I've seen
26 happen in State government, and I've been involved with State
27 government for six years, lastly as a consultant with the
28

1 Department of Alcohol and Drug Programs, and that is the Task
2 Force for Self-Esteem. I, too, laughed at the comic strips, but
3 when you look at what they're saying, when you look at what they
4 are clarifying as the problem, they're taking on a horrendous
5 task, but I believe they have the right idea.

6 Now, how they can go about it from a micro-type approach
7 as they are, having to deal with it from a small agency
8 perspective, it's almost an impossible task. I think, however,
9 if we can start to legitimize this ideal, that self-esteem, that
10 value, our community values, our institutional values that are
11 real problems, we can take a step back. We can adopt policy and
12 create policy that fills those vacuums out there and draws in
13 people like myself, and people you may have heard from or will
14 hear from in the next couple days, that do creative, innovative
15 things, who actually impact upon the problem in a primary
16 intervention sense, in a primary prevention sense.

17 Let's quit trying to chase the problem. We're throwing
18 money away. We're throwing people away.

19 I believe I could speak for my colleagues, both in the
20 EAP field and in mental health citizenry of this State, that were
21 we to do a positive, decisive investigation of what is lacking in
22 our planning, but moreover, our implementation skills as a state,
23 I believe we could put forth and contribute and be involved
24 tangibly in offering those vehicles to actually produce the
25 change, not only at the work sites but in the community; we could
26 help facilitate the involvement of everybody we're talking about.

27

28

1 And I believe that concludes my commentary or my
2 testimony. I hope you will take the time to read it as well.

3 CHAIRMAN SEYMOUR: Assemblywoman Speier.

4 ASSEMBLYWOMAN SPEIER: Thank you.

5 Mr. Aguilar, I'm familiar with the EAP program that San
6 Mateo County has had in operation for, I think, five or six
7 years. And each year, when it came up during budget discussions
8 as to whether or not to refund it, and it was costing in that
9 county about \$30,000 a year for an employee force of about 4,000,
10 the number of individuals that actually utilized the services,
11 and that included everything from substance abuse to stress
12 counseling, to financial counseling, and psychological testing
13 and the like. It was very small, both on behalf of the
14 individual employees accessing it and on behalf of the
15 supervisorial personnel who would request that the employee take
16 advantage of the program.

17 I'm curious as to whether or not that's been your
18 experience around the State. Do we have a problem in terms of
19 getting people in a position to access the program?

20 MR. AGUILAR: Well, the standard utilization of an EAP
21 really is in the minority in terms of percentages. Ideally, your
22 EAP would have been seeing between five and ten percent of the
23 employee base on an annual utilization. If we look at target
24 populations, which is really what we should be focusing on, 15-20
25 percent of our employees in any given employer setting are
26 subject to these kinds of problems: alcohol, drug, mental health
27 and the like, that they are dysfunctional. If we are reaching
28

1 5-10 percent, we are substantially impacting upon that part of
2 the population.

3 There's a whole wealth of other people that could use
4 the services, but the focus of an EAP legitimately, from a cost
5 efficiency perspective, is to try and impact upon that very
6 population.

7 Ideally the EAP could expand their services so that they
8 would be available to other employees and families that are not
9 in their target population category, and that is what the growth
10 of EAPs are doing, trying to open themselves up to things like
11 health promotion, wellness, prevention, and the like, through
12 information and other alternatives. If they in fact also delve
13 into the area of health benefits and the way people can pay for
14 these services, not only becoming identified through education
15 but then being facilitated into the actual treatment and
16 services, then I think we really start fulfilling our role.

17 I cannot speak to how San Mateo operates. I do know
18 that many private -- or public sector, excuse me, EAPs are
19 relegated to more of a tertiary-type model, which really does not
20 allow for the maximization of what that potential is.

21 ASSEMBLYWOMAN SPEIER: In your experiences across the
22 State, private and public sector, how many have EAP programs
23 would you say?

24 MR. AGUILAR: Depending on who you talk to, and then
25 depending on what you call an EAP, we are very much of an
26 emerging profession. I would guesstimate -- and I just
27 coauthored a book with the State Chamber of Commerce on an
28

1 Employee Assistance Program that will be published later this
2 year -- we're estimating that probably 30-40 percent of employers
3 or employees in this State are covered in one way or another
4 through an EAP. When I say "we", I'm not trying to say the State
5 Chamber; that's something from my EAP work.

6 ASSEMBLYWOMAN SPEIER: Well, 30-40 percent are covered,
7 and you're suggesting we have community-based EAPs, it sounds
8 like already a good part of the population is covered by the kind
9 of program you're suggesting.

10 MR. AGUILAR: When I say 30-40 percent of the employees,
11 we're not talking about the entire community. And in fact, where
12 we usually look at what is needed, the State of New York, for
13 example, is developing legislation to create a pool of money to
14 promote the development and short fund EAPs throughout their
15 communities.

16 Thirty to forty percent of the employees does not really
17 touch upon the idea, the reality, that most of our employees are
18 in smaller employer settings; that 60-70 percent or even more,
19 perhaps, are really in the Mom and Pop type businesses with less
20 than 100 employees that cannot avail themselves of the EAP
21 services. The State of New York's response to that was
22 recognizing consortium-based EAPs, that within a community
23 setting provide services to employers. The seed money was set up
24 by the Legislature to help them get up and running, and then it
25 will become self-funded through time.

26 I think that's the concept I would like to see looked at
27 in California. We cannot depend on the private sector to
28

1 generously develop these EAPs and neglect everyone. And on the
2 other hand, we cannot let the entrepreneurial interests of the
3 EAP and the potential there for making money to supersede the
4 idea that we need to have this available for all people, and not
5 just those that have health insurance coverage.

6 ASSEMBLYWOMAN SPEIER: Thank you.

7 CHAIRMAN SEYMOUR: Mr. Ryan.

8 MR. RYAN: Mr. Aguilar, I'm from education. I think
9 very much of your comments. I appreciate what you're saying, and
10 I take issue with just one statement.

11 I'm from education, and I don't blame parents.

12 MR. AGUILAR: I'm a parent and I'm blaming us.

13 MR. RYAN: An observation and a question.

14 Twelve or thirteen years ago, and perhaps you remember
15 some of it, we really were into the values clarification. We hit
16 that real hard. I worked in drugs in those days, and that was
17 our main message.

18 Are you suggesting that we need to revisit that path?

19 MR. AGUILAR: Are you through?

20 MR. RYAN: Let me make one other point.

21 Delvin Williams talked about institution responsibility.
22 A lot of focus is on education and our responsibility for the
23 solution, providing information through education.

24 Are we prepared to look at the responsibility of schools
25 and their contribution to the problem in terms of failure
26 settings, the pressures? How about educators in our schools?
27 What is their contribution of lack of to children's self-esteem?
28

1 MR. AGUILAR: I think you're very correct in that we all
2 need to take our fair share of the blame here. We've got those
3 high visible areas where the problems seem to surface in our
4 community that obviously have to withstand. It's an obvious
5 blame.

6 I think the reality is, though, in terms of revisiting
7 the values clarification, which I think we never tangibly looked
8 at and where implementation of that concept should go. We
9 narrowed it down to some selective institutional bases in the
10 community or in our society that we could really never help weave
11 it into our fabric.

12 We have barely now, through the marketing activity and
13 some of the entrepreneurial assistance with substance abuse,
14 begun to have a higher public awareness in terms of revisiting
15 values clarification in other institutional settings available
16 now to help weave that further into that fabric.

17 I think definitely yes. The implications to me if we
18 don't, certainly in the declining funding we're looking at,
19 private and public funding, we're chasing after something that's
20 just going to go beyond our reach. Ultimately, if we do not
21 revisit this issue, I think we're doomed to see repeated
22 failures.

23 And again, I would like to say as a primary idea, random
24 parent testing. I have to say that over and over again. To me,
25 we have to reach at that level, the primary focus and
26 implications of dealing with parents, 50 percent of whom are
27 probably abusing substances right now, and that 80 percent of the
28

1 children they have will get off on alcohol or drugs at some point
2 in their lives, or have repeated failures in other situations in
3 their lives, including schools.

4 We can't afford to let it go. It has to become more
5 pervasive throughout our institutions. And we need to recruit,
6 and legislation can help force us to look at each other, help
7 force us to accept the values that we need to share.

8 MR. RYAN: Where are you from?

9 MR. AGUILAR: I'm from Placer County, and my position in
10 the private sector is with the Table Data Corporation, banking
11 and marketing services for Sacramento Regional Transit.

12 CHAIRMAN SEYMOUR: Any other questions?

13 Mr. Aguilar, thank you very much.

14 That will conclude our testimony and our public hearing.
15 I want to thank everybody for their participation.

16 (Thereupon this Joint Hearing on
17 the development of a five-year Master
18 Plan was adjourned at approximately
19 1:30 P.M.)

20 --oo0oo--
21
22
23
24
25
26
27
28

1 JOINT HEARING

2 SENATE SELECT COMMITTEE ON SUBSTANCE ABUSE

3 AND

4 ASSEMBLY SELECT COMMITTEE ON YOUTH & DRUG ABUSE PREVENTION

5 STATE OF CALIFORNIA

6
7
8 FIVE-YEAR MASTER PLAN

9
10
11 COUNTY ADMINISTRATION BUILDING

12 ROOM 358

13 SAN DIEGO, CALIFORNIA

14
15
16
17 TUESDAY, JULY 28, 1987

18 9:15 A.M.

19
20
21 Reported by:

22
23
24 Evelyn Mizak
25 Shorthand Reporter
26
27
28

APPEARANCES (Continued)

1
2 CAROL STEIN, Member, Board of Directors
Californians for Drug Free Youth

3 SHARON ROSE, Legislative Chair
4 Californians for Drug Free Youth

WITNESSES

5
6 DIANE JACOBS, President
California School Boards Association

7 DOROTHY LEONARD, Vice President
8 California Congress of Parents, Teachers and Students, Inc.

9 CHRIS PARE
California Counselors Association
10 California Association for Counseling and Development

11 DR. BEVERLY BRADLEY, Coordinator of School Health Services
Orange County Department of Education

12 SUE CURTIN, President, San Diego Chapter
13 Association of Labor-Management Administrators and
Consultants on Alcoholism, Inc., (ALMACA)

14 FRANKIE GREENBERG, Chair, Legislative Committee
15 State Advisory Board on Drug Programs

16 MARY LOUISE FRAWLEY, Co-Chair
State Advisory Board on Alcohol Related Problems

17 KATHLEEN ANN FOX, Successful Businesswoman

18 MICHAEL K. WOOD, J.D., Coordinator
19 California Association of Drinking Driver Treatment Programs

20 MARY ANN MCCARTHY, Vice Chair
Drug Abuse Prevention Task Force (ADAPT)

21 SUPERVISOR SUSAN GOLDING
22 San Diego County Board of Supervisors

23 EDWARD VEIT, Deputy Director
Parole and Community Services Division
24 State Department of Corrections

25 DAVID SIMMONS, Probation Director
Adult Field Services
26 San Diego County Probation Department

27
28

I N D E X

	<u>Page</u>
1	
2	
3	1
4	1
5	
6	1
7	11
8	
9	18
10	23
11	
12	23
13	29
14	
15	35
16	43
17	
18	
19	46
20	54
21	
22	58
23	66
24	
25	68
26	72
27	75
28	79

I N D E X (Continued)

	<u>Page</u>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	

MICHAEL K. WOOD, J.D., Coordinator California Association of Drinking Driver Treatment Programs	82
Questions & Answers	87
MARY ANN McCARTHY, Vice Chair Drug Abuse Prevention Task Force	95
Questions & Answers	103
EDWARD VEIT, Deputy Director Parole & Community Services Division State Department of Corrections	105
Questions & Answers	113
SUSAN GOLDING, Supervisor San Diego County Board of Supervisors	115
Questions & Answers	130
DAVID SIMMONS, Probation Director Adult Field Services San Diego County Probation Department	132
Questions & Answers	142
Adjournment	144
Certificate of Reporter	145

P R O C E E D I N G S

--oo0oo--

1
2
3 CHAIRMAN SEYMOUR: Good morning and welcome to our
4 interim hearing on a Master Plan for substance abuse in
5 California. This hearing is conducted by the Senate Select
6 Committee on Substance Abuse and the Assembly Select Committee on
7 Youth and Drug Abuse Prevention.

8 We have a long series of witnesses today, so we are
9 going to try to keep as closely as we can to the calendar, so we
10 would expect to finish our deliberations somewhere around 1:30
11 this afternoon.

12 Assemblyman Clute, who's the Chairman of the Assembly
13 Select Committee on Youth and Drug Abuse Prevention, will be
14 joining us in just a short while.

15 We have with us a very distinguished panel who will be
16 an integral part of writing this Master Plan into legislation.
17 We have with us this morning Ms. Paula Higashi, Field Deputy from
18 the Crime Prevention Center, representing John Van de Kamp, our
19 Attorney General; Mr. Robert Ryan, Administrator, Office of
20 Special Projects, representing State Superintendent Bill Honig
21 and the State Department of Education; Mr. Ken Nelson, the Deputy
22 Director of the Drug Division, joined by Ms. Susan Blacksher,
23 Deputy Director of the Alcohol Division of the Department of
24 Alcohol and Drug Programs, representing Mr. Chauncey Veatch; Mr.
25 Howenstein, who's the Executive Director of the Office of
26 Criminal Justice Planning, will be along in just a little bit; we
27 have Ms. Carol Stein, representing the Board of Directors of the
28

1 Californians for Drug Free Youth, joined by Ms. Sharon Rose, who
2 represents the Legislative Chair of that organization; Mr. Troy
3 Fox, Chairman of the Legislative Committee, California County
4 Alcohol Program Administrators Association; Mr. George Feicht,
5 who's the Legislative Chairman of the California County Drug
6 Program Administrators Association; and Mr. Dennis Meyers, who
7 will represent the California School Boards Association. He will
8 be along a bit later.

9 I'll read an opening statement, and then we'll begin
10 with our witnesses.

11 After almost four years of service as Chairman of the
12 Senate Select Committee on Substance Abuse, I am convinced that
13 the alcohol and drug problems in California have reached epidemic
14 proportions. The alarming statistics clearly substantiate this
15 belief. For example, approximately 2400 Californians will die
16 this year in alcohol-related accidents, and there will be over
17 65,000 alcohol-related traffic injuries. This will occur despite
18 approximately 340,000 misdemeanor arrests and 7,300 felony
19 arrests for persons driving while intoxicated.

20 Furthermore, a 1985 Department of Alcohol and Drug
21 Programs study revealed that there are approximately 991,000
22 active daily drug abusers in California, of which 27 percent use
23 heroin. In addition, it is conservatively estimated that 3.8
24 percent of all Californians will abuse drugs to the degree that
25 services are needed. All of us here today can attest to the fact
26 that no segment of society, rich or poor, white or black, is free
27 from the scourges of substance abuse.
28

1 With a social and economic price tag of \$17.6 billion
2 annually to California, as well as the emotional and physical
3 impact on developing minds and bodies of our young people, we
4 must take a fresh look at these alarming statistics. With
5 insufficient resources to fully address the drug and alcohol
6 abuse problem, I strong believe it is imperative that all
7 existing services and resources are coordinated and that all
8 unnecessary duplication is eliminated. It is clear that if the
9 substance abuse problem is to be solved, a comprehensive and
10 cooperative effort must be made at every level: national, state,
11 community, school, and most importantly in the home.

12 In this regard, the Senate Select Committee held a
13 hearing last November to determine the need for a Master Plan to
14 reduce drug and alcohol abuse in California. Those who testified
15 at this hearing overwhelmingly supported the development of a
16 five-year Master Plan.

17 The two areas most frequently addressed by the
18 participants underlining the need for a long-range plan were:

19 One, the lack of coordination among service providers at
20 the state and local levels; and

21 Two, the unnecessary duplication of effort in some areas
22 with a lack of resources for other needed services.

23 Earlier this year, I introduced Senate Bill 1369 to
24 establish an advisory committee of experts responsible for the
25 Master Plan development. The legislation culminated in numerous
26 meetings with State and local government officials and community
27 service representatives.
28

1 Unfortunately, we were informed of the Administration's
2 opposition to this measure on the basis that it created yet
3 another level of bureaucracy. In response, we have decided to
4 utilize existing Select Committee resources to accomplish the
5 very same purpose. Therefore, we scheduled these hearings --
6 yesterday in San Francisco, today here in San Diego, tomorrow in
7 Costa Mesa in Orange County -- for the purpose of identifying the
8 necessary components of a Master Plan.

9 The development of a five-year Master Plan is a major
10 task that, if handled properly, could effectively use precious
11 resources and significantly reduce the tragedies of substance
12 abuse. As we view the Master Plan, it is an attempt to bring
13 together disjointed efforts throughout California. Further, it
14 is an attempt to coordinate these resources so that we are not
15 duplicating efforts and thereby insuring that we get a higher
16 quality of service for every taxpayer's dollar.

17 Specifically, the Master Plan is an attempt to set goals
18 as to what we should accomplish over the next five years, and
19 really therefore an attempt to bring it all together in a
20 coordinated manner which would provide a statewide network of
21 agencies, both nonprofit as well as governmental, to maximize and
22 most effectively use the resources invested in this tremendous
23 undertaking.

24 Because of the broad spectrum of issues which need to be
25 addressed in the Master Plan, Assemblyman Clute and I have
26 requested that hearing participants direct their testimony by
27 responding to the following questions:
28

1 One, what do you perceive as the necessary components,
2 or goals, of a Master Plan?

3 Two, based upon your experience, what changes could be
4 made to more effectively utilize the existing and potential
5 future resources available for substance abuse services?

6 And finally, what role can professionals in your arena
7 play in the implementation of the Master Plan?

8 I am most confident that with the valuable assistance
9 provided by each expert witness who will testify before us today,
10 we will have the necessary components to set forth on our task of
11 preparing legislation for a five-year Master Plan to reduce
12 substance abuse in California.

13 I see our first witness returned, and so we will hear
14 first from Diane Jacobs, who is President of the California
15 School Boards Association.

16 Good morning, Diane.

17 MS. JACOBS: Good morning.

18 Thank you, Senator Seymour, Members of the Select
19 Committee, and also members of the ad hoc committee.

20 I'm Diane Jacobs, President of the California School
21 Boards Association, also a member of the Jamul-Dulzura Union
22 School District Board. And I know you all wonder where that is.
23 It's within San Diego County, really.

24 I'm also the Executive Assistant to County Supervisor
25 George Bailey. In that latter capacity, I'm pleased to report to
26 all of you here that if you're parking in the lots in the County
27 Administration Center, there will be no parking time limits
28 today, so you're safe for the entire day.

1 CHAIRMAN SEYMOUR: Diane, thank you. We appreciate your
2 efforts.

3 To some, that's even more important than your testimony.

4 (Laughter.)

5 MS. JACOBS: I was afraid that might be true.

6 CHAIRMAN SEYMOUR: The basic facts of life require these
7 things.

8 MS. JACOBS: The basics. Well, now that we have the
9 basics taken care of, to begin with I'd like to thank you very
10 much, the Chairmen of both Select Committees, for allowing me the
11 opportunity here and also for holding these hearings on one of
12 the most important issues that's facing our society today, drug
13 and alcohol abuse.

14 I'm pleased not just with the fact that the legislative
15 committees are holding the hearings, but also with the fact that
16 these hearings will lead to the development of components to be
17 included in a statewide Master Plan to reduce drug and alcohol
18 abuse in California.

19 The California School Boards Association is in support
20 of the intent of SB 1369, which calls for the development of a
21 Master Plan to reduce drug and alcohol abuse, and is also in
22 support of the intent of the hearings, obviously.

23 My brief comments to you today will focus on several
24 things: Number one, what our association is doing on the subject
25 of drug and alcohol abuse; two, what CSBA recommends be included
26 in the Master Plan, specifically comprehensive K-12 curriculum as
27 in AB 134, the need for a state level advisory committee and the
28 necessary role of the State Department of Education.

1 CSBA has taken a proactive role in educating school
2 board members about the problem of drug and alcohol abuse and how
3 to combat that problem. In the Spring of 1987, CSBA dedicated
4 its California School Boards Journal to the subject of drugs and
5 students: "Can Schools Make a Difference?" I have copies for
6 each of you that I'll distribute later. I think you'll find it
7 quite interesting.

8 We've also included within several conferences over the
9 past two years specific sessions dealing with drug, alcohol and
10 at-risk youth. Additionally, we have distributed sample policies
11 to some 600 school districts which subscribe to our school board
12 policy service. And these policies cover such areas as drug and
13 alcohol, at-risk youth, and employee assistance programs. CSBA
14 will also be encouraging local school boards to participate in
15 the Red Ribbon that's coming up in October which is sponsored by
16 Californians for Drug-Free Youth.

17 All of these activities are aimed at developing the
18 awareness of school board members and school administrators in
19 this subject.

20 Now, with regard to the Master Plan, CSBA recognizes the
21 importance of schools in educating children about the effects of
22 drug and alcohol use and their effect on the human body, on loved
23 ones, and on society as a whole. We want to rid our schools of
24 drugs and alcohol.

25 No state Master Plan would be complete help then in that
26 regard without specifically the role of public schools. As our
27 position on AB 134 indicates, that we're supportive of requiring
28

1 school districts to provide age-appropriate comprehensive drug
2 and alcohol abuse prevention education. Now, although schools
3 are currently required to provide education on drugs and alcohol,
4 AB 134 provides a clear definition of a comprehensive drug and
5 alcohol abuse prevention education, at the same time maintaining
6 a great deal of local flexibility to ensure that local needs as
7 well as the needs of the state are met. That's extremely
8 important because of the difference in local districts, the needs
9 of the students, and the problem that we're addressing statewide,
10 that we have the state guidelines, that we have models, but we
11 allow flexibility at the local level to best meet those
12 individual needs and problems.

13 A state Master Plan must include provisions similar to
14 AB 134 which require that education be provided; however, as I
15 said, the requirement must not be so strict that drug and alcohol
16 abuse prevention curriculum becomes only a state curriculum. The
17 mandate to provide education in this area must be kept general
18 enough to allow the curriculum models to be tailored to best meet
19 the problems at the local level. It's critical.

20 Adequate resources also must be provided to allow
21 schools to utilize a wide variety of methods to not only educate
22 the children, but to reach the children and assist them in making
23 a decision to not use or abuse drugs and alcohol. That decision
24 making is an important component.

25 Resources must also be provided for the purchase of
26 adequate materials such as books, posters, films, and magazines.
27 Resources must also be provided to bring to the schools positive
28

1 role models from the community and from the sports and
2 entertainment areas.

3 Schools must also have the freedom to use the program
4 resources of community groups, such as the Lions, the Kiwanis,
5 the Rotary Clubs and others.

6 The Master Plan should mandate the general message that
7 children must receive, but the Master Plan must also allow for
8 the local delivery of a customized, comprehensive education
9 program.

10 With regards to coordination and elimination of
11 unnecessary duplication, which we're all interested in these days
12 -- in other words, getting the most bang for the buck in doing
13 the job -- it is imperative that each of the state departments
14 involved in drug and alcohol programs meet regularly at the state
15 level as an advisory body. The Master Plan needs specific
16 language as to which department provides staff to the advisory
17 body, as well as its roles and responsibilities. The advisory
18 body should include public representatives and at least one
19 school board member, recognizing that we are the managers, we're
20 the elected officials at the local level to carry out this
21 charge. So, we must have one school board member on that
22 advisory body. And it should be responsible for advising all
23 programs and overseeing the implementation of the Master Plan.

24 The advisory body could also analyze pending legislation
25 to provide input on how the Master Plan applies to that
26 legislation.
27
28

1 Specifically concerning local schools, new and
2 continuing programs which are directed at K-12 schools should be
3 administered by the Department of Education to minimize
4 fragmentation and to ensure continuity. As more programs are
5 developed, it would be increasingly frustrating to us at the
6 local level to have to deal with several state agencies. One is
7 quite sufficient.

8 In addition, the Department of Education must be
9 provided with sufficient resources to develop these model
10 programs, to assist school districts to provide the information
11 on exemplary programs, to maintain an information clearinghouse,
12 to maintain a speaker's bureau, to have adequate staff to assist
13 districts, and so on. If drug and alcohol abuse prevention
14 education is a priority in California, which we feel it should
15 be, then it is going to cost money. But the cost to the state in
16 prevention will save the state much more in the future in terms
17 of medical care, prisons, lost economic productivity, and lives.

18 In summary, the California School Boards Association
19 supports the development of a statewide Master Plan. As part of
20 the Master Plan, CSBA recommends three things: One, the
21 inclusion of a requirement for K-12 curriculum; two, the
22 development of a state level advisory body which would include a
23 local school board member; and three, a direct responsibility of
24 the Department of Education for K-12 education programs,
25 including the development of model programs and the dissemination
26 of information to local districts.
27
28

1 I thank you for the opportunity to share with you this
2 morning the view of CSBA which represents over 6,000 locally
3 elected school board members, and I can assure you that the
4 California School Boards Association will continue to participate
5 actively in the development of this Master Plan, and we look
6 forward to working with you on this most critical issue.

7 Thank you, and I'd be happy to answer any questions.

8 CHAIRMAN SEYMOUR: Thank you, Diane, for your testimony.

9 Questions of the panel?

10 Well, they either haven't awakened from yesterday's
11 hearing, or Diane, and I think it is the latter, your testimony
12 was so thorough and complete.

13 Well, somebody woke up.

14 MR. RYAN: I do have one question. I've finished my cup
15 of coffee and I'm ready to ask.

16 Diane, it's good to see you.

17 With regard to the curriculum, you mentioned that it be
18 comprehensive and so forth. And you've worked with Bill Honig,
19 and you know the Department's thrust in academics, school
20 leadership, fiscal responsibilities.

21 Where in the curriculum do you see drug education, or
22 substance abuse education, being taught within the fine line of
23 time and so forth?

24 MS. JACOBS: Probably the most logical area is in the
25 health area. We haven't gotten into the fine tuning of that
26 particular curriculum, but we recognize there's got to be time
27 spent on it, even though it means increasing the time that
28

1 children spend in the day, because it's such a serious problem.
2 It is taking away from the education of some of the other
3 elements of our program. So, it's critical that we fit it in.

4 MR. RYAN: Yesterday we heard testimony from V.C. League
5 and others, but one of the comments that was made was that
6 teachers attend board meetings, and they hear the things that
7 board members talk about. And board members talk about the
8 fiscal problems; they talk about personnel problems. When they
9 do talk about curriculum, it's generally about test scores and
10 the academic areas.

11 This is a concern that I have, that traditionally these
12 areas of crisis, health crisis, community and society crises,
13 fall short.

14 Is CSBA prepared to make a policy contribution to this
15 or what?

16 MS. JACOBS: Absolutely. As I indicated in my
17 testimony, that this is a high priority to us, and we are
18 participating here today, and to show the Legislature, and the
19 Governor, and all those other folks that are interested in this
20 issue, that as the elected leaders at the local level, we intend
21 to take a very active role and a leadership role in getting the
22 message to our constituency, which is our local school board
23 members, that we must develop a curriculum.

24 We don't normally, by the way, endorse mandates. We
25 support local control. But we feel this issue is so critical
26 that it is proper to support more specific curriculum at the
27 state level, but again, allowing models for that flexibility,
28 see.

1 And I think that you will help us a lot at the state
2 level by doing this, and it'll make our jobs easier. But we will
3 promote finding a place in that curriculum at the local level and
4 making sure that our school board members are knowledgeable about
5 it, and follow through with this charge.

6 MR. RYAN: That's good. Thanks.

7 CHAIRMAN SEYMOUR: Yes, Mr. Fox.

8 MR. FOX: Ms. Jacobs, one of the things that
9 traditionally has happened when you're talking about trying to
10 provide prevention services related to alcohol and drugs as we've
11 seen, is we've had a tendency to try to blame entities or groups,
12 and one of those has always been the schools.

13 One of the things I believe is absolutely essential if
14 we're going to be effective in prevention is to create a
15 prevention environment that doesn't blame any one entity for the
16 problem.

17 How can we, through a Master Plan, create an environment
18 that takes that blame off the schools and creates a cooperative
19 partnership between the schools and the community, from your
20 perspective?

21 MS. JACOBS: I'd like to have a chance to do some
22 thinking on that, but you're absolutely right. It's not a school
23 problem per se; it's a society problem, it's a community problem.
24 I see it in my own community, that unless we eradicate the
25 communities from the drugs, the dealers, the meth labs, et
26 cetera, and put some pretty stiff penalties in place to make sure
27 that it's not an enticing thing to do, it's going to be tough for
28 us in the schools to address it.

1 I guess the key there, then, is that we can't just look
2 at schools alone in the Master Plan; that we have got to target
3 in on the community as a whole and society as a whole, and get to
4 the root of the problem.

5 Does that answer your question?

6 MR. FOX: It's a beginning.

7 CHAIRMAN SEYMOUR: Mr. Howenstein.

8 MR. HOWENSTEIN: Thank you, Ms. Jacobs.

9 I have a question. Beyond the commitment that the
10 School Boards Association has in its leadership with the elected
11 officials, do you have a plan or recommendation to encourage
12 those locally elected school board officials to work in their
13 community to help organize community policies, so that there will
14 be community support for whatever it is that either is
15 promulgated by the state or emanates from local school districts?

16 MS. JACOBS: We don't at the present time have as
17 aggressive a plan as we would like, but we're working currently
18 with the Attorney General to do just that, to put into place an
19 action plan that will be more specific as to what we will be
20 doing as local boards to get rid of drugs in the schools.

21 MR. HOWENSTEIN: It came out yesterday in a hearing that
22 local leadership is very critical, and the coordinated local
23 leadership. And as an elected official, I would think the school
24 board members, with their relationship and concern for kids,
25 could really play a major role at the local level.

26 MS. JACOBS: Absolutely.
27
28

1 MS. JACOBS: Absolutely.

2 We are inundated in a lot of different areas. I know
3 you are too. But that would be of help to us, to put together
4 some models for us that we could take and to tailor those to meet
5 our local needs. Materials, programs would be terrific, be a
6 great help, I think, in getting this off the ground and getting
7 it moving faster.

8 CHAIRMAN SEYMOUR: We're going to allow two more
9 questions of this witness. First Mr. Nelson and then Mr. Feicht.

10 MR. NELSON: I just had a question, Diane, in
11 relationship to coordination of the advisory committee that
12 you're talking about.

13 Where would you see that leadership laying? Obviously,
14 there has to be leadership coming for any advisory group. Where
15 would it be? With the school district? With Alcohol and Drugs?
16 With Mr. Howenstein? I'm just curious as to how you would see
17 this organized.

18 MS. JACOBS: Well, I suppose with the schools, K-12,
19 it's logical that that be within the Department of Education.

20 I don't want to get into any political stuff here --

21 MR. NELSON: I think from the local level --

22 MS. JACOBS: It doesn't matter who's in the Department
23 of Education, all right? I think that the issue is that that is
24 logically the place for that leadership to come for our schools.

25 MR. NELSON: I think we started some of this, Robert,
26 myself, OCJP and other people, have started some of the
27 coordination efforts. I think while the law calls for
28

1 coordination, in my tenure I have not seen a lot of it at the
2 Sacramento level at this point. I think this is one of the
3 things we are definitely talking about, and I think your
4 testimony certainly helps.

5 Thank you.

6 MS. JACOBS: Thank you.

7 CHAIRMAN SEYMOUR: Mr. Feicht.

8 MR. FEICHT: You had mentioned the need for some sort of
9 state coordinating body that had a representative of local boards
10 and apparently, then, the Department of Education as you would
11 see it.

12 Do you see that sort of filtering down at the local
13 level to a local coordinating body, or some kind of a mandate in
14 the state plan that would mandate that you have some local school
15 board people, maybe teachers, drug people, law enforcement, to do
16 -- take a look at these models and decide what works for whatever
17 the local school board issues?

18 MS. JACOBS: I don't think that's necessary. We're
19 doing it anyway. I think you'd find in most districts, we have a
20 group that's already working on the problem at the local level.

21 What we need more are some programs, some good models
22 that work, and allow us to choose and build those into our
23 framework that we have existing. I don't think that's necessary.

24 CHAIRMAN SEYMOUR: Thank you very much, Diane. We
25 appreciate your testimony today.

26 MS. JACOBS: Thank you, Senator.
27
28

1 CHAIRMAN SEYMOUR: Our next witness is Ms. Dorothy
2 Leonard, Vice President of the California Congress of Parents,
3 Teachers and Students, Incorporated.

4 Ms. Leonard, happy to have you with us. Good morning.

5 MS. LEONARD: Welcome to San Diego.

6 CHAIRMAN SEYMOUR: Thank you.

7 MS. LEONARD: Senator Seymour, Members of the Committee
8 and panel, I am Dorothy Leonard, Vice President of the California
9 State PTA. Thank you for the invitation to present the view and
10 recommendations of the State PTA on the development of a
11 five-year Master Plan to reduce substance abuse in California.

12 I am sure you are aware that the prevalence of the abuse
13 of drugs, including alcohol, has been a long-standing concern of
14 both the State and National PTA, and that for many years we have
15 sought coordinated efforts at all levels of government in
16 addressing and combating the problem. In 1970, delegates
17 attending our annual state convention adopted a resolution
18 seeking the formation of a cooperative, coordinated community
19 effort including young people, in programs to reduce drug abuse.
20 Seventeen years later, we're still talking about it.

21 I have been asked to address the three specific
22 questions in my testimony today:

23 "What does the California State PTA
24 perceive as the necessary components
25 of a Master Plan to reduce substance
26 abuse?"

27
28

1 We feel that any Master Plan should cover the broad
2 areas of prevention and education, intervention, treatment and
3 rehabilitation, law enforcement, effectiveness and enhancement of
4 existing laws and regulations, and the availability of the
5 resources necessary to implement the plan: people and money.

6 The plan should stipulate a coordinated community effort
7 at all levels of government involving educational institutions,
8 health care agencies and service providers, law enforcement, and
9 other governmental entities.

10 Alcohol abuse and drug abuse should be considered as one
11 problem, recognizing that alcohol is the number one drug of
12 abuse.

13 We believe there should be coordination and cooperation
14 between the various state agencies involved in substance abuse
15 and related problems: the State Department of Education, the
16 Attorney General's Office who are already working together, the
17 Department of Alcohol and Drugs, Department of Alcoholic Beverage
18 Control, just to name a few.

19 State and local plans should include a method for:
20 coordinating and maintaining information on existing programs,
21 model programs, new programs, current research, and available
22 funding; bringing together all agencies and organizations
23 involved in direct services, including the education community;
24 obtaining community ownership in problem solutions, including the
25 involvement of public and private employer and employee groups,
26 business and professional associations, nonprofit community
27 organizations, religious organizations, public and private
28

1 educational institutions, students, the entertainment industry,
2 and the press; and providing continuing education programs for
3 service providers, including educators.

4 Further, a Master Plan should include recommendations
5 for strengthening and enforcing laws and regulations, such as the
6 issuance of liquor licenses and the enforcement of their
7 provisions. It should address getting at the source of the
8 problem, such as the availability of alcohol to minors, the
9 proliferation of alcohol outlets, the availability of illegal
10 drugs and the participation of children and adolescents in the
11 drug dealing market.

12 A Master Plan should address the need for educating the
13 adult population, providing targeted information for parents with
14 school-age children and developing strategies for improving adult
15 role models.

16 Our second question is:

17 "Based upon the experience of the
18 California State PTA, what changes
19 could be made to more effectively
20 utilize existing and potential future
21 resources available for substance
22 abuse services?"

23 Some of the most common concerns expressed by our
24 members include: the lack of coordination at and between the
25 various levels of government; program mandates with inadequate
26 dollars; advisory panels which lack substance and purpose; and
27 state mandates which do not meet local needs.
28

1 Developing a truly interactive team at the State and
2 local levels is critical in addressing needs and ways to meet
3 those needs. This team should include: health care and law
4 enforcement agency representatives; representatives from
5 educational institutions; students; parents; and again,
6 representatives from business and industry as well as employee
7 and labor groups; and the media.

8 In some areas there is a need for improved
9 pre-screening, monitoring and evaluation of existing programs.

10 Program mandates should include latitude to meet
11 identified local needs and use of available local resources.

12 Interagency cooperation should be promoted and
13 competition discouraged. The problem of turfdom, both within and
14 between agencies, must be addressed.

15 Third:

16 "What role can the California State
17 PTA play in the implementation of a
18 Master Plan to reduce substance
19 abuse?"

20 The California State PTA has qualified leaders at both
21 the state and local levels of our organization who can play an
22 important role in the implementation of such a plan. We have the
23 ability to communicate with our more than one million members
24 through our state and district bulletins and unit newsletters.

25 Members of our organization are ready, willing and able
26 to participate actively on advisory committees. We can assist in
27 efforts to reach out into the broader community, to work with the
28 media, and to identify local concerns.

1 One of the goals of the current State PTA administration
2 is parenting education. We are presently involved in efforts to
3 raise funds so that our state leaders can assist our local units
4 in the presentation of parenting education programs.

5 One of the components of our parenting education program
6 is substance abuse. The objectives of the component include:
7 giving parents the facts about drug and alcohol use; showing
8 parents the effect of peers and home life on a child's decision
9 to drink or not to drink; and giving parents suggestions for
10 influencing their children's attitudes and drinking habits. It
11 includes tips for parents such as setting a good example, talking
12 to your children about drugs and alcohol, developing
13 assertiveness in your children so they will be better able to
14 withstand peer pressure, having rules for teen parties, and
15 knowing the signs that suggest alcohol and/or drug
16 experimentation.

17 The California State PTA remains strongly committed to
18 the development and implementation of an effective program which
19 will address the substance abuse crisis in this state.

20 Thank you.

21 CHAIRMAN SEYMOUR: Thank you very much, Ms. Leonard. We
22 appreciate your very insightful comments.

23 We've been joined by Assemblyman Steve Clute, who is my
24 counterpart from the Assembly. He's Chairman of the Assembly
25 Select Committee on Youth and Drug Abuse Prevention.

26 Steve, we're happy to have you this morning. We
27 appreciate you letting us invade your turfdom.
28

1 ASSEMBLYMAN CLUTE: It's good to be here.

2 CHAIRMAN SEYMOUR: Questions of Ms. Leonard? Mr. Ryan.

3 MR. RYAN: Is this a copy of your testimony?

4 MS. LEONARD: Yes, I do have copies for everybody.

5 CHAIRMAN SEYMOUR: It was very thorough and complete,
6 Ms. Leonard.

7 MS. LEONARD: I tried to pack it with a lot of meat.

8 CHAIRMAN SEYMOUR: You've obviously given it a lot of
9 thought, and we appreciate your time today. Thank you.

10 MS. LEONARD: Thank you very much.

11 CHAIRMAN SEYMOUR: Our next witness is Chris Pare,
12 representing the California Counselors Association, California
13 Association for Counseling and Development.

14 Ms. Pare, good morning.

15 MS. PARE: Good morning.

16 Let me echo my welcome to San Diego and glad that we
17 have some sunshine for you today.

18 I'm pleased to be here to represent the California
19 School Counselors Association, and I think my comments will
20 probably focus more on what is happening, specifically what's
21 happening in schools in the area of guidance and counseling.

22 First of all, let me state very clearly that I support
23 the demonstrated need for a comprehensive K-12 guidance and
24 counseling program in all districts which is coordinated by a
25 trained professional school counselor.

26 A number of years ago, the State Department of Education
27 published this document, "Guidelines for Developing a
28

1 Comprehensive Guidance Program." This outlines what a
2 comprehensive guidance and counseling program should be, and I
3 think it spells out very clearly what should be included in that.

4 Such a program would provide services to all students,
5 not just students who are experiencing drug and alcohol abuse,
6 but all students. So, the idea of early identification, early
7 intervention would be a critical component in such a program.

8 It would focus on prevention. It would include
9 effective instruction, or preventive education at all grade
10 levels, K-12. Such a program would include appropriate goals,
11 objectives, and activities, ongoing evaluation in each and every
12 school in California, with a district level guidance curriculum
13 and program. It would address the educational, the personal
14 social needs, and the career needs of students, so it would
15 address all of their needs. And certainly, among this would be
16 their needs regarding drug and substance abuse.

17 Such a program would be staffed by K-12 school
18 counselors. They are the only school professionals who have the
19 skill, the knowledge, the training to work effectively with
20 students who are experiencing serious difficulties; again,
21 whether it's drug abuse, suicide, alienation, truancies, dropout,
22 whatever the crisis problem, the school counselor is the person
23 in the school setting who has the training and skills to address
24 these needs.

25 K-12 counselors are often the only school professional
26 who is in a position to identify potential or actual cases of
27 substance abuse. They are the only school professionals who can
28

1 offer a safe place to talk about problems with students. Very
2 often students are not willing to discuss these issues with their
3 classroom teachers or site administrators. And they are the only
4 professionals who can work consistently to provide a support
5 system for students in trouble.

6 K-12 counselors, through their individual and group
7 contacts, over a period of time can help young people develop
8 positive self-concepts, and we know that's a root cause of drug
9 and substance abuse, as it is a root cause for the other crisis
10 situations that young people are experiencing in today's society.
11 They have the training and the expertise to work with youngsters
12 on their social skills, their interpersonal relationships, their
13 problem-solving and decision-making skills. And all of these
14 components are extremely important to a preventive education
15 program.

16 Young people today must have these insights and the
17 knowledge and the skills, the self-confidence, the self-esteem,
18 to resist negative peer pressure, the media pressure, and to make
19 constructive decisions about their lives and about their future.

20 Recent bills on drug and substance abuse have created
21 fragmentation. They have created confusion. There tends to be a
22 duplication of effort, insufficient services for at-risk and
23 high-risk students in our schools.

24 We do not need separate programs for drug abuse and
25 child abuse and delinquency prevention in all of these areas, and
26 yet when you look at the number of bills that have come forward,
27 all of these various areas, again we see the fragmentation and
28 the duplication.

1 We do need a systematic K-12 counseling and guidance
2 program which provides for classroom instruction in preventive
3 education, where a counselor works as a team member with the
4 teacher, and I would just interject at this point in time I think
5 we often have unrealistic expectations of what classroom teachers
6 can provide for our young people in the schools. Many teachers
7 do not have the expertise or training to deliver an effective,
8 preventive education program. They do not have the comfort
9 level. We are asking unrealistic -- we have an unrealistic
10 expectation of them in that respect. Nor, often they do not have
11 the time because of the many other demands in the three Rs that
12 are put upon them.

13 So, my appeal would be that we would provide the schools
14 with the trained professionals at all levels. Certainly an
15 important part would be parent contacts, individual and group
16 counseling, the use -- the effective use of community resources.
17 And again, this is where a counselor can really do a marvelous
18 service: they know those resources, and they can reach out into
19 the community, and they can serve as a liaison person with the
20 school in helping the youngster who is in trouble.

21 We desperately need early identification and
22 intervention. The bill states grades four to eight as being a
23 priority age. I would say to you that we need to begin in
24 kindergarten, and that first and second grade teachers and
25 counselors can identify kids at risk. We don't need to wait
26 until fourth grade to begin a good prevention program and to
27 offer them needed counseling services in the schools to reach the
28 youngsters and to reach the parents.

1 I will stop my general comments at that point and just
2 share with you briefly a success story from San Diego at the K-6
3 level. For the past 12 years, we have been focusing on a
4 preventive and comprehensive guidance program at the K-6 level,
5 and I have a brochure that spells out this program that I would
6 share with the committee. This program provides for a multitude
7 of services. It does not depend on just preventive education.
8 It includes, as you will see, taking the entire student
9 population, organizing that population into three levels of
10 services where the teacher would play an extremely important role
11 working with the counselor at what we call the developmental
12 level. Here we would include preventive education in the
13 classroom. We would work with the teachers in the classroom
14 where they don't have the skills or expertise or comfort level.
15 At a second level, those youngsters who are showing some early
16 warning signs -- and by the way, those are the youngsters who
17 usually are very much neglected because teachers do not often
18 pick up on their needs, and their needs are not serious enough to
19 refer them for, if there is a counselor, for remedial kinds of
20 services. So at that level, lots of group counseling, group work
21 with the counselor. In small groups, an effective counselor can
22 identify kids early who go unidentified in the classroom. And
23 these are usually kids who are not acting out; they're not
24 showing that pre-delinquent behavior, such as aggressiveness or
25 fighting or that kind of thing. They are shy; they're withdrawn;
26 they're smoldering volcanos. They need the professional to work
27 with them in the small groups. We pick up on the poor self-
28

1 esteem at that level, and we're able then to reach out again to
2 their families to get them the resources they need.

3 You can see the program includes a staff development
4 component. It includes a parent education component, and
5 certainly a community outreach component. So, it demonstrates a
6 multifaceted approach to an effective, comprehensive guidance
7 program at the elementary level, which by the way, I would think
8 we probably only have counselors at the elementary level in this
9 state in about six or seven school districts. Many states have
10 moved to mandated elementary counseling, mandated K-12
11 counseling.

12 Last but not least, as far as a comprehensive guidance
13 approach, would be the use of those community resources and
14 service organizations. And here in San Diego, we've been
15 fortunate to have the support of the Kiwanis Club of San Diego,
16 and they have adopted our program and work cooperatively with us
17 in a community awareness program, which includes bringing to the
18 schools community visitors to see counselors working with
19 youngsters. And I would invite each of you, if you have the
20 opportunity to return to San Diego, you might like to see such a
21 demonstration.

22 The youngsters very quickly show their needs in that
23 kind of a setting with a counselor, where they feel safe, and
24 then we can address those needs, given the resources we have.

25 My closing statement is this: We have all of the
26 children in California in our schools, but we do not have the
27 resources, and we desperately need them in order to do the job we
28 know can be done.

1 CHAIRMAN SEYMOUR: Thank you, Ms. Pare.

2 Question of Assemblyman Clute.

3 ASSEMBLYMAN CLUTE: Thank you.

4 Ms. Pare, it sure seems like you have a very positive
5 approach in the city schools.

6 How long has this been going on?

7 MS. PARE: The program has been in place now for about
8 13 years. We started in one or two schools. We were funded in
9 1976 by a Drug and Substance Abuse Grant from the State
10 Department of Education. We were one of 18 grants funded that
11 year. We're the only one that's survived.

12 I guess another plea I would have for you is, we need to
13 stop reinventing the wheel. At what point do we stop piloting
14 and really start implementing what works?

15 ASSEMBLYMAN CLUTE: We're very interested in programs
16 that already work. It's not our intention, certainly in Assembly
17 Bill 134, to change programs that are already working. In fact,
18 some we would hope to maybe even share some concepts and model
19 somewhat after.

20 I was interested in your comments on the emphasis in the
21 K-6, as well as the entire K-12, and the emphasis in the bill
22 that you mentioned being in 4-8, addressing all the grades, but
23 an emphasis in the 4-8.

24 Could you comment on the programs in reaching the kids
25 in the K-6?

26 MS. PARE: We know that we can begin to identify
27 youngsters in kindergarten, first, second grade, so early
28

1 identification would be an important component as far as a
2 comprehensive drug and substance abuse approach.

3 We know that if we work with youngsters systematically
4 on a regular basis, beginning in kindergarten, they can begin to
5 learn those decision-making skills, and they can learn some
6 vocabulary. We already have curriculum that starts in
7 kindergarten.

8 So, I would again strongly recommend we need to look at
9 K-12.

10 ASSEMBLYMAN CLUTE: Does part of this group counseling
11 incorporate peer counseling?

12 MS. PARE: The use of peer counseling, or student
13 facilitators, is a very strong strategy because youngsters will
14 listen to their peers. This strategy is more effective with
15 upper grade elementary students, or middle school junior high
16 students, but it's an effective strategy that needs to be
17 developed and needs to be a part of a comprehensive guidance
18 program.

19 ASSEMBLYMAN CLUTE: Thank you.

20 CHAIRMAN SEYMOUR: Other questions? Mr. Ryan.

21 MR. RYAN: I appreciate your testimony, and I have no
22 question that counselors are very well trained.

23 Sacramento City recently had to pink slip 250
24 counselors. When you talk about counselors and guidance people
25 being the most skilled people with the expertise to deal with the
26 problems, be they suicide, substance abuse, whatever, it troubles
27 me that these are not the people that interact daily, hourly,
28 with our young people.

1 And I'm concerned about the comments that teachers do
2 not have the skills. They probably don't.

3 Do you foresee a program where the school counselors, or
4 guidance people, could work with their peers to teach the
5 teachers how to spot these things, to work with students?
6 Because they are the ones that -- the ratio's much better there
7 than with the counselors, especially every time a district is
8 facing cuts. The first to go are the school nurses, the guidance
9 people, and on down the line. Yet we drastically need these
10 people.

11 What other ways could we work with these people to --

12 MS. PARE: Okay, you have several issues you've brought
13 up.

14 First of all, I did not mean to state that all teachers
15 cannot deliver an effective preventive education program. Many
16 can, but many are uncomfortable.

17 An important part of this program that I've shared with
18 you today is staff development and teaming with the teacher to
19 bring that comfort level up, so that the counselor is highly
20 visible; the counselor is in the classroom; the counselor is
21 working with the teacher as a team member. So, that's one way.

22 Another way, of course, it would be through regular
23 staff development activities with the total teaching staff.
24 Certainly there has to be a team approach at every school in
25 every district in every community if we're going to get a handle
26 on this.
27
28

1 So, I see the counselor being where the counselor is
2 trained in a proactive mode, rather than a reactive mode, and I
3 appreciate and understand that many counselors are still in that
4 reactive mode where they're in their office, waiting for a crisis
5 to happen.

6 This program proposes that counselors need to be
7 visible; they need to be out and about, and they need to be
8 working with the total school population, including the staff and
9 parents.

10 Does that address all of your questions?

11 MR. RYAN: It does. It was almost rhetorical, but I
12 just wanted to get your feelings about counselors working with
13 teachers.

14 One last comment. I agree with the notion that we don't
15 need separate programs for all of these areas: substance abuse,
16 suicide, and all of these. The State Department of Education has
17 different divisions and different units.

18 Do you feel that districts, and likewise schools, mirror
19 that sort of delineation in services? I don't know that we talk
20 as closely with the people that we need to talk to in our own
21 departments, let alone other agencies. And Ken and I are busy
22 working on this.

23 What kind of things can we do to bring about the kind of
24 integration that you're referring to in these services?

25 MS. PARE: In response to your first question, yes,
26 districts do mirror that, particularly large districts such as San
27
28

1 Diego Unified. For example, the Guidance Services Department, in
2 implementing a comprehensive counseling program, has not received
3 any funds directly from the Drug and Substance Abuse funding
4 sources to fund counselors.

5 The second part of your question, what can we do about
6 this, what can you do about this, I think if your comprehensive
7 plan includes the need to at least explore or have initiatives to
8 school districts to include counseling, that that would, from our
9 perspective, help; help us.

10 MR. RYAN: Thank you.

11 CHAIRMAN SEYMOUR: Mr. Howenstein, last question, and
12 then we're going to break for five minutes.

13 MR. HOWENSTEIN: Thank you very much.

14 My concern is on the issues of early identification. In
15 my previous life, I experienced quite often there was a
16 tremendous hesitance to early on identify the behavior patterns
17 that would later indicate a variety of social dysfunctions,
18 including substance abuse.

19 How did you overcome that in your district, or was it a
20 problem?

21 MS. PARE: The way we're overcoming it in our district
22 is, again, we have a systematic process in each school for early
23 identification, whereby we work with the teachers to look at
24 certain behaviors, including the youngster who's withdrawn and
25 shy. And once -- once we've worked with the teachers, then we
26 sit down with the teachers -- the counselor, the psychologist,
27 the nurse, the principal -- and we sit down together with the
28 teacher, and we develop an action plan for those youngsters.

1 I think it's more a case of establishing the school
2 climate that says it's important to identify youngsters early and
3 not wait until things sort of blow up around us, to establish
4 that kind of climate, to have a management plan where that can
5 happen, and to have the site staff working, again, as a team to
6 see that that does happen. So, you're drawing on the expertise
7 of a lot of people.

8 MR. HOWENSTEIN: Thank you.

9 CHAIRMAN SEYMOUR: Thank you very much, Ms. Pare, and we
10 thank you again for your testimony.

11 We'll recess for five minutes.

12 (Thereupon a brief recess was taken.)

13 CHAIRMAN SEYMOUR: Ladies and gentlemen, we'd like to
14 reconvene our interim hearing. Panelists take your places.

15 We're prepared to hear from our next witness.

16 Prior to that, I'd like to recognize the presence of two
17 individuals that have just recently joined us representing
18 Senator Wadie Deddeh. Senator Deddeh is a member of the Senate
19 Select Committee on Substance Abuse, and in his own right is
20 Chairman of a Senate Select Committee on Drug Trafficking. Wadie
21 couldn't be with us today; he's out of the county. But
22 representing him here is Barbara Hunsaker, who is the
23 Administrative Assistant to Senator Deddeh, as well as Johnnie
24 Lou Rosas, who's the Senior Consultant to that Select Committee
25 on Drug Trafficking.

26 We welcome you here today and give our very best to
27 Senator Deddeh, and thank him also for the hospitality that San
28 Diego has shown the Committee.

1 Okay, our next witness is Dr. Beverly Bradley,
2 Coordinator of School Health Services from the Orange County
3 Department of Education.

4 Dr. Bradley.

5 DR. BRADLEY: Good morning.

6 Senator Seymour, Assemblyman Clute, members of the Joint
7 Committee, ladies and gentlemen, I have asked that a copy of my
8 testimony be distributed to you, but the school teacher in me is
9 going to require that you turn it over and listen to me until I
10 tell you to look at it.

11 Is everyone in agreement?

12 I'm Beverly Bradley, Coordinator of School Health for
13 the Orange County Department of Education, but this proposal is a
14 draft that represents the joint effort of Dr. Bert Simpson, who
15 is our Substance Abuse Coordinator for the Department of
16 Education.

17 Bert and I represent a rather unusual combination. Bert
18 comes from a great deal of experience at the County Schools
19 Office and also has worked in a variety of positions at the state
20 level.

21 On the other hand, I come very recently from school
22 sites, from both elementary and secondary schools, where I've
23 been employed as a school nurse, a health educator, and most
24 recently as a dean at high schools. A dean is a combination
25 truant officer and disciplinarian.

26 So, what Bert and I did to prepare for this hearing is
27 brainstorm what we would like a Master Plan to accomplish, and
28

1 also we have a proposed structure, organizational structure, that
2 we'd like to present to you today.

3 When I use the word "substance," I want to make it very
4 clear to you that I am including alcohol. I consider alcohol a
5 liquid substance, otherwise that it really is no different than
6 any of the drugs we're dealing with. I want to make that very,
7 very clear.

8 As members of the staff of the Orange County Department
9 of Education, we really support the establishing of a Master
10 Plan, and this testimony will be in two parts: four educational
11 goals, and an organizational structure that we think could
12 accomplish those goals.

13 The first educational goal is this one: Disseminating a
14 comprehensive, sequential K-12 health education curriculum model
15 with substance abuse -- and remember I always include alcohol
16 when I use the term "substance" -- with substance abuse education
17 as one of the major components.

18 You've heard that before this morning very clearly from
19 the representative of the School Boards and from the parent
20 organization. This can be done very, very easily because there
21 already is a document that has been used throughout the nation,
22 plagiarized, used by textbook publishers, which is called the
23 Health Instruction Framework for California Public Schools.
24 Unfortunately, the publication date on that is 1978, but it would
25 require very little to update that to make that still a very
26 useful model.

27
28

1 Efforts to prevent substance abuse at school are at
2 times exemplary, but more often they're totally absent, barely
3 detectable, reactionary, drug specific, fragmented, or
4 inconsistent not only from school to school, but from district to
5 district. That is a very easily accomplished goal that will help
6 establish that substance is part of a whole effort in curriculum
7 in the schools.

8 The second educational goal: Developing guidelines for
9 education designed to prevent substance abuse that reflect
10 current knowledge about instructional strategies that are
11 effective, using the strategies that work. There's evidence that
12 education about the nature and the effects of various drugs and
13 alcohol does not prevent use of the substance; however, many
14 school programs are merely age-appropriate pharmacology courses.
15 Current research indicates that effective education to prevent
16 substance abuse emphasizes skills of social resistance, like
17 assertiveness, stress reduction, consumer awareness, and
18 self-esteem. These are the same skills that are needed to
19 prevent unwanted teenage pregnancy, to prevent sexually
20 transmitted diseases including AIDS, to prevent smoking tobacco,
21 and to prevent many other self-inflicted health problems.

22 Those guidelines, once established, are based on current
23 knowledge of what we know about instructional strategies. That
24 work can be used to select materials -- you heard that addressed
25 earlier; select materials and media that can be used; to provide
26 training for teachers providing the instruction, and you heard
27 earlier testimony about concern about teachers needing
28

1 instruction, and also those guidelines can be used to measure the
2 effectiveness of instruction in actually influencing the
3 behaviors that have to do with substance use and abuse.

4 The third education goal: Mandating a uniform system of
5 program evaluation that evaluates the impact of the program as
6 related to the stated goals. Current evaluation processes often
7 focus on the process or the project itself, and not on the
8 effectiveness of the process to change the issues and the
9 problems that have to do with substance abuse.

10 Some elements of a model evaluation tool that could be
11 included in application for funds are these: the result of a
12 standardized needs assessment that could be included in the
13 application for funds. The other thing that could be included is
14 not only a description of the local planning process, but also a
15 priority listing of the needs identified by those local
16 deliberations. The evaluation component of SB 789 is an example
17 of the evaluation tool we're proposing.

18 The fourth and the last educational goal is:
19 Implementing a consolidated and systematic method for
20 distribution of state and federal prevention and educational
21 funds. The county, state, and federal levels are often
22 administered without awareness of the availability of other
23 funding for prevention or the lack of funding in some areas.

24 To illustrate, there are major sources of funding for
25 school districts, county schools offices, and a wide variety of
26 agencies from the School Community Primary Prevention Program,
27 the Suppression of Drugs in the Schools Act, the Drug-Free
28

1 Schools and Communities Act, and many other specific allocations
2 from federal, state, and county levels. Channeling those funds
3 through a coordinating council at the state and county levels
4 could result in a more equitable allocation of those funds.

5 Now you can turn over the report, and I'll be able to
6 tell who cheated.

7 The page is on legal-sized paper, and this is a
8 framework or a beginning of a structure, an organizational
9 structure, that we think might work to develop the Master Plan
10 and to also implement the goals of the Master Plan.

11 As you can tell, it has four levels: a state level,
12 county, school district, and school site level.

13 Now, for those of you who are here and who are involved
14 in treatment, please understand that Dr. Simpson and I developed
15 this structure completely for the area of prevention. That's why
16 you'll see under the county level the word "prevention" is
17 emphasized. We felt it was presumptuous of us to develop the
18 model as related to treatment and somewhat even presumptuous of
19 us to develop the model as related to intervention. That model
20 could be better completed by persons involved in that with
21 specific expertise about that.

22 I would like to direct your attention to the state level
23 and the State Coordinating Council, which is marked Number 1.
24 This is what we propose as a coordinating council at the state
25 level that would have the authority to set policy and to also
26 authorize funding to develop the Master Plan with the goal of
27 accomplishing the plan in a five-year period.
28

1 The precedent for this structure was already established
2 with the 1960 design for the California Coordinating Council for
3 Higher Ed., which is now called the California Postsecondary
4 Education Commission.

5 The members of the State Coordinating Council, number
6 one, are high level public officials from both the executive and
7 the judicial branches as well as administrators from the
8 Department of Education and from Health and Human Services. The
9 design, research, reporting and monitoring of the Master Plan
10 could be conducted by a state level staff -- that's Number 2 --
11 with advice from an advisory committee which reflects a broad
12 spectrum of community business, students, parents, et cetera.

13 The final plan and then periodic monitoring and
14 recommendations could be reported to that State Coordinating
15 Council, and we suggest that there be a director for the Council
16 staff.

17 At the county level, the second level, and if you will
18 direct your attention to Number 4, the County Coordinating
19 Council could monitor implementation of the Master Plan goals in
20 their county with input, again, from an advisory committee, which
21 the membership of the advisory committee would reflect the same
22 groups as the advisory committee for the state. And also, a
23 Service Agency Coalition.

24 Further, the County Coordinating Council could manage
25 the funds allocated by the State Coordinating Council to the
26 agencies within the county. The county level coordinating
27 council would allocate funds to agencies providing treatment,
28

1 intervention, and prevention, and that Service Agency Coalition
2 could have representatives from agencies providing all of those
3 services. And of course, everybody that does those services
4 realizes that those aren't exclusive categories.

5 And it is also very important that law enforcement be
6 represented at that level.

7 One of the questions you asked us in preparing for the
8 hearing: What role could we play in implementing this Master
9 Plan, and at the County Office of Education level, we think that
10 it would be reasonable for persons such as myself or Dr. Simpson
11 to chair the Service Agency Coalition, Number 5, and/or host the
12 advisory committee. We think that might be appropriate because
13 we're not in a position of competing for any funds because we
14 don't give any direct services in our county office.

15 Then you'll notice that we also developed a school
16 district level, and that we have included in that representation
17 private schools because they often like to be involved and have
18 sort of been overlooked. And in that representation, Number 7,
19 we have included persons who interact with students directly.

20 And when I listened to Ms. Pare, I realized that I have
21 perhaps omitted the persons that administer counseling services
22 as a group, because I see them as a very important part of the
23 team, and I apologize for that. It was a terrible oversight.

24 Now, the reason that we developed this model to include
25 representation from individual school sites is because we share a
26 real strong conviction that if there isn't communication both
27 ways, two-way communication, with the people at the school sites
28

1 who teach, observe, intervene, and discipline the students, it
2 isn't going to make any difference at the school site.

3 I have to tell you that I have spent the last three
4 years of my life as dean in two different high schools in two
5 high school districts. I was very unaware of some of these major
6 programs that are designed to prevent substance abuse, and I
7 don't consider myself an unaware person. And I had some very
8 active local school site programs that were designed both to
9 prevent and to intervene when we saw signs of substance abuse.

10 So, in this model, the reason we have developed it to go
11 to the school site level is because unless -- we believe that
12 unless that communication actually happens, all of this money
13 that's being expended isn't going to really make any difference.

14 I want to emphasize again that Dr. Simpson and I
15 developed this framework, or this organizational structure, only
16 for the areas of prevention and how it influenced the role of
17 schools, both public and possibly also private. We did not
18 presume to develop the model in the area of treatment and to a
19 very little extent of intervention.

20 We support your efforts. I'm pleased for the
21 opportunity to address you, and I would be very pleased to answer
22 any questions you have.

23 CHAIRMAN SEYMOUR: Thank you, Dr. Bradley.

24 We have been joined by Assemblywoman Lucy Killea.

25 Lucy, thank you as well as Steve for permitting us to
26 invade your territory. We appreciate the fact that you've had a
27 long and abiding interest in the issue of substance abuse. You
28

1 joined us last year when we were in your beautiful city holding a
2 hearing on drug testing, as I recall.

3 So, welcome. We're happy to have you.

4 Do I have a question from Assemblyman Clute or
5 Assemblywoman Killea?

6 ASSEMBLYMAN CLUTE: Dr. Bradley, I appreciate your
7 comments.

8 You mentioned about an evaluation system that I sense
9 would be somewhat standardized, but you're not implying that the
10 programs throughout the state would necessarily be standardized.

11 Is that right?

12 DR. BRADLEY: Absolutely not, and that's why in devising
13 a Master Plan structure with input from school site levels,
14 school district levels, it builds in the ability to tailor the
15 programs to meet the community needs. Absolutely not.

16 The reason for putting some standardization in the
17 application process is to enable those people who'd made a
18 decision about funding to be able to compare apples to apples,
19 rather comparing the literary style of the grant writer.

20 Pardon my sarcasm.

21 ASSEMBLYMAN CLUTE: Do you believe that there's a direct
22 correlation in prevention, substance abuse prevention, with
23 reduced truancy problems, delinquency, pregnancy, based on
24 certain instructional strategies and techniques which would
25 perhaps seem rather an obvious correlation to probably many in
26 this room, but I think to a lot of people, there isn't that
27 correlation out there.
28

1 How do we project that and get that across and
2 communicate, help people become aware of the correlation?

3 DR. BRADLEY: I really appreciate that you picked up on
4 that, because it's very difficult to convince the general public
5 that substance abuse is related to all of these other things.

6 When I worked as a Dean of Attendance, the truant
7 officer, thinking I'm already rather sophisticated, I was amazed
8 at the relationship between truancy and use of substances.
9 Absolutely amazed at the correlation.

10 I think what we're experiencing is really part of a
11 whole thing where we've become a very specialized society,
12 particularly about health problems. And all of a sudden, we're
13 beginning to realize -- and I hope we're in the forefront of that
14 -- that every health problem is a part of a whole big problem.
15 They're all interrelated.

16 So, we're moving back to becoming generalists, moving
17 away from being specialists. And we're a little slow on that in
18 our programs. They kind of react to that.

19 It would be very helpful to -- you asked specifically
20 what you could do. It would be very helpful if in -- well, I've
21 lots of ideas and you don't have enough time to hear them all --
22 but if in your legislation and in your public statements, if you
23 make reference to these problems not being problems in isolation,
24 and if your legislation does not become so problem-specific.

25 I see the techniques. I go to lots of different
26 meetings and hearings. I hear almost exactly the same words and
27 the same wonderful motives for hearings about how to prevent
28

1 unwanted pregnancies. The underlying problem that creates
2 pregnancies that are unwanted, that we're having problems with
3 sexually transmitted diseases, which we've always had problems
4 with but we just happen to have one now that's fatal, is that we
5 don't address the underlying decision making. And we haven't
6 really tried education on a sequential, comprehensive manner to
7 address those issues.

8 ASSEMBLYMAN CLUTE: I like your background not only in
9 education but in health, and how it relates to this, because it
10 would seem to me that two focus areas are health, and one very
11 basic but we're not achieving it in numbers we'd like to see, and
12 that is simply high school graduation. Get through there; get
13 through the 12th grade.

14 DR. BRADLEY: And also, another group that has come
15 around to this idea of health education as a whole is the
16 American Academy of Pediatrics, nationally and in California.
17 One of their major goals for this year is to establish sequential
18 K-12 health education that addresses all of these issues in that
19 context.

20 ASSEMBLYMAN CLUTE: Thank you.

21 CHAIRMAN SEYMOUR: Dr. Bradley, we appreciate your
22 testimony. It's been very enlightening. Unfortunately we're
23 running behind now, so I'd ask the panel for one question, maybe
24 two. Obviously not.

25 Dr. Bradley, thank you.

26 Our next witness is Ms. Sue Curtin. She's the President
27 of the San Diego Chapter of the Association of Labor-Management
28

1 Administrators and Consultants on Alcoholism, Incorporated,
2 ALMACA.

3 Ms. Curtin.

4 MS. CURTIN: Thank you.

5 For those of you who are not familiar with the
6 professional organization, it is the one that represents employee
7 assistance programs. And I am currently the EAP for the City of
8 San Diego as well.

9 Just to give you some background information in terms of
10 EAPs and their role, they are focusing primarily on work,
11 workplace issues, substance abuse problems in the workplace, and
12 what we can do to intervene and provide assistance to those
13 individuals who are troubled with an alcohol or chemical
14 dependency problem.

15 What I've done is outline what I feel are necessary
16 components of a long-range plan to reduce substance abuse,
17 dealing specifically with workplace issues since that's the
18 organization which we are representing.

19 It's broken down into four basic areas: prevention,
20 education, intervention and treatment. To begin with, I'd like
21 to point out what needs to happen in terms of prevention is that
22 we need to educate employers throughout the state on alcohol and
23 substance abuse. We need to talk with top management of not only
24 your large public and private employers, but all the way down to
25 your small private employers.

26 With the disease of alcoholism and chemical dependency,
27 there's a built-in denial system that it's not me, or it's not
28

1 happening to my family. And I think you'll find the same thing
2 occurs in the workplace. The employer does not want to believe
3 that their employees may have a problem with alcohol and
4 substance abuse. So instead of recognizing it and dealing with
5 it, what you see is it's their problem, not ours. And it
6 continues to be ignored.

7 I think it's stated well in your Drug and Alcohol Fact
8 Sheet, because of people ignoring it, what it is costing the
9 industry in terms of dollars lost to lost worker productivity,
10 health and medical costs, as well as the motor vehicle accidents,
11 et cetera, et cetera.

12 So, I think in terms of prevention, we need to really
13 educate employers at every level. I think employers need to be
14 aware that they need to make a statement on what is acceptable in
15 terms of alcohol and drugs in the workplace by implementing an
16 alcohol and drug policy. That way they make a statement on what
17 is acceptable, what is not acceptable, and communicate that to
18 their work force so employees know ahead of time what is
19 considered acceptable and what isn't, and where they may suffer
20 in terms of consequences.

21 I'll move on, and what I'd like to point out in terms of
22 the alcohol and drug test or the alcohol and drug policy is that
23 that is also becoming a need as more employers are looking at
24 drug testing. In fact, I was here last year when you had the
25 hearings on drug testing in the workplace. And I think what is
26 important is that employers are aware that drug testing isn't the
27 answer. What it is, is it's a way of uncovering your potential
28

1 problem, but then what you do is, you have to decide, all right,
2 now that we know who our troubled work force is, what do we do
3 with them.

4 So, if an employer is considering any type of drug
5 testing, of course they have to have a policy stating it ahead of
6 time: when they will test; why they will test; and then what the
7 consequences will be.

8 The next area is education, and what I would recommend
9 is educating employers on employee assistance programs, as that
10 being a viable option in terms of dealing with your alcohol and
11 substance abuse problems in the workplace.

12 Employers should also offer ongoing alcohol and drug
13 awareness seminars or presentations to its employees so they can
14 recognize whether or not they themselves are having a problem, or
15 possibly if there's a problem within the workplace. Early
16 identification can oftentimes result in elimination of the
17 problem by getting treatment early on.

18 Presentations on substance abuse in the workplace,
19 training for supervisors on the company's alcohol and drug
20 policy. I think what's important is not only to have an alcohol
21 and drug policy, but to make sure that your supervisors are aware
22 of what that policy is saying, and where they are responsible in
23 terms of supervising employees and ones who may have a chemical
24 dependency problem -- how do they handle that -- as well as
25 providing orientations for employees; again, educating them on
26 the alcohol and drug policy.

27

28

1 The third area is intervention. And what the
2 profession, the employee assistance program profession, offers is
3 what we call constructive confrontation. And that is a role the
4 supervisor plays.

5 And the purpose of this is for the supervisor to learn
6 how to approach an alcohol or chemically dependent employee and
7 deal with them without necessarily focusing on the alcohol and
8 drug. What they'll be focusing on is job performance; that's the
9 key. Not to accuse someone that they have an alcohol or a drug
10 problem, but what you will be focusing on, or what the supervisor
11 focuses on, is what their performance is. And if it is impaired,
12 documenting that and hold the employee accountable.

13 And by confronting them constructively on that, it will
14 lead to the next step, which is referring them to an employee
15 assistance program if the cause of their work performance
16 problems are alcohol or drug related problems. And that's,
17 again, where the employee assistance program can be of
18 assistance. Instead of just saying, "I need for you to improve
19 your absenteeism problem, increase your productivity, decrease
20 the number of accidents you're having," what they're saying is,
21 "This is what we're holding you accountable to, and if these
22 problems are a result of some outside personal problems that may
23 be alcohol and drug related, we'd like to refer you to an
24 employee assistance program to get the help that you need."

25 And that's where we can intervene, again early on, to
26 try and assist those individuals.
27
28

1 But again, what I would like to stress with that is the
2 bottom line is always going to be job performance. So, in no
3 situation are you going to be holding an employee accountable to
4 get treatment by saying, "I think you have an alcohol or drug
5 problem. You'd better get in treatment or you'll be fired."

6 Which leads me to the next area of treatment. I think
7 what I'd like to stress are some of the problems in that area.
8 What currently exists within the work setting is inaccessible
9 resources for the underinsured employee for alcohol and drug
10 treatment again. So, let's say we have an employer who has their
11 alcohol/drug policy, who offers employee assistance programs.
12 The employee comes to the EAP and says, "Okay, I do have a
13 problem that's causing my work-related problems. I need help."
14 And we look at the insurance, and all of a sudden there's no
15 coverage for alcohol/drug treatment. What do you do? There are
16 problems in that area.

17 We have problems with HMOs providing inadequate
18 services. At the present time, HMOs will offer minimal services,
19 but because of the large clientele under some of the HMOs, it
20 tends to be a quick turnover: get them in; get them out. And
21 they're really not servicing the employee.

22 What we have found is that the employer, then, suffers
23 because by not treating the alcohol and chemical dependency
24 problem, the individual continues to come back to the hospital,
25 being treated for secondary symptoms. They come back through the
26 emergency room for accidents, for intestinal problems, heart
27 problems, ulcers, and those are not the primary problem. But
28

1 because the HMOs are not offering the alcohol/drug treatment to
2 deal with the primary, they continue to treat the secondary and
3 it just builds.

4 And what ends up happening is, the HMO comes back to the
5 employer and says, "Because of your high usage in terms of your
6 medical benefits, we're increasing your premium." So once again,
7 the workplace is impacted. The employer's paying our more for
8 medical benefits, and they're not receiving the appropriate care.

9 The county-funded programs need to be broadened to treat
10 your polydrug abuser versus just your alcoholic or just your drug
11 addict or drug abuser. I think it's -- we've progressed and
12 unfortunately it's not in a positive direction, but we have
13 people using numerous drugs, including alcohol. It's rare to see
14 your -- just your straight alcoholic who only abuses alcohol.
15 They still exist, but in terms of looking at numbers, I think
16 we're dealing more with when the drug is not available, I'll use
17 alcohol.

18 What we need to look at are the county-funded programs
19 providing appropriate treatment to deal with both the alcohol and
20 the drugs versus separating them and saying, "Okay, if you're an
21 alcoholic, then you go to these county-funded programs, versus if
22 you're a drug addict, you go to these." I think what we need to
23 see is an increase in the county-funded programs that deal with
24 the polydrug abuser, which looks at both.

25 What I would like to see happen is that there would be
26 future legislation requiring alcohol and drug treatment under
27 each insurance plan. Whether or not that's realistic, or whether
28

1 or not that could be included in the Master Plan, I'd like to see
2 that happen. I think then we would be in a situation of when
3 someone's primary problem is alcohol or drug addiction, we can
4 get them into the appropriate care versus treating the secondary
5 symptoms.

6 One of your questions included the role of professionals
7 in our field could play in implementing the Master Plan. I put
8 educating employers about employee assistance programs; assisting
9 employers with developing the alcohol and drug policies;
10 providing seminars or training on substance abuse in the
11 workplace.

12 What I've also included, and I've had this written up so
13 you'll also receive a copy of what I'm presenting, I am a member
14 of the Drug Abuse Strike Task Force for the County, and I was
15 involved with the employment committee or group. And I felt that
16 the issues presented and the problem statements made in their
17 Final Report were very appropriate. So, what I did is, I also
18 included them in my report because I felt that they may give some
19 direction.

20 Just to briefly state those, one problem statement:

21 "Drug and alcohol abuse are progressive
22 illnesses that pose serious problems in
23 the workplace."

24 The recommendation was:

25 "Employers should be encouraged to
26 provide assistance to employees with
27 drug abuse problems by establishing
28 'Employee Assistance Programs'."

1 Problem Statement Number Two:

2 "Alcohol and drug abuse in the
3 workplace have devastating results.
4 Businesses are losing money through
5 absenteeism, accidents, theft and
6 lost productivity."

7 The recommendation is that:

8 "An 'Employee Assistance Program'
9 should be implemented. This program
10 would assist employers throughout
11 the state to implement alcohol/drug
12 testing policies, procedures and
13 programs."

14 Problem Statement Number Three:

15 "Drugs and alcohol in the workplace
16 present a variety of serious problems
17 and should be strictly prohibited.
18 Employees need to be made aware of
19 consequences of use, possession, sale,
20 dissemination, or being under the
21 influence of these substances."

22 The recommendation is:

23 "Employers should be encouraged to
24 adopt alcohol/drug policies that
25 outline the ramifications of use,
26 possession, sale and being under the
27 influence of drugs."
28

1 And Number Four is:

2 "Many resources are needed by local
3 employers to enable them to develop
4 drug policies."

5 And one of the recommendations would be:

6 "Guidelines for a 'model drug abuse
7 policy' should be made available to
8 businesses. Local mediation centers
9 should be encouraged to include
10 assistance with the implementation
11 of these policy guidelines in the
12 services they offer to employees."

13 So, I will wrap up my presentation, leaving you with a
14 copy of the outline that I've covered today, and if you have any
15 questions, I'll be happy to answer those.

16 CHAIRMAN SEYMOUR: Thank you very much, Ms. Curtin.
17 Assemblywoman Killea.

18 ASSEMBLYWOMAN KILLEA: I notice the Strike Force Report
19 came out in May, so you haven't had much time to take it beyond
20 that, but in terms of your group, planning and so on, do you
21 actually have something written up as a policy for employers? Do
22 you have --

23 MS. CURTIN: The Strike Force?

24 ASSEMBLYWOMAN KILLEA: No, you don't. Is there one, or
25 something like this available?

26 MS. CURTIN: What has happened as far as the Strike
27 Force itself is that we are not in a place where we are looking
28

1 at how to implement those recommendations. So, the report
2 included what the problem areas were, what the recommendations
3 would be in terms of resolving those problems. And now we are
4 working on our second year, how do we go about implementing
5 those?

6 And we just met this week, as a matter of fact.

7 ASSEMBLYWOMAN KILLEA: But part of it, I assume, would
8 be to come out with a recommended procedure or policy for
9 employers to follow; is that correct? So that that would be
10 available for distribution.

11 MS. CURTIN: (Nods head.)

12 ASSEMBLYWOMAN KILLEA: Thank you.

13 CHAIRMAN SEYMOUR: Assemblyman Peace -- Clute.

14 ASSEMBLYMAN CLUTE: The other Steve.

15 (Laughter.)

16 CHAIRMAN SEYMOUR: I'm just waking up.

17 ASSEMBLYMAN CLUTE: Ms. Curtin, that was an excellent
18 presentation.

19 Are you related to Mary Curtin?

20 MS. CURTIN: No, I'm not. It's usually Jane Curtin
21 people ask about.

22 ASSEMBLYMAN CLUTE: Is that right? Mary Curtin is
23 AFL-CIO. She has been in our area for many years and has been
24 most impressive.

25 Thank you.

26 CHAIRMAN SEYMOUR: I have one question, Ms. Curtin, and
27 that is how difficult is it do you find to convince employers, as
28

1 well as employee organizations, that it is in both of their best
2 interests to have an EAP provide insurance benefits as compared
3 to a general attitude that seems to pervade; that if I as
4 management offer an EAP, and offer that benefit, I'm giving
5 something like a bonus, or a salary, or a perk to my employees,
6 rather than something that's in my own self-interest.

7 And on the employees' side of organized employees at any
8 rate, this should be a matter of collective bargaining, because
9 they're fearful of what management may jam down our throats.

10 MS. CURTIN: The ideal is to implement a joint
11 labor-management program, one that was agreed upon and
12 implemented by both the labor and the management side to realize
13 that this is a program that benefits everyone: benefits the
14 employee; it benefits the labor organizations as well as
15 management. And I think you can specify what those benefits are
16 for each of those groups, and as a result of that it's a win-win
17 situation.

18 So, it's a matter of educating each of those groups as
19 to why they need to support it, and what the benefits would be
20 for them. So that's the ideal, is to get everyone cooperating.

21 CHAIRMAN SEYMOUR: Susan.

22 MS. BLACKSHER: So far we've heard people from education
23 endorsing the idea of a Master Plan, and I'm not real clear on
24 how you stand on the Master Plan and how these labor-management
25 issues would fit into that.

26 MS. CURTIN: Oh, I'm very much in support of the Master
27 Plan. I feel like it can have a dramatic impact on what happens
28

1 not only in education, but in the workplace. And that's why I
2 had started off with saying education, to educate employers.

3 I think within the Master Plan, if you integrate
4 employers in the Master Plan, realizing that they play a role,
5 they have a responsibility, there are things that they need to do
6 and accept responsibilities for, you'll see changes.

7 I think education, of course, is more preventative:
8 hitting the kids early on before they abuse the drugs or the
9 alcohol. But the reality is, we will still see them in the
10 workplace, and we cannot continue to ignore that.

11 I think by integrating it in a Master Plan, it's going
12 to get out to everyone, and that everybody feels a sense of
13 responsibility as to their role and their part.

14 CHAIRMAN SEYMOUR: Other questions?

15 Thank you very much, Ms. Curtin. We appreciate your
16 testimony.

17 Our next two witnesses include a representative, in fact
18 the Chairwoman of the Legislative Committee to the State Advisory
19 Board on Drug Programs, and then following Ms. Greenberg will be
20 Ms. Mary Louise Frawley, who's Co-Chair of the State Advisory
21 Board on Alcohol Related Problems.

22 And although I know both of those witnesses have their
23 testimony prepared to answer the questions that the committee has
24 raised previously, I'd like to add an additional one: The
25 question that seems to be common as we move through not only the
26 last two days of hearings, but previous hearings on the subject.

27
28

1 The question is this: To what degree do you see the
2 State Advisory Board on Drug Programs versus the other one on --
3 the alcohol people over here, the drug people over there; to what
4 degree do you see that turf battle inhibiting an attempt to put
5 together a Master Plan?

6 If you'd add that into your comments, either at the
7 close or opening, I'd be very appreciative.

8 MS. GREENBERG: Part of that question might be answered.
9 I had wanted, for your information, to speak to something the
10 previous person spoke about.

11 I actually earn my living in working in a county drug
12 treatment center in L.A. County. I've been in the field for 14
13 years, and there is not a treatment center on the alcohol or drug
14 side that I know of that has not moved to treating the polydrug
15 abuser. I hate to use the term, but we refer to our clients as
16 "garbage pails." Anything they can get their hands on, they'll
17 put into their system.

18 The difference is, I guess it's technical. If your
19 primary substance of abuse is drugs, then you go to a county-
20 funded drug treatment center. If your primary substance of abuse
21 is alcohol, then you go to an alcohol treatment.

22 But every one of us that work in the field know that
23 these people have taken a wide variety of substances, and that's
24 how we treat them. So, that was just for your information, and
25 that is part of, I guess, the turf battle and the misconception
26 that sometimes exists that alcohol doesn't recognize the drug
27 problem; the drug people don't recognize the alcohol problem.
28

1 I, too, refer to it as substance abuse, and I feel that
2 there are difference approaches that are used when a primary
3 substance abuse is either alcohol or drug, and I know that
4 difference approaches are being used in the actual prevention and
5 treatment areas. But every one of us recognizes that the people
6 that we're dealing with in prevention are either or could
7 possibly become multisubstance abusers, or polydrug users, and
8 certainly the people who are already under the influence of
9 various substances, it literally is various substances.

10 Personally, I would like nothing more than to work with
11 the Alcohol Commission. I'm also -- or the Advisory Board. I'm
12 on the L.A. County Narcotics Commission, and we have an Alcohol
13 Commission there so it is separated there as well. But we do
14 work together on a variety of things.

15 We just put on a seminar at U.C.L.A. for four days for
16 all the people in L.A. County who work in the field, and that was
17 a cooperative effort, and it was equally divided between subject
18 matter in alcohol and drug abuse.

19 So, I think we do need to work together, and possibly on
20 a technical level there are a number of things that approaches,
21 techniques, that might work better and be used separately. I
22 know AA meetings tend to be moving more towards accepting that
23 the people that are attending are not just abusers of alcohol.
24 If you go to an AA meeting, and a friend of mine goes to one in
25 Los Angeles, it's the people over 60 who will periodically get
26 up, and they believe in the old philosophy that AA meetings are
27 only for alcohol abusers, not for those people who take drugs.

1 But it seems that more and more AA meetings are being attended
2 totally by people -- I mean, they sort of take their choice.
3 They go to C.A.N., A.A.A., although there are still certain
4 people who prefer only going to AA and feeling that no one there
5 takes drugs; they only drink.

6 But maybe we're evolving towards working together in
7 many, many areas.

8 As far as the testimony I have prepared, officially I'm
9 Frances Greenberg, although almost everybody here knows me as
10 Frankee. I'm representing the Chair of the Drug Advisory Board,
11 Patrick Ogawa.

12 Patrick, like most of our Advisory Board members, is
13 very, very active and dedicated to the field of fighting drug
14 abuse, and right now is not able to be here because he's in
15 Washington, .D.C., at the new OSAP office, trying to get the
16 prevention money that was part of the omnibus drug bill out of
17 Washington and out here to our states.

18 And we really want to applaud the Assembly, the
19 Governor, and the Senate, who appoint the 15 members of our
20 Advisory Board. I don't know how it happened, but almost every
21 one of them is totally dedicated to working in the field of
22 substance abuse and prevention, and spend an inordinate amount of
23 time, even if that's not where they make their living, as I do,
24 just out there doing whatever they can and becoming experts if
25 they aren't already experts.

26 Since the inception of the Advisory Board, we've made it
27 a practice to meet quarterly around the state of California.

1 We've met in locations from Redding to San Diego, and at the end
2 of next month, we'll be meeting in Eureka.

3 We have always included part of our agenda to having the
4 people from the community, the drug director of that county as
5 well as anyone else from that community to come in and speak to
6 the Advisory Board, so that we can have a feel around the state
7 of what the problem is; how it's similar; how it varies; what the
8 needs are; what the problems are.

9 And most of this testimony comes from that. It comes
10 from meeting all over the state and what we have been told, and
11 pleaded for, and begged for, and everything else by the various
12 people around the state.

13 On the Advisory Board, we just happened -- I guess it
14 was in the wisdom of the Assembly and the Senate and the Governor
15 -- we have representatives who probably cover the full spectrum:
16 prevention, treatment, law enforcement, education, medical,
17 legal. We have a Member of the Legislature in Tim Leslie, the
18 new Assemblyman. We have parent groups and the community
19 represented on that board.

20 So, without even going around the state, we all live
21 geographically around the state, and we all come from areas of
22 expertise that we can share. And we hope to use that to assist
23 you.

24 The Advisory Board did ask me to applaud the two
25 committees on their continuing effort in addressing the alcohol
26 and drug related problems in California, and mostly for providing
27 the necessary state leadership in considering the establishment
28 of this Master Plan.

1 We particularly appreciate your interest in and commend
2 you for your commitment to step forward and tackle the complex
3 and often controversial, politically unpopular many times, health
4 and social issue of substance abuse.

5 We have come up with six necessary components that we
6 feel are needed in designing the Master Plan. Those components
7 are in the copies that I have here.

8 The first is a comprehensive assessment of both needs
9 and gaps in services throughout the state with particular
10 attention in regards to: geography, in other words, urban versus
11 rural; economics, the ability and the lack of capability to pay
12 for prevention, early intervention, and treatment services; and
13 the cultural implications, sensitivities and awarenesses of the
14 unserved populations are needed.

15 It must also include, when we say comprehensive, law
16 enforcement, education, treatment, prevention education and
17 intervention. We need that marriage in order to save dollars, in
18 order to maximize dollars, in order to get the programs out there
19 spread wide enough that it will start making a difference,
20 because we feel like we're constantly going back five steps.

21 The second thing we need would be your battle cry:
22 coordination, cooperation and collaboration of the various
23 institutional entities and community groups, and business and
24 private citizens that exist.

25 Now, I sit on the L.A. Task Force, which was created by
26 Supervisor Dana, to address just this issue of cooperation and
27 collaboration in L.A. County. Law enforcement, education,
28

1 prevention education, we all sit on that panel. And we
2 discovered just from talking that the left hand doesn't know what
3 the right hand is doing. None of us have enough money to fight
4 drug abuse, and yet two different departments, who are
5 practically next door to each other, are doing the same study and
6 using their own personal resources to do it.

7 There are statistics readily available to staff people
8 who are doing the study, but nobody knows that a particular
9 department or agency has those statistics, and a simple phone
10 call would save hours and hours of staff time in attaining these
11 statistics.

12 And so, we're trying to find a way to solve this
13 problem, at least at the L.A. County level. But your Master Plan
14 has the ability to incorporate mechanisms in it to solve that
15 problem on a statewide level. So that statistics from everyone,
16 studies from everyone, information from everyone is shared and
17 available; and you don't find, with the meager monies that we
18 have to solve this hideous problem, everyone spending their
19 little pot of money doing the same thing. And I think that there
20 are experts in the area. If there's time later, I can really
21 give you an example with education, law enforcement and the drug
22 abuse program offices, how a situation like that has occurred and
23 has to be eliminated and thought of when you're putting your plan
24 together.

25 The third component we feel you need is, obviously, a
26 plan of action. But it must include training and technical
27 assistance, and consultation provided by your local experts in
28

1 the field. They should be the key steps and resources within the
2 action plan. This is a role professionals can play, not just in
3 the implementation of the plan, but the formulation of the plan
4 so that it is relevant, comprehensive, cost effective, and
5 complete, and we don't have to do it again seven years from now,
6 when we discover it failed.

7 We must use the experience of those on the firing line,
8 in the trenches, in the front line against the fight of drug
9 abuse; the ones that have been there for years, because they know
10 what the problems are, and what hasn't worked, and what has
11 worked. And they can be invaluable and time saving.

12 The fourth item we need is time-frame and, of course,
13 accountability. And the fifth component is evaluation and
14 follow-up. These are key elements in measuring the successes and
15 failures, and are often forgotten.

16 And although none of the Legislators on either one of
17 your two committees, and I will not mention who the Legislator
18 is, but there is a bill that was in Sacramento during this
19 legislative session that obviously somebody wrote the terminology
20 for evaluation who had absolutely no idea how to do an
21 evaluation. And yet, the bill had in it specifics on how
22 evaluations should be done, and how the money should be spent.
23 They should have used an expert who understands evaluation and
24 the wording would have been correct. And if that bill were to go
25 through, money would be wasted doing the wrong thing, because
26 it's just not a professionally done evaluation, the terminology
27 that's used.
28

1 And we must, as our sixth and final component, include
2 resource developmen -- making available all hard and soft
3 financial resources -- but most importantly, aggressively
4 seeking, identifying, procuring and advocating for the assistance
5 from both the public and private sectors. In addition to this,
6 the restoration of materials through some type of state-of-the-
7 art clearinghouse should be available for all.

8 Those are the six elements, but we also would like to
9 add that we feel a change should be encouraged with existing
10 systems which serve the public. Various public entities need to
11 make more of an aggressive attempt to work with community-based
12 agencies.

13 On the other hand, and the other side of the coin,
14 community-based programs need to evaluate their goals,
15 objectives, and pursue a well thought-out, long-range strategic
16 plan to enhance their management, direct services, and their
17 funding developing skills. This, and I hate to use the word but
18 I know it's the legislative term, this could be mandated by the
19 Master Plan, but we would need technical assistance to effect the
20 change and promote the coordination, cooperation, and
21 collaboration of all of these entities.

22 In closing, the Advisory Board, with its diverse
23 expertise and its diverse geographic representation, stands ready
24 to work with this body in developing and implementing this Master
25 Plan. We would like to give you any expertise or information we
26 have and certainly would be available to include any questions as
27 we move around geographically around the state.
28

1 We thank you for the opportunity of providing our input.

2 CHAIRMAN SEYMOUR: Thank you very much, Ms. Greenberg.

3 Question, Assemblywoman Killea.

4 ASSEMBLYWOMAN KILLEA: My concern is a little parochial,
5 but we've had a difficult problem with the illegal
6 methamphetamine labs here in San Diego, and I did have some
7 legislation on that, and hopefully it's a little more under
8 control. It's a very, very difficult one, and there are just
9 some big operators in the area, and they were having a great deal
10 of difficulty. The law enforcement people are moving in on it.

11 What I wondered, in treatment, do you have different
12 methodologies for -- is there a difference of treatment in terms
13 of the substance used, the substance abused? In other words, are
14 there cocaine, and of course some are more addictive than others,
15 is there a difference in treatment, particularly with the young
16 people who are perhaps just getting under way in this? Do you
17 have some variation? In the Master Plan, would there be,
18 presumably county by county, some ability to adjust that? Would
19 you recommend something along that line, to adjust to the
20 particular problem they may have?

21 MS. GREENBERG: If an agency is doing its job correctly
22 and has trained personnel, they do a treatment plan when someone
23 is brought into treatment. They evaluate every aspect: the
24 person's age; the substances they've abused; how long that has
25 been taking place; if they come from a substance-abusing family.
26 Just a whole wide variety of things, and that's how they create
27 the treatment plan.

28

1 Every treatment plan, as best as we can in publicly
2 funded agencies, should really be tailored to the individual.
3 And many times, whether they're abusing cocaine, or alcohol, or
4 other substances does come into it. For instance, there is a
5 strong feeling that you really do not need to put a cocaine
6 addict into detox, where you do have to put a heroin addict into
7 detox before they go into treatment.

8 Some of those are not hard and fast. They're still
9 being explored, and evaluations after years need to be taken to
10 see which approach is correct. But a person who works in the
11 treatment end, to really do their job correctly, must do a
12 thorough evaluation, taking all of these elements in.

13 Whether that needs to be in the Master Plan, I'd have to
14 think about it, or whether that's just something that a well-run
15 agency that is monitored by the funding source should be
16 providing, and would be picked up, because the monitors from the
17 various offices do check the treatment plan, and do write up
18 large briefs, so to speak, telling them every "t" has to be
19 crossed, and every "i" has to be dotted, and that the plan is not
20 sufficient. And it is caught at that level.

21 So, I'm not really sure. I would actually probably
22 defer to Mr. Nelson and Mr. Fox, possibly, to find out how they
23 feel about that, or the drug directors under Mr. Feicht.

24 But I don't know that it has to be included. It might
25 already be picked up.

26 ASSEMBLYWOMAN KILLEA: Well, certainly that's
27 encouraging, that the individual case is considered in that
28 context. I think that's really the answer I wanted.

1 Thank you.

2 MS. GREENBERG: Thank you.

3 CHAIRMAN SEYMOUR: Any questions of the panelists?

4 Thank you very much. We appreciate it, Ms. Greenberg.

5 We will take a five-minute recess at this particular
6 juncture, and then pick up our testimony with Ms. Mary Louise
7 Frawley.

8 (Thereupon a brief recess was taken.)

9 CHAIRMAN SEYMOUR: We'd ask that the panel reconvene.

10 We'll now hear from our next witness, Ms. Mary Louise
11 Frawley, who's Co-Chair of the State Advisory Board on Alcohol
12 Related Problems.

13 MS. FRAWLEY: First off I want to thank the committee
14 for inviting me to speak here.

15 I almost didn't make it to the meeting because on the
16 way to the meeting, I started asking people where the substance
17 abuse group was meeting, and they said, "Substance abuse?" And I
18 said, "You know, drugs and alcohol."

19 And I know one thing that our Advisory Board recommends,
20 and I recommend first off, is that we drop the term "substance
21 abuse". People really don't know what it means. In fact, they
22 barely know what the word "alcohol" means, as it's turning out.

23 There was a Gallop survey done in New York that showed
24 that many people don't think of beer and wine as being alcohol.
25 I talked to an A.B.C. official the other day that mentioned that
26 he thought that wine coolers had practically no alcohol. He
27 didn't realize that the majority of the wine coolers on the
28 market have more alcohol than beer does.

1 So, we're dealing with a lot of misconceptions here.
2 When you talk about drugs, usually you mention marijuana, cocaine
3 specifically. When you talk about alcohol, people think you're
4 talking about the hard stuff like vodka or scotch.

5 So, that's one of the major recommendations that we
6 would make.

7 And the second one that was made by a number of the
8 members of our Board who had been on longer than I had, maybe 15
9 years some of them, they thought the idea of a plan was
10 wonderful, but they wanted it to result in some real programs.
11 They wanted the plan to have some teeth in it so that it just
12 wasn't wonderful ideas that we talk about and feel that something
13 is done, but in the end perhaps something isn't done, even though
14 we have all these good recommendations.

15 We also felt that we should build on the existing plan.
16 I think one of the very good things that's come out of the
17 Department of Alcohol and Drug Programs in recent years is the
18 emphasis on community involvement. I participated locally in Los
19 Angeles, and some of you may have participated in other areas, in
20 these prevention forums that were sponsored by the Department.

21 What they did is to activate people in the community
22 that wanted to learn more about alcohol and drug problems, also
23 people with some expertise, so they could find out what they
24 could do about specific problems. What about the liquor store
25 that was selling alcohol to minors? Who do they go to? How do
26 they approach the A.B.C. Department? How do they approach the
27 city council about some legislation that needs to be passed?

28

1 A lot of people didn't know that there were people that
2 had maybe even done drug and alcohol counseling and so forth, but
3 they didn't know. This is a wonderful local effort.

4 I know one area that's been mentioned several times by
5 you is the need for coordination. There's so many different
6 agencies working on alcohol and drug prevention, but sometimes
7 we're not all working together. Perhaps sometimes there's
8 duplication of efforts.

9 I know there's some concern that with the Department of
10 Education's new money, that Drug for Youth fund, that perhaps the
11 money -- the use of the money isn't being coordinated as well as
12 possible with the Department of Alcohol and Drug Programs.
13 Obviously, the Department of Education should be dealing with
14 that, but we may have certain input that we can give that will
15 also help us to decide what other things we should be doing in
16 the community, so that we don't have duplication of effort on the
17 one hand, and ignore some areas entirely on the other.

18 Talking about education, I think what we really need to
19 recognize is that programs that begin and end in schools will
20 have limited effect. In fact, that's been shown in study after
21 study, that if we just talk to school children in that
22 environment, particularly with alcohol -- it's a legal drug, and
23 it's advertised excessively, in my opinion -- kids get one
24 message in schools; they get another message at home. Sure, we
25 have some, oh, sports celebrities on television saying "Just Say
26 No", but we have many more advertisements for wine coolers and
27 beer saying in effect, "Just Say Yes."
28

1 So, people get very confused messages with all this, the
2 billboards. It seems like one out of every three now is devoted
3 to some alcoholic beverage.

4 Perhaps we could work with the industry to have them
5 market alcoholic beverages more responsibly, so that we aren't so
6 much emphasizing the use to minors. I know the magazine Rolling
7 Stone, that I find a lot of young people read, is loaded with
8 alcohol advertisements of all kinds.

9 Also, in any future plan we need to recognize that
10 drinking practices are changing. For a long time, people didn't
11 really think of the woman alcoholic. Now we're finding that's a
12 major problem. Actually it always was, but it is also becoming a
13 greater problem because we have beers now, for example Coors,
14 that is using special advertising techniques now to reach a woman
15 especially. So we need to deal with that problem.

16 Also Hispanics, which are becoming a much larger segment
17 of our population. In Mexico and other countries, they tend to
18 drink much less than they do when they come to this country. And
19 again, I think some of it's the advertising that we see all
20 around us.

21 In the Black community in the past, there's been many
22 abstainers, but also some very heavy drinking. We also have to
23 deal there with the number of outlets in inner city areas.
24 Someone was estimating that in the inner city of Los Angeles,
25 there are more alcohol outlets than there are in two states in
26 the East. So, we need to look at the whole environment in which
27 drinking is taking place in any kind of Master Plan.
28

1 Finally, if this Master Plan is going to expand on what
2 we have already done in the field, and what the Department is
3 doing, we need to recognize that we perhaps need to spend a
4 little bit more on alcohol-related problems. In the past, the
5 ratio of drug-to-alcohol money has been 65 percent for drugs, 35
6 percent for alcohol, which is hard for me to understand since
7 just about everybody in the field recognizes that alcohol is a
8 greater problem.

9 So, I really feel that at the moment the Department is
10 doing a great deal, and really stretching its resources on what
11 it can do. It has wonderful plans but can only do so much. If
12 we're going to do more, we're going to probably need more money
13 for it.

14 And again, I think it's very important to mention
15 alcohol separately from drugs. Not just alcohol, but in any
16 education program in the schools, in PSA spots, we need to talk
17 about individual segments of the alcohol market: beer, wine,
18 wire coolers, and anything else that they should invent in the
19 near future that I haven't thought of.

20 Thank you.

21 CHAIRMAN SEYMOUR: Thank you very much, Ms. Frawley.

22 Would you care to comment on the question that I had
23 raised before, and that is: To what degree do you see this
24 separation? You opened your comments by suggesting that we
25 shouldn't talk about substance abuse, but rather we ought to talk
26 about alcohol and drugs.

27

28

1 So, to what degree do you see this separation, these
2 highly specialized areas, inhibiting the development of a common
3 Master Plan?

4 MS. FRAWLEY: I think -- I think there should be perhaps
5 a common Master Plan, but I do think that alcohol does have to be
6 treated separately, because for whatever reason, when you talk
7 about drugs, "Just Say No to Drugs", people don't think you're
8 talking about alcohol. I mean, alcohol is a drug, but people
9 don't really recognize it as a drug.

10 And as I mentioned earlier, even when you mention the
11 word "alcohol," they don't necessarily see that as being alcohol
12 always, particularly if it's beer or wine.

13 So, I think in a sense you have to talk about alcohol
14 separately. We know that many kids don't really see it as a drug
15 when the parents say, "Just say no to drugs," where the parents
16 may have a problem with alcohol themselves. So, that also gives
17 the message that alcohol is not a drug.

18 We have to work hard on the alcohol side.

19 CHAIRMAN SEYMOUR: You do not see it inhibiting the
20 development of a Master Plan?

21 MS. FRAWLEY: As long as alcohol gets the attention it
22 deserves, and I think we have to --

23 CHAIRMAN SEYMOUR: That's exactly my point.

24 MS. FRAWLEY: Yeah, and as long as we spend more time
25 recognizing the misconceptions people have about alcohol.

26 CHAIRMAN SEYMOUR: Questions? Sharon Rose.
27
28

1 MS. ROSE: There's some talk of creating another
2 bureaucracy and developing another advisory board in implementing
3 this Master Plan.

4 I'm wondering if you see the two Advisory Boards, the
5 Drug Advisory Board and the Alcohol Advisory Board, working
6 together and coordinating their efforts to implement this Master
7 Plan. Do you think that could work?

8 MS. FRAWLEY: I think we can coordinate efforts in some
9 areas, but again, I still think that alcohol does need to be
10 treated separately, because some of the problems in portraying
11 alcohol to the public that I just talked about.

12 Even in the education programs in school, I think it's
13 easier to reach kids with a message about drugs because they
14 don't go home, they don't see the advertising and so forth the
15 way they do with alcohol.

16 MS. ROSE: Then it's just a language thing. It's the
17 language, is that what you're saying, it's just a language thing?
18 And if we got the language straightened out, then those two
19 Boards could be effective in --

20 MS. FRAWLEY: Yeah, but that's a pretty big problem I
21 think. I mean, you have to deal with all of that advertising.

22 MS. ROSE: I know the Californians for Drug-Free Youth
23 use the same language you do: alcohol and other drugs.

24 MS. FRAWLEY: Which I think is very good.

25 MS. ROSE: And I just -- I can see these two Boards
26 maybe working together to implement this whole thing that we put
27 together, but I'm just wondering if you do?

28

1 MS. FRAWLEY: Well, I think we should work together
2 where we can as much as possible, but I still think it's
3 important to have separate advisory boards, one on alcohol and
4 one on drugs, because I think alcohol would tend to not be
5 emphasized enough if drugs and alcohol were combined into one
6 advisory board.

7 CHAIRMAN SEYMOUR: Ms. Frawley, in the last three years,
8 how many times has your Advisory Board met with the Drug Advisory
9 Board?

10 MS. FRAWLEY: Zero. And I think they should meet,
11 absolutely.

12 CHAIRMAN SEYMOUR: Then why don't they?

13 MS. FRAWLEY: Well, I'll recommend it. I'm the
14 brand-new Chairman or Co-Chairman of the Advisory Board.

15 CHAIRMAN SEYMOUR: Other questions of the panel?

16 MR. NELSON: Yes, I just want to comment that many of
17 your administrators in the county are both alcohol and drug
18 administrators on the same program, which is sort of interesting.
19 I just point that out to the panel.

20 CHAIRMAN SEYMOUR: Other questions?

21 Thank you very much, Ms. Frawley. We appreciate your
22 testimony.

23 Our next witness is Ms. Kathleen Ann Fox, a successful
24 businesswoman who has had three drunken driving convictions.

25 Ms. Fox.

26 MS. FOX: Good morning, Senator and committee.

27 CHAIRMAN SEYMOUR: Good morning.
28

1 MS. FOX: First off, thank you for the invitation to be
2 here this morning. I consider it a great honor.

3 Secondly, I'd like to add to the introduction that was
4 written into the mailing. I have a sense that probably I wasn't
5 invited to testify this morning solely on the basis of my three
6 DUI convictions. I have a sense that it goes much deeper than
7 that, and I'd like to start with the statement that I happen to
8 be a recovering person, and I think that's important for you, the
9 committee, to understand.

10 The other thing I think it's important for the committee
11 to understand is that in addition to being recovering, I have
12 experience, dating back five years, working in the field of
13 addictions, and I think that will have a bearing on everything
14 that I share this morning.

15 When I received the letter from Senator Seymour's
16 office, and it detailed what my focus should be in this
17 presentation, it asked about what would I perceive as goals for
18 this committee and in developing the Master Plan. That will be
19 the major focus of my comments this morning.

20 The first thing that I would think would be important
21 would be some kind of solicitation to existing agencies; some
22 kind of networking effort that could draw in the opinions, the
23 expertise, and the support. Having worked in agencies such as
24 this previously, master plans are nice. Information that comes
25 out of Sacramento is nice.

26 The reality is, that any executive director or person
27 working on the front line isn't going to do a darn thing with it
28

1 unless you solicit their support up front. And I think that can
2 be critical to the goal that you are trying to achieve overall.
3 Just a suggestion.

4 They might also be exceedingly helpful as a resource to
5 you in the development of this plan. Say, if you get a
6 preliminary plan written down, before it goes any further, if you
7 can send copies of this to the various agencies and treatment
8 centers, those people can then take a look at it and maybe in red
9 ink, you know, write in where they see gaps, additional services
10 that they might perceive as being necessary, that all of us
11 together, and all of your hearings and the other witnesses that
12 you've brought, may have missed somewhere. And that, again, can
13 further your goal of developing a comprehensive plan that will be
14 of use to our state.

15 Item Number Two, and I don't have an answer for this
16 one, but it obviously was funding, because if you're thinking
17 about a Master Plan, and you're thinking about a wider range of
18 services that will be available to all of the people of the State
19 of California, the money has to come from somewhere. Again, I
20 don't have an answer to that one, but I had to bring it up as an
21 issue.

22 My third consideration was that services be made
23 available for all populations. My experience has been that
24 different agencies tend to focus on various populations, be it
25 the elderly, or women, or Hispanic, or children, or addicts, or
26 what we as recovering people refer to as normies, those who are
27 not addicted to chemicals. Somewhere in the plan I think it
28

1 needs to be addressed that all of the many and varied populations
2 receive the services that are needed.

3 Hand-in-hand with that, I also see a great and pressing
4 need for good public relations and not amongst ourselves. This
5 comes straight out of the time that I have spent working in the
6 field of addictions. We tend to do a lot of networking and
7 talking in that field to each other. And it oftentimes felt as
8 though we weren't reaching the general population. And if those
9 people do not have this message and the education that goes hand-
10 in-hand with the message, the job is less than half done.

11 I just referenced education. I think in any Master Plan
12 that would be a critical component. Mary Louise talked about
13 education with children. I think education with children is
14 critical. I think it should start in kindergarten or before. I
15 don't believe it stops when an individual child graduates from
16 high school, however. I think education needs to continue at all
17 levels.

18 Part of that educational process, and part of any Master
19 Plan goal, could also be a California State Clearinghouse of
20 information. One of the difficulties that educators in this
21 field face is the fact that all of, I will say us, because I was
22 one of those individuals, all of us seem to be constantly
23 reinventing the wheel. If there were a clearinghouse of
24 information for California, where all of the agencies would agree
25 to provide programs, posters, educational components, whatever
26 the case might be, to that centralized location, which could then
27 be drawn upon by other agencies and individuals trying to
28

1 accomplish the same goals elsewhere in the state, it could be
2 invaluable.

3 The other component that I would see is a great need for
4 additional treatment facilities. One of the great frustrations
5 that we always face in this field is not enough facilities, not
6 enough treatment available, most particularly for low-income.
7 And again, I don't know where the money for that can come from,
8 but I know that it's a need.

9 There is always money available. There is always
10 treatment available for people who can afford insurance and have
11 a third party pay for their treatment. But for those people who
12 are low-income and/or indigent, those things just don't exist.
13 Maybe in L.A County, which is the only one that I can personally
14 reference, there are two facilities that can deal with that, and
15 not very many beds.

16 I would also make a comment on there are even fewer beds
17 for women than for anybody else, but that's another issue.

18 Those were the comments and/or suggestions that I had to
19 make to the Committee.

20 CHAIRMAN SEYMOUR: Ms. Fox, we sincerely appreciate
21 that.

22 Do we have questions? Assemblywoman Killea.

23 ASSEMBLYWOMAN KILLEA: Yes, on the idea of joining the
24 effort into the Master Plan, and in joining the alcohol and drug
25 abuse, do you have any comments on that specifically?

26 MS. FOX: Yes, please.
27
28

1 Unfortunately I have to take a different stance than Ms.
2 Frawley did.

3 I think one of the problems that is perpetuated by the
4 separation of alcohol from every other chemical is that it tends
5 to perpetuate in the mind of the public at large the idea that
6 alcohol is different and therefore safe.

7 I find that to be a great problem, particularly with
8 children. Not to say that it isn't a problem with adults, but
9 because I worked specifically with children for such a long
10 period of time, I know that they learn what we teach them. And
11 what we teach them is that alcohol is safe; that you can have a
12 lot of friends and a lot of fun and not get into a whole lot of
13 trouble if you just drink. And the kids will tell you that if
14 you talk to them.

15 We as adults, on the other hand, tell them that drugs
16 are those awful nasty bad things that will kill you, but that's
17 not what we teach them about alcohol.

18 Therefore, I would recommend to the Committee that they
19 not be separated. That we talk to children when we're doing all
20 of these educational programs about chemicals, and about chemical
21 abuse, and chemical dependency. And impress on them that any
22 chemical can have the serious consequences, and it doesn't really
23 matter which you pick. Ultimately you can get into trouble with
24 any one.

25 CHAIRMAN SEYMOUR: Mr. Howenstein.

26 MR. HOWENSTEIN: Thank you, Ms. Fox, for all your candor
27 and your very good thoughts.

28

1 I'd like to solicit if you have suggestions or ideas
2 when we're talking about funding. And you indicated we would
3 need more funding, and that of course is a burning issue
4 throughout the state, given our current fiscal situation.

5 Do you have thoughts on how funds might be raised to be
6 as comprehensive as we would like?

7 MS. FOX: I think there are some possibilities that
8 exist. One might be to approach the recovery community. I know
9 that there are treatment facilities that oftentimes -- I come
10 from a nonprofit background during my time working in the field.
11 But I did also spend about a year working for a for-profit
12 hospital.

13 I know that hospital often donated materials or direct
14 funds to some of the nonprofits. And I will reference one of my
15 opening statements regarding the networking that needs to go on
16 in order to accomplish all the good that this committee and the
17 ultimate Master Plan might hope in encouraging that kind of
18 networking.

19 If you can get a for-profit facility to sponsor a
20 nonprofit, or to help initiate a fundraising event for the Master
21 Plan as a whole, or maybe all of these people together could
22 co-sponsor fundraising events, and get the recovery community
23 behind it as well.

24 MR. HOWENSTEIN: Thank you.

25 MS. FOX: Obviously, I didn't bring up raising taxes.

26 MR. HOWENSTEIN: Neither did I.
27
28

1 (Laughter.)

2 CHAIRMAN SEYMOUR: Other questions of the panel?

3 Ms. Fox, thank you very much.

4 MS. FOX: Thank you, ladies and gentlemen.

5 CHAIRMAN SEYMOUR: We appreciate you taking the time to
6 share your testimony.

7 MS. FOX: Good luck.

8 CHAIRMAN SEYMOUR: Our next witness is Mr. Michael K.
9 Wood, who's the Coordinator for the California Association of
10 Drinking Driver Treatment Programs.

11 Mr. Wood.

12 MR. WOOD: While he's passing that out, I'd like just to
13 preface my remarks by stating that our association represents
14 over two-thirds of the existing licensed drinking driver
15 treatment programs; that is, the so-called SB 38 programs in
16 California. While I'm here as a Coordinator of the Association,
17 the Association has not taken an official position on the Master
18 Plan, so I'm speaking to you as an individual.

19 And as an individual, I've spent over two decades in the
20 areas of mental health and substance abuse, both in California --
21 most recently in California, and prior to that in New York State.
22 I've worked in all aspects of the field, and in the last decade,
23 since 1976, I've been especially involved in the drinking driver
24 program treatment system in California.

25 Your announced task is a most ambitious one, and I
26 believe there's a significant need for some form of a Master
27 Plan, or some form of a master organizational chart, if you will,
28

1 to focus on the needs of the substance field. I won't take a
2 position on whether it should be substance abuse or alcohol or
3 drugs, or whatever.

4 I'm grateful to be among those who have been invited to
5 speak to you on these issues.

6 I think the Master Plan that you're addressing should
7 have, among others, at least two major goals that I consider to
8 be very important. One is that you should take what I take as a
9 zero-based look at the existing programs.

10 About a decade ago, there was a concept called
11 zero-based budgeting, which trickled its way into Washington and
12 trickled its way out of Washington just as quickly. There were
13 major problems with implementing that kind of system, but I don't
14 believe there were major problems with implementing the kind of
15 thinking that went along with it.

16 That kind of thinking is: Why should we continue to do
17 what we're doing? Shouldn't we reprove what we're doing each
18 time we refund it, or periodically while we refund it? We should
19 not just incrementally increase programs. We should not, for
20 example -- we should not take, for example and use my own
21 industry that is the existing drinking driver programs as they
22 exist are working [sic]. We should every -- periodically reprove
23 that system; look at it and say, "Is this working. Would
24 something else work? If we threw the whole thing out, would we
25 be doing just as well?"

26 So, that's the zero-based kind of thinking that needs to
27 go into the system. I think if you do that, you'll find that
28

1 there are many areas where you can find additional revenues.
2 Revenue is probably not being used most effectively right now.

3 I'm naturally most -- oh, the second part of my
4 proposal, the goal, is that you should come up with a five-year
5 program of legislative proposals which eliminate ineffective
6 programs, encourage creativity, and enhance effective efforts.

7 So, what I'm asking you to do is, do the zero-based
8 thing, enact that, encourage creativity in the implementation of
9 programs. Don't just take standard kinds of concepts and work
10 with them, and also augment and enhance those efforts which
11 you've found to be effective.

12 I'm naturally most concerned about the drinking driver
13 treatment system, and I would ask that you not overlook the
14 importance and potential of this system in attacking the
15 substance abuse field. California's been an innovative leader in
16 providing judiciary alternatives in the area of the drinking
17 driver. As a result, drinking driver programs represent the
18 single greatest intervention and treatment approach to alcohol
19 abuse problems throughout the state.

20 I don't have the statewide statistics, but I do know
21 most recently I was told that in the County of Los Angeles, of
22 the thousands of people who are in substance abuse treatment,
23 over 70 percent are in drinking driver programs. These programs,
24 as you know, must be both the first and second offender programs.
25 The AB 541/SB 38 programs must be self-supporting through fees
26 that they collect from the clients they serve.

27

28

1 In addition to that, they must reimburse the county and
2 state for costs incurred in the licensing and monitoring of the
3 programs.

4 In short, these programs most likely treat more -- more
5 than the majority of alcohol-related cases throughout California
6 without denying services due to an individual's inability to pay,
7 that's a requirement of the law, at no cost to government.

8 It's something to ponder and think about when you're
9 thinking about the types of programs you might implement. There
10 are, of course, variables involved with the systems that don't
11 make it. It's an apples and oranges comparison to other kinds of
12 cases, I understand, but it is an important kind of California
13 created concept that should be looked at.

14 In spite of the actual and potential impact of these
15 programs on the substance abuse services delivery system in
16 California, there is little, if anything, being done to address
17 the problems which plague the system. The problems include the
18 outright circumvention of the laws in the required sentencing
19 practices. They include an overly complex and almost self-
20 defeating set of driving-under-the-influence laws. They include
21 inadequate standardization and evaluation of programs. They
22 include attempts to find a quick-fix solution to the problem of
23 drinking drivers. And they include inadequate feedback on repeat
24 offenders and many other areas.

25 Because of these problems, California's in the process
26 of losing the initiative it has been known to possess in drinking
27 driver countermeasures. If the Master Plan you are to develop
28

1 can raise the level of attention to the potential of the drinking
2 driver programs relative to their proportionate share of the
3 treatment burden for alcoholics and alcohol abusers, it will
4 achieve a great deal for the people of this state.

5 I would ask that you make such a focus a matter of
6 priority, and that the whole issue of the drinking driver become
7 a major issue for the Master Plan to address. I would include in
8 that addressing, if there is such a word, the laws which deal
9 with the offender; the state and local government entities which
10 are directly and indirectly associated with the system; and the
11 programs which would provide education and treatment services. I
12 would examine how they interrelate, and more importantly, how
13 they fail to support one another. I would examine proposed ways
14 to complete the safety net that we have begun to draw around the
15 drinking driver, including the greater use of the private sector
16 and the cost-effective concepts we have learned to date.

17 I would also examine and propose ways to simplify and
18 sensitize the myriad of drinking driver laws. Finally, I would
19 ask that the drinking driver system itself be adequately and
20 proportionately identified and represented at any deliberative
21 body that is created as a result of the Master Plan. Those who
22 provide services in the drinking driver program field have much
23 to offer, and they're very willing to work with the state and
24 with the system.

25 I've not repeated the alarming data about drinking
26 drivers because you all know that, and I've not tried to talk to
27 you more about the limitations -- or due to the limitations, I've
28

1 not talked to you more about the significance of the drinking
2 driver system with more data about the impact on our current
3 judicial and treatment system.

4 I've just tried to emphasize to you that the problem
5 posed by drinking drivers will only be reduced by a long-term and
6 well-conceived approach which involves a broad spectrum of
7 responsible parties. I hope you will use the Master Plan to
8 establish this goal and to identify the necessary objectives.

9 Thank you.

10 CHAIRMAN SEYMOUR: Thank you, Mr. Wood.

11 You might be of assistance to us, getting back to your
12 concept of zero-based program evaluation, by doing just that for
13 us: providing us your evaluation of the drinking driver
14 programs. We'd appreciate that.

15 MR. WOOD: Now? In ten words or less?

16 (Laughter.)

17 CHAIRMAN SEYMOUR: No, at the appropriate time,
18 certainly.

19 Yes, Mr. Ryan.

20 MR. RYAN: Mr. Chairman.

21 Thank you very much for your testimony.

22 Where are you from? Los Angeles?

23 MR. WOOD: I'm from Los Angeles County, yes.

24 MR. RYAN: I'm interested in your comments about zero-
25 based budgeting and program evaluation and so forth. We've heard
26 a lot of testimony about fragmentation and coordination.

27 What programs do you coordinate with?

28

1 MR. WOOD: Do we coordinate with?

2 MR. RYAN: Who do you work with? How do you work with
3 them? Would you elaborate on how you're connected?

4 MR. WOOD: Well, we don't coordinate with enough, for
5 sure.

6 I might add to that, as a kind of an excuse, our
7 association recently reorganized, less than a year ago. Up to
8 that time, it was a kind of a passive --

9 MR. RYAN: You did zero-based evaluations?

10 MR. WOOD: We've just been getting our act together, if
11 you will, in the last nine months and developing a plan of our
12 own and a look of our own.

13 But I might tell you that I, prior to my involvement in
14 the system, I was the Director of the National Council on
15 Alcoholism office in Los Angeles, and I've been involved in all
16 types of treatment programs. I've also, as a private consultant,
17 consulted with many different types of treatment programs.

18 Our interrelation and coordination, as it is, is
19 basically by accident.

20 MR. RYAN: Why?

21 MR. WOOD: Because there is no mechanism to bring people
22 together. They tend to want to be fragmented. They tend to want
23 to have -- okay, let me go back. My personal opinion is that
24 some of it is created by the way the state funds these
25 organizations.

26 I don't believe the California Association of X
27 organizations, I won't name anybody in particular, should be

28

1 funded to the detriment of some organization that isn't funded.
2 Our association has not asked for funding; doesn't intend to ask
3 for funding from the state. But we are an association
4 representing a major group of providers in California, and could
5 certainly use the funds to help do things, just as well as any
6 other association does.

7 I don't believe in separating groups into various
8 special interest sectors, and then funding those special interest
9 sectors. It tends to make them --

10 MR. RYAN: Compete with each other.

11 MR. WOOD: -- compete with each other for the money. It
12 tends to isolate them from each other. And I have worked as a
13 consultant to the California Women's Commission on Alcoholism, to
14 the California Black Commission on Alcoholism when it existed,
15 and to other statewide groups as well.

16 MR. RYAN: Again, Mr. Chairman, it's that turf.

17 CHAIRMAN SEYMOUR: Indeed it is.

18 Susan Blacksher.

19 MS. BLACKSHER: I have a question also about the issue
20 of separateness.

21 The drinking driver is treated in a separate system, and
22 as you've pointed out, the majority of the people that we see in
23 our system are in the drinking driver program.

24 Do you think that the drinking driver ought to be
25 coordinated into a general alcohol rehabilitation program?

26 MR. WOOD: I'm not exactly sure that they belong in the
27 alcohol rehabilitation program, if not in some separate entity

1 under some branch that may be related more to the judicial area.
2 I'm not sure that they belong in -- like in Los Angeles County,
3 they're under the Department of Health Services; in the State of
4 California, they're alcohol abuse programs.

5 But if they are, and let's assume for the moment that
6 they will be indefinitely, not separated out, then I'm asking
7 that they be brought into the system totally, that they be not
8 treated like a stepchild. They have been treated like --
9 drinking driver programs have been treated like a stepchild, in
10 my experience, in the State of California and in the County of
11 Los Angeles and in other counties that I've worked with, because
12 they don't fit in the traditional mold. Traditionalists in the
13 field of treatment sometimes think of drinking driver programs as
14 some kind of less than honorable operation.

15 We have a bad rep. We understand that, and one of our
16 action plans is to improve our public relations image, if you
17 will. And I think we have to do that, but while we're doing
18 that, it would be a great help if we were treated
19 proportionately, or we were treated relative to our share of the
20 treatment industry, if you will, by the state and by the counties
21 we work with.

22 MS. BLACKSHER: My question was a little bit different,
23 in that the drinking driver program is called a treatment
24 program, and there's another whole system of treatment programs.

25 So my question is, do you believe that the individual
26 who enters the drinking driver treatment program should be
27 treated in the broader system?
28

1 MR. WOOD: I don't think so, no. I think they need a
2 special form of -- a special curriculum and a special form of
3 case management, if you will, that does not necessarily fit into
4 the system.

5 We are, though, with some proposals we're working with
6 and with some other things that we've envisioned in legislative
7 action in the future, thinking about more cross referencing and
8 cross referrals in those areas.

9 For example, there's a bill which Senator Seymour has
10 introduced and which is moving through the Legislature now, a
11 third offender bill, which provides that people can substitute
12 time in a drinking driver program for -- for residence in a
13 licensed treatment facility, a traditional licensed treatment
14 facility, if you will.

15 So, I think there's more room for exploring that, and
16 more room of cross working. I know Al Rice, who's the Director
17 of the County of Los Angeles programs, is very interested in some
18 methods for us being able to use each other's services. And I
19 think there's a lot of room there to talk about that.

20 Maybe the Master Plan can help in that area.

21 CHAIRMAN SEYMOUR: Sharon Rose, then Mr. Howenstein.

22 MS. ROSE: How do you deal with the polydrug user?

23 MR. WOOD: How do we deal with polydrug users?

24 MS. ROSE: Do you just simply do the alcohol part and --

25 MR. WOOD: Well, in some cases there'll be referrals out
26 for pronounced problem cases, but for the most part the courts
27 send those cases, just as they are, and there's a standard set of
28

1 treatment that goes with them, education and treatment. They're
2 offered the same -- the same program, and if they complete it
3 successfully, they're sent back to the courts. So, there is no
4 separation per se. As long as the court doesn't make that
5 difference, we don't make that difference.

6 CHAIRMAN SEYMOUR: Mr. Howenstein.

7 MR. HOWENSTEIN: Mr. Wood, three questions, or a
8 one-part, three-part answer, please.

9 One is, yesterday there was testimony that maybe the
10 elimination of the first time offender program might be better
11 activity than having a first time, a second time offender. I
12 think the judge was leaning towards the comprehensiveness of the
13 second time offender.

14 Second, I'd like some indication of what you mean by
15 sensitizing the drunk driving laws.

16 And then third, see if you have comments in relation to
17 specialized law enforcement programs that focus on drunk drivers.

18 MR. WOOD: The first question about the 541 programs,
19 the first offender programs, was the testimony that they be
20 eliminated and nothing be substituted for them?

21 MR. HOWENSTEIN: They'd go right into the second
22 offender program.

23 MR. WOOD: Go right into the second offender program.

24 I don't think I could agree with that. I do believe
25 that the second offender program is an intense, year-long
26 program.
27
28

1 What I do believe is that the first offender program
2 needs to be standardized throughout the State of California.
3 Right now, as you may be aware, it's a hodgepodge. I guess it
4 ranges from eight hours --

5 MR. HOWENSTEIN: My focus was really more on the fact
6 that a first time apprehended offender may not be a first time
7 offender; therefore, the indication in the previous testimony was
8 a more comprehensive and intensive program would be more
9 effective.

10 MR. WOOD: It's my understanding that if SB 2206, the
11 bill requiring or allowing court evaluation, or court
12 presentencing evaluation and referral, would allow much more
13 latitude in the referral of an individual, and not just refer
14 them by first or second or third offense, for that matter.
15 That's what I think we'd like to see.

16 We were encouraged by discussions we had with the Office
17 of Traffic Safety about what they're proposing or will be
18 proposing in the future. We're encouraged about the
19 implementation of 2206, although it may not be practical in some
20 counties and in some courts, yet the concept is sound.

21 MR. HOWENSTEIN: Good, thank you.

22 MR. WOOD: There ought to be that latitude.

23 MR. HOWENSTEIN: Great.

24 MR. WOOD: The second question was sensitizing the laws.

25 What I basically tried to bring to that was some idea
26 that the laws -- go back to the concept that I've carried with me
27 since I was a youth: you shouldn't enact laws or rules and
28 regulations that you can't enforce.

1 We know we can't enforce all these mandatory jail time
2 laws. We've got to sensitize the law to the various areas of the
3 state. We've got to understand that in San Bernardino County, if
4 you're supposed to go to jail, you're going to go to jail. We've
5 got to understand that in Los Angeles County, if you're supposed
6 to go to jail, it doesn't necessarily mean you're ever going to
7 go to jail.

8 And I think there has to be some understanding of that
9 because we make a mockery of the law. When we create laws that
10 we can't enforce, we make a mockery of it.

11 The last part of the question was special efforts. Were
12 you talking about, like, special roadblock efforts?

13 MR. HOWENSTEIN: Roadblocks, yeah, and intensive drunk
14 driver programs, special grants for traffic enforcement.

15 MR. WOOD: We strongly support all law enforcements to
16 apprehend and convict the drunk driver.

17 CHAIRMAN SEYMOUR: At the same time you sensitize it.

18 MR. WOOD: Well, have sane laws, I guess, if you will.

19 CHAIRMAN SEYMOUR: I was punning.

20 Any other questions? Sharon Rose.

21 MS. ROSE: Is there any assessment of the individual
22 when he's a first offender?

23 MR. WOOD: First offender, I guess it would depend on
24 the county. The counties have established the standards
25 themselves.

26 In Los Angeles County, there is no real required
27 assessment. The second offender program requires an assessment
28

1 when they get to the program. It's after the fact. It's kind
2 of, well, now that we know this, what will we do. And there is a
3 requirement that they make referrals for services as they see
4 they're needed.

5 We believe it should be a requirement of all the
6 programs. An assessment should be done, and if it can feasibly
7 be done in the court prior to sentencing, so that you can use a
8 cafeteria style disposition of this client -- you know, you're a
9 first offender, but you blew a .25, and you've got three other
10 alcohol-related convictions on your record, maybe they're not
11 driving, you don't belong in a first offender program. That kind
12 of thing.

13 MS. ROSE: It seems to me like that would save a lot of
14 money in the process.

15 CHAIRMAN SEYMOUR: Any other questions of panel members?

16 MR. WOOD: Thank you.

17 CHAIRMAN SEYMOUR: Thank you very much, Mr. Wood.

18 We will receive our next witness at 12:10 p.m.,
19 therefore we'll recess for ten minutes.

20 (Thereupon a brief recess was taken.)

21 CHAIRMAN SEYMOUR: I was just informed that Supervisor
22 Golding is in session just down the hall, and at her request we
23 will, if she's present, take our witness Mary Ann McCarthy, and
24 then we'll follow with Supervisor Golding.

25 Ms. McCarthy is Vice Chairman of the Drug Abuse
26 Prevention Task Force.

27
28

1 We welcome you, Ms. McCarthy, and look forward to your
2 testimony.

3 MS. McCARTHY: Good afternoon.

4 I am the Vice Chair of the Alcohol Drug Abuse Prevention
5 Task Force, which is a task force of elected officials in San
6 Diego County. Membership includes: Senator Wadie Deddeh,
7 Assemblywoman Sunny Mojonier, the Deputy Mayor of the San Diego
8 City Council, William Jones, and school board members from six
9 school districts, including San Diego County Office of Education.

10 We've been in existence since 1983 with the express
11 purpose of using our areas of influence to promote drug awareness
12 for families and young people in San Diego County.

13 I think that's an important statement. I want to
14 clarify in my testimony that I feel something very major has
15 shifted since we began the ADAPT program in 1983. That is that
16 drugs now fall within the mainstream of society. And I think
17 that changes everything.

18 I think that when we begin to look at our institutions,
19 we find they are ill-prepared to deal with the fact that drugs
20 are in the mainstream, and any Master Plan that is developed by
21 the State of California must include assistance to all those
22 bodies which normally do give direction to the citizenry of this
23 state.

24 A Master Plan must focus on building a broad base of
25 support within all facets of society to bring order out of this
26 chaos that is now in existence. It must follow -- it must also
27 set norms and standards, and I want to speak very specifically to
28 the kinds of norms and standards that we have to address.

1 But first I'd like to say that back in 1985, in San
2 Diego County, we held a conference here for 400 people for
3 Californians for Drug-Free Youth. And at that point in time, we
4 launched a program called "Operation Giant Step", and we called
5 upon the Governor to become the leader of this state. We called
6 upon the leadership from the very top, and we have not received
7 that leadership yet. And I think that is absolutely crucial to
8 what we have to do in developing a Master Plan. The leadership
9 must occur at the top.

10 When we look at a Master Plan, and we look at the
11 entities that need our direction, let's look at government. In
12 the State of Minnesota, they have developed a comprehensive plan,
13 and I urge you to look at the State of Minnesota plan, because
14 everything they do falls under that plan.

15 We also have had a wonderful document created by the
16 State Attorney General. Whatever you do, you must also include
17 this document because the people who worked on this document
18 really put in the effort and the time to look at what the areas
19 are that we must impact in a Master Plan.

20 I am a member of a school board, and I have been a
21 member since 1981. So, I want to speak as a member of a school
22 board.

23 We need curriculum, but we do not need that curriculum
24 to be mandated by the State of California. What we do need is
25 assistance with in-service, with teacher training. And what we
26 have found this year in the budget is that the Governor cut in-
27 service.
28

1 We do need to have employment policies for our school
2 district employees, and we need to work out with our unions how
3 we would do pre-employment testing and testing for cause. It
4 frightens me no end to think about people driving school buses
5 who may be under the influence of a drug.

6 We also need to look at what is happening within our
7 teacher training. It's my understanding that if you happen to
8 get your teacher's credential from National University in San
9 Diego, you could spend as little as one Saturday in your entire
10 career being educated about substance abuse. That is appalling.

11 We must train our teachers. We must give the school
12 districts the opportunity to implement curriculum that they want
13 to implement because it's going to be very, very different
14 according to each district or area where they live. And I can't
15 emphasize enough as a school board member, we don't need more
16 state mandates; we need assistance from the state.

17 Religion is another place that we have to begin to give
18 assistance in a Master Plan. I'm aware that when the testimony
19 was being taken for the Attorney General's Master Plan, that many
20 clergy said they are ill-informed, and I think that's the bottom
21 line. They do not have enough information to be able to deal
22 with the issue. There has been in the past this very naive
23 attitude that it couldn't be happening to a nice family that goes
24 to church on a regular basis.

25 The churches are crucial in what we must do, absolutely
26 crucial. We have to focus our resources on building a coalition,
27 and the churches are absolutely at the top of that coalition.

1 Within the family unit, the question that I ask is: Who
2 has the responsibility to educate the parents? What we know in
3 North San Diego County is, among the young people who are in our
4 drug treatment program in North San Diego County, 65 percent of
5 them come from homes that are impaired by drug and alcohol
6 problems, 65 percent. We have a generation of people who have
7 now grown up and had children.

8 If we don't somehow in a Master Plan implement something
9 to do with educating parents and showing parents that they cannot
10 have a double standard for their children, we've lost it all.

11 The media, I am really encouraged by what has happened
12 of late with the print and electronic media in terms of
13 television. I see very little movement coming from the radio
14 media, and very little movement coming from the record industry.

15 Somehow this coalition that must be developed must
16 address what is going out over our airways. And if you turn on
17 any rock station in this county and throughout the State of
18 California, you will find songs with drug lyrics. You will find
19 double entendres. You will find people talking about where to
20 party hearty. And we've got to begin to address that, and I
21 think that the Broadcasters Against Drugs is a good start, if we
22 will bring them into our coalition.

23 Within business and industry, business and industry must
24 receive education as well, and that is one of the places where we
25 have a captive audience, if you will. Employers can and must
26 offer their employees employee assistance programs. They must
27 have policies that clearly define what the consequences are if
28

1 you use drugs, and this is very controversial, but I do feel
2 strongly that pre-employment testing is a real must.

3 I am a drug prevention specialist for the County of San
4 Diego. I do not testify here today as a drug prevention
5 specialist, but as a member of ADAPT. But I will tell you about
6 conversations that I have on the telephone in my office.

7 Yesterday's conversation was, "Well, I snorted a little
8 bit of crystal methamphetamine at a party on Friday night, and I
9 smoked a little bit of marijuana. How fast will it clear my
10 body? I'm going in for a pre-employment drug test."

11 I said to this person, "Probably on Saturday night to
12 Monday night, the crystal has cleared your system, but that
13 marijuana's going to be there for another three and a half
14 weeks."

15 "Oh, yeah, they still consider marijuana a drug."

16 I get one of those calls a week, and I just happened to
17 pick up the phone that particular time. It isn't my job to do
18 that.

19 I think we have to go to business and industry. That is
20 where we are going to impact the adult population.

21 Much of our effort has been placed in dealing with
22 children. Much of our emphasis has been placed there, but those
23 kids live in a community that is run by adults. Those kids live
24 in a community that is impacted by the adult population, and we
25 have been afraid in this state to really tackle the adult
26 population. It's been safe to go after the kids.

27

28

1 From my perspective, when I look at the emphasis in the
2 alcohol programs and the drug programs throughout the State of
3 California, I see that the alcohol programs have placed a major
4 emphasis on developing social policies, and I commend them for
5 that. I also see that they, for the most part, do not belong to
6 the coalitions that have already been formed at the grassroots
7 level.

8 I see, on the other hand, that the drug programs have
9 actively participated in those coalitions because of the emphasis
10 from the chemical people programs and also Californians for
11 Drug-Free Youth. And they have failed to develop social
12 policies.

13 So, they need to learn from each other. The one
14 department has done it to a fare-thee-well, and the other one
15 hasn't, back and forth. They need to both join the same
16 coalitions, and they need to both develop social policies.

17 Drugs don't exist in a void, and we have to recognize
18 that. I think that when the chemical people program was held
19 this year in February, we addressed the issues of drug and
20 alcohol abuse, school dropout, teenage pregnancy, and suicide.
21 Somehow we have to go back to that and say, "Drugs do not exist
22 in a void." We absolutely must begin to work in coalitions with
23 our state agencies, coalitions like the mental health field, in
24 dealing with dual diagnoses, the Social Services Department, law
25 enforcement and education.

26 To think about developing a Master Plan that only
27 addresses drugs and alcohol would be ludicrous, because these
28 things all have a spillover.

1 I've mentioned before that a Master Plan must include
2 business, churches and education. Now, education in this county
3 has really come alive. Our County Office of Education has spent
4 \$1 million in goods and services and training in this last year.
5 I'm very pleased with what I see happening in terms of a
6 responsible move from education.

7 I am extremely displeased with what I see happening from
8 business and the churches.

9 Another major issue for this county is equity funding,
10 and you will hear Supervisor Golding address this issue. One of
11 the things that we also have to do is begin to educate our
12 business leaders for them to see that they need to buy into this
13 issue with their dollars. Yes, we have a tremendous disparity of
14 funding in this county. The county drug programs receive \$1.09
15 per capita; the state average is \$2.00. If you live in San
16 Francisco County, it's four times what we receive. We are
17 suffering in this county of the lack of funding, but we also must
18 begin to go out to private business to begin to have them work
19 with us very closely in this coalition that must be formed.

20 I mentioned before I feel that everything has shifted
21 now that drugs are in the mainstream. I think you will be very
22 shocked if you would know the number of people who, in the normal
23 course of their lives, just use drugs.

24 We have focused on young people, and we have made some
25 progress. I'm confident that if we will look at the coalitions
26 that have to be formed with parents, with educators, with
27 business and industry, the media and the churches, and the
28

1 departments, the social service departments, those things that
2 are funded by the state and by the county, we will find the
3 answers. And I commend you for holding these hearings.

4 I would be glad to entertain any questions you have.

5 CHAIRMAN SEYMOUR: Thank you very much, Ms. McCarthy.

6 Questions of the panel? Mr. Howenstein.

7 MR. HOWENSTEIN: This really isn't a question, it's just
8 a comment and a word of appreciation.

9 You're the first person we've had testify to my
10 recollection -- I hope I was listening throughout all the
11 testimony so far -- that brought in the media, both the
12 responsible as far as we deal with movies, Super Fly and the
13 other heroes, as well as what we get through records and other
14 types of devices. So, I just thank you for bringing that to our
15 forefront.

16 CHAIRMAN SEYMOUR: Other questions?

17 MR. RYAN: I'll try one.

18 You mentioned the private sector. Yesterday we had a
19 representative from Southland Corporation, 7-11, which has done
20 some --

21 MS. McCARTHY: Major things.

22 MR. RYAN: -- of the things that you're mentioning.

23 San Diego seems fraught with -- I mean, private
24 industry, technical industry, and so forth.

25 Is it a problem that perhaps these various industries
26 are approached by so many different groups that they're confused
27 as to where to place their money?

28

1 MS. McCARTHY: I think that that's quite possible. I
2 think there also needs to be another approach, and that approach
3 is, can we help you design your employment policies; can we help
4 to train your people in your company? What can we do to help you
5 to form the network and the coalition that has to happen?

6 There will be a natural buy-in when that occurs.

7 I'm really pleased to say that the County of San Diego,
8 last year, took on the task of educating their own employees, and
9 they have educated almost 5,000 of their 14,000 employees and
10 given them a training. They've also created a film, a one-hour
11 video tape, for business and industry that is now available
12 through the library system through a grant through the Cable
13 Television Commission to be able to go out to the smaller
14 businesses. Rohr and Hewlett-Packard will have their own in-
15 house employee assistance program, but smaller companies need to
16 know how to start. They need to know where to go. How to get on
17 the road, if you will.

18 MR. RYAN: Do you know of models throughout the state
19 where we've invested or enlisted the support of private industry
20 in designing programs, funding programs, where they all
21 contribute to a consortium, rather than each sort of "I want
22 credit for being the Rohr --"

23 MS. McCARTHY: I don't, and if you do, I'd love to hear
24 about it.

25 MR. RYAN: I don't either.

26 CHAIRMAN SEYMOUR: Sharon Rose.
27
28

1 MS. ROSE: I would just like to reiterate what you said,
2 Mary Ann, about asking businesses what we can do for them, and
3 not always going to them and saying, "Here's what we would like
4 you to do for us."

5 I think that's such an important key thing, and that's
6 the way we get business involved. And I'm glad you made that
7 point, because to me, it's a working relationship. It's not what
8 they can do for us all the time, which I think they sort of feel,
9 that we're out to get every dollar we can get from them, and it's
10 what we can give them in return that's a very important point.

11 So thank you for bringing that up.

12 MS. McCARTHY: I feel that if we look at it as a
13 coalition, all of the ingredients actively participate, and it
14 isn't one person carrying a coalition. And I think that if we
15 keep that in mind in terms of designing this Master Plan, that if
16 the problem is as pervasive as I know it to be, you can't just
17 have government doing it.

18 CHAIRMAN SEYMOUR: Other questions?

19 Well, thank you very much, Ms. McCarthy. It was very
20 straightforward and refreshing.

21 MS. McCARTHY: I have copies of my testimony.

22 CHAIRMAN SEYMOUR: We would like to receive that.

23 Is Supervisor Golding present? If not, we could move
24 with our next witness.

25 It is Mr. Edward Veit, who is the Deputy Director of the
26 Parole and Community Services Division, State Department of
27 Corrections.
28

1 Mr. Veit, thank you for being with us.

2 MR. VEIT: Thank you, Senator Seymour, Assemblyman
3 Clute, Members of the Committee.

4 I'm pleased to have the opportunity to appear before
5 your committee this morning. I was sitting there listening to
6 the other witnesses and reflecting on my own experience in the
7 State of California.

8 I happen to be a native, attended public schools here,
9 and have about 35-plus years in law enforcement and corrections
10 in this state, so I'm aware of the drug abuse and substance abuse
11 problems very much and how they've grown over the years.

12 My wife and I have had some seven children that we have
13 seen go to school in this state, and fortunately they have
14 managed to escape the problems that are associated with substance
15 abuse. But it makes one reflect on what we're doing right and
16 what we're doing wrong, certainly, and I think the work of this
17 committee is terribly important to the local communities in the
18 State of California and the entire state.

19 As you asked in your letter of invitation, the purpose
20 of these hearings is to identify the necessary components of a
21 long-range plan to reduce substance abuse. Again, as I listen to
22 persons testifying this morning, the comments I'm going to make
23 very briefly as to some thoughts that I think should be included
24 in a Master Plan, or in a coordinated plan, are probably not
25 going to be unique. I think they're going to focus on some of
26 the same areas of testimony that you've heard from other people
27 this morning.
28

1 Very briefly, I think the number one priority has to be
2 education of our youth and adult populations as to the dangers
3 associated with substance abuse. I think without question,
4 prevention ahead of time is the key to this problem, and I know
5 that we're putting more and more attention on education, both in
6 public schools, the media and in other ways, but I think we need
7 to do even more there.

8 Once a person is a substance abuser, it's very difficult
9 to turn them around. I'll be telling you a little bit about our
10 population later on in my testimony.

11 So, I think education has to be a number one priority in
12 terms of any coordinated plan that's going to be effective.

13 Number two, I think we need to establish priorities in
14 terms of allocation of resources so that the dollars and the
15 programs are targeted on those groups that will benefit the
16 greatest from the smallest expenditure of funds. We do not have
17 a large amount of money to spend on this problem, and we never
18 will have. It's not going to be enough money to go around, so
19 we're going to have to really look at where we can get the most
20 bang for the buck and put our money there. That's terribly
21 important, again.

22 Another component that I think is important, and a
23 couple of the previous speakers touched on this, we need to have
24 some ongoing system of evaluation and research of substance abuse
25 treatment and prevention programs so that those monies that are
26 available are being expended for programs that work or work the
27 most effectively.
28

1 Another important component of course is that we need to
2 develop a strong communication network between local, state,
3 federal and private organizations so that there's a constant flow
4 of information as to what's available, what works, and what it
5 costs. I think, again, those things are vital to any kind of a
6 plan that's going to have an impact on these problems.

7 Finally, one of the things I know in working with this
8 problem at the state level, we definitely need an inventory of
9 substance abuse prevention and treatment programs by area for the
10 entire state. And this can't be a one-shot deal. It's something
11 that has to be kept updated and current. It's very important for
12 people that have to work with the problem on a daily basis, and
13 that's all of us in this room and many others throughout the
14 State of California.

15 Now, I'd like to comment a little bit about what the
16 Department of Corrections, and particularly the Parole Division,
17 is doing in terms of a cooperative effort to work on the
18 substance abuse program. But prior to that, I'd like to give the
19 members of the committee a little idea of the scope of the
20 problem when we talk about adult offenders that are on parole
21 from our state's prisons.

22 When I addressed this committee back at your interim
23 hearings in November, I believe that I said that we had
24 approximately 32,000 adults on parole in this state. That number
25 has now grown to 38,000, and it will increase to over 60,000 by
26 the year 1991. So, it's a large population, and many of them are
27 drug abusers. Seventy-nine percent, or eight out of ten, have a
28

1 history of alcohol or drug abuse. This compares with only 68
2 percent in 1971, a point in time popularly but mistakenly
3 regarded as the zenith of drug abuse in this country.

4 I can remember the '60s and the '70s, and I thought at
5 that time, well, it can't get any worse. Well, it has.

6 Today's parolees are drug abusers who generally use more
7 than one drug. They're poly abusers. Heroin continues to be
8 used by most of them, some 41 percent, but one out of every four,
9 or about 27 percent, are into cocaine, and that number is
10 increasing continuously.

11 We pay a high price for this drug abuse. Half of the
12 parole population, some 19,000 persons, are required, as a
13 condition of parole, to participate in ongoing anti-narcotics
14 testing. These tests, some 300,000 a year, are given by parole
15 agents, are both an important deterrent and an effective tool for
16 detecting use.

17 Over the past 12 months, we have submitted approximately
18 21,000 parole violation reports to the Board of Prison Terms. Of
19 these reports, one-third were specifically for drug-related
20 violations, while alcohol abuse constituted another five percent
21 of the total. Parole violators who are returned to prison for
22 drug and alcohol abuse spend an average of over six months in
23 custody, and during the period March of 1986 through February of
24 1987, these individuals accounted for some 2854 prison-bed years.
25 As such, they were an important contributor to prison and jail
26 overcrowding.

27

28

1 As I mentioned earlier, there are an increasing number
2 of areas where the Department is engaged in direct or indirect
3 cooperation and/or coordination with other state, local, or
4 private agencies in combating the drug abuse problem as related
5 to parolees. Right now we're engaged in a major effort to design
6 a system to computerize our parolee file information and to
7 organize it into a more retrievable -- easily retrievable sets of
8 data for law enforcement use.

9 The pilot program on this is being undertaken right here
10 in San Diego up on India Street at our parole office there. We
11 have approximately 40 agents that work in the area of San Diego
12 County, as well as other support staff, and we decided for that
13 reason, the fact that we have four units that are all allied to
14 the area of San Diego County, that this would be an excellent
15 area to try out the computerization of parolee information in.
16 And so we've done that. That program has been up and running for
17 approximately one year, and now we're taking steps to see that
18 it's replicated throughout the other areas of the State of
19 California.

20 I might also mention that this particular parole
21 operation in San Diego County also has a computer link with your
22 local Criminal Justice information system, which is also
23 extremely important in terms of making effective use of the agent
24 time and law enforcement time that's available to work on the
25 drug problem.

26 While we operate a number of drug abuse treatment
27 programs and Antabuse programs for parolees throughout the state,
28

1 we are now attempting to develop with the Department of Drug and
2 Alcohol Abuse, an expanded community treatment and prevention
3 program. We're currently working with the Department of Drug and
4 Alcohol Abuse to develop pilot programs in the counties of Santa
5 Clara and Los Angeles where we have large drug abuse populations.
6 These programs are being developed with the assistance of a task
7 force which has as its members not only state people but also
8 local representatives. I'm talking about the administrators that
9 run the county drug and alcohol abuse programs.

10 Under the drug abuse program design that we are
11 considering, we will be referring parolees to either prevention
12 or treatment programs where they can receive that help which they
13 need to lick the abuse program [sic] and remain on the street
14 rather than to return them to a prison situation.

15 We do not intend to place people in these programs who
16 pose any substantial risk to the community or its safety.
17 Parolees who appear to be either violent or dangerous, or have
18 something which we feel would be against community safety, will
19 continue to be reincarcerated and treated in the prison system.

20 We're very hopeful that these pilot programs at Santa
21 Clara and Los Angeles Counties will be implemented shortly after
22 January of 1988, and if successful, as we expect they will be,
23 I'm looking forward to seeing them replicated in the other areas
24 of the State of California.

25 A second major program also currently in the formative
26 stages is an intensive supervision and surveillance program
27 directed at parolees with documented histories of drug abuse.
28

1 This program is going to be located in the San Gabriel Valley
2 area of Los Angeles County, and we have applied for some OCJP
3 funds to help us out on the program. And we intend to implement
4 this program sometime later this year. We will have an advisory
5 group, not only of state people but again of local people from
6 that area who will assist us in the development of the actual
7 program design and also provide ongoing direction and
8 coordination effort.

9 I think that's a significant need in terms of any
10 state-administered drug program, that you have local
11 participation. It's vital to the success of the program in terms
12 of both implementation and understanding by the communities that
13 you're working in.

14 Finally, I'd just like to say that I think that the
15 testimony that you've heard this morning indicates the scope of
16 the problem. As I indicated earlier, I'm hopeful that the work
17 of this committee, together with the thought and effort that's
18 going in to some of the programs that are being put on the street
19 now, will give us that clout that we need to reduce the problem
20 of substance abuse in this state.

21 We've got to whip it. It's a big problem, and it has
22 gotten a lot worse over the last 15-20 years. Without a doubt,
23 it's one of the major problems in the state today.

24 Thank you very much. I'll be happy to take any
25 questions.

26 CHAIRMAN SEYMOUR: Thank you, Mr. Veit, for your
27 testimony.

1 Questions of the panel? Assemblyman Clute.

2 ASSEMBLYMAN CLUTE: Mr. Veit, in your presentation you
3 mentioned the importance of education as perhaps being the most
4 important way, especially preventive, to head this off, substance
5 abuse. And I would agree with you, but sometimes I can't help
6 but think also that we place so much emphasis, and we ask so much
7 of our schools, our education system, whether it be in this, in
8 AIDS education, and many societal crisis areas that we're
9 experiencing.

10 What's your concept of that?

11 MR. VEIT: Well, when I spoke of education, I was
12 thinking of it in broader terms.

13 I agree with you, Assemblyman Clute, that we can't
14 expect the school to do this job. It's a much more -- much more
15 serious problem than that.

16 We've got to work together as a community or a society,
17 however you want to describe it, and the education has to come
18 from not only the schools, but from somebody mentioned earlier
19 churches, business, government. It's got to come from a number
20 of different areas. To expect the schools to do it, I think, is
21 to anticipate failure. They can do part of it, but they
22 certainly can't do all of it.

23 One of the things that I, as I was sitting here in the
24 audience, I was thinking about the education effort that's gone
25 on with respect to the smoking problem, and there has been
26 progress there. I mean, a lot fewer people smoke today than used
27 to, at least that's my impression.

28

1 Somehow or other we have focused a lot of attention on
2 that. There's a lot of media over the years, and gradually the
3 problem seems to be getting better. I even understand now the
4 FAA is going to have no-smoking flights for flights of under two
5 hours. So, for nonsmokers, that'll make us all very happy.

6 But again, I think the education has to be a broad
7 effort, not just focus and tell the schools, "Hey, you've got
8 another task to do, and you're going to have to handle it."

9 Somebody earlier, or a number of people, mentioned the
10 media. I really think the media is something we're really going
11 to have to focus on, and I say that because if you watch
12 television at night, you may see two or three spots that say,
13 "Okay, it's bad to use drugs or abuse alcohol," you know, with
14 some very notable athletes and other public figures. But you're
15 looking at a 10-1 ratio on the other side that are saying, "Hey,
16 it looks okay to, you know, use alcohol," not use drugs,
17 obviously.

18 But there's a lot more -- there seems to be a lot more
19 going to push people in a certain direction than to tell them,
20 "Hey, wait. You really shouldn't be doing that."

21 And I think the media really is key there. Maybe we
22 haven't been approaching business in the right way, because I
23 think without a doubt, they along with the rest of us are going
24 to suffer in the long run if we don't solve this problem and get
25 it down to some kind of a problem that is a lot smaller than it
26 is today. I don't expect to ever see it eliminated completely.

27
28

1 ASSEMBLYMAN CLUTE: I think tobacco and cigarette
2 smoking, that process, the media's role in that is a good
3 analogy.

4 CHAIRMAN SEYMOUR: Other questions? Mr. Howenstein.

5 MR. HOWENSTEIN: I just wanted to compliment both to the
6 Department of Drug and Alcohol programs and to the Department for
7 that joint effort. When I first learned of it a few months back,
8 I was extremely impressed. It's always nice to see the
9 territorial imperative kind of disappear and focus on an issue in
10 service.

11 Just my compliments, Ed.

12 MR. VEIT: Thank you very much. We're looking forward
13 to it, and Ken Nelson over here is one of the actors in the work
14 effort, so we're looking forward to it with a lot of hope.

15 CHAIRMAN SEYMOUR: Mr. Nelson.

16 MR. NELSON: I might add just one thing. We are going
17 to be working with the California Youth Authority in this same
18 area, so we're excited about that as well.

19 CHAIRMAN SEYMOUR: Other questions of panelists?

20 Thank you again, Mr. Veit.

21 MR. VEIT: I do have a handout which I'll leave.

22 CHAIRMAN SEYMOUR: We appreciate that.

23 Our next witness is Supervisor Susan Golding on behalf
24 of the San Diego County Board of Supervisors.

25 MS. GOLDING: Thank you, Mr. Chairman.

26 I'm Susan Golding, Supervisor of San Diego County.
27
28

1 Chairman Seymour, Chairman Clute, and honorable Members
2 of the Select Committee, I'm a member of our County Board of
3 Supervisors and its representative on our region's Alcohol and
4 Drug Abuse Prevention Task Force, which we like to call ADAPT.
5 Currently I serve as the new and actually the first Chairperson
6 for the San Diego Drug Abuse Strike Force. I recently sponsored
7 a county-wide information program aimed at reducing the incidence
8 of fetal alcohol syndrome among newborn infants.

9 Because of my determination to help prevent substance
10 abuse, I have spoken on these issues for Mothers Against Drunk
11 Driving, Students Against Drunk Driving, and have spearheaded
12 awareness programs in San Diego County such as Youth for Sober
13 Driving Day in San Diego.

14 In my remarks today, what I intend to do is to speak to
15 some very specific issues that I think are of interest to your
16 committee, and hopefully not duplicate what you have already
17 heard:

18 One, the need for additional state, federal, and local
19 coordination; two, the need to avoid duplication of services; the
20 need to modify and improve existing programs; the need for
21 additional resources; and lastly and most importantly, a goals
22 and plan components that I recommend for inclusion in the
23 five-year Master Plan that you are looking at.

24 I'll also attempt to provide an overview of what this
25 county has done to reduce and, hopefully, to eliminate substance
26 abuse. Our Board of Supervisors, a little over a year ago, took
27 the position that we wanted a drug-free San Diego County. And
28

1 although there are those who would say that it's impossible, I
2 would respond by saying, it may be, but it is what we have got to
3 aim for.

4 We have to start with coordination. There are two areas
5 in which we have a really critical need to increase coordination
6 with state and federal agencies. We need to better coordinate
7 the substance abuse services, particularly in the area of
8 prevention, with the many related health, correctional and social
9 service programs. There are a lot of agencies doing a lot of
10 jobs that relate to substance abuse, and they are not necessarily
11 aware of what the other agencies are doing. And that does not
12 help provide very specific dollars for specific programs in a
13 very effective way.

14 We would benefit from state and federal leadership in
15 coordinating the public and private resources.

16 In San Diego County, because of our almost punitive
17 level of state funding we receive for substance abuse services,
18 we have had to be proactive in seeking the cooperation of
19 business and industry and privately funded institutions. And we
20 have done that, and that is what our Drug Strike Force is all
21 about. We have made headway, but certainly not enough.

22 For example, in May of last year, our Board appointed
23 the Drug Abuse Strike Force which is composed of 100 leaders of
24 our community from government, from industry, from the media,
25 from business and the professions. We've asked them to find ways
26 to dry up the demand for drugs in San Diego County, and to
27 address the needs of all age groups, and to come back with
28

1 recommendations for how to improve the effectiveness of treatment
2 and prevention programs.

3 They had an enormous task. It's one that I think should
4 be duplicated throughout major communities -- or not necessarily
5 major -- major and minor communities throughout this state. And
6 their goal was bold, and their work was exemplary. And in
7 February of this year, they gave us 36 very carefully considered
8 ways to do just that, to combat substance abuse in our county.
9 And in order to build on the strength of their recommendations,
10 we've asked the Strike Force to continue their efforts through
11 June of '88.

12 I've brought copies of that Executive Summary with those
13 recommendations, and I believe you have already received them.

14 It should not surprise you to note that most of the 36
15 recommendations contained in this report require funding, as in
16 many reports; funding that we simply don't have. It's obvious
17 that we need action and leadership from state and federal
18 officials. The state is obviously our major source of funding.
19 We as a county are your administrative arm. We cannot do what
20 needs to be done in substance abuse without your financial
21 support to do that and before our local efforts can be truly
22 effective.

23 I have heard some of the previous comments emphasize the
24 fact that without local efforts, your job will not be successful.
25 And I can't agree more strongly. Each community knows where
26 their problems really are. You cannot dictate a program that
27 will be effective statewide without taking into account
28 individual differences.

1 A "can do" attitude has, in fact, carried us a long way,
2 but we're still unfortunately very much at the beginning. We
3 can't go anywhere without proper funding.

4 I would like to touch next on the duplication of
5 services, because that relates to proper funding because it
6 relates to too few funds available to do the job.

7 There are three related areas of fiscal policy that I
8 think are important to mention. One is the monopoly that
9 hospital-based programs continue to enjoy with insurance
10 companies and public third-party payors. While these medical
11 model programs do serve a needed function, and certainly should
12 be continued and supported, and in fact in many instances they're
13 model programs, they are always, I think, the most expensive
14 model of intervention.

15 The State Department of Alcohol and Drug Programs has, I
16 know, been trying to increase third-party payors' participation
17 in services that are not strictly medical model programs.
18 Current research studies have also shown that medical model
19 programs aren't any more effective than the social models. Yet
20 they can be easily 18 times as costly.

21 For example, if you consider serving 18 persons at \$25
22 each for the social model, compare that with \$450 a day for each
23 person in a hospital treatment program. If the effectiveness
24 were different and related to the cost, that would be one thing.
25 But most research studies show that they are not.

26 In San Diego, experience tells us that we can increase
27 our services, and have, and generally get a lot more for our
28

1 money with the social models program. And I hope that your
2 committee will seriously consider this matter and look at what
3 the state can do to encourage, particularly insurance companies,
4 to look at other models other than the medical models within a
5 hospital program.

6 The second issue is the manner in which substance abuse
7 programs are funded in small counties. Current state policy
8 requires that each county receive a sufficient level of funding
9 to mount an independent substance abuse program. The result is
10 that small counties get as much as \$42.37 per capita in alcohol
11 program funding, and \$23.79 per capita in drug program funding.
12 Keep those figures in mind -- 42 and 23 -- and compare this to
13 the \$1.23 in alcohol and the \$1.09 in drug funding received by
14 San Diego County residents.

15 A more efficient approach might be to group the small
16 counties for service delivery, which would allow much lower
17 administrative costs and a greater range of services statewide
18 within existing funding levels and, obviously, would reduce other
19 areas of duplication that might exist.

20 The third issue touches on coordination as well, and
21 concerns what has become known as dual diagnosis clients.
22 Individuals with mental health problems who also have substance
23 abuse problems often fail to receive services from either mental
24 health or substance abuse programs. And as you know, it's very
25 common for substance abuse to be associated with mental health
26 problems or vice versa. Neither a mental health program nor a
27 substance abuse program will allocate scarce resources to provide
28

1 expensive programs for clients who could and, from their point of
2 view, should be more appropriately served by another system.
3 That means that what happens is the person gets jockeyed back and
4 forth and may end up receiving no care. This problem is
5 continuing to worsen as the general overall problem worsens, both
6 in mental health and in substance abuse, and it really has got to
7 be addressed.

8 Next a word I would like to mention on the challenge of
9 making our existing programs better than they are today. First
10 of all, improvements are needed in the way our correctional
11 system handles individuals with substance abuse problems. Most
12 of the people who go through our criminal justice system have a
13 problem with alcohol and drug abuse. If you start from the fact
14 that a good number of our general population has the problem, you
15 know that an even greater number of those within our criminal
16 justice system have that problem. And for starters, our Strike
17 Force has recommended that incarcerated individuals be provided
18 with information and education on the dangers of substance abuse.
19 This certainly takes the problem of education out of the schools.

20 I also believe that it is desirable to provide more
21 alternatives to incarceration for substance-dependent offenders.
22 This could include variations on the TASC program, which as
23 you're probably familiar with, the Treatment Alternatives to
24 Street Crime that was initiated by the federal government, as
25 well as the system of electronically monitored home-holds,
26 combined with compulsory education and, where appropriate,
27 treatment.
28

1 We in San Diego County have a pilot program in effect
2 right now on the home-hold program to see whether that's a way to
3 reduce the cost of incarceration for those who don't actually
4 need to be incarcerated.

5 These methods are much less expensive and, with limited
6 dollars, have been shown to be effective in reducing recidivism.

7 We have virtually no resources for rehabilitation, and
8 because of that, our correctional programs should carefully
9 consider these alternatives that I've suggested. And as an
10 important side benefit, not only can such approaches help
11 pinpoint the needs of the substance abuser, but their use should
12 help also ease the overcrowding that we are experiencing, and I
13 know other counties are, in the jails.

14 Finally, I believe that the state should review its
15 licensing requirements for residential substance abuse programs.
16 Overkill in many of these requirements reflects the needs of the
17 mental health community, not necessarily the needs of the
18 substance abuse client and frequently does a disservice to that
19 client because the regulations for communal care licensing are
20 unnecessarily restrictive for the majority of people who would be
21 only in a residential drug treatment program. Experience has
22 shown us that a substance-dependent individual, once detoxified,
23 is usually able to function in a less restrictive environment
24 than a mental health patient.

25 To give an example, a present requirement for adolescent
26 treatment facilities is that the occupancy of a room be limited
27 to two children. This can probably be justified when you're
28

1 talking about a serious mental health problem, but it really is
2 uncalled for and unnecessarily expensive and restrictive in the
3 majority of cases when kids just need some good drug abuse
4 treatment programs.

5 Also, the current State Department of Alcohol and Drug
6 Programs has the authority to license alcohol residential
7 treatment programs, not residential drug programs. Obviously,
8 the need for residential drug treatment programs is intense, and
9 appropriate changes should be in effect, and I don't think would
10 be that complicated to do.

11 So, hopefully, we are getting to the heart of the
12 matter: the primary and most urgent need in San Diego County is
13 to gain a more equitable share of state substance abuse program
14 funding.

15 I am sure that other areas of this state have told you
16 the same thing. But as you know, when it comes to San Diego,
17 state funds are distributed with inequity, not according to
18 population, and not -- I emphasize not -- not according to need,
19 and your State Department will agree with that, but rather
20 according to custom; custom that has been built on what I think
21 in this instance as a very flimsy framework of past political
22 decisions -- before either of you gentlemen were, of course,
23 elected to the Legislature.

24 It is not the way to solve the problem. I am sure that
25 I don't have to remind you that San Diego County is the second
26 largest county in the State of California. And yet, our funding
27 continues to fall well below the state per capita funding average
28

1 of \$2 for drug programs, and \$1.74 for alcohol. These funding
2 patterns long ago ceased to be justifiable from really any
3 viewpoint.

4 In spite of its size and population, San Diego continues
5 to fall to the bottom, and I emphasize the bottom, of the list.
6 It is this incredible and intolerable inequity that has led us to
7 seek grievance against the state in the courts. We really have
8 no choice.

9 Let's look at the figures. In the area of drug and
10 alcohol funding, as of January, 1987, San Diego County received
11 \$1.09 per capita in drug program funding, and \$1.23 in alcohol
12 program funding. San Francisco received \$4.47, almost four times
13 as much, per capita for drug program funding, and \$4.46, again
14 about four times as much, per capita for alcohol programs.

15 It is not because people in San Diego do not drink and
16 do not use drugs. It has nothing to do with need.

17 Now, let's look at the situation in San Diego, where
18 substance abusers must wait 6-12 weeks to even hope to get into a
19 residential treatment program, and in San Diego where there is no
20 money for methadone treatment, and where, if you are poor and
21 need methadone, you get nothing. Quite frankly, the best thing
22 we could do for such a client in San Diego is something that I
23 have sort of in jest suggested, is to buy the person a one-way
24 bus ticket to San Francisco, where four times the amount of money
25 is available for treatment. It would certainly cut our costs
26 here locally.

27

28

1 The situation is bewildering and really deplorable at
2 this point in time. And the only logical reason for such a
3 disparity in funding would be that other counties have
4 demonstrated greater need, but this is far from the case. The
5 Drug Enforcement Administration has in fact nicknamed our county
6 "The Methamphetamine Capital of the World". In fact, we are
7 known as that worldwide. When people come to look at the
8 methamphetamine problem from Europe and other countries, they are
9 shown San Diego.

10 Because of the large number of methamphetamine
11 laboratories that exist here, we have passed all the local
12 ordinances possible to regulate this. The rest is up to you.

13 Large amounts of illicit drugs flow across our border
14 and through our ports, and the coasts, and the airfields,
15 especially since the recent crackdowns in the Miami area. And
16 drugs are readily available in this county. Our need for state
17 support is at least as great as any other area of California and
18 probably more so.

19 In a 1986 survey of unmet needs commissioned by the
20 California Department of Alcohol and Drug Programs, as well as a
21 model for drug abuse delivery which was recently developed by the
22 California Association of County Drug Program Administrators,
23 both indicate that no California county has sufficient funding
24 for a balanced continuum of services to adequately address what
25 we have to do.

26 But a key component of any Master Plan to reduce
27 substance abuse in California must also address the current
28

1 disparity in funding. Drugs travel beyond county borders, and
2 the methamphetamine that is produced here or used here does not
3 stay alone in San Diego County.

4 Perhaps substantially, sin taxes on alcohol and
5 cigarettes, with proceeds earmarked for drug and alcohol
6 programming, could serve to prevent a significant amount of
7 alcohol abuse and smoking, and also provide much of the needed
8 funding.

9 An additional source of funding that you could look at
10 might come from stiffer penalties for drug traffickers and
11 increased confiscation and seizure of the profits of drug
12 trafficking. I do not believe, and most of the members of our
13 Strike Force do not believe, that the penalties for this
14 involvement have been severe enough, and the promotion of these
15 penalties has simply not been enough to deter what we think could
16 be deterred.

17 In current practice, at least in San Diego County also,
18 all proceeds of seizures and confiscation go to law enforcement
19 because the San Diego County Sheriff has opted to take the
20 federal, not the state, model because the federal model seems to
21 be simpler and easier to implement. And I would recommend that
22 that doesn't make a lot of sense, because the state model, as you
23 know, asks for a portion to go to drug abuse programs, which in
24 my opinion is the right way to go. But because it is not written
25 as -- I don't want to say competently -- because it is not
26 written as well, apparently, as the federal model, our Sheriff
27 has, and it is his choice, elected to use the federal model.

28

1 I think a substantial share of these monies ought to go
2 to fund drug abuse prevention, education, and rehabilitation
3 programs. Our Sheriff has promised me that he will, after the
4 first year, allocate 20 percent to this in San Diego County. But
5 again, you know, he really does have the sole authority to do
6 that.

7 And now, from this county's point of view, I'd like to
8 offer some suggestions for developing the statewide Master Plan
9 that you are interested in.

10 I think the primary goal of this five-year plan should
11 be to arrive at a fair and equitable program of effective service
12 delivery. And it should include a timetable for equalizing
13 funding among California counties on the basis of population or
14 need, either one.

15 The plan must recognize that substance abuse knows no
16 age limit, and rather, puts the entire population at risk. So,
17 we need a continuum of prevention and treatment efforts.

18 The comment that was made earlier on education,
19 education and assistance through the schools is important. It
20 has to be continued. Schools cannot be ignored in this, but drug
21 abuse goes far beyond the ages of the children in school. It
22 goes into businesses and it goes into the elderly. It affects
23 every age of our population.

24 Appropriate programs must be put in place to help people
25 learn refusal and intervention skills, and deal with all the
26 accompanying stresses. I am well aware of the limitations that
27 we have in government, and that we cannot do all things for all
28

1 people, and even if we could or would or want to, there is not
2 the money available to do so.

3 A Master Plan should set comprehensive substance abuse
4 prevention goals. Some of these goals that I support are:

5 One, kindergarten through high school curriculums and
6 supportive student substance abuse intervention programs as a
7 mandated statewide requirement.

8 Two, company substance abuse policies from at least 80
9 percent of California employers with no more than 20 employees.

10 Three, drug testing programs in critical public safety
11 jobs.

12 Four, a strong social welfare program that identifies
13 and works with pregnant women and new mothers with substance
14 abuse problems, enabling these parents to retain custody of their
15 children.

16 And five, reduce traffic accidents and fatalities caused
17 by the actions of drugged or drunk drivers.

18 If those five areas can be substantively addressed, we
19 will have gone a long way.

20 And finally, the communities throughout the state, each
21 one, must be encouraged to set norms of behavior that discourage
22 and disparage the use of alcohol and other drugs. As was
23 commented earlier, just as smoking is not condoned in many public
24 and private settings, communities must be willing to say publicly
25 and to each other that intoxicated individuals will not receive
26 public or private services, or that teachers and other role
27 models will be expected to avoid abusing alcohol or other drugs,
28 especially in public.

1 Many of our so-called role models in our communities set
2 roles -- set the model in some areas of their life and do not set
3 it in others, and our communities allow that to continue to
4 happen.

5 Such norms must be developed in and by each community,
6 and cannot be effectively imposed by the state. But your
7 leadership and guidance in this area are both genuinely needed
8 and solicited. We've got to get the message out loud and clear
9 that substance abuse is no longer going to be glorified, nor will
10 it be glorified on television, and no longer be condoned.

11 Before I complete my testimony today, I want to simply
12 applaud the continuing work of your committee. I know it takes a
13 lot of your time to sit and listen to people talk and read
14 testimony, but it is your interest, and the interest of the state
15 government, that is going to really start the major solutions to
16 these problems happening.

17 I appreciate the opportunity of speaking on behalf of
18 our county, and my expressions and my views reflect not only my
19 own, but the ideas of hundreds of knowledgeable citizens who have
20 worked over the last year in San Diego County to do what you are
21 doing here today.

22 Substance abuse is no longer a silent killer, not in our
23 community. It is deafening in its power to destroy and --
24 destroy lives and disrupt a community. And I thank you for doing
25 everything you can to meet what is really a Herculean task, and I
26 can think of no other that has the potential and is destroying
27 the fabric of our community more than substance abuse.
28

1 Thank you.

2 CHAIRMAN SEYMOUR: Thank you, Supervisor Golding.
3 Assemblyman Clute.

4 ASSEMBLYMAN CLUTE: Thank you, Supervisor. I know we
5 appreciate you taking the time to present your testimony.

6 I just wanted to point out an area on the punitive side
7 that I know we had a hearing in this area last year about, and
8 there has been substantial efforts in the Legislature and the
9 Attorney General's Office, and of course the Governor to sign the
10 legislation, on money laundering and forfeitures. And I think
11 much of the catalyst for that legislation was this area and the
12 proximity of the border.

13 So, something is -- and I think rather substantial to
14 give law enforcement some extra tools there -- is also being
15 addressed.

16 MS. GOLDING: Good. Thank you very much.

17 CHAIRMAN SEYMOUR: Other questions of Supervisor
18 Golding?

19 MR. RYAN: Supervisor, thank you for your testimony.
20 Earlier you mentioned the need for coordination of
21 federal, state, local entities.

22 MS. GOLDING: Right.

23 MR. RYAN: Also you talked about San Diego being the
24 second largest county and the funding issue.

25 For the record, I'd like to make you aware of the
26 federal Drug-Free Schools and Communities Act, which appropriated
27 \$200 million nationally, \$15 million plus to California, exceeded
28 that which went to New York and other large states like Texas.

1 CHAIRMAN SEYMOUR: Other questions?

2 Thank you very much, Supervisor.

3 Our final witness for the day will be David Simmons,
4 who's the Probation Director of Adult Field Services,
5 representing the San Diego County Probation Department.

6 Mr. Simmons.

7 MR. SIMMONS: Senator Seymour, Assemblyman Clute,
8 Ccommittee Mmembers, on behalf of Cecil Steppe, the Chief
9 Probation Officer, I would like to thank you for inviting us to
10 testify today before your group. Unfortunately, the Chief
11 Probation Officer had another commitment which could not be
12 broken, so I am appearing in his behalf.

13 At the outset, we would like to make it known that the
14 Probation Department is willing to serve on any planning
15 committees which address the needs of delinquent or adult
16 offenders in or out of custody.

17 I would like to point out to this group, however, that
18 planning responsibility in San Diego County is the responsibility
19 of the County Health Department Alcohol and Drug Divisions. So,
20 any effort we participate in the planning arena should be
21 coordinated through those groups, whom I don't believe provided
22 testimony today, but I did want to make that part of the record.

23 We believe that any goals of a state Master Plan to
24 address substance abuse in the arena of working with juvenile
25 delinquents and adult criminal offenders, that we need to state
26 for the record for you something about the population we work
27 with in the Probation Department.

28

1 I would like to state as a matter of record that since
2 1982, our arrests for drug law violations have increased by 50
3 percent. As a result of those arrests and subsequent
4 convictions, we are receiving ever more referrals in the Juvenile
5 Division of the Probation Department as well as our adult
6 section.

7 We process in this county alone over 9,000 referrals
8 from law enforcement, who send us children who have committed
9 delinquent acts. We're no longer talking about pre-delinquents
10 any longer, or children who are beyond control of their parents.
11 The referrals we're getting these days regarding children are
12 children who are committing felony acts for which they can also
13 be placed in the California Youth Authority. We currently have
14 3500 children under juvenile supervision, and in our institution
15 every day, there are over 400 children in placement either at our
16 Girls' Rehab facility or our Juvenile Hall or our Boys' Rural
17 Camp. The Boys' Camp and Juvenile Hall, it is not unusual for
18 those facilities to be overcrowded by 35 percent.

19 On the adult side, the Adult Probation Department
20 receives approximately 15,000 referrals per year. The majority
21 of those referrals are for court reports. The number of people
22 placed on probation and diversion is approximately 16,000. Those
23 are our numbers now.

24 In our institutions, our adult institutions, we process
25 approximately 4,000 adult offenders who are committed to our care
26 and custody. The bed-rated capacity of those institutions is
27 658; they are currently 24 percent overcrowded.
28

1 I'm citing these statistics to you not only to let you
2 know the numbers of people we're working with, but to let you
3 know that of all those numbers, 60 percent of the children and
4 adults we deal with are either drug-dependent or addicted or have
5 committed crimes while under the influence of alcohol. An
6 additional 20 percent of folks who are referred to us for various
7 crimes may not have been under the influence of alcohol at the
8 time, or may not have been committing the crimes to support their
9 drug habits, but drugs are a definite part of their lifestyle.
10 So really, it's safe to say, of the total numbers that I've given
11 you, 80 percent of the people we're dealing with in the Probation
12 Department require alcohol education, treatment, and rehab
13 services.

14 I think that we hear a lot about students; we hear a lot
15 about young folks; we hear a lot about the need for education and
16 prevention. I kind of see the lost souls, and maybe I'm biased,
17 as being those folks who are committing crimes either as
18 juveniles or as adults. They've got a double problem, and
19 they're costing society twice as much because they're not only
20 using chemicals, but they are significantly contributing to the
21 crime rate, which is a very expensive system to operate in
22 responding to crime.

23 So, I think that delinquents and the adult offenders,
24 although prevention and working with students is important, we
25 need to consider that population more than we do.

26 In order to meet some of the needs of the offenders in
27 our system, in our probation offices or parole offices for that
28

1 matter, resources are needed to provide direct service,
2 particularly education and treatment, for children and adults who
3 are in custody. It makes absolutely no sense for people in our
4 business to be locking young folks in institutions, or locking up
5 adult offenders, without providing any kind of program for those
6 people once they're in custody.

7 So, we're saying we need direct services. Either
8 probation resources need to be increased so that we can deliver
9 treatment ourselves, or community-based organizations need to
10 receive supplemental funding so that they can come into our
11 institutions and provide treatment while people are locked up.

12 After-care is needed. You've already received testimony
13 today that there is not enough recovery home beds in the county;
14 there are not enough halfway houses. There is not enough
15 residential treatment. When you lack those kinds of resources,
16 and people can come out of custody and hit the streets, if there
17 is not a form of transition to a halfway house or recovery home,
18 they're back into the vicious cycle again of using drugs instead
19 of being given a stable situation to live in prior to full
20 release to the community.

21 Additional out-patient clinics are needed. There are
22 voids in this community in terms of out-patient services for
23 drugs and alcohol. We need more resources to refer children and
24 adults, too, so that they can take advantage of out-patient
25 services after they are released from custody.

26 We believe, and it's been stated in prior testimony
27 today, that there needs to be sensitivity around the idea that
28

1 alcohol is every bit an insidious and dangerous drug as cocaine,
2 methamphetamine, barbiturates, or whatever. The problem with
3 educating the public around the alcohol issue is that people get
4 messages all the time that alcohol's an okay drug; it's not
5 against the law to use alcohol. Parents are telling us that
6 they're happy their children are using alcohol because, gee whiz,
7 at least they aren't using hard drugs.

8 That attitude needs to be addressed if children are
9 going to receive a different message and behave accordingly.

10 Lately in San Diego County, there's been increased
11 concern around the relationship between substance abuse and child
12 abuse. Locally, the Joan Kroc Foundation and the Child Abuse
13 Coordinating Council have been putting a lot of focus on looking
14 at what relationship does substance abuse have to family
15 violence.

16 I'm suggesting to you that any state plan look at that
17 link between family violence and substance abuse as part of a
18 five-year planning.

19 Because current resources are inadequate, and additional
20 monies are needed, one of the things we wanted to mention here
21 is, we very much appreciate the federal initiative of 1986,
22 allowing for the flow of discretionary and block grant monies to
23 local governments so that we can enrich those services.

24 I think part of the statewide plan needs to focus on how
25 the Office of Criminal Justice Planning has been extremely
26 helpful to local government in formulating our RFP before grant
27 monies are let out. OCJP sought a lot of input from law
28

1 enforcement, DPA, probation, before telling us how the grant
2 monies ought to be spent. And I think when discretionary or
3 grant block funds come from the feds or the state government,
4 there ought to be that kind of input from the local folks who
5 will be delivering the service. We very much appreciate that and
6 think that that is how the RFP system ought to work.

7 The other thing we appreciate around the RFP system
8 through OCJP is, there's been plenty of lead time for local
9 planning, where we're going to have 8-10 weeks before our grant
10 applications are due. Normally, grant applications come in and
11 they're due in two weeks, so you have people in local government
12 scurrying around trying to generate ideas to get the thing in on
13 time. So that lead time when implementing new programs is
14 appreciated.

15 The other thing that's needed locally is adolescent
16 diversion and intervention resources for children, our law
17 enforcement and schools. What we are trying to do is, keep the
18 low-grade juvenile offenders out of our system. If law
19 enforcement knows of a child that has a drug problem, or the
20 schools know of a child who has a drug problem, do not refer it
21 to probation; refer it to diversion resources and community-based
22 agencies in the community rather than enmesh children in the
23 juvenile justice system, which is an extremely costly process.

24 The second part of your questionnaire for people
25 providing testimony had to do with how can we improve the
26 effectiveness of our present resources as well as potential
27 future resources.
28

1 One thing I'd like to advocate here is the increased use
2 of Naltrexone in lieu of methadone maintenance for opiate
3 addicts. We've had some pilot testing going on with Naltrexone.
4 Some of the people who are on probation have been referred to
5 that program. It is an anti-narcotic antagonist, which we
6 believe is a better form of treatment than having people placed
7 on methadone. We think the state group ought to be looking at
8 Naltrexone as an additional resource for the opiate addict.

9 One of the things that would be helpful to us locally,
10 that I think you should be aware of, is that whenever grants are
11 awarded from the state or federal government, please don't ask
12 for a match, like 10 or 20 percent, because local government
13 frequently wants to use the grant money; but to be frank with
14 you, we can't come up with the 20 percent cash match. So a lot
15 of grants are not being applied for because of that problem.

16 I am not going to belabor the issue of equity in San
17 Diego County because I think Supervisor Golding stressed that
18 more than enough, and I'll let that topic go, but that was
19 something that was on my agenda.

20 The other thing that we felt it was important for the
21 Legislature to know is, please do not create mandates for local
22 government unless you're going to attach the revenue with those
23 mandates. San Diego County cannot afford to be participating in
24 mandates if there are no revenues to allow us to be in compliance
25 with those mandates. So, we do need money riders if mandates are
26 going to come down from the state.

27

28

1 And I can tell you that some mandates have come down,
2 and we've simply been unable to implement them locally because
3 there is insufficient funding locally.

4 I think we need to increase our outreach to private
5 industry in terms of revenue for public agencies. I think that,
6 as you know the fiscal climate right now, there's not a lot of
7 money at the state level or local level. I think we could do
8 more in terms of reaching out to private corporations for
9 revenue; pro bono services from the alcohol community; some token
10 hospital beds from the private vendors. The county alcohol
11 program at the current time has their contract agencies
12 generating income; 29 percent of their budgets are based on
13 income that they've done through outreach efforts. I think there
14 needs to be more of that done to supplement county and state
15 funding.

16 The other thing that I wanted to mention that I don't
17 believe I've heard anyone else speak to today is the link between
18 vocational rehab, job placement and development with alcohol and
19 drug treatment. It makes no sense whatsoever to get people to
20 the point of achieving sobriety if a young person thinks that the
21 best this world has to offer them is minimum wage at a fast-food
22 restaurant. It's very seductive for youth in this county to see
23 people driving BMWs, wearing Pierre Cardin suits. Earning
24 \$50,000 a year dealing drugs is a real motive for a lot of young
25 people to be getting involved in drug dealing. We need better
26 alternatives to offer children as well as young adults.

27
28

1 We believe that the social model approach that's being
2 used in San Diego regarding alcoholism has been very effective in
3 educating the community, controlling the proliferation of liquor
4 outlets, gas and carry outlets, paraphernalia sales; but we don't
5 want to also lose sight of the fact that as effective as the
6 social model has been, we still require direct service for those
7 who are involved in the probation system. By that I mean direct
8 service to individuals and families while we co-jointly attack
9 the larger issue that the social model's concerned with.

10 How am I doing for time? I'm on the third part of your
11 question.

12 CHAIRMAN SEYMOUR: We've got another five minutes.

13 MR. SIMMONS: Okay.

14 In order to tell you what part probation and the
15 criminal justice can play in statewide planning, I think you need
16 to know what we're currently doing in the criminal justice system
17 here, and perhaps that's worthy of emulation in other counties
18 statewide; I don't know.

19 Education and counseling in alcohol and drugs is
20 currently being offered in two of our juvenile facilities and two
21 of our adult facilities. Those programs need expansion to all of
22 our facilities.

23 Currently, AA and Narcotics Anonymous comes into all of
24 our facilities to conduct meetings with juveniles and adults, and
25 we're trying to increase the involvement of Al-Anon in that
26 process.

27

28

1 All staff in the Probation Department have already been
2 required to attend alcohol and drug training, and all supervisors
3 have been required to participate in EAP programs so that they
4 can spot signs of abuse in the work force.

5 That's another key issue that I think the State needs to
6 focus on. Research tells us that 10-15 percent of any work force
7 has employees who have alcohol or drug problems. If those same
8 employees are working with youngsters who have substance abuse
9 problems, or alcoholics or drug offenders who are adults, we
10 think that needs to be looked at, and we need to deal with our
11 own work force as well as the clients we serve to make sure that
12 we're giving healthy messages to the clients we serve.

13 Drug testing is required in all services. All of our
14 people on probation who are involved in substance abuse are
15 required to take urinalysis tests in a way of monitoring them and
16 making sure that they're staying clean.

17 Naltrexone and Antabuse are being used with our adult
18 offenders to make sure that they're staying sober.

19 We're currently applying for OCJP block grant funds to
20 run a Treatment Alternative to Street Crime program, which
21 Supervisor Golding has mentioned to you. That has been the most
22 effective program with probation and parole clientele that's been
23 known to us, so we hope to emulate that model locally if OCJP
24 chooses San Diego as one of its grant recipients.

25 Substance abuse counseling is required as a condition of
26 probation in every single one of our cases, and at the local
27 level we have not encountered difficulties in coordinating
28 services with the County Alcohol and County Drug Programs.

1 We're also monitoring all drunk drivers and all drug
2 divertees who the courts place on diversion. Probation
3 supervises those folks.

4 In conclusion, I'd like to say that SB 1369 is a noble
5 idea. I don't think anyone is opposed to the idea of planning.
6 It's necessary. We're willing to participate, but I really think
7 the bottom line in terms of the fiscal environment we're living
8 in in San Diego, where we don't even have enough money to house
9 people in jails, substance has had to take a lower priority
10 because the population here is concerned with safety in terms of
11 having enough jail beds for folks. I think the bottom line is
12 that the state needs to figure out what its priorities are, and
13 how much money it wants to spend on substance abuse.

14 I hope my participation and testimony, and your work on
15 this commission, does not result in another book that's this
16 thick, that has a set of recommendations, that has a fancy title
17 page, and again reaffirms what we all ought to be doing, but
18 nothing new happens because there's no revenue to do it.

19 Thanks for your help.

20 CHAIRMAN SEYMOUR: Thank you very much, Mr. Simmons.

21 Questions?

22 MR. RYAN: Excellent testimony.

23 MR. SIMMONS: Thank you.

24 CHAIRMAN SEYMOUR: Mr. Howenstein.

25 MR. HOWENSTEIN: I think I need to raise the phrase:
26 plausible deniability that I did solicit the nice compliment you
27 gave us.
28

(Laughter.)

1
2 MR. HOWENSTEIN: An interesting thing, Mr. Simmons, when
3 we were doing our hearings on the implementation of the law
4 enforcement component of the omnibus antidrug bill, law
5 enforcement leaders were telling me that they figured about 80
6 percent of the crime they were experiencing in their communities
7 was drug-related.

8 And your corollary of about 80 percent of your
9 probationers having drug and alcohol problems really struck a
10 significant chord for me.

11 MR. SIMMONS: I reviewed the prior testimony given by
12 the California Department of Corrections, CYA, and Youthful
13 Offender Board, and I was pleased to note that the testimony I
14 had prepared today was exactly consistent with the testimony you
15 received from those groups at the interim hearings.

16 MR. HOWENSTEIN: One last comment.

17 There is a project in San Gabriel Valley, Juvenile
18 Connection, where they are soliciting and receiving from the
19 private medical communities services for kids.

20 I don't know if you're familiar with it, but we can
21 provide you information if you'd like it.

22 MR. SIMMONS: I'd love to have it.

23 CHAIRMAN SEYMOUR: Any other questions from panel
24 members?

25 Thank you again, Mr. Simmons. We appreciate your
26 testimony.

27
28

1 That will conclude our interim hearing here in San
2 Diego, and we'll pick up tomorrow in Costa Mesa.

3 Thank you.

4 (Thereupon this hearing on
5 the five-year Master Plan to
6 reduce substance abuse in
7 California was adjourned at
8 approximately 1:35 P.M.)

9 --oo0oo--

10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28


CERTIFICATE OF REPORTER

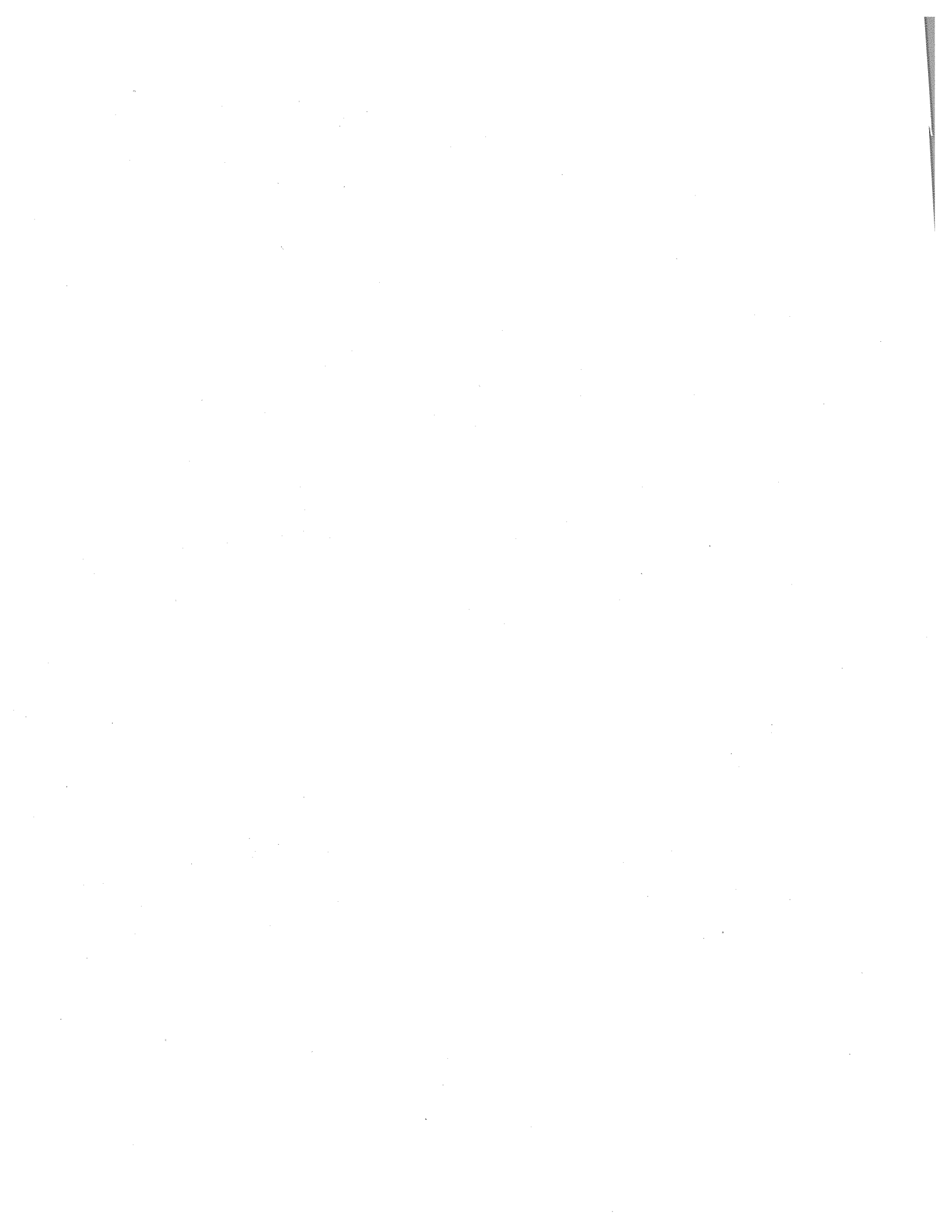
I, EVELYN MIZAK, a Shorthand Reporter of the State of California, do hereby certify:

That I am a disinterested person herein; that the foregoing Joint Committee Hearing on the Development of a Five-Year Master Plan to Reduce Substance Abuse, sponsored by the Senate Select Committee on Substance Abuse and the Assembly Select Committee on Youth and Drug Abuse Prevention, held on Tuesday, July 28, 1987 in San Diego, California, was reported in shorthand by me, Evelyn Mizak, and thereafter transcribed into typewriting.

I further certify that I am not of counsel or attorney for any of the parties to said hearing, nor in any way interested in the outcome of said hearing.

IN WITNESS WHEREOF, I have hereunto set my hand this 14th day of August, 1987.


EVELYN MIZAK
Shorthand Reporter



1 JOINT HEARING

2 SENATE SELECT COMMITTEE ON SUBSTANCE ABUSE

3 AND

4 ASSEMBLY SELECT COMMITTEE ON YOUTH & DRUG ABUSE PREVENTION

5 STATE OF CALIFORNIA

6
7
8 FIVE-YEAR MASTER PLAN

9
10
11 CITY HALL COUNCIL CHAMBERS

12 77 FAIR DRIVE

13 COSTA MESA, CALIFORNIA

14
15
16
17 WEDNESDAY, JULY 29, 1987

18 9:20 A.M.

19
20
21
22
23
24 Reported by:

25 Evelyn Mizak
26 Shorthand Reporter

27

28



APPEARANCES (Continued)WITNESSES

1
2
3 JOAN McSUNAS, Past Chair
4 Orange County Grand Jury
5 Juvenile Services Committee

6 SUSAN ZEPEDA, Assistant Deputy Director
7 Public Health and Medical Services
8 County of Orange Health Care Agency

9 JENNIFER SAWYER
10 Students Against Driving Drunk

11 JOE BRANTLEY
12 Peer Counseling Project

13 BRYAN HANNEGAN
14 Staying Alive Program

15 JANET CATER, Executive Director
16 Mothers Against Drunk Drivers

17 JOHN DUFF, President
18 Narc-Anon International

19 RAY CHAVIRA
20 Americans for Substance Abuse Prevention and Treatment

21 DOUG STORM, Captain
22 Orange County Sheriff's Office

23 COMMANDER GLENN LEVANT, Commanding Officer
24 Bureau of Special Investigations
25 Los Angeles Police Department

26 HONORABLE JIM GRAY, Judge
27 Central Municipal Court of Orange County

28 LARRAINE MOHR, Vice President
Administration and General Counsel
Phoenix House

GEORGE ROSCH, Executive Director
Hope House

KEN BYERS, Chief Counsel
Department of Alcoholic Beverage Control

DAVID BAKER, City Councilman
City of Irvine

I N D E XPage

1		
2		
3	Proceedings	1
4	Opening Statement by CHAIRMAN SEYMOUR	1
5	<u>Witnesses</u>	
6	JOAN McSUNAS, Past Chair Orange County Grand Jury	7
7		
8	SUSAN ZEPEDA, Assistant Deputy Director Public Health & Medical Service Orange County Health Care Agency	10
9	Questions & Answers	17
10		
11	JENNIFER SAWYER, Student Students Against Driving Drunk	20
12	Questions & Answers	24
13	JOE BRANTLEY, Student Peer Counseling Project	32
14	Questions & Answers	34
15	BRYAN HANNEGAN, Student Staying Alive Program	37
16		
17	Questions & Answers	41
18	JANET CATER, Executive Director Mothers Against Drunk Drivers	47
19	Questions & Answers	54
20		
21	JOHN DUFF, President Narc-Anon International	55
22	Questions & Answers	61
23	RAY CHAVIRA Americans for Substance Abuse Prevention & Treatment	65
24	Questions & Answers	73
25		
26	CAPTAIN DOUG STORM Investigation Division Orange County Sheriff's Department	75
27		
28		

I N D E X (Continued)

	<u>Page</u>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	

COMMANDER GLENN LEVANT
Bureau of Special Investigations
Los Angeles Police Department 80

Questions & Answers 90

HONORABLE JIM GRAY, Judge
Central Municipal Court
Orange County 97

Questions & Answers 105

LARRAINE MOHR, Vice President
Director of Administration & General Counsel
Phoenix House 106

GEORGE ROSCH, Executive Director
Hope House 112

Questions & Answers 115

KEN BYERS, Chief Counsel
Department of Alcoholic Beverage Control 116

Questions & Answers 122

DAVID BAKER, City Councilman
City of Irvine 125

Questions & Answers 130

Closing Statement by CHAIRMAN SEYMOUR 131

Termination of Proceedings 132

Certificate of Reporter 133

P R O C E E D I N G S

--oo0oo--

1
2
3 CHAIRMAN SEYMOUR: Good morning and welcome to this, the
4 third interim hearing to be held on the establishment of a Master
5 Plan to reduce substance abuse in California. Our first hearing
6 was in San Francisco on Monday, and yesterday in San Diego, and
7 this will be our third and final hearing on the subject.

8 It is a joint hearing, a hearing made up of two Select
9 Committees of the State Legislature: the Senate Select Committee
10 on Substance Abuse, with myself as Chairman. And Senator Bill
11 Lockyer is with us this morning; Senator Lockyer from San Leandro
12 and a member of our Select Committee, an individual who has long
13 been interested in the subject of substance abuse and a leader in
14 the field. And also my counterpart in the Assembly, Assemblyman
15 Steve Clute, who is Chairman of the Assembly Select Committee on
16 Youth and Drug Abuse Prevention. He will appropriately introduce
17 Assemblyman Zeltner who has joined us today.

18 I'd also like to recognize our participants on the
19 panel. The panel is made up of the best of experts that we have
20 been able to find throughout the state at various levels of
21 nonprofit corporations, of state government, of local government.
22 They will assist us in going to the task of writing this plan.

23 With us today representing the Attorney General, John
24 Van de Kamp, is Ms. Paula Higashi; also Mr. Robert Ryan, who is
25 the Administrator of the Office of Special Projects, representing
26 Bill Honig, the State Superintendent of Schools; Mr. Chauncey
27 Veatch, who's the Director, the Governor's direct appointee to
28

1 the Department of Alcohol and Drug Programs; Mr. Albert
2 Howenstein, who's the Executive Director of the Office of
3 Criminal Justice Planning; Ms. Carol Stein, who's a Member of the
4 Board of Directors of Californians for Drug-Free Youth; joined by
5 Ms. Sharon Rose, who is the Legislative Chairwoman of that
6 organization; and finally we have Mr. Dennis Meyers, who is the
7 Legislative Advocate for the California School Boards
8 Association.

9 I will make some preliminary opening remarks, and then
10 ask Mr. Clute, on behalf of his Select Committee, to do likewise,
11 and then we'll proceed with the witnesses that we have.

12 Almost four years ago, and after four years of service
13 as Chairman of the Senate Select Committee on Substance Abuse, I
14 am convinced that the alcohol and drug problems in California
15 have reached epidemic proportions. The alarming statistics
16 clearly substantiate this belief. For example, approximately
17 2400 Californians will die this year in alcohol-related
18 accidents, and there will be over 65,000 alcohol-related traffic
19 injuries. This will occur despite approximately 340,000
20 misdemeanor arrests and 7,300 felony arrests for persons driving
21 while intoxicated.

22 Furthermore, a 1985 Department of Alcohol and Drug
23 Programs study revealed that there are approximately 991,000
24 active daily drug abusers in California, of which 27 percent use
25 heroin. In addition, it is conservatively estimated that 3.8
26 percent of all Californians will abuse drugs to the degree that
27 services are needed. All of us here today can attest to the fact
28

1 that no segment of society, rich or poor, white or black, is free
2 from the scourges of substance abuse.

3 With a social and economic price tag of \$17.6 billion
4 annually to California, as well as the emotional and physical
5 impact on developing minds and bodies of our young people, we
6 must take a fresh look at those alarming statistics. With
7 insufficient resources to fully address the drug and alcohol
8 abuse problem, I strongly believe it is imperative that all
9 existing services and resources are coordinated and that all
10 unnecessary duplication is eliminated. It is clear that if the
11 substance abuse problem is to be solved, a comprehensive and
12 cooperative effort must be made at every level: national, state,
13 community, school, and most importantly in the home.

14 In this regard, the Senate Select Committee held a
15 hearing last November to determine the need for a Master Plan to
16 reduce drug and alcohol abuse in California. Those who testified
17 at this hearing overwhelmingly supported the development of a
18 five-year Master Plan.

19 The two areas most frequently addressed by the
20 participants underlining the need for a long-range plan were:

21 One, the lack of coordination among service providers at
22 the state and local levels; and

23 Two, the unnecessary duplication of effort in some areas
24 with a lack of resources for other needed services.

25 Earlier this year, I introduced Senate Bill 1369 to
26 establish an advisory committee of experts responsible for the
27 Master Plan development. The legislation culminated in numerous
28

1 meetings with state and local government officials as well as
2 community service representatives.

3 Unfortunately, I was informed of the Administration's
4 opposition to this measure on the basis that it created yet
5 another level of bureaucracy. In response, we have decided to
6 utilize existing Select Committee resources to accomplish the
7 same purpose. Therefore, we scheduled these hearings for the
8 purpose of identifying the necessary components of a Master Plan.

9 The development of a five-year Master Plan is a major
10 task that, if handled properly, could effectively use precious
11 resources and significantly reduce the tragedies of substance
12 abuse. As I view the Master Plan, it is an attempt to bring
13 together disjointed efforts throughout California. Further, it
14 is an attempt to coordinate these resources so that we are not
15 duplicating efforts and thereby insuring that we get a higher
16 quality of service for the taxpayer's dollar.

17 Specifically, the Master Plan is an attempt to set goals
18 as to what we should accomplish over the next five years, and
19 really therefore an attempt to bring it all together in a
20 coordinated manner which provides a state network of agencies,
21 both nonprofit as well as governmental, to maximize and most
22 effectively use the resources invested in this tremendous
23 undertaking.

24 Because of the broad spectrum of issues which need to be
25 addressed in the Master Plan, Assemblyman Clute and I have
26 requested that hearing participants direct their testimony by
27 responding to the following questions:
28

1 One, what do you perceive as the necessary components,
2 or goals, of a Master Plan?

3 Two, based upon your experience, what changes could be
4 made to more effectively utilize existing and potential future
5 resources available for substance abuse services?

6 And three, what role can professionals in your arena
7 play in the implementation of such a Master Plan?

8 I am most confident that with the valuable assistance
9 provided by each expert witness who will testify before us today,
10 and who testified in the two previous hearings we've held, that
11 we will have the necessary components to set forth on the task of
12 writing legislation and ultimately coming up with a very
13 sophisticated as well as aggressive, meaningful, and effective
14 Master Plan to reduce substance abuse in California.

15 With that, I'd ask Assemblyman Clute if he has some
16 opening comments, and then we'll proceed with our witnesses.

17 ASSEMBLYMAN CLUTE: Thank you, Senator Seymour.

18 I appreciate your leadership in this area of having
19 these hearings throughout the state over the past several days.
20 It's a good opportunity to receive the input of the
21 practitioners, experts, and other concerned people that really
22 helps us in trying to develop anything, if it's going to work,
23 and to try to keep us from reinventing things that perhaps are
24 already going on out there, and helping us select the things that
25 really do work.

26 Part of our Select Committee, a member of it in the
27 Assembly, is to my right, Assemblyman Paul Zeltner, representing
28

1 the 54th Assembly District, including cities of Bellflower and
2 Lakewood. He comes with a strong background in law enforcement
3 and I think will be very helpful in regards to coming up with
4 good, sound policy in addressing problems with youth and
5 substance abuse.

6 Our emphasis in part of this is on prevention and how
7 prevention of substance abuse relates or can work through
8 education, through proper health curriculum, in addressing the
9 youth at risk and not dealing with the use of drugs simply in a
10 void, but recognizing where it may reflect upon truancy problems,
11 delinquency, teenage pregnancies, these types of areas that
12 appear to be connected.

13 So, we appreciate that opportunity. The enforcement
14 part is something that was also heavily addressed last year by
15 the Legislature, and included money laundering laws, tough
16 legislation in regards to it, and forfeiture laws. And I think
17 it's very appropriate to go and still keep working on that part
18 of it, but it's very appropriate to go to the next area in the
19 prevention, which I think we realize no matter how tough our
20 punitive measures and laws are, if we don't work at the
21 prevention areas, and with young kids, and especially I think in
22 that 4th through 8th grade group, a very impressionable age, then
23 we'll still be missing the boat if we don't place a major effort
24 on that part.

25 I know that the Senator will probably want to introduce
26 the most recent Senate arrival, and we'll get on with it.

27
28

1 CHAIRMAN SEYMOUR: Thank you very much, Assemblyman
2 Clute.

3 Yes, it's my pleasure to recognize Senator Cecil Green.
4 Senator Cecil Green representing part of Orange County and part
5 of Los Angeles, a previous mayor before he was elected to the
6 State Senate this past spring, and an individual who's long been
7 concerned with substance abuse. And he's also my seat-mate on
8 the Senate Floor.

9 Senator Green, welcome. We're happy to have you with us
10 today.

11 SENATOR GREEN: Thank you, John.

12 CHAIRMAN SEYMOUR: Our first witness is Ms. Joan
13 McSunas, who's the Past Chairwoman of the Orange County Grand
14 Jury, and responsible on the Juvenile Services Committee.

15 Ms. McSunas, welcome.

16 MS. MCSUNAS: I have with me my written testimony.

17 CHAIRMAN SEYMOUR: Yes, we'd like to receive that.

18 MS. MCSUNAS: Honorable Committee members, I served as
19 the Chairperson for the '87 Juvenile Services Committee, and one
20 of our studies focused on substance abuse prevention education
21 for the youth in Orange County.

22 Our findings were very similar to those that you heard
23 last fall: a lack of coordination, many programs and some needed
24 services that are not available.

25 I've brought the complete Grand Jury Substance Abuse
26 Report, but would like to focus on the recommendations, starting
27 on Page JS-138. I feel that many of these recommendations could
28 be adapted to your state needs.

1 I'll give you a moment to find Page 138. The Grand Jury
2 recommends that, under "Coordination":

3 The Orange County Board of Supervisors should assume a
4 leadership role and commitment to a county-wide substance abuse
5 prevention and education program. The Board of Supervisors
6 should appoint and fund a task force composed of top elected
7 officials to include: one Orange County Board of Education
8 member; three school district members; four City Council members;
9 one state official; one federal official; the President of the
10 Chiefs of Police and Sheriffs Association; and one member of the
11 Orange County Board of Supervisors.

12 The goals of the task force should be: to develop a new
13 county plan coordinating and promoting substance abuse prevention
14 and education; to review existing funding and develop new sources
15 for funds from both the private and public sectors; to develop a
16 prioritized list of needed programs by obtaining significant
17 input from existing service providers and organizations involved
18 in substance abuse prevention and education; and to develop a
19 system of program evaluation.

20 B, the County Department of Education and the Health
21 Care Agency should support parent-student volunteer efforts
22 through the funding of staff and technical assistance.

23 The Health Care Agency -- C, the Health Care Agency
24 should develop comprehensive county-wide technical assistance,
25 information and referral systems.

26 D, the Health Care Agency and the Orange County
27 Department of Education should fully utilize contracts with
28 nonprofit organizations providing services on school campuses.

1 E, the Health Care Agency should combine drug and
2 alcohol services and the related advisory commissions.

3 Under "II, Funding", A, the Orange County Board of
4 Supervisors, through the Health Care Agency, should consider
5 reallocation of a higher percentage of available funds to
6 substance abuse prevention and education services. B, the Orange
7 County Board of Education should consider reallocation of
8 Department of Education funds to prevention and education
9 services. It is vitally important that the County Board of
10 Education obtain input from local school districts as to their
11 critical needs.

12 Three, under "Legislation", the County Department of
13 Education, working with local school districts, service
14 providers, cities, private industry and parent groups should
15 lobby for an amendment to the State Education Code which would
16 mandate comprehensive, sequential kindergarten through 12th grade
17 drug abuse prevention education and incentive funding.

18 Under "Curriculum Programs", A, the Orange County Board
19 of Education should encourage each school district to appoint a
20 coordinator of substance abuse prevention/education to act as a
21 resource for parents, students and classroom teachers. B, the
22 Orange County Board of Education should encourage each school
23 district, including the County Department of Education, to
24 provide substance abuse prevention and education programs for
25 members of their Boards of Education, district level employees,
26 school administrators and classroom teachers to foster a
27 commitment to the implementation of such programs at their
28 schools.

1 That's my testimony.

2 CHAIRMAN SEYMOUR: Thank you very much, Ms. McSunas.

3 Do we have questions of the members of the Committee?
4 Participants of the Panel? Evidently not.

5 Thank you very much. We appreciate your testimony.

6 Our next witness is Ms. Susan Zepeda, who's the
7 Assistant Deputy Director of Public Health and Medical Service
8 for the County of Orange Health Care Agency.

9 Good morning, Susan.

10 MS. ZEPEDA: Good morning.

11 Senator Seymour, Assemblyman Clute, Honorable Committee
12 members and ladies and gentlemen, I appreciate the opportunity to
13 address you this morning on the topic of Master Plan development
14 to reduce the abuse of alcohol and other drugs in the State of
15 California.

16 All of the questions that you mailed to us were couched
17 in terms of substance abuse, and you'll find this morning that
18 I'll be answering in terms of alcohol and drug abuse, or alcohol
19 and other drug abuse. Cumbersome as this seems, I think I need
20 to explain why we do that.

21 Even as the study is going on right now in the County of
22 Orange to look at the economies that could be affected by a
23 closer coordination of the alcohol and drug divisions, we feel
24 it's very important not to lose sight of the favorite drug of
25 abuse in the State of California. And there is some tendency,
26 once that word disappears, to focus on the more exotic drugs, the
27 illegal drugs, the scarier drugs, perhaps to some, losing sight

28

1 of the fact that many, many of the people who are dying in the
2 State of California and impaired in the State of California are
3 impaired by good old beverage alcohol.

4 So, with your indulgence, the first question:
5 components and goals of a Master Plan. I'm going to speak partly
6 to what should be in a Master Plan and partly what we would hope
7 you would leave out.

8 Our state leaders can play an important role in
9 developing the guiding policies for alcohol and drug abuse
10 prevention and rehabilitation efforts statewide. Working with
11 leaders in the areas of corrections, education, health and human
12 services, much can be done to create a consensus vision of the
13 desired outcomes of our varied efforts. It is very important,
14 though, that this state planning effort remain at the corporate
15 policy level, to make an analogy to the private sector, rather
16 than concern itself with the specifics of the methods or
17 procedures for implementation.

18 Thus, for example, concern might focus on alcohol-
19 related fatal traffic accidents, which took the lives of more
20 than 2500 persons in California highways in 1986. The leaders of
21 our state, as no doubt the citizens do, might agree that that
22 number is too high. We might target to bring it down to 2,000 or
23 1500, or some comparable rate per 100,000 residents by the year
24 2000.

25 You'll note throughout, I used 2000 rather than 1992. I
26 guess I'm a little more ambitious about some of the goals we need
27 to tackle.
28

1 Currently, the rate of alcohol purchase and consumption
2 in California, at 3.19 gallons per person of absolute ethanol per
3 year, is 22 percent higher than the national average. We might
4 target to bring it down to the national average, or to some
5 specific figure between here and there, such as 2.75 gallons by
6 the year 2000.

7 In looking at service accessibility, we note that women
8 made up less than 20 percent of the population receiving
9 subsidized alcohol recovery services, although they are estimated
10 to be 35-50 percent of the population in need. Hispanic persons
11 make up more than 18 percent of the state's population, but only
12 10 percent of recipients of funded voluntary alcohol services.
13 We might target that, by the year 2000, there would be equal
14 access to needed recovery services regardless of gender, age, or
15 ethnicity. Success in attaining these goals would be measured by
16 comparing the demographics of those in need to the demographic
17 summary of those receiving assistance.

18 Overdose admissions to hospitals would be another
19 important indicator that we would watch hopefully decline and set
20 a target for the year 2000.

21 But how should these positive changes occur? Do we
22 believe in supply reduction or demand reduction? Do we teach
23 self-esteem and responsible decision making, or spray fields and
24 check lockers?

25 I believe that the answer that is right for one
26 community is totally wrong for another. The proof of the value
27 of each play and each player is whether working together, we can
28 get the ball down the field and through the goal posts.

1 Statewide leadership in envisioning and establishing
2 these targets -- defining, if you will, our goal posts -- is much
3 needed. However, we ask that the prescription stop there.

4 General George S. Patton is reported to have said:

5 "Never tell people how to do things.

6 Tell them what to do, and they will
7 surprise you with their ingenuity."

8 We at the county and community level ask the same of our
9 leaders. Reach agreement; guide us as to what needs doing, and
10 let us surprise you with our ingenuity in getting it done.

11 You asked us for changes to more effectively use
12 existing and future resources. There's been much discussion of
13 the perceived fragmentation of state and local efforts regarding
14 alcohol and drug abuse. Perhaps no place is this more evident
15 than in the patchwork of legislation, fashioned over the last
16 decade and longer, each piece of which addresses serious concerns
17 about a small portion of the elephantine problems that we face.

18 It would be extremely useful to those of us working in
19 the field if this committee were to call for an identification in
20 a single document of all existing laws relating to alcohol and
21 drug use and misuse, and to call further for their recodification
22 to eliminate conflicting guidance and form them into a cohesive
23 body of law. I recognize this is no easy task. The Business,
24 Penal, Health and Safety, and Welfare and Institutions Codes all
25 presently give us direction. But it's an important first step to
26 building, or perhaps reshaping, a body of law in the State of
27 California that speaks to our citizens in a single voice about
28 what can and cannot be done.

1 Fragmentation in our legal framework is certainly
2 confusing. The detrimental effects of service fragmentation,
3 however, may be overstated. Disjointedness is certainly
4 acknowledged, and a greater degree of coordination is always
5 desirable, but it's my perception, working at the local level,
6 that what we have is not serious overlap, but simply presently a
7 less-than-opportune unrelatedness. We have educational efforts;
8 we have correctional efforts; we have health efforts; we have
9 parent efforts. I don't see overlap. I see gaps in between.

10 So, I think if we're presuming that our great mission
11 forward will be funded by the economies affected by better
12 coordination, we may, if you'll pardon, may be fooling ourselves.
13 We may find instead that we still have great gaps that need to be
14 filled.

15 In the county we support what we call the pluristic
16 approach, which perhaps more accurately describes what we're
17 doing here, and feel that it has certain advantages. Many of the
18 more successful programs here have been generated as a result of
19 local community, school district or city commitment to alcohol
20 and drug abuse prevention efforts. We point with pride to "Sober
21 Grad Nights" throughout Orange County, the "Staying Alive"
22 project, MADD's "Designated Driver Program" as efforts that
23 derive not from some distant Master Plan, but from the vision and
24 energy of local people addressing local needs; or the "New
25 Directions" program, the county's largest women's alcohol
26 recovery home, built and operated entirely by private funds.

27

28

1 The effectiveness of these grass-roots organizations is
2 in their ability to mobilize local resources and the high degree
3 of commitment associated with locally developed and managed
4 prevention and recovery efforts.

5 It's very important to us that in the name of
6 coordination, we not impose upon this great local energy the yoke
7 of government control of all that is done in our desire to halt
8 the devastation brought on by the misuse of alcohol and other
9 drugs.

10 Perhaps a better role for government is partnership.
11 Our activities, both at the state and local levels, should
12 include: measurement and description of what is being done;
13 training and technical assistance on what has worked elsewhere
14 and what is legal; the establishment and continual maintenance of
15 a clearinghouse of information on who is doing what, where, and
16 to the best of our knowledge, how well it works. Government and
17 private groups should have state and local forums in which to
18 meet and exchange information and work together toward their
19 common goals.

20 Those common goals, though, should remain a baseline and
21 not a ceiling for local efforts. We should never hear of
22 ourselves say, "You can't do that because it's not in the Master
23 Plan." The justice system has its tools, the educators theirs,
24 health workers social workers, parents; each of us have our own
25 hammers and chisels. A pluralistic approach lets all apply their
26 special knowledge of a field of learning and of a community to
27 develop an appropriate and different response to move us forward
28 towards shared goals.

1 Your last question was on the role of professionals, and
2 my particular brand of professionals are county government
3 workers.

4 To summarize the role that I see for government, we can
5 do our best to learn what works in addressing our piece of the
6 problem with our particular expertise. We can become a state-of-
7 the-art source of information and cross-referrals. We can share
8 that knowledge broadly to disseminate a common information base.
9 Every citizen who wants to join this battle should be able to
10 find out quickly where to enlist and what the existing or needed
11 ways are to serve. We can coach and train and counsel these new
12 recruits, and then we can get out of their way.

13 Government need not be center-stage in this effort.
14 Employers have a major role in setting work-site policies
15 regarding alcohol and drug abuse, making education available,
16 offering health insurance that reimburses the costs of
17 rehabilitation.

18 Parents can help each other to regain the courage to
19 parent, to guide, and to say no.

20 Restaurant owners can learn to market nonalcoholic
21 beverages as attractively and as lucratively as alcoholic ones.

22 Television directors and writers can rethink and
23 restructure their depiction of alcohol and drugs, as some
24 farsighted ones, I'm proud to say, are already doing.

25 We cannot afford to leave any group disenfranchised.
26 You, as state leaders, can provide the perspective to shape
27 California's goals in the struggle against alcohol and drug
28

1 abuse. Cooperatively, coordinating groups of public and private
2 leaders at the county level, we can work together on local
3 strategies. But let us always leave room for the individual with
4 a dream and the drive to make it happen.

5 Thank you.

6 CHAIRMAN SEYMOUR: Thank you very much, Susan. We
7 appreciate your testimony. Certainly you've touched on some
8 points that we'll give very serious consideration to in the
9 development of this Master Plan.

10 Yesterday in San Diego, I was somewhat shocked when the
11 newly-elected Chairwoman of the State Advisory Board on Alcohol
12 was giving testimony. We had been talking; we'd been hearing
13 about the lack of communication and coordination and that type of
14 thing.

15 I asked the newly-elected Chairwoman how many times in
16 the last three years has your Advisory Board on Alcohol Abuse met
17 with the State Advisory Board on Drug Abuse. The answer was
18 zero.

19 Now, I've been aware that there is this almost
20 competition in fighting for turf among alcohol people and drug
21 people, and clearly there are differences in, perhaps, treatment
22 for whatever drug, whether it's alcohol or heroin or cocaine.
23 But I was just totally amazed at her response, and therefore I'd
24 asked the question: To what degree do you think that those types
25 of turf battles will inhibit our ability to undertake what I
26 consider to be a massive effort, as you've suggested it would be
27 a massive effort, in bringing together a Master Plan with people
28 working together?

1 I mean, if in the last three years the two most
2 important bodies in the State of California haven't met to talk
3 about common problems and how they can work together, sometimes I
4 wonder if there's hope.

5 MS. ZEPEDA: I believe there's tremendous hope. In
6 fact, the study that's underway in the County of Orange right now
7 to look at closer coordination and perhaps even combination of
8 alcohol and drug abuse, was requested by our own Alcohol Advisory
9 Board.

10 So, I think that times are changing. I think certainly
11 those bodies that you mentioned, and alcohol and drug advisory
12 boards at a local level, need to meet more frequently than they
13 do.

14 I'm afraid that part of the turf issue stems from prior
15 history with the federal government, if I may, when we believed
16 that if you put two things together, you tend not to add the two
17 budgets together but to knock them down by 25 percent or some
18 other proportion in anticipation of economies of scale. And
19 there's some perception that if we remain separate, we -- we
20 actually have more resources with which to address the problems.

21 I think if that need can be addressed right off, and if
22 the visibility of the problem of the abuse of the drug alcohol
23 can be assured, then I think some of the major resistance to
24 working together that you may have perceived will subside.

25 I think there's a very great recognition growing around
26 the state that people present themselves with multiple problems,
27 and that we need certainly to talk to each other. The solutions
28

1 might not be the same for some alcohol problems and some drug
2 problems, but we certainly need to talk to each other and
3 coordinate.

4 CHAIRMAN SEYMOUR: Very good.

5 Questions of members of the Committee? Members of the
6 panel? Mr. Meyers.

7 MR. MEYERS: Do you see a need at the state level, and
8 maybe even at the county level, for the separation of advisory
9 committees to come together? Should there be a Drug and Alcohol
10 Advisory Committee? Would that help the turf problems? Would
11 that help the problems in just coordination?

12 MS. ZEPEDA: Well, before we marry them, perhaps they
13 need to start dating.

14 Given the Senator's remarks, I think it might be really
15 useful for them to meet on a regular basis together, or perhaps
16 their executive committees to meet frequently together, between
17 meetings of their bodies. Let them get to know that they have
18 shared interests and shared purposes, as we have been discovering
19 on the county level for a while now.

20 And then, it won't be a shotgun marriage if a marriage
21 is what's called for.

22 MR. MEYERS: Thank you.

23 CHAIRMAN SEYMOUR: Mr. Howenstein.

24 MR. HOWENSTEIN: Just, maybe, an edit observation on
25 that, that we have been hearing testimony consistently about
26 whether an alcohol or other substance abuser, that many of them
27 are poly abusers. And for that reason, I think it might help in
28 the dating game and lead to a more timely courtship.

1 MS. ZEPEDA: Thank you. Yes, we also need to remember
2 that many of the people we deal with are multiproblem people.
3 They present with mental health problems, problems of
4 homelessness, problems of tuberculosis and venereal disease.

5 They would, I'm sure, appreciate it if they had a
6 one-stop shop that they could go to for all their problems. It's
7 not clear where that line gets drawn.

8 CHAIRMAN SEYMOUR: Thank you very much for your
9 testimony, Susan.

10 Our third witness this morning, Ms. Jennifer Sawyer, who
11 represents Students Against Driving Drunk; Joe Brantley, who is
12 working on the Peer Counseling Project; Bryan Hannigan, Staying
13 Alive Program. These are all high school students, and so we've
14 asked them to combine their testimonies to make one presentation.

15 Welcome.

16 MS. SAWYER: Thank you.

17 I'm Jennifer Sawyer. I don't have anything written for
18 you, so you're just going to have to bear with me and listen
19 closely.

20 I didn't come up here and prepare anything. I just
21 wanted to speak to you all on a one-on-one basis about my
22 experience as a student and how I see the problem in my school,
23 because that's what I'm seeing every day.

24 I am in the Students Against Driving Drunk group at our
25 school, and it has been real successful. And we've seen some
26 good effects that we've had on the school.

27

28

1 However, that's not really what I want to talk about. I
2 want to talk about the overall plan, which is what you guys have
3 asked us here to speak about. What I'm going to address is the
4 school system and how I think it can change in our schools,
5 because as a student, I see our school as, we are there. That is
6 where we spend the majority of our day. That is where we are.

7 Sure, we have jobs after school, and we have extra-
8 curricular activities and things we do, but where we're spending
9 our time is in the school. And that's where we need to see the
10 programs.

11 If we want to reach the teens, all these teens, we've
12 got to put the programs in where they can find them, because
13 these teens aren't -- we don't go out and look around unless it's
14 presented to us.

15 I see a lot of schools that are like mine, which are
16 good schools. We have caring staff, and we have great academic
17 programs.

18 However, those programs are auxiliary, and they're not
19 number one. They're just icing on the cake. First come the
20 academics, and then comes the small programs.

21 What I've noticed is that when these -- now that we're
22 starting to recognize that we do have a problem in our schools,
23 and that we're not all perfect -- no matter where we live, we do
24 have this problem -- I'm seeing that our staff time and our money
25 is already committed to other things. We haven't -- we've
26 already made so many commitments that we're not putting this time
27 into what I think is important, which is these programs, you
28 know, for substance abuse.

1 What I'd like to say is that I think, as Susan Zepeda
2 said, that these programs should be mandatory. They should be
3 mandated into our schools because right now, all these programs
4 are optional, which means a lot of people are saying: We don't
5 have that problem here. And that's not right. If these programs
6 were required in all of our schools, then we would see some
7 results because they would be there, and we'd have to listen.

8 What I wanted to talk about was the situation that
9 happened in my school, which is, our SADD advisor this year will
10 no longer be our SADD advisor next year. We're not seeing any
11 continuity because she is so overworked. She, during the
12 meetings, was not able to pay much attention because she was
13 grading papers, and, I mean, she was doing it on lunch hour, and
14 she didn't have the time to devote to us. Which is why I think
15 that in all schools we should have someone who is given a class
16 period, who is given that time to devote solely to the purpose of
17 core team, or SADD, or Staying Alive, or some program in that
18 school who doesn't have to say, "Oh, you know, during this time
19 I'm going to be grading papers." Who can say, "I'm going to
20 devote this entire period, this time, this specific time, solely
21 to this issue."

22 I had a couple of recommendations which would be having
23 core teams in all of our schools where we could get all of the
24 teachers together, and we could get parents, or just a group to
25 deal with alcohol abuse or substance abuse in the school. These
26 core teams should be mandatory so that when there is a problem,
27 it can be dealt with.
28

1 Another issue I wanted to touch on was something that I
2 think is real important, is that we don't have any alternatives.
3 There are great programs out there that say they're for
4 prevention, and they don't do it, you know. You shouldn't touch
5 this stuff. And there are great programs out there for once
6 we've gotten involved.

7 But for those of us who don't want to get involved,
8 you're not offering any alternatives. And that's real scary.
9 It's like saying, "Here's this nice chocolate cake. Don't touch
10 it; you'll get fat." But you're not offering us anything else in
11 return. You're not saying, "Here's this nice fruit plate. Eat
12 this instead." All we're getting is the chocolate cake and
13 saying, "Don't touch it." And it looks real tempting, and we're
14 all leaning towards substance abuse because we don't see anything
15 as an alternative.

16 Something that I think is -- one of the things you're
17 offering is Grad Night, or Sober Graduation. I think that's
18 great. We had that in our school this year. And it was, you
19 know, the entire senior class was there because it was so
20 important, it was a great night. And they were sober, you know.

21 Or, you hear about the few that go out and get drunk
22 beforehand. But they were there all night, and they weren't
23 behind the wheel, and they were watched all night, and they had a
24 great time, and that was a great alternative.

25 But you don't see that in every school because it's not
26 mandatory, because not every school has to have it there. And
27 it's real sad, because you see a lot of people going out at
28

1 night, and you know, it's not just Grad Night, and it's not just
2 Prom Night. And it's not just Friday and Saturday. They're out
3 there Monday, Tuesday, Wednesday, every day of the week drinking,
4 and you know, having substance abuse. We see it all the time.

5 And what we need are some alternatives. What we need is
6 to be shown something else that looks just as appealing. We need
7 peer groups where we can talk to our peers and say, "I don't want
8 to do this. I'm scared." And have somebody else say, "I
9 understand. Here, come join us. Be a part of us." Because it's
10 real important at this age to be in, to be popular. And if we're
11 going to have something to do, something to be popular, we need
12 to be offered it. We need to have the peer groups, and the
13 Staying Alive, which I think is really important, because then we
14 can get involved, and we can have that something else to do, and
15 that way we don't have to lean towards the substance abuse
16 because we can have this other, this shining light that all of
17 our parents will love, and that we can get involved with that
18 will be healthy for us.

19 That's pretty much what I wanted to touch on, were the
20 alternatives, the time that the teachers need to have to give
21 solely to these programs, and for it to be mandatory.

22 Thank you.

23 CHAIRMAN SEYMOUR: Thank you.

24 Questions? Assemblyman Clute.

25 ASSEMBLYMAN CLUTE: Ms. Sawyer, I really appreciate your
26 comments. I think you brought out a couple of excellent points,
27 and one is to work with drug and alcohol prevention in schools
28 simply because it's the time where kids are mostly.

1 And, you know, we've heard different reasons why schools
2 should be involved, or why they shouldn't. It's the first time
3 I've heard just because it's simply the majority of time where a
4 student is at.

5 And the other part on alternatives, for kids who say, or
6 for the time being do not have a substance abuse problem,
7 alternatives for those kids on a day-to-day basis, would you be
8 talking like maybe more emphasis on career guidance, and future
9 employment, and jobs? Or what are alternatives that would be
10 attractive to get involved with on a day-to-day basis?

11 MS. SAWYER: What I mean by alternatives is such as the
12 peer counseling, because you can get involved with that, and you
13 can become a peer counselor. You can become involved with the
14 Staying Alive Group, but it's not on every campus. And what we
15 need is a lot of these alternatives.

16 We -- our SADD group tried to sponsor a dance at our
17 school that was a no alcohol dance, and we were told we couldn't
18 do it. And that -- if we had been able to do that, we could have
19 gotten a lot of kids involved in doing that. And then the
20 message would have been in their heads 24 hours a day because we
21 were working on the dance.

22 But we weren't allowed to do it because they didn't
23 think it would be appealing to the students and the students
24 would come.

25 I think if we got a little more support from the
26 administration because it's mandatory -- you know, if you make it
27 mandatory and say, "You have to have so many groups or programs,
28

1 such as peer counseling, such as the SADD, anything, any
2 student-involved group," then that's what I'm talking about here,
3 is where the students can become involved.

4 If it comes down to a guidance counselor and a kid, you
5 don't see a lot of kids going up to the adults. No offense. You
6 guys are all great people, but we take advice from our peers.
7 And if you have us sitting down with an adult and, you know,
8 they're adults, and we're not going to see as much involvement
9 unless we're involved with our own age group and our own peers.

10 That's why I'm saying about all these student groups.
11 And if they're mandatory to have in school, then people will see
12 it as an option.

13 ASSEMBLYMAN CLUTE: Thank you.

14 MR. RYAN: Ms. Sawyer, I also appreciated your comments.
15 I have just a couple of questions.

16 One relates to the saturation point that young people
17 might face regarding messages about drugs, about alcohol. Do you
18 feel that young people are sort of tired of hearing about drug
19 problems, the Just Say No campaigns, to the point where they sort
20 of just tune them out and they become meaningless?

21 And if that's the case, what could we do to resolve
22 that? And then I have one more question after you've answered
23 that.

24 MS. SAWYER: I think that is an issue, where sometimes
25 we do tune out a little bit. But I think it's important because
26 there's always, if you keep up these, you know, campaigns and
27 slogans and such that you're talking about, what you guys are
28

1 going to be seeing is how many people are still involved in the
2 drug abuse. You're not going to be able to see, because there
3 are no statistics, on how many people it helped.

4 And I know a lot of people after, you know -- we had a
5 balloon lunch at our school for the Just Say No Week, and a lot
6 of kids, our next SADD meeting, were there for the group, and
7 they wanted to become involved.

8 So I think to a degree, yes, they are important. And I
9 understand what you're saying about we do become tired of it.
10 However, there -- it affects us. It does work to a certain
11 degree.

12 And I think if we cut that out, then -- well, what I'm
13 trying to say is, if we cut it out, it can't help. But if we
14 leave it in, we don't know how much it helps, but it can help.

15 MR. RYAN: Do you feel campaigns like Spuds MacKenzie,
16 the original party animal; we see on television the yacht full of
17 beautiful people having a very dull time until Spuds shows up,
18 now we can party.

19 So the message seems to be we can't have fun unless
20 Spuds and Bud Light's on the scene.

21 Is that a pretty powerful message?

22 MS. SAWYER: Yeah, I definitely think that good old
23 Spuds is a figurehead in our school. But there are so many other
24 things. If we were allowed to sponsor this dance, and we're able
25 to show the kids another alternative, that you can have fun
26 without it, then they're going to do that too.
27
28

1 I guess what we're seeing right now is that everybody's
2 doing it, so get involved. We need to see a little more of not a
3 lot of people are doing it, so get involved with us; get involved
4 with the people who aren't drinking.

5 MR. RYAN: Thank you.

6 CHAIRMAN SEYMOUR: Question, Chauncey Veatch.

7 MR. VEATCH: Ms. Sawyer, once again thank you. You've
8 done an excellent job.

9 Just your testimony alone, each day that we make a
10 little progress, we do make progress, so please continue to stay
11 involved here.

12 In your activities with SADD, do you focus on the
13 contract as part of your program here?

14 MS. SAWYER: The Contract for Life? Is that what you're
15 referring to?

16 MR. VEATCH: Yes.

17 MS. SAWYER: Yes, we do. I think that's a real
18 important part of our group.

19 There are a couple different contracts that we focus on:
20 one, the one you do with your parents; and the other one is the
21 one you do with your friends.

22 We find there's a lot of problems with people saying,
23 "If I'm going to be drunk, there's no way I'm calling my
24 parents." But there are those other people who, when they take
25 the time to sit down and say, "Well, what if my ride is the one
26 who's drunk," the parents will sign it.

27
28

1 And because of those contracts, you do see a lot of
2 students sitting down with their parents, and I think that's
3 important too, to have them sitting down with them.

4 MR. VEATCH: And my final question here, you're clearly
5 a very thoughtful young woman, and the part of the contract that
6 you didn't touch on is the one with your parents.

7 How is that working in your school, because actually
8 it's just as important because they need to be reminded that
9 they're signing the same contract to make the same commitment
10 that you are. How does that work with the parents generally? Do
11 you have a comment on that?

12 MS. SAWYER: I'm not sure I quite understand what you're
13 saying.

14 MR. VEATCH: For example, when you sign the contract,
15 you make a promise to get that ride so that you'll call a cab, or
16 you'll get home safely with someone.

17 Your parents too often don't realize they're making the
18 same promise, that they're going to abide by the same set of
19 rules. And we oftentimes don't have any focus on that.

20 I'm wondering if you all do?

21 MS. SAWYER: Well, the contract that we focus on is that
22 parents will come and pick up the kids, or the child, or whatever
23 -- I don't want to say "child"; I don't like that -- pick them up
24 at a party and take them home, and won't ask questions until the
25 next morning, and allow that free time there.

26 We focus on different kinds of programs, such as you
27 said, calling a cab, or designated drivers, if any of you have
28

1 heard of that, where the driver is -- says that night, "I will
2 not have any -- any mood-altering substance."

3 There are a bunch of different programs. As for the
4 parents, that's kind of a, I don't know, it's a difficult
5 question to answer because a lot of the parents do see what
6 they're getting into and some don't. I guess it depends on the
7 parents and how they're going to react to realizing that their
8 son or daughter is going to be at parties where there is alcohol
9 or drugs at the party.

10 MR. VEATCH: Thank you very much.

11 CHAIRMAN SEYMOUR: Sharon Rose.

12 MS. ROSE: I'm just really pleased to hear you say that
13 you want some sort of positive peer pressure, and let's get rid
14 of the negative peer pressure.

15 Peer pressure just has a negative connotation, I think.

16 What kinds of things can we do -- youth, and parents,
17 and teachers, all together -- that would change attitudes to a
18 positive attitude about what can we do instead? I mean, there
19 are better things in life than Budweiser.

20 What things can we do to change attitudes, because I
21 think it's an attitude changing thing.

22 You say "provide alternatives", and I think that's
23 great, but you just can't provide alternatives Monday, Tuesday,
24 Wednesday, you know, every single minute for kids.

25 This is something that I've been working with for a long
26 time, and I think you're going about it in the right way by
27 having programs that say there are -- you know, there's a better
28 way.

1 But what can we do to change attitudes? How do you see
2 working all together so that kids don't want to get involved?

3 MS. SAWYER: I think what you guys are looking at is,
4 you're seeing this as we're going to do this one thing, and
5 there's going to be an immediate response, and that just isn't
6 the way it works.

7 This is going to take a long time to get -- if you want
8 to change attitudes, it's going to take a long time.

9 I was speaking with my parents, and my mother said that
10 she was raised in a generation where when she watched TV, Dad
11 came home and had a drink. You went over to a friend's house, or
12 your parents went over to a friend's house, and the first thing
13 they said was, "Would you like something to drink?"

14 And I think that after a while, once we start taking
15 those messages out of the media and out of the schools, and we're
16 going to have to just offer things as much as we can,
17 alternatives, before there's starting to be changes, because
18 right now, we're working on it. But it's going to take a long
19 time. There isn't one specific thing you can do.

20 What I think would be the most effective would to
21 constantly offer the alternatives, because after a while, a long
22 time, people are going to start to drift towards the
23 alternatives. But it won't be immediate. It'll take a while.

24 And I think that as long as we're getting a few more
25 each day, that's what's important.

26 MS. ROSE: Do you think the peer counseling is a great
27 part of that?
28

1 MS. SAWYER: Definitely a big part.

2 Joe knows a little bit more about it than I do if you'd
3 like to ask any questions about that.

4 MR. RYAN: I'd be interested in hearing the other
5 students.

6 CHAIRMAN SEYMOUR: We'll move on, then.

7 Mr. Brantley.

8 MR. BRANTLEY: My name's Joe Brantley. Thank you for
9 welcoming me here today.

10 At the high school and junior high school level, I don't
11 think substance abuse is accepted; it's expected. And just like
12 an alcoholic's first step in recovery is to admit there's a
13 problem, our first step here is to admit we do have a problem.

14 I'm from Irvine; and it's paradise there, and people
15 don't want to admit there's a problem in Irvine. And you know, I
16 can see it in other places. And first they have to admit that
17 there is a problem and there is a solution.

18 And I agree with Ms. Rose here, that the problem is in
19 the attitude. And the problem isn't law enforcement, or because
20 California's easy access, you know, for smugglers or anything
21 like that. I think the problem lies in the attitude; the
22 attitude that if you want to celebrate, you go buy a case of
23 champagne and you celebrate. The attitude that if you want to
24 have fun, you go buy a case of Budweiser and you have fun.

25 And the worse problem is the denial; the fact that no
26 one wants to see there is a problem.

27
28

1 So, like Sharon was saying, the simple solution is just
2 to change the people's attitude. Let them know it's okay not to
3 drink. Let them know that you can have fun without drinking.
4 Let them know there's other ways to celebrate, and there's other
5 things to do.

6 And I see the best way to let people know that is
7 through peer groups, through Staying Alive, and the S.A.D.D.
8 program, and peer counseling.

9 It was said earlier, you can't change what's been set in
10 the ways in five years, but we can make a start today and make
11 those programs mandatory for next year. And you have to make it
12 at an early age.

13 I started using drugs in the 4th grade. You have to get
14 them between those 4th and 8th grade years, at that early age,
15 and let them know it's okay not to use drugs. Let them know
16 there are alternatives, and give them alternatives, like she was
17 saying.

18 You know, give them alternatives, peer counseling, give
19 them something to get involved in. Make those things mandatory.

20 We had an excellent program. I know of three recovering
21 alcoholics who got introduced to other programs through the peer
22 counseling, and they're recovering today. And they cancelled
23 that program next year at University High School because we don't
24 have the time and the money. And the core team was cut back, you
25 know. We need those kind of programs.

26 I know another guy who got introduced to another program
27 through the core team, and that was cut back also. We have to
28

1 make those things mandatory at the junior high and high school
2 levels. And they have to get out there and work, give the kids
3 an alternative.

4 It's -- as she was saying, you know, you get a guy
5 coming in, in a suit and tie, who's a little bit older, and says,
6 "You should not smoke marijuana." It's going to make all the
7 difference to get a kid in there who dresses like they do, that
8 says, "Hey, don't smoke pot." Those little things make all the
9 difference in the world, because you can relate better to your
10 peers.

11 I see the problem is in the solution. The problem is in
12 the attitude and the solution is just changing the attitude, and
13 you got to hit them at school because kids' lives revolve around
14 school. You got to make those programs mandatory at school.

15 That's what I see as the solution.

16 CHAIRMAN SEYMOUR: Thank you very much, Mr. Brantley.

17 Question, Assemblyman Clute.

18 ASSEMBLYMAN CLUTE: Mr. Brantley, I appreciate your
19 comments, too.

20 Have you observed in your experiences any relationship
21 between substance abuse users and truancy dropouts?

22 MR. BRANTLEY: Yeah, quite a bit. As I continued to use
23 more and more, my grades went down, my truancies went up.

24 ASSEMBLYMAN CLUTE: And not necessarily in your own
25 situation, but to what degree have you observed this? I mean,
26 has it been rather significant?
27
28

1 MR. BRANTLEY: Oh, quite a bit, you know. You go down,
2 you know, to your local dealer during the days, so the only time
3 you can get him is during days, so you miss a class or two, big
4 deal, you know. School's a little bit -- it's not so bad when
5 you're stoned, so you miss a class, go get high, and you come
6 back to the school. That's the attitude that I see.

7 ASSEMBLYMAN CLUTE: Does it get to the extreme where a
8 kid will just say the heck with school and leave it?

9 MR. BRANTLEY: Yes, yes. Often.

10 CHAIRMAN SEYMOUR: Any more questions? Mr. Ryan
11 followed by Mr. Howenstein.

12 MR. RYAN: Mr. Brantley, I echo Assemblyman Clute's
13 comments. Thank you. Excellent testimony.

14 There's a lot of research about why students take drugs,
15 ranging from self-esteem problems to they feel good, to problems
16 at home, the school setting them up in failure situations.

17 Why do kids take drugs?

18 MR. BRANTLEY: It's kind of hard to say because I'm --
19 I'm biased. I was trying to -- I was reading a letter you sent
20 me, and I was trying to think what would have kept me from taking
21 drugs. And I don't think anyone, anything, any one thing, you
22 know. I believe I was an alcoholic the day I was born. I was
23 destined to take drugs and drink.

24 But I think a lot of it is to fit in, you know. And it
25 gets back to the attitude, you know. Everyone directly relates
26 fun to partying, you know, whether that be drugs or alcohol.
27
28

1 MR. RYAN: Then is it realistic, and I appreciate the
2 comments about alternatives, but some of the research says, some
3 of the recovering cocaine addicts say: Everything's grey without
4 cocaine.

5 Is it realistic to substitute chocolate with something
6 else? Life's just not like that. Drugs are pretty good stuff.
7 I mean, it makes you feel pretty good.

8 MR. BRANTLEY: Yeah, it does.

9 MR. RYAN: What can we substitute for cocaine that will
10 give us that sort of feeling, and should we try?

11 MR. BRANTLEY: Yeah, it is worth the try, because I'm
12 just finding out today that there are fun things to do without
13 taking drugs. It took me a long time to realize that, you know.

14 But they've just got to get out there and try it. You
15 know, they've got to -- you know, the typical Friday night, you
16 know, go play miniature golf, whatever, but first you take out an
17 hour to go get loaded, you know.

18 Give them a chance to try it without getting loaded
19 first. Let them see that they can have fun without.

20 MR. RYAN: Thank you.

21 CHAIRMAN SEYMOUR: Mr. Howenstein.

22 MR. HOWENSTEIN: Mr. Chairman, I'd like to pass until
23 the third presenter. I'm finding that some of my questions are
24 being answered by the next presenter.

25 CHAIRMAN SEYMOUR: Any other questions?

26 Let's hear from Mr. Hannegan.
27
28

1 MR. HANNEGAN: Good morning. My name is Bryan Hannegan,
2 and it's with great honor that I'm able to present to you today.

3 Unfortunately, a lot of the things that I was planning
4 to go over have been presented to you by the first two presenters
5 this morning. However, I hope that maybe I'll be able to provide
6 some insight that is special to my situation.

7 Basically the way I see it, anybody will take drugs or
8 take a drink in a social situation when they're pressured. And
9 this is the effect of peer pressure that we've all been talking
10 about. It's seen as being cool. And teenagers go to a party, a
11 perfectly normal teenager, straight guy, straight-A student, will
12 go to a party with his friends, and sometimes the peer pressure
13 is so intense that he will be forced into an unreasonable
14 situation, and he'll do it just to fit in.

15 Were the in-people in this situation just to say no,
16 then all of their other followers would have their problems
17 reduced. To reduce abuse, as far as I can see it, what needs to
18 be done is an attitude change. Drug abuse and alcohol abuse have
19 to be made uncool. It has to be made out, so to speak.

20 Unfortunately, many of the current methods that I see in
21 the school or in the media are cases of too little and too late.
22 By the time most kids have reached junior high school, they've
23 already made their decision whether or not they're going to
24 drink.

25 The time to provide a program is in elementary school,
26 preferably around 5th grade, because that's when kids are most
27 impressionable; that's when their morals are being formed.
28

1 Possibly what would work even better than having an
2 authority program, say an authority figure like a police officer
3 or something like that, come into the elementary school, is
4 teens, just like us, who can speak with experience and talk about
5 the problems and the pressures of high school, and how to
6 overcome them.

7 Then if you supplement this initial program with
8 reminders throughout junior high and high school, when this grade
9 of children that you start with in 5th grade, when they enter
10 high school and subsequently become seniors, then their influence
11 influences all the underclassmen, and you end up with a high
12 school that's somewhat drug and alcohol free.

13 Current methods like putting a demolished car from a
14 drinking and driving accident in the quad of a high school right
15 before prom, they're only bandaids. What they do is, they get
16 the kids through prom, but they don't get them into the next
17 week. You may have them alive after prom, but they still go out
18 and get drunk, or take drugs, or whatever.

19 Another problem that I see is in the media, TV role
20 models. Elementary kids watch a lot of TV, as almost a rule.
21 And when they see their role models on TV taking drugs, you know,
22 having a drink or two between scenes, you know, if they see that
23 and they don't see any retribution, then it instills in them even
24 a stronger moral than that instilled by their parents, because
25 they're looking up to these role models. They're looking up to
26 their heroes.

27

28

1 One thing that I would really stand strong for is that
2 any program, either in the elementary school or in the high
3 school, must be teen-based. It must be a peer pressure program,
4 because generally teens tend to rebel against authority. At one
5 time or another, all of us have rebelled against our parents,
6 gone out when they've told us not to; do things like that. If
7 they tell you not to drink, then a teenager will go out and break
8 that law just because the mystique is there. He'll do it just to
9 break the law and challenge the authority.

10 I had -- I had a situation from a really close friend of
11 mine. He was going to a party with another friend of mine, let's
12 just call them Danny and Mike. Danny's parents told him that
13 Mike was a drinker, and they had heard this through the
14 grapevine, and that they didn't want Danny going anywhere with
15 Mike any more. But Danny kept going places with Mike. And it
16 wasn't until another friend of mine, Tom, stepped in and told
17 Danny exactly what his parents had told him that Danny stopped
18 driving with Mike, and the two of them are no longer friends
19 simply because of the situation that -- the life and danger
20 situation Danny was always being put in by Mike.

21 The moral of that story, basically, is that Danny didn't
22 listen to his parents because, you know, he figured, well, what
23 do you know? Times have changed since you were teenagers. But
24 if you hear it from somebody in your own peer group, it has a
25 much stronger message.

26 And that's what makes our Staying Alive program work so
27 well, that it's for teenagers by teenagers.
28

1 If a program is to be presented at high school or junior
2 high, though, it must be tailor-fit to the needs of the school.
3 The school that I go to, Foothill High School, is somewhat of a
4 high income-high academic level school. It has somewhat easy
5 accessibility to drugs, and our schools should have a program, in
6 my opinion, that talks to the intelligent student, that says this
7 is what drugs or alcohol will do to you; that it gets the point
8 across. It gives them the financial and the physical effects of
9 using the illegal substances. It appeals to his intelligence.

10 A school in, say, a lesser academic or income area
11 should have a program that appeals to the social status of it all
12 -- that doing drugs makes you uncool, that it lessens your sense
13 of well-being; your ego, so to speak -- and that it should talk
14 to the average student.

15 You know, the program should be tailor-fit to each
16 school. You can't just throw a blanket over the whole thing and
17 hope you smother the whole fire, because sometimes the flame may
18 be hotter in some places than in the others.

19 Finally, a major part that I see as necessary is a
20 parental program. Sometimes parents will unwillingly allow their
21 kids to use these substances. They'll go out of town without
22 leaving notice with the neighbors. They'll just leave the
23 teenagers alone in the house, you know, saying, "Okay, we trust
24 them; they'll do okay."

25 For example, when my parents go out of town, my grandpa
26 and grandma always come stay with me. I mean, I'm somewhat of a
27 trustworthy guy; I'm not apt to throw a party. However, my
28

1 parents are especially careful. They don't want me doing that
2 type of thing.

3 These morals have to be put in the parents, because you
4 can't always just trust the kids, because a seemingly trustworthy
5 kid may bust loose at the next possible moment.

6 Another problem that we really need to address is the
7 fact that some parents do throw parties for their kids to make
8 them cool. I've been to a few of them where parents have been
9 running around, serving ice cream, and making burritos, or
10 whatever, while the kids are out in the backyard just having a
11 great time with the Bartles and James, or whatever.

12 The thing is, though, is that it starts there. It
13 starts in the home. We need a stronger program in the home as
14 well as in the school. And it all deals with morals.

15 In order for somebody to resist the risk of using drugs,
16 they have to have a strong will to do that. They have to say,
17 "Well, I can't do it because it'll really screw me up." And if
18 we instill that strong will in all of the teenagers, then our
19 drug problem will -- our drug and alcohol problem will be
20 seriously reduced.

21 CHAIRMAN SEYMOUR: Questions? Assemblyman Clute.

22 ASSEMBLYMAN CLUTE: Just a comment to all three of you.

23 I think you've done an outstanding job in reminding us
24 that anything we try to do on a legislative policy basis
25 addressing students will not work without your keen input. And I
26 commend your honesty, candor, and courage. Really appreciate it.

27 CHAIRMAN SEYMOUR: Mr. Howenstein.
28

1 MR. HOWENSTEIN: I need to echo Mr. Clute's comments.
2 This has probably been the most enlightening testimony that we've
3 heard throughout the hearings to date, and probably the most --
4 I'll point to the kinds of things that we want to do.

5 Kind of a general question. You guys can pick it out
6 how you want to.

7 I heard, I think it was Joe, talk about starting to get
8 involved at 4th grade. And then there was some discussion about
9 the good time to start education programs would be at the 5th
10 grade.

11 Part of the discussion we've been hearing is going back
12 to age-appropriate, starting at kindergarten on through to
13 gradually present information that will be critical to that
14 decision process.

15 Do you concur with that or not?

16 MR. HANNEGAN: I'm not a behavioral expert, really.

17 MR. HOWENSTEIN: I think you are.

18 MR. HANNEGAN: I used 5th grade as kind of just a basis.
19 It can start even earlier than that, I think. The earlier you
20 start, the more impressionable the kids are going to be.

21 MR. BRANTLEY: I think it depends a lot on the area. I
22 grew up in Huntington Beach, and that's where I started using in
23 the 4th grade. And then I moved to Irvine in the 7th grade, and
24 most of my friends didn't 'til late in their 8th grade year.

25 So, I think it does depend a lot on the area you're at,
26 how young you need to start. But you need to start at the
27 elementary level.

28

1 MR. HOWENSTEIN: You also made, I think, probably an
2 outstanding observation, and that has to do with recognition of
3 the problem. And I've always kind of said the leadership starts
4 with acknowledging that a problem exists, for parents, for school
5 administrators, as well as the students in a school, that quite
6 often ignore the fact that it exists, yet you folks know the
7 depth and breadth of the problem.

8 Are we doing something worthwhile?

9 MR. BRANTLEY: Yes, I believe you are.

10 MR. HANNEGAN: Yeah.

11 MR. HOWENSTEIN: How can we get school administrators to
12 take a leadership role in installing programs that you're talking
13 about? How can we affect the attitudes of the decision makers to
14 be sure that priorities are given to the things that you folks
15 are telling us are very important to you?

16 MS. SAWYER: You need to make it mandatory. You don't
17 give them options. That's all there is to it. If they're given
18 an option, they always take the easy way out.

19 MR. HOWENSTEIN: Thank you, and I think she's right.

20 CHAIRMAN SEYMOUR: Mr. Ryan.

21 MR. RYAN: Just very quickly, we've heard a lot of
22 testimony about drug education fitting in the schools, grade
23 levels, and so forth. Two or three questions on this.

24 Where do you think it should be taught? I don't mean
25 grade level. Where within the curriculum should it taught?
26 Should it be separate courses? Should it be integrated within
27 math, science, social studies? How should it be taught?
28

1 And then my last question is: How much can parents
2 drink without it affecting their sons and daughters? Can they
3 drink at all? If they see dad drinking an occasional beer, is
4 that going to cause a problem?

5 But answer my first question first.

6 MR. HANNEGAN: Okay, where it should be taught.

7 Currently to me, it's taught in 10th grade at a Health
8 and Safety class in the period of about one or two weeks. The
9 students' tendency in that situation is to study those facts like
10 a test; take the test on them, and then forget them.

11 The ideal, what I should see, is a kind of a broad
12 program with reminders throughout the year that it's always being
13 -- it's reinforced, constantly reinforced. You may start, say
14 the elementary program, in a class over a period of three weeks
15 or so, or a few presentations by high school teenagers at times
16 throughout the semester. But it just cannot be simply taught in
17 a one- or two-week period and then expected to be remembered over
18 the course of your life. Because how many things that you
19 learned in school do you actually, you know, remember over the
20 course of your life?

21 I bet you I don't even know all the presidents from
22 start to finish, and I was supposed to learn that in 8th grade.

23 How it should be taught, I feel that it should be taught
24 objectively, not as an opinionated type thing -- you shouldn't do
25 this because. I think the facts should be presented in a factual
26 manner, and let the students draw their own conclusions from
27 them. Because after all, that's what we're trying to do, is to
28

1 instill those morals, and those morals have to be your own. They
2 can't be transplanted. It just does not work that way.

3 Then your third question was --

4 MR. RYAN: Can parents drink?

5 MR. HANNEGAN: Okay.

6 As I, you know, as I said once before, yes, I think
7 parents can drink. My parents do. In fact, they do on
8 occasionally very heavily. But it is my understanding that, you
9 know, it's my morals that my heavy drinking is, one, against the
10 law; and two, dangerous to my health. So, I don't -- I don't do
11 that.

12 The parents, when they drink, they can say, "Yeah, we
13 can but we don't do it in excess. We don't do it to a point
14 where it's, you know, hazardous to our health. You shouldn't do
15 it because da-da-da-da." And they have to really, you know, be
16 forceful on that. They have to tell their son or daughter why
17 they can't do it. You know, they have to really be decisive on
18 it.

19 I'm kind of tripping over my words.

20 MR. RYAN: That's okay. Thank you.

21 CHAIRMAN SEYMOUR: We are going to remind the committee,
22 it is now 10:25. We are almost 20 minutes behind, but it's your
23 day so go at it.

24 Sharon.

25 MS. ROSE: I just want to thank all three of you for
26 coming. It's really enlightening to find.

27

28

1 I have a theory that there are kids out there that don't
2 do it, and it's always backed up by three neat kids like you.

3 I think that, and I'm just asking for your opinion on
4 this, that you can make more of a difference than ten committees
5 like this by spreading your values, and thoughts, and ideas, and
6 saying that you don't do it, and you're great without it. Have
7 fun without booze, and that sort of thing. I think that is
8 what's going to make the difference.

9 And I just think you ought to keep going, and good luck.

10 MR. HANNEGAN: Thank you very much.

11 CHAIRMAN SEYMOUR: Mr. Meyers.

12 MR. MEYERS: I don't want to ask my question just in the
13 interests of time.

14 I just want to reiterate that I think these are the
15 three most important witnesses that we've had testify before the
16 committee. It would be nice to have them on the ad hoc committee
17 when we start actually looking at the plan.

18 CHAIRMAN SEYMOUR: We certainly intend to have that type
19 of representation.

20 On behalf of both committees, let me thank you again,
21 Jennifer, Joe and Bryan, for your honesty, candor, and as was
22 stated, on-the-point comments. We appreciate your time. Keep up
23 the good work.

24 At this particular point, we'll recess for five minutes
25 to give our court reporter a chance to limber her fingers.

26 (Thereupon a brief recess was taken.)
27
28

1 CHAIRMAN SEYMOUR: If the panel will reconvene, we'll
2 take our next witness. Our next witness is Janet Cater, who is
3 the Executive Director of Mothers Against Drunk Drivers, the
4 Orange County Chapter.

5 Janet, good morning.

6 MS. CATER: Thank you. I was expecting someone to go
7 before me, so let me dig my speech out here.

8 CHAIRMAN SEYMOUR: Oh, I'm sorry. I am in error. My
9 apologies.

10 We have John Duff, who is the President of Narconon
11 International.

12 John, are you here? John Duff?

13 MS. CATER: He may have stepped outside.

14 CHAIRMAN SEYMOUR: Well, why don't you proceed, Janet,
15 and then we'll see if John comes along later.

16 MS. CATER: Okay.

17 You should each get a copy of my speech.

18 Thank you for inviting us, Mr. Chairman and members of
19 the Committee, and for the opportunity to speak.

20 A Master Plan for substance abuse, we believe, should
21 include three components: prevention, intervention, and
22 enforcement accountability.

23 A Master Plan should also address substance abuse
24 without the constant separation of alcohol and drugs. One goal
25 of the Master Plan could be to merge alcohol services and drug
26 services into one agency. It is an inefficient use of resources
27 to have a separation, and it results in duplication of efforts.
28

1 The state policy planners need to have a clear vision of
2 their goals and unify all related agencies in the effort to
3 achieve that goal.

4 At the county level, it can result in patients being
5 seen by one counselor for alcohol abuse, and a second counselor
6 for drug abuse. In a study done by Dr. Forouzesh of California
7 State University at Long Beach, 54 percent of 406 second offender
8 drunk drivers stated they used other drugs with alcohol.

9 The goal must be to promote responsible use of alcohol
10 and freedom from substance abuse, whether it be alcohol, drugs,
11 or a combination of the two. Alcohol is the universal solvent
12 which mixes with any drug. In order to enable addicted persons
13 to become chemical free, they must be treated for substance
14 abuse, both their alcohol and their drug addictions.

15 Prevention programs hold the key to breaking the cycle
16 of substance abuse in America. The goal is to eliminate the
17 market for drugs. The key to achieving this goal is educating
18 our children. The Attorney General's Report of the Commission on
19 the Prevention of Drug and Alcohol Abuse offers an excellent
20 outline of programs to achieve that goal. I recommend that the
21 State of California adopt those recommendations in full.

22 There is much that can done through intervention
23 programs for those who fail to be educated. For many substance
24 abusers, their first contact with intervention is being arrested
25 for driving under the influence. Current programs such as the
26 SB 38 second offender program and the AB 541 first offender
27 program do have an impact on some. With modifications the impact
28 could be increased.

1 Of 406 second offenders surveyed, 44 percent felt the
2 first offender program was not of help to them; 65.8 percent felt
3 they would not have been arrested the second time if they had
4 attended an SB 38 program the first time around.

5 Judge Jim Gray has developed a model first offender
6 Level II program that is being used very successfully here in
7 Orange County. And he will be here later to address you. It is
8 very important that offenders be screened and placed in programs
9 designed for their level of substance abuse. The Level II
10 program is a modified SB 38 program, and it's being used
11 successfully by several courts in Orange County.

12 All counties in California should be using this kind of
13 screening process. If a person is an alcoholic or chronic
14 substance abuser, they should never be put into a program
15 designed for social drinkers.

16 Orange County MADD is starting a program of Victim
17 Panels. We are working with the courts to require first
18 offenders to attend a Victim Panel as part of their probation.
19 We did our first panel with nearly 100 second offenders.
20 Comments we received indicate it has the potential of having a
21 great impact on how offenders view their crime. If we can
22 recruit enough victim volunteers, MADD will offer this program to
23 all Orange County courts.

24 At the back of your report there is a copy of the
25 newspaper review of our first panel.

26 While some first offenders are so humiliated by being
27 arrested for drunk driving the first time, and financially
28

1 impacted by the expense of their crime that they never repeat the
2 behavior, others are very blase. The purpose of the Victim Panel
3 is to shock them out of their complacency by bringing home to
4 them the reality of what can happen if you drink and drive.

5 In Orange County, the SB 38 programs and the Level II
6 first offender programs are effective for many people going
7 through them. The key to the effectiveness here in Orange
8 County, in comparison with maybe some other counties throughout
9 the state, is that Orange County requires total sobriety for all
10 participants in these programs for the course of the program.
11 Orange County and Santa Barbara County are the only counties in
12 California requiring total sobriety. You cannot educate an
13 alcoholic that is still drinking. This should be a statewide
14 requirement.

15 The SB 38 programs can also be improved by making the
16 following changes:

17 You can extend the face-to-face counseling sessions to
18 30 minutes once a week.

19 You could have all SB 38 programs participate in a
20 comprehensive study attempting to measure their effectiveness,
21 such as the one done by California State University at Long
22 Beach.

23 You could require a minimum of a bachelor's degree or
24 the equivalent for the staff of drinking driver programs.

25 You could use a review board process for every SB 38
26 program violator and consider setting mandatory minimum sentences
27 for violators who are sent back to the courts.
28

1 It could also be a requirement that everyone in a
2 program attend a minimum of one AA or Narcotics Anonymous meeting
3 a week, and for some of them, they probably should go once a day.

4 You could develop a curriculum of weekly group topics
5 for the group meetings. Allow the opening 15 minutes for
6 participants' alcohol-related problems. We have received
7 complaints from participants that without set topics, the
8 sessions become a general rap session unrelated to alcohol and
9 drug problems, and that's of no use to anyone.

10 Provide for the inclusion of family members in the
11 treatment process. The co-alcoholic needs to be involved in the
12 treatment process to achieve a high level of success.

13 And lastly, allow the SB 38 programs to include as part
14 of their educational program attendance at a Victim Panel
15 presentation three-quarters through the program where available.
16 At the three-quarter point, we are receiving reports that
17 offenders are becoming complacent and thinking about drinking
18 again. A Victim Panel, we hope, will give them real motivation
19 to not drink and drive.

20 Orange County MADD believes that these changes would
21 help existing programs become more effective. We also believe
22 that the third offender program proposed in Senator Seymour's
23 SB 1365 will also help make a difference.

24 Currently at Harbor Court, only a few miles away from
25 here, there are three new repeat offender drunk driving cases
26 filed in the last month. In every case the offender killed
27 someone in 1979, and is still drinking and driving. All
28

1 offenders had high blood alcohols and were on their second, their
2 third, or their fourth drunk driving since their conviction for
3 felony vehicular manslaughter.

4 As the law currently stands, a judge cannot give any of
5 these very dangerous felons a sentence different from other drunk
6 drivers. There should be greater consequences for someone who
7 continues to drink and drive after killing another. Such wanton
8 disregard for public safety should be an automatic felony every
9 time the crime is committed.

10 California has made great progress since 1980. However,
11 there are still loopholes which need to be closed. Both the Los
12 Angeles County DUI Task Force and the Presidential Commission on
13 Drunk Driving put top priority on accurate, timely, and
14 accessible records on drunk drivers. Currently, California does
15 not have an adequate recordkeeping system.

16 It is critical to reopen the Office of Criminal Justice
17 computer to all drunk driving offenses. Currently the courts,
18 probation and law enforcement are unable to adequately determine
19 a drunk driver's criminal history because the only source is DMV
20 records. The CII computer data base tracks arrests as well as
21 convictions and does not empty its memory after seven years, like
22 the DMV. This information is vital. Without this data base,
23 repeat offenders and scofflaws are able to pose as first
24 offenders and escape punishment for probation violations.

25 Please see the attached section of the L.A. DUI Task
26 Force recommendations.
27
28

1 Senator Bergeson's SB 1254 would have rectified this
2 situation, but it is still languishing in committee.

3 California should make greater effort to conform to the
4 recommendations of the Presidential Commission on Drunk Driving.
5 California still does not have administrative revocation, severe
6 license suspensions for drivers who refuse to take a chemical
7 test, approval of preliminary breath tests in the field, or the
8 habitual offender provision.

9 Twenty-two other states have habitual offender laws.
10 The most common provision is five years revocation of license for
11 three serious offenses in five years. In eleven states, driving
12 while deemed a habitual offender is an automatic felony.

13 Another loophole is the drugged driver. Current
14 California law does not allow for adequate prosecution of those
15 driving under the influence of drugs. It is currently easier for
16 a driver on illegal drugs to escape prosecution and conviction of
17 felony manslaughter than a drunk driver. There is no more
18 dangerous form of drug use than to use drugs and get behind the
19 wheel and endanger the rest of us. It is important that all
20 antidrug campaigns emphasize the dangerousness of this behavior,
21 and that drugged drivers are held criminally accountable for
22 their actions.

23 California also needs to consider changing the education
24 programs for drug possession, the P.C. 1000 courses. In
25 California, most people who use drugs also drive, and at least
26 some in the P.C. 1000 courses were driving at the time of arrest.
27 Currently drug users are required to spend only between eight and
28

1 thirty-three hours in a workshop and counseling program, versus
2 the approximately 1,000 hours for a second offender drunk driver.

3 If the state seriously wants to change their behavior,
4 these individual users should be put into a program similar to
5 SB 38 with a focus on substance abuse.

6 Prevention, intervention and enforcement are
7 intertwined. Progress must be made in all areas to achieve the
8 goal of ending substance abuse in California.

9 MADD and other grass-roots organizations can continue to
10 educate the public, but we cannot reach those who will not
11 listen. The Legislature must continue to work to close the
12 existing loopholes to protect the innocent. Only when
13 individuals are confronted with responsibility for their behavior
14 and held accountable is there a possibility of change in their
15 behavior and in the behavior of others.

16 CHAIRMAN SEYMOUR: Thank you very much, Janet.

17 Questions of the panel or members of the Committee?
18 Yes, Senator Lockyer.

19 SENATOR LOCKYER: Mr. Chairman, could someone remind me
20 of the substance of Senator Bergeson's bill? That's the one
21 that's stalled in Ways and Means, 1254.

22 MS. CATER: It basically would reopen the Criminal
23 Justice computers to all drunk driving convictions, and we were
24 planning to pay for it by a penalty assessment on every convicted
25 drunk driver, but we could not get it out of Ways and Means.

26 I consider that the most important legislation the
27 Legislature could enact on drunk driving this year, because
28 people are not being held accountable for what they are doing.

1 SENATOR LOCKYER: I remember the bill, thank you.

2 CHAIRMAN SEYMOUR: Senator Lockyer, one of those other
3 hats that he wears, a most important hat, is Chairman of the
4 Senate Judiciary Committee.

5 Sharon Rose.

6 MS. ROSE: Someone just told me about legislation that I
7 think is in Canada, I'm not sure, where the minute a drunk driver
8 is in an accident, his insurance is cancelled. His insurance
9 covers the other car, but it doesn't cover -- he's through.

10 Do you think something like that would be an effective
11 -- to me, it has to hit the pocketbook. Would that be something
12 we could do?

13 MS. CATER: We've looked into it. Apparently the only
14 way you can do that is if the person will voluntarily waive their
15 right to that. The reason why they can do it in Canada is
16 because the government is the insurer for everybody, so they can
17 set policy.

18 In our country, where it is a matter of business, a
19 person can voluntarily sign up for a policy that maybe gives him
20 a reduced rate if they will agree to waive their rights to
21 restitution in that instance, but you cannot set it as a general
22 policy, as I've been told when we looked into it.

23 CHAIRMAN SEYMOUR: Any other questions?

24 Janet, again, thank you so much for your testimony this
25 morning.

26 Is Mr. John Duff, President of Narc-Anon International,
27 here? We've received your testimony, sir.

28

1 MR. DUFF: Thank you, Mr. Chairman.

2 As you're aware of, the three issues that we're faced
3 with in the drug problem is: education, rehabilitation and
4 enforcement. I think my first concern would be that although
5 enforcement and rehabilitation are vital, we need to put more
6 attention on education, more money. And once this occurs, next
7 what has to be looked at is what messages are going to occur on
8 this subject.

9 And I would like to speak a little bit about alcohol,
10 because we've often heard that marijuana is the gateway drug, and
11 we are very concerned about our children using illegal drugs, yet
12 the real gateway drug is alcohol. It's the drug that we all
13 learn what a chemical high is.

14 I can recall when I was nine years old, my brothers were
15 ten and eleven, and we wanted to know what made our parents so
16 damned happy when they had a party and a gathering. And what we
17 did, we went out back and found out.

18 And in surveying our clients, we've found that probably
19 90 percent to 98 percent of them, roughly in that area, their
20 first chemical buzz was alcohol. And this is a very critical
21 issue when you talk about education, because if we're going to go
22 out and try to convince a child that he shouldn't be getting his
23 pleasures chemically, we're going to have to look at how we as a
24 society get our pleasure. And unfortunately, as adults we've not
25 been real good examples of this. There's an enormous amount of
26 double standards that a child, the minute you're in a classroom,
27 and you're trying to relate a child, that he knows. And that's
28 where we're at as a society.

1 Actually, you could go so far as to say that the drug
2 problem is not a youth problem; it's an adult problem and our
3 children are simply a reflection of that. And until we address
4 ourselves and our own habits and routines, I don't think our
5 children are going to change. I mean, I know that the whole
6 concept of "Do what I say, not what I do" doesn't work. I know
7 that.

8 So, I feel that what's most important that the committee
9 -- for the committee to look at would be what is it that's going
10 to be relayed? What kind of messages are we going to try to
11 relay to our children?

12 Now, in my experience, I think first of all it's
13 important. I realize that -- I'm not unrealistic enough to
14 realize that, to think that we're going to stop using alcohol as
15 adults. That's just not going to happen. I can personally
16 practice that, but society's just simply not going to stop using
17 alcohol.

18 But at least what we can do is, we can begin to be a bit
19 more honest with our children about this. Alcohol's a drug, and
20 it causes a high. And there are lots of people that use a little
21 bit of it, and it doesn't ruin their life, but there's also more
22 alcoholics and more deaths from that drug than any other drug
23 that exists. The use of other illicit drugs -- marijuana,
24 cocaine, heroin -- are simply an extension of getting that kind
25 of chemical high.

26 So the message that would be most important, is to look
27 at the issue: Why are drugs not a good avenue of getting
28

1 pleasure? And if drugs are not a good avenue of getting
2 pleasure, what is the good avenue?

3 In the past we spent a lot of time talking about the
4 horrible effects of drugs, but people don't take drugs just to
5 experience the horrible effects. They take them to experience
6 the good effects. And so we've got to address the issue of --
7 the whole issue of getting pleasure; how do you gain pleasure.

8 In my studies, I was reading recently a research on a
9 group of monkeys that were given cocaine. You know, they had to
10 push a certain button, they would get cocaine. And they did that
11 until they virtually died instead of drinking, or eating, and you
12 know, doing other types of things.

13 So, you know, I think we all innately like to feel good,
14 and drugs -- it's sort of like we have two ways home: one's
15 short and quick, and the other one's long and hard. Drugs are
16 that kind of avenue, and we have a tendency of wanting to get
17 that quick pleasure.

18 So, what's really important is that our education really
19 talk about why that pleasure is not a good way to get a pleasure.

20 Now, of course, this goes back to the general message:
21 what are we going to say to our children when we're a very drug-
22 oriented society ourselves? When every time you turn on the
23 television you see our actors, famous ones, drinking alcohol and
24 having a good time, and we see -- I think my most favorite ad is
25 on the billboards, the Black Velvet ad. Have you ever seen the
26 woman in the sleek black dress with the bottle of Black Velvet?
27 Have you ever seen anybody drinking Black Velvet that looked like
28

1 that? I haven't. I mean, people that drink Black Velvet just
2 aren't that kind of client, right?

3 And yet we want our children to feel like it's normal to
4 drink. I think if we wanted to make any one impact, and this is
5 just a little bit off of the education approach, we could take
6 the advertisement of drugs, especially alcohol and cigarettes,
7 probably coffee and other over-the-counter drugs, and just simply
8 take them off the advertisement, out of the -- just make
9 advertisement of them illegal. It's a little bit unrealistic,
10 but it certainly would probably change the message to our
11 children very quickly, that we don't think that's the way to feel
12 good in life.

13 Now, some people would argue that goes against, you
14 know, the Constitution. But what really goes against the
15 Constitution is the advertisement of chemicals and medicines that
16 -- where you only get one view of the drug. There's an old Greek
17 definition that says, "Drugs are like a coin. One side's a
18 positive, the other side's a negative." One's a potion; one's a
19 poison. And when you take a drug, you experience both sides.
20 This is literally true for every drug that exists, starting with
21 even the very positive ones, like vaccinations and antibodies.
22 But it's very definitely true with aspirin. It may get rid of
23 your headache, but it's going to thin your blood; it's going to
24 be hard on your stomach; and it's not going to be good for you in
25 the long run. But you're not going to hear about that in the
26 advertisement.

27
28

1 So, we get a situation where our children, they're
2 exposed to enormous amounts of peer pressure; they're exposed to
3 enormous amounts of advertisement. There is 500,000 dealers in
4 the country, which makes Amway look small. There is all these
5 enormous pressures.

6 And on the other side what do we have? We have the
7 health teacher, a couple of weeks, twice, during high school,
8 that talks to these kids about drugs. We have government
9 pamphlets, and I've not really been impressed with the government
10 pamphlets on drugs myself, but there's an enormous imbalance. I
11 think in 1980, they stated that the illicit drug business in the
12 United States was some \$80 billion, and the United States
13 Government spent 30 million on drug education. One Cheech and
14 Chong movie cost more than \$30 million, and every young child who
15 sees it in the United States.

16 So, we have this enormous imbalance. What has to occur,
17 we have to -- we have to shift the balance. We have to put more
18 funds and people into -- more time and individuals into the field
19 of education and prevention. We need to change our messages as
20 adults that are going to go into society. We need to look at the
21 whole idea of advertising poisons on television and only showing
22 one side of the issue. And we need to do this in a coordinated
23 effort, not just one program. All the different programs.
24 Programs like Mothers Against Drunk Driving, and Students Against
25 Drunk Driving, and the National Federation of Parents Against
26 Drugs, and these programs have got to work together more, or
27 we're simply not going -- our messages are not going to be
28

1 coordinated, or it's going to be a group of small efforts trying
2 to create a big effect instead of one -- one large group making
3 an effect.

4 I don't have solutions for that. I have willingness,
5 but not solutions. But I do feel that we have got to look at
6 putting more time and money and effort in educating the
7 population on drugs, and in particular, our young children.

8 Thank you.

9 CHAIRMAN SEYMOUR: Thank you very much, Mr. Duff.

10 Question, Assemblyman Clute.

11 ASSEMBLYMAN CLUTE: Mr. Duff, I don't mean to
12 distinguish between values of using alcohol or drugs, or what is
13 most dangerous, but I've been hearing this the past couple of
14 days, and it seems important to me to remember also that a first
15 hit, or one hit in using cocaine could bring about cardiac arrest
16 and a fatality. Probably happens in this country every day. We
17 only hear about it, at least I only hear about it, when
18 somebody's been somebody famous, well-known.

19 And yet alcohol can be the means to go out and get in a
20 car and wipe out other people as well as yourself.

21 But I think in that short term, or perhaps a single or
22 early use, it's important to remember the real potential danger,
23 the real dangers, and the like, of a cocaine hit.

24 MR. DUFF: Well, you know, I -- before I turned 21, I
25 was arrested eight times. I spent enormous times in jail, in
26 Juvenile Hall. I received a dishonorable discharge from the
27 Marine Corps for drug use. I was a wreck.

28

1 By the time I stopped using drugs, I was a 21-year-old
2 8th grader.

3 Now, there were a lot of physical dangers I exposed
4 myself to, from swallowing balloons of heroin and smuggling them
5 out of Mexicali, to fixing heroin, to snorting cocaine, and these
6 physical dangers were real. And there were people around me that
7 didn't make it. But the fact was, when I stopped using drugs,
8 the most damage drugs did to me was, I ended up a 21-year-old 8th
9 grader.

10 Now, I've changed my situation. I've spent the last 15
11 years in a rehabilitation program. I'm finishing my last year of
12 college. I've been in college for 4½ years. I'm starting to
13 experience success, but I'm 35 years old starting this whole
14 thing. I'm doing things I should have done when I was much
15 younger.

16 And in my case I was fortunate because I had really good
17 parents, and I had a good basic education up to the 8th grade
18 before I got into drugs. So I was, you know, in a sense lucky.

19 But the fact is, the most damaging things that drugs are
20 going to do to our society is, they're going to produce a
21 generation of 21-year-old 8th graders. And that's what's hard to
22 change.

23 The physical withdrawals and rehabilitation is
24 difficult, but it's a relative short period of time compared to
25 what you have to do to re-educate an individual.

26 And you take something like marijuana. Of all the drugs
27 that I used, that's the one that caused me the most damage.
28

1 ASSEMBLYMAN CLUTE: I think we're getting beyond my
2 point, but I appreciate your comments on it. I just wanted to
3 bring out what seemed to be something that hasn't been clarified,
4 at least in my mind.

5 MR. DUFF: The toxicity of cocaine is greater than
6 alcohol.

7 ASSEMBLYMAN CLUTE: Well, that in a short term
8 situation, can have a very devastating fatal effect, and a short
9 term situation with alcohol, you know --

10 MR. DUFF: Oh, yeah, well that's true.

11 ASSEMBLYMAN CLUTE: It's not going to probably be a
12 fatality outside of getting in a vehicle and doing it that way.
13 That's simply what I was trying to do, make that --

14 MR. DUFF: During a ten-year period of the Vietnam war,
15 we lost 58,000 veterans. At the same period of time, we lost
16 close to 500,000 people on the highways. And half of those were
17 related to alcohol.

18 So, to me, that is very -- you know, alcohol is the drug
19 of choice, is the drug of use, and its dangers are enormous.

20 You're right, the instant overdose effect of it is not
21 as great because it's liquid, it's diluted, and you can throw it
22 up. It's easier. You can't throw something up once you've put
23 it in the lungs or you've injected it.

24 So yes, the danger factor's greater. But to me, that is
25 not of the greatest importance. I'm looking more at the long-
26 term condition of the individual than the instant dangers of
27 having used it.

28

1 CHAIRMAN SEYMOUR: Question, Senator Green.

2 SENATOR GREEN: I think, along the same line, we've
3 heard testimony earlier that the peer groups and school kids
4 would be some of the best treatment modes, or the best way to
5 address the drug abuse in the school.

6 In my memory over the years, in the late '50s, early
7 '60s, we did have the paraprofessional in most of your drug abuse
8 programs. They were the ones that were peer counselors and so
9 forth. And with -- the word I'm going to use is grantsmanship --
10 we in the state and the federal government got into the act, we
11 retired professional skills, per se, in the programs, and it took
12 the paraprofessionals out of those programs.

13 Do you feel that maybe we should turn around and go back
14 to the paraprofessionals?

15 MR. DUFF: Absolutely.

16 SENATOR GREEN: Over the professional?

17 MR. DUFF: Yes, I do.

18 I think you should not isolate in one avenue in the
19 schools, though. What Narc-Anon's been doing, we ourselves as
20 former users, we go in. We don't use the scare tactics and stuff
21 they used before, but we are going into the classroom, and we
22 have found through our surveys and research that kids do want to
23 hear from us. We get a lot of celebrities in, and we actually
24 found in surveys that the kids actually want to also hear from
25 the celebrities that have had experience, because they want to
26 know, you know, they want to know from that viewpoint what's
27 going on.

28

1 But I also think it's important that we have a variety
2 of approaches in the classroom, much more time. I mean, we -- we
3 have a child that's in algebra for four years and we expect him
4 to understand it, and many times they don't even grasp it after
5 four years. We can't expect children to understand a complex
6 subject like drugs, which include biochemistry, chemistry,
7 anatomy, biology, physiology, and pharmacology. We can't expect
8 him to understand this in two weeks, especially if you want to do
9 it well.

10 And I'm not just talking about the example programs,
11 where you go in and say, "look what drugs did to me. Don't let
12 them do it to you." I'm talking about those children getting a
13 concept of why the drugs do what they do in the body. It's like
14 basic biology and chemistry. It's hard to relay, but it can be
15 done. There are individuals that are educated enough to do it
16 and the paraprofessional individual. It's not necessary to have
17 a doctor or a pharmacist in there, although if I had my choice, I
18 would like a variety of things in the classroom. But my emphasis
19 would be more in the paraprofessional.

20 SENATOR GREEN: Thank you.

21 CHAIRMAN SEYMOUR: Mr. Duff, thank you very much for
22 your testimony. I appreciate you being here today.

23 Our next witness is Mr. Ray Chavira, representing
24 Americans for Substance Abuse Prevention and Treatment.

25 Ray, welcome.

26 MR. CHAVIRA: Thank you, Mr. Chairman, and also Chairman
27 Clute, members of the Committee, members of the ad hoc committee.
28 It's a pleasure to see an ad hoc advisory committee of this sort.

1 I wish you had other players on your advisory committee,
2 though. I'll start off the bat by suggesting that the League of
3 California Cities has something to say in terms of the local
4 aspect of alcoholic beverage zoning, for example. Department of
5 Alcoholic Beverage Control [ABC] should be a permanent member,
6 and I suggest also as long as you have School Board Association
7 people, perhaps the CSAC should be involved, and a major group,
8 the California Teachers Association.

9 It seems to me it's somewhat anticlimactic for me to
10 come up here after the young people and the last few speakers,
11 but i will try to give you some specifics.

12 I'm here mostly using my experience on the State
13 Advisory Board on Alcohol Related Problems at one time, and the
14 L.A. County Alcohol Advisory Board.

15 Very quickly, some housekeeping details, because you've
16 got lots of propaganda there from me, as you had last time,
17 Senator Seymour, in Sacramento in late November.

18 The infusion of alcohol and drug at the local level from
19 my perspective, at the policy level, should not be considered.
20 You're talking about a legal drug for adults versus illegal drugs
21 for everyone. Until we learn to control the basic age-old legal
22 drug, alcohol, it seems to me we've got no business messing
23 around with trying to fuse and obfuscate the kind of public
24 policy considerations and the import of the one major age-old,
25 traditional drug that you've heard testimony about here today.

26 Very often it's very difficult for those of us who
27 practice at local, state, and national levels to have an
28

1 opportunity to speak to people such as yourselves in public
2 policy and legislation. But it seems to me that to answer your
3 question number one very specifically, without having to read the
4 material that I have here, we don't have the adequate data base
5 suggested from the national people who do this, courtesy our
6 federal taxes, the Office of Substance Abuse Prevention.

7 It's clear right off the bat that we need adequate data.
8 Those of us, for example, in alcohol, and I'll speak as a former
9 planning commissioner of my city, we don't have the basic facts
10 and figures on consumption data by beverage type -- beer, wine,
11 distilled spirits -- by types of outlets, the many kinds that
12 there are, by census tract because everybody understands census
13 tracts, and by the month, preferably. You can't do any
14 epidemiological work without those basic marketing statistics
15 that I'm sure segments of the industry already have, otherwise
16 they can't do business, especially as they target major minority
17 communities such as mine, Hispanic, and Black communities. It
18 just makes good business, it seems to me, for the people's
19 representatives to give us the kinds of basic ABC type data that
20 we have never had in California. We do have in Canada because
21 there's a different system there.

22 That is, accurate sales data. The Board of Equalization
23 could be required or directed to compile in the sales slip what
24 types of beverage, what type of outlet, and that be made
25 available to the state and county delivery systems. It's a
26 partnership, as Chauncey well knows.

27
28

1 It's almost asinine, to put it that way, to dole out
2 meager public funds and all sorts of drugs when we're not gearing
3 them to where the epidemic really is; where the barrios, ghettos,
4 neighborhoods are being more severely impacted by what types of
5 beverages, by what sorts of drinking practices, and environmental
6 settings in which drinking takes place. We're not pursuing it
7 very scientifically for the meager bucks we have now.

8 Also, we don't have accessible to the public, certainly
9 the qualified public, license counts. If I didn't have a
10 personal relationship with some people at the ABC level, and I
11 hope I'm not divulging friends, I wouldn't know that on June 30th
12 of every year, there's compiled by ABC probably the one real data
13 document available to some of us, and that is a license count by
14 type of license, by city, by county unincorporated territory, by
15 county, and totals for all those. So that I, as a lowly planning
16 commissioner at one time in Lynwood, was able to know how many --
17 I was the only person in town really -- how many licenses of
18 which kind were in Lynwood, and where they were. I had to get my
19 own map to od that because the local planners up to now have not
20 been up on their ABC's at the local level. There's another
21 partnership there.

22 The planning function of local government, cities and
23 counties, relates very intimately with the ABC, as we found out
24 recently in a bill the Governor signed last week, AB 937, a
25 Condit bill banning local concurrent sales bands.

26 I speak about alcohol because I've had personal
27 experience with it, and as you legislate for the entire State of
28

1 California, in which my ethnic group is a major player -- we
2 proliferate with kids; we proliferate with lots of problems; we
3 proliferate with subsidizing Anheuser-Busch, for example, among
4 others -- you don't dare ignore the kinds of public policy
5 implications that I'm suggesting. I may be wrong, but I'm not
6 wrong in directing you to consider those or have your staff do
7 so.

8 In answer to question number two -- and I realize
9 perhaps that Sheriff Gates is here from Orange County, and his
10 statewide association is pushing a statewide initiative against
11 crime -- as a long-time advocate of alcoholic beverage taxes,
12 both in this state and in the nation, as a former proponent of an
13 alcohol-tax initiative, I would suggest that my proposal for a
14 funding base for the kinds of problems that we all need
15 resolution of in terms of prevention, treatment and
16 rehabilitation programs, that alcohol taxes in California have
17 got to be looked at by your level and not by a Prop. 13 approach,
18 where it's a grass-roots, people getting mad at what you haven't
19 done for years for various reasons. And I understand the
20 political pressures behind all this. But sooner or later, with
21 beer and wine comprising 78 and 16 percent of all alcoholic
22 beverage consumption in this state by Board of Equalization
23 figures, 94 percent of the container consumption, to ignore the
24 tax connection, the zoning connection, the license fee structure
25 for this kind of operation, is a crime.

26 That's the kind of hypocrisy I suggest to you, and I use
27 that very respectfully because I'm part of that system, that's
28

1 the kind of hypocrisy on the part of us adults who know better
2 that the young people, if they had that armament, that argument,
3 would shame us all.

4 Now, that doesn't mean that we're going to make
5 neoprohibitionists out of them. Goodness knows they have to make
6 their own mistakes, as I did. That option has to be there. But
7 they're not really hitting you with their best arguments.
8 They're not aware of them. And I wouldn't want to go back to
9 being a 17-year-old beginning to drink, as I once was, after I
10 left high school.

11 So, your license fee structure must be actualized to
12 what the cost is through at least the ABC department, in
13 processing a license and enforcing it, and all things that go
14 with it, just that single cost.

15 Beer and wine is where it's at, and with most people
16 it's beer.

17 Number three, to answer your question, what about
18 involving the professionals, as a former supervisor of a
19 federally subsidized program to train paraprofessionals in a
20 barrio, I can well tell you that we need more than just
21 professionals. We don't have the kinds of monies, nor should we
22 have, to train the degreed people entirely. This has to be a
23 self-help approach and a grass-roots involvement also. If the
24 people want to change their behaviors and their attitudes,
25 they've got to pay the price.

26 Before I close, I want to remind you of something as a
27 former teacher it took me many years to learn, and that is in
28

1 Spanish, our word for "attitude", which I've heard mentioned here
2 today, is a clearer word. It all comes from the Greek. Our word
3 for "attitude" is this: "actitude". You see, the "at" was
4 assimilated many years ago, but it used to be "ac". Actitude
5 relates to attitude; our attitude relates to our actions, our
6 behaviors. You can't divorce them. If we would have the people
7 wise up about their attitudes, you must change the way we do
8 things, because obviously you can't just start with head work.
9 You've got to start with body work.

10 What the young people I think were saying is, we need
11 some better shining examples in terms of public policy
12 legislation, and obviously parental concerns with the environment
13 that we have allowed to deteriorate into a chemicalized society,
14 especially at the local level.

15 There is an existing mechanism that I was well familiar
16 with, and at one time I fought the Department of Alcohol and Drug
17 Programs on, and that is, if you want some input from the field,
18 that's already there now. There ought to be, as there is for
19 County Alcohol Program Administrators and County Drug Program
20 Administrators, a statewide organization, I think, partially
21 funded from the state, a similar organization of the County
22 Alcohol Advisory Board appointees, each supervisor appoints
23 three; same thing with the other drugs. They need a statewide
24 organization so they, as appointees of the local supervisors who
25 can't afford to deal with alcohol and drug problems all the time,
26 so they can be the sounding board, and hearing body, and lobbying
27 platform for all the concerned players and vested interests in
28

1 this massive field, up and down the line. To leave us out of an
2 organizational process, to have us have no head, is counter-
3 productive to the meager funds you're already dispensing now
4 through the state budget.

5 I know in the past I've fought the Department on it.
6 Recently one of Chauncey's people suggested they were trying to
7 copy this now, that there was a need to bring the county alcohol
8 people together for the first time, in a group, and the county
9 drug people together so they could stand up on their own, versus
10 the County Alcohol Program Administrators, who have a vested
11 interest also, the drug people, and so that citizens could
12 provide input to these appointed people who have lots of power.
13 Certainly they pass on the county alcohol plan and the county
14 drug plan. That's built into the law that we still have.

15 Use existing mechanisms wisely and adjust them slightly
16 so you can get the kind of input that you should have had years
17 ago, so that possibly master plans don't have to be dealt with
18 continually. And obviously five years is a short one.

19 I would like to close by saying that it's a pleasure to
20 have gentlemen and ladies up here who know their local problems,
21 connections, because they're city government and county
22 government people.

23 I regret, and I don't mean this in a bad sense, I regret
24 that the -- at least from my perception -- the two minority
25 representatives that are also serving on your committee were not
26 here today. I'm sure they have other activities. That's part of
27 our own problem, but it seems to me that for a major group that
28

1 is 20 percent of the state Hispanic Latino population, for us not
2 to have spokespersons here to be properly sex and ethnically
3 distributed, even up here, it's a situation the taxpayers can no
4 longer afford.

5 Thank you much, sir.

6 CHAIRMAN SEYMOUR: Thank you very much, Mr. Chavira.

7 We have questions, Senator Lockyer.

8 SENATOR LOCKYER: I just wanted to make this
9 observation, if I might, Mr. Chairman.

10 Mr. Chavira, you mentioned the issue of taxation, and
11 that's obviously a collateral matter that, if for no other
12 reason, is perhaps key to adequate financing of an appropriate
13 private and public response to some of the educational and
14 treatment and other issues.

15 I think I'm the only one -- no, John also serves on the
16 tax committee with me. And it seems to me that the advocates for
17 those tax changes routinely make a tactical mistake, or a
18 philosophical mistake. And I just want to comment on it, put it
19 in the record, hope that those in the network about these things
20 will give it some new thought.

21 That is, normally there is a bill that says, "Increase
22 the following taxes, and earmark that additional revenue for
23 these treatment programs." And I think probably both tax
24 committees in both Houses, members of both political parties, and
25 the Independents that serve on those committees, tend to resist
26 the earmarking suggestions; that it creates a tax code that's
27 very rigid, and structured, where certain funds have to always go
28

1 to certain directions, and you don't re-think and prioritize and
2 make any flexibility. Yet it's always those kind of proposals,
3 usually from service providers that are looking for additional
4 revenues, or a sort of an enterprise liability theory about the
5 industry paying for its problems.

6 But it's a mistake, at least it has been in recent
7 years. So, when you address -- and you didn't; I make that point
8 -- when you address the tax issue, I hope it could just be
9 comparing to other states what's a reasonable levy; the economic
10 impacts of the tax, rather than a fundraising mechanism for
11 programs.

12 MR. CHAVIRA: If I could respond with two sentences,
13 Senator Seymour.

14 CHAIRMAN SEYMOUR: Very briefly.

15 MR. CHAVIRA: Thank you very much, Senator Lockyer.

16 I would no longer, as a former proponent, propose
17 earmarking of various sorts. I would rather that the national
18 and state deficits, and it won't be long before we have a state
19 deficit, we all know that -- who knows that major catastrophes
20 will take place where we'll need money?

21 But just raising the taxes substantially -- goodness
22 knows we haven't raised them in decades -- is a preventative
23 aspect. We have the research to show that prevention. You
24 dispense it where you wish; however, with the cigarette tax,
25 there's a 70-30 split that goes to cities and counties based on
26 population. That has never been a controversial designated tax.
27 So, you already have a sample mechanism.

1 SENATOR LOCKYER: Yes, it's not designating that an
2 agency of government gets it. It's more designating a specific
3 program within a program.

4 MR. CHAVIRA: Whatever the county board or the city
5 council, health, safety, welfare --

6 SENATOR LOCKYER: Yes, so they have some flexibility.

7 MR. CHAVIRA: Yes, sir.

8 Thank you very much.

9 CHAIRMAN SEYMOUR: Other questions?

10 Our next witness, before a brief recess, will be the
11 Sheriff of Orange County, Mr. Brad Gates.

12 CAPTAIN STORM: Mr. Chairman, members of the Committee,
13 I'm obviously not Brad Gates. I'm Captain Doug Storm from the
14 Investigation Division.

15 CHAIRMAN SEYMOUR: Captain --

16 CAPTAIN STORM: Doug Storm.

17 CHAIRMAN SEYMOUR: All right.

18 CAPTAIN STORM: Sheriff Gates planned on being here this
19 morning. Yesterday afternoon he was commanded to be at a budget
20 meeting where I'm sure he's having a pleasant conversation this
21 morning.

22 If you read the Register, you know our budget's
23 controversial. We're taking donations of any helicopters.

24 I've been asked to convey his message, and as you may or
25 may not know, the Sheriff is actively out in the community on a
26 daily basis fighting drug abuse and trying to convey his ideas on
27 how to combat that problem in our community.

28

1 It's somewhat different than what I've heard here today.
2 I've heard specific problems addressed. The sheriff is somewhat
3 of a trend setter, and that's what he thinks it's going to take
4 to solve this problem. He'd like to start a trend, beginning
5 with the people here in this committee and people of Orange
6 County.

7 In order to successfully affect the availability of
8 drugs in the streets of California, narcotic enforcement efforts
9 must go beyond the common-day efforts we have. It must involve
10 the parents, educators, health professionals in the community at
11 large. Affecting only the supply lines will not have any
12 long-lasting effect.

13 The Sheriff has a motto that he has adopted recently,
14 and it's "Together We Win." And if you kind of think about that
15 motto as I go through his material here, and I'll share with you
16 some of the good things he's doing.

17 California's home to over 25 million residents. I think
18 it's time to call on all segments of our society best suited to
19 deal with the demand aspect of the drug problem. They should be
20 a rallying point in briefing citizen groups. We in the law
21 enforcement community long ago conceded that the present fight
22 against drug abuse is an uphill battle. We feel the only hope
23 for victory in the face of being out-financed, out-staffed, out-
24 equipped by a criminal sophisticated element is for a untied
25 response.

26 We must now carry the solidarity of our purpose to all
27 segments of the community. Other elements of the criminal
28

1 justice system, schools, businesses, private citizens, the
2 medical community, the military, the media, governmental
3 representatives, religious institutions, social science
4 professionals need to join in one new aggressive antidrug
5 movement.

6 How can we do this effort, and how can we prioritize it?
7 It starts with every single citizen making a personal commitment
8 not to tolerate drug abuse. The State Legislature needs to adopt
9 streamlined systems to get these criminals into court for a fair
10 and swift adjudication of major criminal cases. The state law
11 enforcement community needs to become involved in community drug
12 prevention projects and soliciting support for their funding.
13 Local law enforcement agencies should actively work in securing
14 the support of private businesses in the community for the
15 development of drug education and drug prevention programs in
16 industry. We must utilize existing state and federal asset
17 forfeiture laws to full potential, and we must inventory,
18 evaluate, and use to the maximum the existing governmental drug
19 prevention programs.

20 Obviously, every segment of our society has the
21 potential for making a significant contribution to reducing our
22 drug problem. As a law enforcement professional, it is
23 especially incumbent upon us alone to stimulate these various
24 groups to action.

25 Here in Orange County, for instance, we're working to
26 develop a consistent and organized exchange of information and
27 prevention information. And ideas among leaders to the public
28

1 and private sectors, and urging resistance to drug abuse and
2 community involvement in the fight are being financed with drug
3 monies seized during criminal investigations.

4 I think I'll stop here and just mention that that's
5 probably the best thing that we in law enforcement ever see
6 recently, and that's being able to use the illicit profits of
7 drug dealers to combat their efforts.

8 Programs are also being developed by the Sheriff's
9 Advisory Council to involve chief executive officers of industry
10 in developing programs in their workplace and making a statement
11 that they will not tolerate drug abuse in the workplace.

12 Another recent addition is the regional narcotics
13 suppression program which has proved to be very effective while
14 being locally led and financed for the cooperative effort against
15 trafficking -- drug trafficking and money laundering. All of
16 these efforts will be successful but will not be substantial
17 enough without the society base behind us.

18 It has been estimated that this nation supports an
19 annual illicit drug trade of between \$80-100 million. The key
20 here is a substantial increase in the demand for the drugs and
21 the corresponding increases in the quantities and the
22 availability of these substances.

23 Consider, for example, that in 1983, the Los Angeles
24 Sheriff's Department seized 231 pounds of cocaine. We had
25 national press coverage, and that was considered a large amount.
26 Recently, the regional narcotics team seized a half a ton of
27 cocaine, 6 million doses. We received moderate coverage in
28 Southern California.

1 The result of unregulated cash flow that generates these
2 astronomical profits are laundered through a variety of
3 businesses and financial institutions in our community. The
4 problem is so real that the U.S. Senate's permanent Subcommittee
5 on Investigations reported that even large banks with no genuine
6 cash-flow problems chose to close their eyes to the sources of
7 their deposits, and thus accept the dirty profits of these
8 illicit activities. Although we admit the dollar amount would be
9 almost impossible to estimate in California, we know that there
10 is a large and plentiful supply of illicit money in this state.

11 What we'd like to do is see every one of you here make
12 that personal commitment, and what the Sheriff has done
13 personally, he'll be coming out with an ad tomorrow in the
14 Register and the Times, and it says, "Sheriff Brad Gates Wants
15 You", and this picture. It's a picture of the general population
16 of Orange County with the Sheriff in the front. It says,
17 "Together We Win. Refuse to Abuse." And he's asking for each
18 and every citizen to cut out this little coupon and send it back
19 in.

20 I'd like to ask each one of you, if you get a chance to
21 get hold of a copy of the Register or the Times, to cut out one
22 of these and send them in. He actively has all of his employees
23 soliciting people to do this. And that's the way he feels, that
24 by setting a trend and having the areas in our society that are
25 trend setters going out setting this trend, that the rest of
26 society will follow.
27
28

1 And as a sign of thinking about doing this, this morning
2 I was thinking about the freeway shootings, and boy, haven't they
3 become a trend, with very minimal media coverage. If we go out,
4 and we start this kind of a campaign throughout the state, I
5 think we can win together.

6 Thank you.

7 CHAIRMAN SEYMOUR: Thank you very much, Captain Storm.

8 Questions?

9 Our best to the Sheriff and hope he wins on his budget
10 fight.

11 We will recess for five minutes and then Evelyn will get
12 a rest.

13 (Thereupon a brief recess was taken.)

14 CHAIRMAN SEYMOUR: The panel will reconvene. Ladies and
15 gentlemen, please take your seats.

16 Our next witness is Commander Glenn Levant. He's the
17 Commanding Officer of the Bureau of Special Investigations,
18 representing the Los Angeles Police Department and Chief Daryl
19 Gates.

20 Commander.

21 COMMANDER LEVANT: Thank you, Mr. Chairman. It's a
22 pleasure to represent Chief Gates before the Joint Committee on
23 this most important topic.

24 I'd like to preface my remarks by giving you a little
25 bit of an overview of the problem we're confronted with in the
26 City of Los Angeles, which, of course, probably is one of the
27 most significant problems, if not the most significant, in the
28 United States today.

1 The epidemic that we call the narcotics situation in Los
2 Angeles is in fact an epidemic that we're only achieving at best
3 partial success in coping with.

4 I know numbers don't mean a heck of a lot, but numbers
5 are staggering, as the representative from Sheriff Gates' Office
6 testified. The amount of narcotics coming into Southern
7 California is staggering. It's our belief that the federal
8 strike force activities in southern Florida over the last several
9 years has refocused the direction in which narcotics are
10 channeled into the United States, from being targeted towards the
11 southern Florida area into the Southern California area. We know
12 this from information we have developed, from arrestees, and we
13 know this just from the sheer volume of narcotics that we're
14 seizing in the streets of Los Angeles.

15 We also have recent reason to believe that narcotics
16 being shipped into Los Angeles City are then being transshipped
17 from Los Angeles back to the East Coast, which is an entirely new
18 development in international narcotic trafficking.

19 Last calendar year, the Los Angeles Police Department,
20 in cooperation with many other agencies -- and I will stress the
21 cooperative nature of law enforcement in this -- in this fight --
22 seized about 6½ tons of cocaine. That represents 88 percent of
23 all of the cocaine that was seized in the entire State of
24 California last year, and it represents well over half of the
25 cocaine that was seized in the United States by law enforcement
26 agencies, local law enforcement agencies. This amounts to about
27 \$3 billion, with a "b", worth of narcotics were it to be sold on
28 the streets.

1 In addition to the narcotics that was seized last year,
2 besides cocaine, the Los Angeles Police Department seized
3 approximately \$30 million in cash, cash assets alone, from drug
4 traffickers, that they're carrying around in shopping bags and
5 duffel bags to help finance their operations. My budget for the
6 entire Los Angeles Police Department is \$18 million a year, and
7 we took away \$30 million, you know, from dope dealers last year.

8 Obviously we're outmaneuvered financially.

9 Additionally, we took over 2200 weapons from drug
10 dealers during arrests. They're highly financed, well-armed.
11 Better armed and better financed than the police are.

12 I'd like to say that last year was a banner year, but
13 this year we're doing even better. Through June of this year,
14 we've seized over 3 tons of cocaine; we're about 7 percent ahead
15 of our seizure records last year in Los Angeles. We've seized
16 about 1,000 guns so far this year, and we've seized a little over
17 \$12 million in cash from dealers this year.

18 Now, I know that you're well familiar with the state
19 asset forfeiture sharing, and we're very grateful that that money
20 is being returned, with new legislation effective this year, back
21 to law enforcement to help us combat this problem.

22 I'd like to make you aware that through the federal
23 Appropriations Act that is now pending before Senator Hollings'
24 committee, the United States Government is proposing a freeze on
25 all federal asset forfeiture funds for the next federal fiscal
26 year, that those funds not be shared with local law enforcement.
27 We're quite concerned about that to the extent that the Mayor of
28

1 the City of Los Angeles and the Police Chief have forwarded
2 telegrams to all members of Senator Hollings' committee in an
3 attempt to state our objection to this, and I would solicit the
4 committee's support in any manner in helping us in this regard.

5 In any event, approximately 45,000 people went to jail
6 in Los Angeles last year for selling narcotics and being in
7 possession of felony amounts of narcotics. This year, at the
8 pace we're going, we're going to exceed that. We're going to
9 have well over 50,000 people arrested in Los Angeles for sales
10 and possession of felony amounts of narcotics.

11 I don't need to tell you about the pressure this puts on
12 the criminal justice system as to where to house these people
13 when they're appropriately sentenced. It makes kind of a mockery
14 of the system for them not to be so appropriately housed, and
15 this is a tremendous problem.

16 What we have been doing in Los Angeles to cope with this
17 influx of narcotics, narcotics suspects, and narcotics money, is
18 adopt a full-spectrum approach to what we believe is the -- is
19 the entire scope of the problem. Our full-spectrum approach
20 starts with appropriate legislative remedies, appropriate
21 enforcement at major levels, at mid-levels. Unfortunately, a
22 mid-level dealer in the Los Angeles streets today is an
23 individual who's only doing 50 kilos a week of cocaine. He's a
24 mid-level dealer. Big dealers probably do a little more, like
25 1,000 kilos a month of cocaine.

26 Heroin, tar heroin, that comes in across the border is a
27 new staggering problem. It's a highly potent type of heroin,
28

1 quite different from anything we've seen until the last couple of
2 years. It's responsible for many, many more overdose deaths from
3 heroin because of the high potency of that drug. Anyway, we have
4 enforcement efforts to focus on major traffickers on the theory
5 that it's easier to take narcotics away from them, 1,000 pounds
6 at a time, than it is to make individual arrests a gram at a time
7 on the street.

8 However, we recognize that street sales are very
9 important, and we have 220 detectives that are assigned full-
10 time to making street arrests of people that are selling
11 narcotics on the streets of Los Angeles. Significant personnel
12 allocation for an activity such as that, I may add.

13 The other components of the full-spectrum approach deal
14 with specific types of interdiction. We try and stop narcotics
15 from coming into the area by land, by air, by sea. We try and
16 seize money from dope dealers. We try and seize all of their
17 assets; very important to take their financing away from them.
18 And we're continuing the pressure as best we can with the
19 resources we have. And although Los Angeles Police Department is
20 fortunate in that we have the largest commitment to narcotics
21 enforcement percentage-wise actually in the United States, we
22 don't have enough. And if we took all 7,000 of our police
23 officers and put them solely into narcotic enforcement, it would
24 not be enough. And I'm sure the committee is aware of that. But
25 we feel it's important for the pressure to be maintained.

26 What we believe is that simple economics dictate that if
27 there's a demand for a product, the product is going to be
28

1 supplied. And we don't believe it's realistic to ever think that
2 it's possible to stop narcotics from coming into the United
3 States as long as there are people that are willing to buy those
4 narcotics.

5 So, we are focusing our long-range solution to the
6 narcotics problem on educational programs that are designed to
7 save future generations from being involved in this epidemic of
8 narcotic abuse. And I know you've heard lots of stories about
9 personal tragedies involving narcotic use.

10 In 1983, we started a program in Los Angeles with some
11 help from Mr. Howenstein, a \$480,000 grant from OCJP, seed money.
12 We started a program with 10 police officers from Daryl Gates,
13 and we started a program with 5 educators from Dr. Harry Handler
14 from the Unified School District.

15 What we decided was the answer to the narcotic problem
16 in our community and, we felt, all over the country, was
17 education. Unfortunately, education has to begin at the
18 elementary school. Our research tells us that by the time a
19 child reaches junior high school, approximately 51 percent, at
20 least in the Los Angeles area, have been approached to try
21 alcohol and/or narcotics illicitly. That's a staggering
22 percentage of young children prior to reaching junior high school
23 age.

24 For that reason, the Drug Abuse Resistance Education
25 Program was developed as an educational program by the Unified
26 School District educational specialists. This program I think
27 you're familiar with. If you're not, I'll tell you a little bit
28 about it anyway.

1 The DARE program, as we call Drug Abuse Resistance
2 Education, is a primary prevention program that is aimed at
3 children who have yet to be exposed to their first exposure to
4 narcotics or alcohol. Its goal is to reduce children's
5 likelihood of being involved in drug or alcohol abuse through the
6 presentation of a professionally educationally prepared program
7 presented over an entire 17-week semester in their local
8 elementary schools. The program is presented by what we think
9 are good role models, and those in Los Angeles are police
10 officers.

11 The program is developed by the school district. It's
12 an educational program. The instructors are specially selected
13 police officers who are also trained by the school district to
14 present this program over the 17-week course of action.

15 The curriculum, although it goes over 17 weeks, focuses
16 on four major areas. The first thing it does is, it provides the
17 students with some information regarding alcohol and drugs. Not
18 scare tactics, but just information about alcohol and drugs.

19 We teach students decision-making skills. We teach
20 students in ways to resist peer pressure, and we give students
21 suggested alternatives, suggested ideas for alternatives to
22 getting involved in drug abuse.

23 And I welcome any member of this joint committee to come
24 and watch the program, because since the program began in 1983 in
25 Los Angeles, it has spread. The DARE program is now in 214
26 communities across the country, representing some 31 states.
27 Eight states in the United State have adopted DARE as the model
28

1 program for their state. California at this point is not one of
2 those 8 states.

3 The instructors in the DARE program in Los Angeles and
4 throughout the country reach approximately 150,000 children a
5 year through the actual curriculum.

6 Let me state that when the curriculum began in 1983,
7 because it was developed by professional educators, we also began
8 an independent evaluation of the program, which is so important
9 to validate that a program is truly effective. I've been 25
10 years in narcotic work, and I can tell you from my experience
11 it's an effective program, but I can't validate that.

12 The independent evaluating company, a company called
13 ETI, Education Testing Institute, started it right from Day One
14 with this program with a control group of 2,000 children: 1,000
15 in the program; 1,000 not in the program. The results to date
16 have been overwhelmingly successful. We're measuring not only
17 behavioral changes in the students, but attitudinal changes, you
18 know, toward their likelihood to be involved in drug abuse.
19 These independent evaluations have been the real key to other
20 communities throughout the country adopting the program. This
21 has been, you know, crucial to the validity of the program.

22 We think that what Los Angeles has started is great for
23 Los Angeles. But we think that the fact that it's been adopted
24 by 214 communities in 8 states across the country proved to us
25 that de facto, it is a model program that is working throughout
26 the United States.
27
28

1 We have found some fringe benefits to the DARE program
2 in our independent study, throughout the United States, as a
3 matter of fact. We have found that in those communities that are
4 prone to gang involvement, that the same peer pressures that lead
5 children to become involved with drugs also lead them to become
6 involved with street gangs. And the DARE program has been
7 effective in helping them learn how to say no to street gangs.

8 And we also have some very early indications that DARE
9 is going to be helpful in the dropout rate in school, which is,
10 in some parts of Los Angeles, is as high as 40 percent of the
11 students never complete high school. And we're already seeing
12 some good successes in our junior high school program in selected
13 areas of the city.

14 So once again, we believe that the DARE program, which
15 is a generic word -- you know, there's no names attached to it.
16 In Illinois, Governor Thompson has made it Governor Thompson's
17 DARE program. In Virginia, it's the Virginia Department of
18 Education's DARE program. In Portland, Maine, it's the Portland
19 Police Department's DARE program. And that's the way we like it.
20 We just like the DARE program to be out there doing some good for
21 the communities.

22 We think it should be endorsed as a model program in the
23 State of California. It's personally embarrassing to me to have
24 people from all over the world ask me about the DARE program, and
25 ask what states have adopted it as a model program. And it was
26 invented here in California, and it's not the model program in
27 California. I think it should be a model program in California.
28

1 I believe that there are grant funds available through
2 the federal system that could make DARE a model program because
3 it encompasses all the components of a model program. It
4 involves educators; it involves local law enforcement; it
5 involves communities. There's no mandate that a community cannot
6 adapt the program not to fit their local community standards.

7 So, we do believe that it would save developmental costs
8 were the program to be officially endorsed as a state model
9 program, and we're here to -- I'm here to represent the Chief, to
10 encourage you to do so.

11 Thank you very much.

12 CHAIRMAN SEYMOUR: Thank you very much, Commander. You
13 made that point very clear.

14 Question, Assemblyman Clute.

15 ASSEMBLYMAN CLUTE: Thank you, Commander, and I
16 appreciate the comments on the DARE program. It's something that
17 I've become a bit familiar with. I'd like to become closer and
18 more familiar with it, especially since, I believe, you indicated
19 that it is for the elementary schools.

20 COMMANDER LEVANT: Yes, it is.

21 ASSEMBLYMAN CLUTE: Elementary programs.

22 COMMANDER LEVANT: It has a junior high school follow-up
23 component, but it begins in the 5th and 6th grade.

24 ASSEMBLYMAN CLUTE: I think based on previous testimony
25 by the students, the benefits, at least from my viewpoint on it,
26 could even be the greatest in the elementary areas.

27

28

1 I wanted to go a minute to gangs. We've seen a movement
2 of gangs from Los Angeles to San Bernardino, Riverside Counties
3 and even Phoenix to do drug business, and gangs that have been
4 based in Los Angeles.

5 I guess on the one hand, you're doing such a good job
6 there, they're coming out to our areas. But how do you explain
7 this movement of some pretty notorious gangs?

8 COMMANDER LEVANT: It's pretty simple. There's a lot of
9 profit in narcotics, and it's kind of a low-risk proposition in
10 some parts of the state, depending on sentencing practices.

11 And then of course prison, to a gang member, may not be
12 a negative consequence because he has a lot of friends when he
13 gets incarcerated to continue his lifestyle in prison.

14 My personal view is that drug dealing that is done by
15 gang members, it's kind of incidental that they're gang members.
16 Their motive in becoming a criminal syndicate is the profit
17 motive. And possibly you have members that are former street
18 gang members or active street gang members in Los Angeles, or any
19 part of the state, that turn into drug dealing as part of a
20 criminal enterprise, rather than something that is highly
21 organized, you know, by a gang as a stated goal, you know, of a
22 gang. It's a group of criminals that have joined together and
23 changed their -- changed their endeavors from street robberies,
24 burglaries and auto thefts and went to something more profitable
25 for them, which is drug dealing.

26 ASSEMBLYMAN CLUTE: And they come to other areas for new
27 markets, new customers?
28

1 COMMANDER LEVANT: That's correct.

2 CHAIRMAN SEYMOUR: Other questions? Yes, Mr. Ryan.

3 MR. RYAN: Mr. Levant, I was monitoring your enthusiasm,
4 and as an educator, I was extremely pleased to see that as you
5 went from talking about numbers of arrests and so forth to
6 talking about DARE, that you got a lot more involved and were a
7 lot more enthusiastic. And I'm really pleased to see a peace
8 officer talk about education and prevention with that much
9 enthusiasm.

10 COMMANDER LEVANT: Thank you. My goal's to put myself
11 out of business.

12 MR. RYAN: I am aware of the DARE program, but like
13 Assemblyman Clute, would like to know more about it.

14 I know that Harry Handler has written to Bill Honig
15 asking for some expansion possibilities of DARE. But I'm
16 extremely interested in the results that you talked about,
17 especially in terms of dropouts and the ETIs. So, I'd like to
18 give you my address.

19 Who was involved in the development that you know of?

20 COMMANDER LEVANT: I believe the curriculum specialist
21 at the L.A. City Unified School District was Dr. Ruth Rich.

22 MR. RYAN: Okay, I know her.

23 Secondly, I've read and I've also talked to people that
24 there is a period of time after you make a drug bust where the
25 person who is incarcerated and then let out on bail, they
26 consider this to be a safe time, where they really go
27 wholeheartedly into the sale of drugs again, because once you've
28

1 busted them, you leave them alone for a while and go on to seek
2 new people, and they resume their business with great vigor.

3 It seems like it sends a message to those who are on the
4 streets that the police have very little impact, and that there's
5 just a safe period.

6 Is that your feeling also?

7 COMMANDER LEVANT: Well, it's not -- it's not really
8 accurate. I can see where it would be perceived as such upon the
9 streets to the lay person.

10 The situation is, is that, as an example, in June of
11 last year we arrested the same drug dealer three times in three
12 days. On each of his three arrests, he made bail; the bail was
13 the same amount in each situation. He made bail in each case.
14 When he ultimately went to court, all three cases were
15 consolidated into one case, and he was sentenced for one -- one
16 conviction.

17 So, it may appear to a lay person as if he did have a
18 license to deal, although he did go to jail three times in three
19 days for three separate offenses.

20 I will add, though, that the sentencing practice that he
21 got was seven years for the consolidated one offense, so that
22 points out the other end of the problem, is that where are we
23 going to warehouse these persons once they're appropriately
24 sentenced?

25 MR. RYAN: Thank you.

26 CHAIRMAN SEYMOUR: Question, Senator Lockyer.
27
28

1 SENATOR LOCKYER: I'd like to pick up on your concern
2 about having the program certified as a model program.

3 Is there some current mechanism to do that? From whom
4 would you seek such certification?

5 COMMANDER LEVANT: I would think that either the
6 Governor's Office or that Dr. Honig's office could certify the
7 program as a model program for the State of California.

8 SENATOR LOCKYER: Do they do that now with other
9 programs that you're familiar with?

10 COMMANDER LEVANT: I think that perhaps Mr. Howenstein
11 is better --

12 MR. RYAN: I think perhaps Assemblyman Clute could best
13 respond to that.

14 This is a component of some legislation, AB 134, where
15 we'll be not certifying so much, but collecting information.

16 SENATOR LOCKYER: Sort of a clearinghouse?

17 MR. RYAN: Yeah.

18 SENATOR LOCKYER: And that's become law?

19 MR. RYAN: No, that's pending.

20 SENATOR LOCKYER: Where is it now?

21 ASSEMBLYMAN CLUTE: It's in the Senate. It's out of
22 Ed., so it'll be going to Appropriations.

23 SENATOR LOCKYER: Is that the form of certification you
24 were contemplating, or were you hoping for some more formal kind
25 of process?

26 COMMANDER LEVANT: Well, actually I would hope that
27 school districts would be able to get funding for their component
28 of the program and the law enforcement agencies that needed it.

1 I'm always hesitant to suggest sources of funding.
2 That's why I refrained from making any comments.

3 SENATOR LOCKYER: These days, even if there were money,
4 we can't spend it so we put it in the rebate pot.

5 ASSEMBLYMAN CLUTE: Bill, I should probably clarify that
6 in the legislation, it's flexible to the degree that it doesn't
7 specify particular types of programs such as DARE, and it also
8 indicates that programs that are in place and working well will
9 not necessarily be changed. So, there's room there to evaluate
10 programs like DARE, but there's other legislation, I know, by
11 Quackenbush that will be set up solely to study other programs
12 that are operating.

13 SENATOR LOCKYER: So this is an evaluation and
14 information distributing to try to let people know about
15 successful programs? Is that the basic idea?

16 ASSEMBLYMAN CLUTE: A bit beyond that, because it does
17 put in place a mechanism to go into the K-12 structure and
18 emphasize the 4th through 8th grade, and also set up a teacher
19 training facility.

20 SENATOR LOCKYER: Thank you.

21 CHAIRMAN SEYMOUR: Carol Stein.

22 MS. STEIN: With regard to the issue of funding, I just
23 wanted to comment that in Thousand Oaks, we have the DARE program
24 and our Thousand Oaks City Council funded it.

25 And I also wanted to say that one of the side benefits
26 of the DARE program in our community is that the elementary
27 school children have come home and applied pressure on their
28 parents not to use drugs.

1 COMMANDER LEVANT: Terrific, thank you.

2 CHAIRMAN SEYMOUR: Other questions? Mr. Howenstein.

3 MR. HOWENSTEIN: Thank you, Mr. Chairman.

4 By way of information for the panel, the drug
5 suppression program administered by our office is the model
6 component that Commander Levant is talking about, because it was
7 out of that program that they received their funding.

8 And I would really encourage anyone who would have the
9 opportunity, there are a number of DARE model concepts in this
10 state and some within the various jurisdictions of the
11 representatives here on the committee, to go to a classroom and
12 see the presentation taking place. And particularly try to be
13 present at a graduation when, at the graduation, the 5th or 6th
14 grade children are reading their essay, talking about their
15 personal commitment to their life, to their fulfillment, to stand
16 up to peer pressure, and say no to drugs with substance, not as a
17 model but with substance. And to handle the peer pressure and to
18 improve their life.

19 I need to ask the Commander if in the dropout rates that
20 you have experienced, the reduction through DARE, through our
21 independent evaluation of the drug suppression program, we've
22 found an increased benefit of improved academic achievement on
23 the part of students after they complete, quote-unquote, the DARE
24 or the training period, the training module.

25 Have you found that?

26 COMMANDER LEVANT: This isn't part of the independent
27 evaluation, but the principals and the school teachers involved
28

1 have reported to us that such things as citizenship overall and
2 academic effort, you know, has been enhanced by virtue of being a
3 beneficiary of the program.

4 CHAIRMAN SEYMOUR: We're going to have to move on.

5 Commander Levant, we appreciate your testimony and
6 certainly commend you on the accomplishments of DARE.

7 COMMANDER LEVANT: Thank you.

8 CHAIRMAN SEYMOUR: Our next witness is the Honorable Jim
9 Gray, Judge, representing the Central Municipal Court of Orange
10 County.

11 Judge Gray.

12 By the way, Judge, I don't know if you're aware, but
13 yesterday the Governor signed, I'm told, Senate Bill 639. This
14 was the bill that had to do with collection of assessments,
15 increased assessments.

16 Bill, your committee heard it two years ago, as a matter
17 of fact, and we needed some clean-up urgency, and I wanted to let
18 the good Judge know, who has an interest in that, that it was
19 signed by the Governor yesterday.

20 Judge Gray.

21 JUDGE GRAY: Yes, sir, and thank you.

22 Good morning. The first thing I would like to do is, in
23 fact, comment with regard to Senate Bill 639, thank Senator
24 Seymour's staff and his colleagues all around for that
25 assistance.

26 I would like to address my comments, if I may, just very
27 briefly in about six areas in response to your letter.
28

1 The first is in effect the AB 541 Level II program that
2 we have now with regard to trying to ferret out those people as a
3 first offender DUI who are serious abusers of alcohol or other
4 substances.

5 The second area I'd like to address is possibly
6 mandatory sentences for anyone selling, furnishing, et cetera,
7 any controlled substances of any form.

8 The third is I'd like to address briefly residential
9 programs, and state that I see them as really the only program
10 that we can deal with that gives us any optimism in the court
11 system, other than simply putting people in jail.

12 Fourth is the outpatient programs that I think provide
13 equal optimism that are getting shortchanged.

14 Fifth is then school education programs, and the sixth
15 is the DUI Victim's Panel, which I believe you have heard about
16 already.

17 Going back to the first, we have in Orange County, with
18 the assistance of many people, been able so far to put into
19 effect a Level II program. Now, that is the AB 541 program. We
20 now divide it into two levels. The first thing we do in court is
21 now to try to determine who are those people who are going to be
22 recidivists. Because I think it's been fairly well established
23 within our ability that if people are not alcoholics, they're not
24 really addicted to the drug of alcohol, that they're going to be
25 impressed by the things that have been happening to them. The
26 embarrassment in the community, the shelling out of money for
27 attorneys, the embarrassment of coming in and looking a judge in
28

1 the eye, and many of these people simply are not criminals, and
2 this is a foreign type of experience to them. And I think that
3 the recidivism rates on people that are not addicted to alcohol
4 is fairly low. That's maybe Jim Gray, pop psychologist, but I
5 think that based upon what we have seen so far in our statistics,
6 that's pretty close to true.

7 The people, however, who are alcoholics, who have this
8 addiction to alcohol, the possibility of them becoming
9 recidivists is absolutely unacceptably high, and very little if
10 anything is going to occur based upon this whole system as long
11 as they keep drinking, because they're going to have one drink,
12 they're going to have seven, going to go back and get behind the
13 wheel.

14 So I would hope that with Senate Bill 639 now, where we
15 can only -- this in effect -- it used to be under 1266, Senate
16 Bill 1266, that the Board of Supervisors could designate their
17 county as a program wherein each defendant would pay \$50 for
18 having the screening process. That process would then give
19 information to us as sentencing judges prior to sentencing, and
20 we could then screen out those people that have those problems as
21 opposed to those who may not quite yet.

22 Well, 639 was a response to that because we in Orange
23 County have five judicial districts, and we are only able to
24 convince the judge in two out of the five to go on to this
25 program and even utilize the system whereby we could get more
26 information. The other three have simply, for reasons best known
27 to them, decided not to do that yet.

1 So, Senator Seymour and others were able to push through
2 this legislation, so now we believe that Orange County's Board of
3 Supervisors will designate those two districts so that we can
4 carry forward in this program.

5 I would recommend, as my first area, that substantial
6 consideration and thought be given toward mandating this form of
7 a program statewide. That only gives information to sentencing
8 judges. It does not preclude discretion as to what they will do
9 with that information once they get it, but I think that with
10 that form of impetus, we could make some substantial progress.
11 That I commit to you.

12 The second thing is, and now I'm -- I don't want to
13 tread where maybe I should not. We in municipal court have a
14 number of preliminary hearings. And here in Santa Ana, we have
15 had epidemic -- is probably as good a word as any -- people who
16 have been in certain corners. For example, at Bristol and First
17 Street in Santa Ana, they have been flashing, simply motioning
18 over people driving by whom they do not know, saying in effect,
19 "Do you want to buy a dime bag of cocaine? You want to buy a
20 dime bag of marijuana?" And we've kept our undercover officers
21 so busy that they simply couldn't bring them in fast enough,
22 which of course kept us busy in preliminary hearings, et cetera.

23 To my absolute dismay, my absolute dismay, once they've
24 gotten through the court process, they have been given credit for
25 time served and kicked out back on the street.

26 Now, it seems to me that if we are going to treat this
27 problem as a crime, which in my view it certainly is, we must

1 have some minimum sentence that anyone selling controlled
2 substances must face. And as a matter of sheer equity, Health
3 and Safety Code Section 11550 requires me, as a municipal court
4 judge, to sentence anyone who is under the influence of a
5 controlled substance to jail for 90 days.

6 Now, why should somebody who sells it end up getting
7 credit for time served, and regretfully this is documented in
8 these circumstances, 12, 14, 16 days in jail and then they're
9 back on the streets. Public defenders are simply having them
10 plead guilty more quickly so that they'll have less time in
11 custody, et cetera.

12 I consider that if we're going to treat this seriously,
13 we simply must not allow that sort of circumstance to occur.

14 Number three, the residential programs. My
15 understanding is that you have her testimony today, or will, with
16 regard to the Phoenix House, the Hope House for drugs, the Rock
17 Center with regard to alcoholism.

18 As a municipal judge, we in effect watch a number of
19 people in our society come through, and many of these of course
20 have major problems. And you can send them to jail; you can send
21 them to jail for a good long time if you have the ability. But
22 they're going to get out sometime, and we're not dealing with
23 taking people off the streets and removing them from society
24 because I, as a municipal court judge, simply do not have that
25 ability, and that's appropriate.

26 So, you're going to have these people come back to our
27 society at some time. It seems to me that I am in the motivation
28

1 business. And I am able to do that as a judge better, probably,
2 than almost anyone else in society because I can make them -- I
3 can get their attention by threatening to put them in jail for up
4 to a year. And that'll get anybody's attention under normal
5 circumstances.

6 What I can do best, then, is to have them go to a
7 particular program, not -- it can be residential; it can be
8 outpatient. Not give them credit for time served so I can
9 sentence them up front to six months, nine months, twelve months
10 in jail, and then stay, maybe, all except for 60 days. Have them
11 serve 60 days in the slammer, and then stay the rest of it and
12 have them go to the Phoenix House, have them go to the Hope
13 House. Get their attention. Know that they're not earning any
14 more credits on the remainder of their sentence, and knowing full
15 well that if they do not carry out these particular programs,
16 that they will have to come back, look at me and serve the rest
17 of that sentence.

18 We don't have enough of them. The Phoenix House is
19 doing a great job in my view, but they have limited resources. I
20 could probably fill the Phoenix House by myself, and there are 12
21 other judges in my court alone. There are not enough of these
22 forms of programs. They do take some money. It's not my area,
23 of course, to get into that. I don't know the first thing about
24 getting money and producing programs.

25 But if we were to take away those forms of programs or
26 not expand them, it would simply leave me with no threat whatso-
27 ever except to warehouse these people in various places of
28 incarceration.

1 So, I commend to you the joint use -- "joint", I guess,
2 is never a good term to use in this decision --

3 (Laughter.)

4 JUDGE GRAY: But the coupled use of the slammer to get
5 their attention, to show them that is not where they should be or
6 where they want to be, and then treat them as human beings. Let
7 them know that they're responsible for their choices; let them
8 know that they'll be held accountable for their choices. And
9 them aim them at a program and say, "I really wish you luck. I
10 really hope that you get the message. If you do, I'll be the
11 first to congratulate you. If you do not, I'll be the first one
12 to send you back to the Orange County Jail."

13 We need these programs desperately, and they are simply
14 not available.

15 Before I move on, it is my understanding that we may, in
16 Orange County, have a real boon ahead of us. We are aware, of
17 course, that the new jail is going to be built with 6,000 beds,
18 et cetera. It may very well be then that we could free up the
19 James Music Facility, which is a low security type place that has
20 fields where they can go out in the fields and raise corn or
21 whatever else. It would be absolutely perfect for a residential
22 treatment facility for alcohol and for narcotics.

23 I would hope very devoutly that if we are able, once we
24 get the other jail in operation, to utilize this as a
25 rehabilitation facility, and I think that we would be well on our
26 way to doing some substantial good work in this area.

27
28

1 With regard to outpatient matters, I have been in this
2 job for about three and a half years. And I think one of the
3 very best things that I have learned, the thing that's put a
4 smile on my face more quickly than anything else I can think of,
5 is the number of devoted people in our health care agency in
6 Orange County that are there and able to treat people on an
7 outpatient basis. Their funding is being disastrously reduced.
8 They are unable even to now carry out what they wish to do and
9 used to be able to do. Again, it's just a feeling of dismay. We
10 have the people, we have the institutions, but we are taking away
11 their ability to be able to respond to those very real problems.
12 I simply hope that we're able to turn that around in some
13 fashion.

14 Parenthetically, because it was in the letter that we
15 received as to our comments, I haven't myself noticed any
16 particular problem of coordination or duplication of efforts
17 between the public sector and the private sector. I think there
18 is plenty of work to go around, and so far I don't really care
19 whether we go to the private individuals on these various
20 programs or the public. I think they're both qualified; I think
21 they're being overseen quite well, both in the county and in the
22 state. So, I don't particularly have a sense that there is any
23 duplication or duplicated efforts.

24 Finally, with regard to school education programs, the
25 DARE program, these don't really have to cost very much. They
26 can go into the schools. We are involved in several in Orange
27 County: Pros for Kids is one. They can be community-oriented
28 and homespun.

1 I solidly commend them to you, as I think you're hearing
2 in various testimony. My experience is more limited, although
3 Pros for Kids, I think, is going into the schools quite well and
4 doing some good work.

5 The last thing is the DUI Victim's Panel. I believe
6 Janet Cater has already testified to you. We only had our first
7 trial run. This is absolutely plagiarized from somewhere in
8 Washington, near Seattle, I believe, and we feel after our first
9 DUI Victim's Panel that this is something that is really set to
10 make a contribution to society. The defendants who are off
11 alcohol, who are not addicted to alcohol, cannot help but be
12 impressed by seeing people demonstrate this form of pain. And it
13 will be successful.

14 The thing that I would also commend that you do is to
15 branch that out into the driver's education programs for high
16 school students who are about to get their driver's license. I
17 think that this will be of enormous assistance as well.

18 I don't mean to take too much time or over stay, but
19 those are a thumb nail view from, in effect, the trenches of the
20 municipal court. I'd be happy to respond to any questions that
21 you may have.

22 CHAIRMAN SEYMOUR: Thank you, Judge Gray.

23 Questions? Assemblyman Clute.

24 ASSEMBLYMAN CLUTE: Judge, I think your second point
25 there was about detention and incarceration and the amount of
26 time. There is an Assembly Bill moving through the process now,
27 and I don't recall the number of it, but which would mandate 90
28 days incarceration.

1 JUDGE GRAY: I think, if you're asking me and I haven't
2 heard the question mark yet, anybody in my view, and I'm just one
3 person, that sells for profit, which means sells, any form of
4 controlled substances ought to go to jail for a year and a half.
5 Now, that's my personal view. I don't know if it's practical, et
6 cetera, but I think six months if you're talking about 11550 for
7 being under the influence, here I'm addicted and now I'm under
8 the influence and I have to go to jail for 90 days, that 90 days
9 or six months ought to be a minimum for that.

10 But I'm heartened to hear it, because it is truly an
11 inequitable situation as far as I'm concerned, and it's
12 embarrassing to, on the one hand, look at people selling walking
13 out after a short period of time, and the people using are going
14 to jail for 90 days. So, I'm pleased to hear it.

15 Thank you.

16 CHAIRMAN SEYMOUR: Other questions?

17 Thank you very much, Judge Gray, for your testimony. We
18 appreciate your efforts.

19 Our next witness is Ms. Lorraine Mohr. She is Vice
20 President for Administration and General Counsel for the Phoenix
21 House.

22 Ms. Mohr.

23 MS. MOHR: Good afternoon.

24 Yes, my name is Lorraine Mohr, and I am Vice President
25 and Director of Administration at Phoenix House.

26 I hope this committee would just allow me to take one
27 second and thank Judge Gray for his very warm and lovely remarks
28 about Phoenix House. They are deeply appreciated.

1 Phoenix House operates drug abuse treatment programs for
2 Los Angeles, San Diego, Orange, Stanislaus and Merced Counties.

3 I'm really grateful for the opportunity to appear before
4 the Select Committees and present the views of Phoenix House on
5 reducing levels of substance abuse in California.

6 Plainly, there is no formula that will assure such an
7 outcome that does not involve significant changes in present
8 public attitudes, including a widespread intolerance for all drug
9 use. However, in terms of what government can accomplish, we
10 believe that drug abuse in California cannot be confronted
11 unless: the pivotal role played by drug abuse treatment is
12 recognized; wasteful duplication of effort is reduced; local
13 assistance is reallocated to reflect actual need; and resources
14 for drug abuse services are substantially increased.

15 Let me point out that Phoenix House has been operating
16 programs in California since 1979. And we've been treating drug
17 abusers in New York for more than 20 years. There is some
18 advantage to this bi-coastal experience. The most significant
19 changes in the drug scene are first seen either in New York or in
20 California. And what originates in one venue is very likely to
21 appear in the other.

22 What we have seen in New York in the past two years has
23 been a phenomenal increase in treatment demand. The continued
24 spread of cocaine abuse was a major contributing factor, and the
25 emergence of crack is credited with triggering the crisis. This
26 cheap and easy-to-use form of freebase cocaine is rapidly
27 addicting and few users are capable of remaining functional for
28 very long.

1 But cocaine abuse has spread just as rapidly in
2 California, and crack was first seen here. So, I believe it is
3 not unreasonable to anticipate that same escalation in treatment
4 demand in California that has occurred in New York. And I would
5 hope that whatever else a Master Plan accomplishes, it can help
6 California to respond.

7 Not for a moment, however, do I believe that treatment
8 can be or should be the single focus of a plan. Drug abuse must
9 be confronted across the board, using all the resources that can
10 help control it. There is a role for law enforcement to reduce
11 demand as well as supply. And there is a role for drug abuse
12 services.

13 But let me urge this committee to consider drug abuse
14 services not as separate approaches, not as different means of
15 achieving the same end, but as a continuum. Drug prevention,
16 intervention, and treatment -- they're not mutually exclusive;
17 they are mutually dependent.

18 I understand that drug abuse prevention and education
19 are the more popular pieces of a drug abuse service system. They
20 are highly visible, positive, and relatively cheap on a cost per
21 participant basis. But without adequate treatment capacity to
22 back them up, they are minimally effective at best.

23 To divert present treatment dollars to prevention is
24 folly. To provide additional funds for prevention without
25 increasing treatment capacity is waste. Let me explain how this
26 will work.

27
28

1 Suppose a community becomes truly committed to cracking
2 down on drugs, and a major drug prevention program is started in
3 the schools. The very first accomplishment of this program will
4 be to turn up candidates for treatment -- youngsters who are now
5 using substantial amounts of drugs. Treatment is necessary, not
6 only to give these youngsters the help they need, but it is
7 necessary to give the school prevention program a chance to
8 succeed.

9 In this context, it is important to recognize, as one
10 goal of treatment, removing the carriers of a highly contagious
11 disease from a population that is at risk. It is also important
12 to recognize that the treatment for adolescents is not the only
13 drug abuse service that supports effective prevention. All drug
14 abuse services support it, including treatment for adults. There
15 is no prevention program yet devised that will immunize
16 adolescents against the influence of adults, and the influence of
17 drug-using young adult role models in particular. To control
18 youthful drug abuse, we have got to curb adult abuse as well.

19 Let me note here that an effective service continuum
20 should offer a full range of treatment alternatives and not just
21 the long-term residential treatment that Phoenix House provides.
22 However, I should point out that the escalation in treatment
23 demand, which we believe is inevitable, will reflect the needs of
24 young crack abusers. And these needs are profound. The impact
25 of this drug renders users so dysfunctional that few recover
26 without long-term residential care, even though their period of
27 addiction may have been relatively short.

1 And so, I would hope that California's Master Plan
2 recognizes the need for more residential treatment and the vital
3 role that all treatment alternatives play in a drug abuse
4 services system. Treatment is the base upon which other services
5 stand. It is the bottom-line resource.

6 I would hope that the Master Plan will also deal with
7 costly and time-consuming duplications of effort and the need of
8 service providers to meet different and often conflicting program
9 requirements. To this end, I would recommend that the drug abuse
10 programs now licensed by the Department of Social Services be
11 licensed instead by the state agency that oversees drug abuse
12 services and allocates funds for them. That is the Department of
13 Alcohol and Drug Programs.

14 There is little danger that our programs will be under-
15 supervised were this change to occur. But such a change would at
16 least ensure that programmatic requirements reflected drug abuse
17 service priorities. And I would remind the committee that the
18 Department of Alcohol and Drug Programs recently assumed
19 responsibility for the licensing of alcohol programs.

20 As important as rationalizing licensing is addressing
21 inequities in the present formula for allocating local
22 assistance. I feel that the basis for claims by the counties
23 should reflect actual need as much as possible, and the incidence
24 of drug abuse among adults and adolescents should be a major
25 determinant. Plainly, such an allocation formula would require
26 far more precise information about levels of drug use throughout
27 California than is available today. But I believe this kind of
28

1 research is essential, not only to allocate funds fairly and more
2 effectively, but to help determine what kind of an overall effort
3 is necessary to bring drug abuse in California under control.

4 There is no question that more must be done. The
5 question is how much more. I'm sure I need not tell the members
6 of these committees that present resources are inadequate, nor
7 remind them that there has not been a cost-of-living increase for
8 treatment programs during the past three years. What a five-year
9 plan must start by recognizing is that the needs of California
10 drug abusers are not being met today.

11 In San Diego County, for example, the Phoenix House
12 40-bed, long-term residential treatment unit for adolescents is
13 the only such facility in the county. Our 35-bed unit in Orange
14 County for adolescents, again, is the only such facility there.
15 And I assure these committees that if the treatment capacity in
16 these counties were doubled or even tripled, we would have very
17 little trouble filling those beds.

18 In Los Angeles County, our new adolescent program, which
19 is about to open next week, will bring the total number of
20 adolescent beds in Los Angeles County to 142. But the County has
21 today an estimated 40,000 teenage drug abusers.

22 I cannot emphasize enough the need for additional
23 resources. They are nowhere near sufficient to meet today's
24 needs, and they are even less adequate to meet the plainly
25 predictable increase in the needs of tomorrow.

26 I am very grateful to this committee for allowing me to
27 speak and give the opinion of Phoenix House, and I thank you very
28 much.

1 CHAIRMAN SEYMOUR: Thank you, Ms. Mohr, and thank you
2 for the tremendous job that Phoenix House does not only for
3 Orange County but the other counties that you indicated you
4 serve.

5 MS. MOHR: Thank you.

6 CHAIRMAN SEYMOUR: Are there questions of Ms. Mohr?
7 Evidently not.

8 Thank you very much again for your testimony.

9 MS. MOHR: Thank you.

10 CHAIRMAN SEYMOUR: We will take our last five-minute
11 recess before hearing from our last three witnesses.

12 (Thereupon a brief recess was taken.)

13 CHAIRMAN SEYMOUR: We can reconvene.

14 Our next witness is Mr. George Rosch, who is the
15 Executive Director of Hope House.

16 MR. ROSCH: What I would like to contribute here is,
17 coming from a much more clinical perspective from reviewing
18 extensively over the years the research that's been done on
19 substance abuse, as well as research done at Hope House, in
20 trying to more clearly understand the substance abuser.

21 In doing this, I've come to understand that substance
22 abuse doesn't exist by itself. Frequently in chronic substance
23 abuse, there's other complications that go hand-in-hand with the
24 abusing problem of a psychological nature. And this
25 psychological condition can house the problem as well. And these
26 psychological conditions can differ greatly in their own right,
27 and the treatments required to treat these conditions can vary
28 substantially.

1 And in looking around at other programs throughout our
2 country and other countries, and especially, let's say, with
3 Orange County, I've noticed that the treatments have some
4 differences, and I think these differences reflect the natural
5 condition that these clients are requiring.

6 However, when a client realizes that they have a
7 problem, or the courts realize it, or whatever happens, and they
8 seek treatment, they go about it in a random way more or less.
9 And if you have a client with a Condition A who goes into a
10 program that might not be designed for that particular dimension
11 that they need for the recovery process, and what I've found
12 through researching this carefully, they have a negative
13 therapeutic reaction. And they react negatively almost as a way
14 of trying to survive. Even though it might look like they're
15 resisting the treatment and these other things, and that has a
16 lot of validity to it, a lot of people with chronic drug abuse
17 problems come from situations in their past where they might have
18 been abused and these things.

19 So, when we approach treatment, and let's say we use a
20 certain technique, let's take a confrontive technique, this might
21 activate that earlier trauma and the patient actually leaves the
22 class, he leaves the program, in a desperate attempt to hold on
23 to what little reality they think that they have.

24 And our studies also really clearly show that there's a
25 direct correlation between length of stay in a drug program and
26 success. So with this knowledge we have already, I don't think
27 as a county we're really making use of this systematically,
28

1 though I think as agencies, Phoenix House, we're making use of it
2 unsystematically just through experience. But I think we can
3 approach it much more systematically, possibly with having a few
4 people who are specialists in making this type of differential
5 diagnosis, and at the same time have knowledge to understand how
6 the drug programs that we do have do differ. And they do differ.

7 I know it's not the form here to go into how they
8 theoretically have different positions, but there is some slight
9 differences. And all these differences are very much needs.
10 It's not like we should go to A and forget B; they're all needed.

11 But what we can do to reduce the revolving door where
12 clients go into one program where it's mismatched, leave and go
13 into another program mismatched, and leave until they finally
14 find a program that's in harmony with their needs, if we had a
15 few people, maybe centralized, who could do differential
16 diagnoses, and that way the judges or the professionals in the
17 community call up this central number and say, "Listen, I have
18 this client here who needs drug help treatment." Send them to
19 this team. They can make this differential diagnosis, and we
20 have the knowledge to do this, and it's fairly effective. It's
21 not 100 percent, but it's pretty effective. And then they can
22 give a call to the existing programs and say, "I really think
23 that this client can benefit from your program," and then you
24 help in the delivery or the referral processing.

25 I think this will greatly reduce going in and out of
26 programs, and the average resident goes through many, many
27 programs, county programs, before they actually find their place.
28 And that costs a lot of money.

1 Plus, all residents don't need long-term residential
2 treatment. So, a lot of times you get someone who comes in to a
3 residential facility who might have responded okay to an
4 outpatient basis, and of course, residential treatment is a lot
5 more costly, and vice-versa. You have some people going to
6 outpatient who really do need inpatient help, and they spend a
7 long time in outpatient, still using possibly, or doing the
8 manipulative game type of thing. And we're spending resources
9 there that aren't working. I think if we had a few people who
10 can have a central location, where everybody kind of knew that we
11 can refer through this system, we can decrease the
12 ineffectiveness substantially.

13 That's about it.

14 CHAIRMAN SEYMOUR: You make an excellent point.

15 Are there questions? Mr. Ryan.

16 MR. RYAN: That's an excellent point. I think in
17 education we make the same mistake, that we apply programs across
18 the board, and students fail or succeed, or whatever; that we
19 ought to maybe have some criteria that look closely at those
20 programs and the conditions, and do an assessment before we place
21 programs or encourage programs.

22 MR. ROSCH: Yes, and it's very clear now with the
23 research. I think maybe ten, twenty years ago it was more foggy,
24 but I think at this date and time, for the research done in
25 psychiatry and psychology, we really do see a profound
26 difference. And these patients will respond very differently to
27 the different treatments that we do have, and it's very radical
28

1 once you understand it. And you can actually have people leaving
2 a program, even though it's there for their help, and the judge
3 feels like he's helping a person, they're actually leaving it
4 because they fear a more further decompensation which they're not
5 conscious of.

6 So what I'm saying is, we're actually contributing to a
7 negative effect at some times. And I'm sure that's not what
8 we're about, and we do have the resources to challenge that.

9 CHAIRMAN SEYMOUR: Other questions?

10 Mr. Rosch, again, our thanks for your testimony today.

11 Our next witness is Mr. Ken Byers, who is the Chief
12 Counsel, Department of Alcoholic Beverage Control, appearing on
13 behalf of Mr. Jay Stroh, its Director.

14 MR. BYERS: Mr. Chairman, members of the committee, I'm
15 Ken Byers with the Department of Alcoholic Beverage Control. Our
16 Director and our Deputy Director had wanted to be here today, but
17 both for different reasons had commitments which they could not
18 avoid.

19 You may recall back in November, you heard from a
20 representative of our Department about our Department's position
21 on the whole subject matter of this hearing. And I notice today
22 that a number of the people have mentioned a lot of the things
23 which I was going to talk about, but I would like to give you an
24 update on some things which have happened since last November.

25 You may recall that when our representative appeared
26 before you last November, he talked about the changes which have
27 come about in our Department over the past 20 or 30 years. Our
28

1 Department is one established by the Constitution in California,
2 we're a constitutional agency, and primarily directed towards
3 alcoholic beverage laws and licensing and enforcement of those
4 laws.

5 Now, we've been an enforcement agency for many, many
6 years, and generally our activities in the area with which you
7 are concerned have been with regard to the licensing of people
8 who want to go into business and taking the licenses away from
9 those people who have not acted properly.

10 But our viewpoint of enforcement has changed within the
11 last few years to the implementation of some programs dealing
12 with education to a degree and prevention. And you heard last
13 time about our impact program, which is really an educational
14 program wherein our investigators go out with local law
15 enforcement agencies in openly marked cars and give instructions
16 and answer questions of our licensees about the laws which they
17 are supposed to be following. We found it to be very effective,
18 and we really feel it's helped in the area of sales to minors and
19 to obviously intoxicated persons.

20 By the same token, we've implemented, primarily through
21 local police departments, the minor decoy program. This is
22 something that's not overwhelmingly popular with our licensees,
23 but nevertheless has proven to be a very effective tool in
24 dealing with sales to minors. In those situations, the local
25 police departments will pick, say, an 18-year old cadet who
26 appears to be his true age, and use him to go into bars, liquor
27 stores, to attempt to purchase alcoholic beverages. And we
28

1 cooperate with those agencies by picking out, identifying all of
2 the various licensed premises within the area. We send out
3 notices, arrange for publication, and even radio broadcasts
4 indicating that we are in fact going to cooperate with the local
5 police department in the implementation of this program so that
6 the licensees are given a warning that in fact there'll be
7 someone out there who's going to try and catch them selling to a
8 minor.

9 Strangely enough, in some of our cities, we sent an
10 18-year old person into the local store or bar, sometimes over 50
11 percent have been violators. Now, that is a sad situation.

12 We, with the limited manpower that we have, have had
13 problems through the years in controlling the problem because we
14 work on a complaint basis. We feel the implementation of this
15 program has actually increased our accusation rate by one-third
16 in the area of minors.

17 By the same token, when a program is ended within a
18 particular community, we know for a fact that minors are much
19 less likely to be able to obtain alcohol from a liquor store
20 because of the fear of prosecution both criminally and
21 administratively by us.

22 Now, with regard to recent developments -- Senator
23 Seymour will be familiar with what happened last year in the
24 Legislature -- there was at first a bill, and then there was a
25 resolution dealing with Happy Hours. He was involved as was
26 Senator Russell.

27
28

1 During that point in time, the problem was brought to
2 the Department and to the Legislature that many bars were engaged
3 in activities which promoted excessive drinking by way of having
4 special hours where drinks were reduced in price, sometimes two
5 for one, three for one, or just doubles or triples for the same
6 price.

7 We took testimony at two different hearings during the
8 course of this year in response to that resolution, and I would
9 anticipate that by the end of this year, we will be promulgating
10 a regulation which will at least prohibit such things as "All You
11 Can Drink" contests, which are fairly frequent and very, very bad
12 for consumption problems, and as well as situations where any
13 form of excessive consumption of alcoholic beverages is promoted
14 by some form of promotional activity by the licensee.

15 Now, the biggest single thing that's happened to us in
16 probably ten years happened about two weeks ago, and there was a
17 budget augmentation in this budget which essentially gave us
18 another 50 men. We had been reduced in size essentially to less
19 than one-half our original force as it was in 1933 by various
20 acts of the Legislature or budgetary things by the Governor. And
21 we've gained an additional 50 men, which will be in the process
22 of being hired right now.

23 With regard to narcotics, this Department until, say,
24 ten years ago had no real problem or difficulties with narcotics.
25 We were primarily an alcohol agency. Probably about ten years
26 ago we came into the first situations where they were selling
27 bags of marijuana in bars, something like that.

28

1 Well, it's progressed to the point now where this last
2 year, I've tried seven or eight cases involving black tar heroin,
3 and in three cases we have had people who have O.D.'d in the bars
4 from heroin use.

5 Now, there is a conceptual that's hard to put before
6 you, but where we used to go into the bars and find people who
7 were dead drunk, we're going in and finding them just plain dead.
8 Now, this is a sad thing, because we were not and really are not
9 equipped to deal with narcotics. We rely on police officers to
10 help us out, and we prosecute based upon their evidence.

11 But as the result of a recent funding from the federal
12 government, we have created a narcotics task force which will be
13 put into effect within the next 60 days, I believe -- people are
14 undergoing training now -- where we will be able to deal more
15 effectively with these problems.

16 As I said, ten years ago it was not a problem. We were
17 an alcohol agency. All of a sudden we've become a drug agency.

18 Now, with regard to many of the prevention activities
19 and training activities, again, we did not used to be into the
20 field at all, but during the past few years we've actively
21 engaged in some server training in cooperation with MADD and
22 various license organizations because we acknowledge that we have
23 expertise in the areas which would be of some benefit to them.

24 By the same token, we send our people out to licensee
25 groups to talk, further explain our laws, give them some clues in
26 how to avoid problems, and things to that effect.

27
28

1 Which brings me to the three questions which were raised
2 by your letter. The first two questions, I believe, really can
3 be answered by one answer from our standpoint, and that is that
4 as I see it with regard to the various programs being put on by
5 various agencies as to training, as to prevention, as to
6 enforcement, there is basically a total lack of coordination.
7 And we are part of that lack of coordination.

8 I really believe that the most important concept which
9 you must approach in any of this type of legislation or planning
10 for the future in the area has to do with a mandated team
11 approach. All the agencies that I deal with and see are going
12 off in different directions, different focuses, sometimes hide
13 information from one another.

14 Realistically, some form of mandated team approach is
15 required. We don't get cooperation, and I think probably we
16 don't give cooperation on many occasions. All agencies who deal
17 with the same problem should be, in fact, forced to cooperate,
18 forced to disseminate the information they have to the other
19 agencies so that everyone knows what the total problem is.

20 And then finally with regard to the third question
21 you've asked about the use of experts or professionals, we could
22 be of some benefit to an organization such as this and it really
23 has to do with our people who are involved in the force. We have
24 some superior enforcement people who would be able to give
25 guidance, both in the prosecution of any laws that were
26 developed, or in general enforcement policies which deal with
27 alcohol. And we would invite you to use them if you would.

1 If you have any questions, I'd be glad to answer them.

2 CHAIRMAN SEYMOUR: Thank you very much, Mr. Byers.

3 Questions?

4 MR. RYAN: How large is your staff, your Department?

5 MR. BYERS: Right now, we haven't hired any of the new
6 50 people yet. I think we have 147 investigators statewide,
7 which is basically half of what we had 30 years ago.

8 CHAIRMAN SEYMOUR: Assemblyman Zeltner.

9 ASSEMBLYMAN ZELTNER: Mr. Byers, what percentage of your
10 staff now are involved in field investigations of the individual
11 licensed premises?

12 MR. BYERS: Okay, approximately 50 percent. Our
13 Director, when he came on, had a bent toward enforcement, and I
14 think at the time when he came on, we were probably one-third
15 into enforcement and field investigations. Now we're one-half,
16 and probably we may well go over one-half with the new 50 people.

17 ASSEMBLYMAN ZELTNER: Perhaps you can bring me up to
18 date.

19 My own background and experience tells me that for
20 years, local law enforcement was responsible for making bar
21 checks because you did not have enough people to do the actual
22 checks themselves; you did follow-up work.

23 Then there came a time when local law enforcement was
24 told, "No, that's ABC's problem. We'll handle it. You stay out.
25 You don't make bar checks anymore."

26 Subsequently, tremendous violations such as selling to
27 minors, particularly, occurred. Now, that's been 10-15 years
28 back from my personal knowledge.

1 Where are you at now as far as an agency in your ability
2 to go out and really keep a handle on what's happening in these
3 premises?

4 MR. BYERS: Basically we still rely a lot on local law
5 enforcement. Our laws mandate that all the police departments
6 and sheriffs' departments forward reports to us of any violation
7 in a licensed premise. We have joint operations primarily.

8 We field now limited teams of enforcement people who
9 work undercover on specific assignments as in contract to the
10 local police department who send regular patrols through. We
11 work in concert now, and realistically I don't believe that's
12 going to be changing. I just think we've got to put more people
13 into it.

14 ASSEMBLYMAN ZELTNER: Is the actual result of these
15 investigations in relation to suspensions and revocations at a
16 realistic level?

17 MR. BYERS: Well, I can tell you that if we are able to
18 double the number of people we have, we will double the number of
19 accusations. There is that much work to be done. And depending
20 upon the particular jurisdiction -- in some cities and counties
21 we have had little cooperation in forwarding reports for any kind
22 of ABC violations that we could rely on to do some of our own
23 work. And in some counties, say -- cities and counties, say, Los
24 Angeles, we have tremendous amount of information coming to us.
25 They have vice squads; they have special assignment people, that
26 type of thing. In other cities, counties, we get nothing.

27

28

1 And it's an educational process that we have to deal
2 with. It just depends upon the locality as much as anything
3 else.

4 I think the percentage of violations in, say, Los
5 Angeles County is not going to change, but it may well in some
6 other counties. We're able to put more people in the field in
7 those other counties.

8 ASSEMBLYMAN ZELTNER: Thank you.

9 CHAIRMAN SEYMOUR: Mr. Ryan.

10 MR. RYAN: Mr. Byers, about a month ago I had the
11 opportunity of joining the American Cancer Society at Candlestick
12 Park for a press conference on smokeless tobacco. And once
13 again, the star witnesses or presenters were students. And one
14 set of students carried in a large trash bag filled with
15 smokeless tobacco that they had purchased without question.

16 They had gone to 15 Bay Area liquor outlets, and in 12
17 of them were able to purchase smokeless tobacco. These were
18 young-looking students. They were not 17-18 years old.

19 Is this a problem? I mean, is this something that your
20 people would look for, or is this somebody else's jurisdiction?

21 MR. BYERS: Basically it's not our jurisdiction, and we
22 don't often see that particular problem.

23 But the ratio of success in minors buying alcohol is
24 about the same. Realistically, our decoy programs that we have
25 instituted have shown that when you can send an 18-year-old
26 person who is told how to act and not to lie, and to avoid
27 problems with entrapment, an average 18-year-old person, be it
28

1 male or female, into a bar or liquor store, when maybe 65 percent
2 of the places in an entire town sell to them, you know there's a
3 significant problem with people not obeying the law.

4 I don't know how many cases we've found where it's
5 obvious, willful violation. They know what they're doing. I
6 mean, they absolutely know it. Some cases, we have people out
7 there just to make money selling the booze to kids.

8 MR. RYAN: Thank you.

9 CHAIRMAN SEYMOUR: Thank you, Mr. Byers. We appreciate
10 your testimony.

11 Our final witness in the hearing will be Mr. David
12 Baker, who is a member of the Irvine City Council and a previous
13 Mayor of that city.

14 Welcome, Dave.

15 MR. BAKER: Senator Seymour, members of the committee,
16 thank you for the honor of testifying before you today. We're
17 glad to have many of you here in Orange County.

18 In my city, we have a bumper sticker that proudly
19 proclaims that Irvine is "Just Another Day in Paradise." We
20 pride ourselves on it being a family-oriented Utopia, famous for
21 its master planned community and lush greenbelts, landscaped
22 villages, open spaces and synergistic business centers. We're
23 proud of the fact that U.S. News & World Report picked Irvine as
24 one of the 10 top cities in the United States to live in, and
25 Parent Magazine picked Irvine as one of the 10 top places to
26 raise your family.
27
28

1 Irvine, we like to think of it as our little bit of
2 paradise. But as we all know from reading John Milton's epic,
3 Paradise Lost, paradise can be lost, and there's a lesson for us
4 all in how that plastic paradise may decay not from without, but
5 from within. For no community, however master planned, however
6 affluent, is immune from the cancer within that is substance
7 abuse. Like the forbidden fruit of the Garden of Eden, substance
8 abuse destroys lives, families, economic productivity and whole
9 societies no matter how affluent the community.

10 With the ever increasing diversity and complexity of life
11 in this technological age, one fundamental concept is continually
12 and increasingly becoming clear: The real quality of life in our
13 communities can only be achieved if the individuals who make up
14 those communities have the resources for health and happiness
15 within themselves. No amount of money or technology can provide
16 what an individual himself or herself does not possess.

17 In Irvine, it is estimated that 66 percent of all 7th
18 graders have used alcohol by a median age of 9.6 years, or the
19 4th grade; 40 percent of 11th graders and 20 of all 9th graders
20 use alcohol at least once a week, and 13.5 percent of 11th
21 graders use alcohol or drugs daily.

22 A clear link in our research was identified between
23 positive self-esteem, sound decision-making skills, and a reduced
24 level of personal and family problems, including substance abuse.

25 We located in our area nine local treatment programs
26 that were surveyed in southern Orange County to determine the
27 percentage of Irvine residents served in each of these centers.
28

1 24 percent of the patients in our outpatients programs, and 12
2 percent of all inpatient programs in south Orange County were
3 Irvine residents. In all, 103 out of 570 patients in treatment
4 centers were Irvine residents.

5 The cost of inpatient treatment care is, as I'm sure
6 you've heard today, is somewhere between \$18,000 and \$20,000 per
7 month.

8 To address this issue that threatens the very heart of
9 our quality of life, our master planned city adopted a master
10 planned approach to substance abuse with the goal of achieving a
11 drug-free community by 1992. To achieve this objective, our City
12 Council formed a blue ribbon task force for a period of 18 months
13 to focus on, first, drug prevention; second, legal intervention;
14 and thirdly, abuse rehabilitation.

15 At a time when our city is facing some very substantial
16 cuts, as we all are throughout the state, cuts that in my city
17 were basically over \$3 million, we nonetheless budgeted \$190,000
18 of new money for substance abuse as a recognized priority.

19 In the area of prevention, a community services
20 coordinator will be hired to help coordinate existing resources
21 in the public and private partnerships with schools, churches,
22 parent groups, service clubs and other organizations already
23 involved in active campaigns against substance abuse. A
24 coordinated curriculum in our school districts has been provided
25 to concentrate on grades K-7 before kids are substance abusers.
26 The S.T.A.R.R. curriculum begins as a program for self-esteem in
27 grades K-3. The McGruff program, which you may have heard about
28

1 some today, begins as an introduction to law enforcement in
2 grades 4 and 5, and the DARE program winds up in grades 6 and 7.

3 In the area of legal intervention, a sergeant and two
4 new police officers have been retained to focus specifically on
5 drug enforcement and educational programs. And in the area of
6 rehabilitation, the City will maintain an intervention and
7 referral service, and the new Irvine Medical Center, which is
8 scheduled to open up in December of 1988, will dedicate \$1
9 million to indigent health care and the proceeds from an \$18
10 million foundation to fund community health and research
11 projects.

12 To be sure, we still have a great deal to learn, but we
13 are addressing this issue as a major priority and would
14 respectfully recommend that any statewide Master Plan should
15 include some of the following:

16 Number one, a state commitment that encourages local
17 solutions to local problems. Many cities like Irvine stand ready
18 to aggressively address the issue of substance abuse prevention.
19 Where the willingness exists, resources of the state level should
20 hopefully be directed towards those model programs.

21 Secondly, the eradication of substance abuse should be
22 an announced priority by the Governor and the Legislature itself.
23 No one can follow unless there is first a leader there. The City
24 of Irvine has adopted the eradication of substance abuse as a
25 stated Council priority. It stands to reason that the State of
26 California should set the example for others to follow in this
27 manner as well.

28

1 The focus, in my opinion, should be on preventative
2 approaches where possible. Treatment and law enforcement
3 alternatives are crucial, but will never offer the hope of
4 eradicating the causes of substance abuse before they begin.

5 Thirdly, local elected leaders like myself, throughout
6 the county and throughout the state, and at all levels, must take
7 it upon ourselves to gain expert knowledge in how drug and
8 alcohol abuse functions in our communities, families and
9 individuals. The blue ribbon committees, commissions, hearings,
10 and the many other educational media opportunities that we have
11 must be employed to gain a deep understanding of this issue.

12 It is my conviction that without this education effort,
13 realistic responses to this problem will only be a short-term
14 response and not the lasting and consistent long-term response
15 that is needed.

16 Tragically, each year we lose far too many children and
17 adults as productive members of our community to the effects of
18 the abuse of drugs and alcohol. Some die in tragic traffic
19 accidents; others take their own lives while under the influence
20 of substance abuse. Often this results in the substance abuse as
21 the destruction of a family, and children who suffer a tremendous
22 threat, and it continues from generation to generation.

23 When Milton wrote Paradise Lost in 1674, he was blind.
24 And in the very last pages of that epic, Milton wrote the words
25 of Adam as he was banished from the Garden of Eden. He said:

26 "O loathe to leave this Paradise,
27 but to find a Paradise within
28 Far happier still."

1 It was a blind man's vision for what our brave and beautiful
2 cities can truly become and a safeguard against a plastic
3 paradise that will someday decay. For Milton could not -- he
4 could not see an external paradise. He could only see within
5 himself. And to Milton, that paradise within us all held the
6 promise of being far happier than any physical Eden that we might
7 construct through land use planning.

8 Great and grand communities are more than just roads,
9 bridges, housing and underground utilities. They are a society,
10 a society like we're trying to create in Irvine. And by working
11 together in a cooperative and coordinate manner, a community that
12 provides an environment where a positive attitude and personal
13 growth can be fostered; a community that challenges the mind,
14 warms the heart, and nurtures the soul.

15 Government alone can't do it. Business can't do it, for
16 the heart of a city isn't its master plan or business plan. The
17 heart of the City of Irvine, I know, is its people. And working
18 together, we can build a better paradise for us all.

19 CHAIRMAN SEYMOUR: Thank you very much, Councilman
20 Baker, and we commend you for your leadership in substance abuse
21 in your city and on your city council.

22 Any questions from members of the panel?

23 MR. RYAN: Just clarification.

24 On Page Four of your written testimony, at the top, I
25 assume that you mean "retained" not "retailed". We're not
26 retailing these officers; are we?
27
28

1 MR. BAKER: Absolutely. We can always use the sales
2 tax, though.

3 Thank you.

4 CHAIRMAN SEYMOUR: Any other questions?

5 Thank you very much, Mr. Baker. We appreciate your
6 testimony.

7 This will conclude our interim hearings on the
8 development of a Master Plan. I would like to thank my Senate
9 colleagues today: Senator Lockyer and Senator Green; Senator
10 Morgan who had joined us in San Francisco; Senator Deddeh's
11 representatives in San Diego. And also thank my Assembly
12 colleagues: Assemblyman Zeltner, who is with us today;
13 Assemblyman Clute, who was with us both in San Diego as well as
14 being with us today; Assemblywoman Jackie Speier who joined us in
15 San Francisco.

16 And I also ask particular forgiveness, if you will, from
17 the ad hoc committee members if I kept prodding you as we went
18 through these hearings, trying to keep your questions short and
19 stay on the agenda. I appreciate your patience as well as your
20 endurance.

21 I would commend both to the committee members as well as
22 to the members of the ad hoc committee that have been present
23 here today that our time-frame for the development of a plan, or
24 at least an attempted plan, will be that we'd like to pull it
25 together by this fall, which would mean that if you have specific
26 ideas that should be included in this plan, we would appreciate
27 hearing from you no later than, say, October 1. As soon as we
28

1 can get a draft out, and we will certainly give it wide
2 distribution, we'll be asking for your further input. But I'd
3 appreciate it if we received your input just as soon as possible,
4 having concluded these hearings.

5 With that, we will stand adjourned.

6 (Thereupon this joint hearing on
7 the development of a five-year
8 Master Plan was adjourned at
9 approximately 1:16 P.M.)

10 --oo0oo--
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

CERTIFICATE OF REPORTER

I, EVELYN MIZAK, a Shorthand Reporter of the State of California, do hereby certify:

That I am a disinterested person herein; that the foregoing Joint Committee Hearing on the Development of a Five-Year Master Plan to Reduce Substance Abuse, sponsored by the Senate Select Committee on Substance Abuse and the Assembly Select Committee on Youth and Drug Abuse Prevention, held on Wednesday, July 29, 1987 in Costa Mesa, California, was reported in shorthand by me, Evelyn Mizak, and thereafter transcribed into typewriting.

I further certify that I am not of counsel or attorney for any of the parties to said hearing, nor in any way interested in the outcome of said hearing.

IN WITNESS WHEREOF, I have hereunto set my hand this

6th day of August, 1987.


EVELYN MIZAK
Shorthand Reporter



**THE FOLLOWING IS WRITTEN TESTIMONY SUBMITTED BY PERSONS
WHO DID NOT TESTIFY AT THE HEARINGS**

MAX A. SCHNEIDER, M.D., INC.

2110 E. FIRST STREET, SUITE 118
SANTA ANA, CALIFORNIA 92705-4097

TELEPHONE: 835-7665

EDUCATION DIVISION

July 22, 1987

Senator John Seymour
Assemblyman Steve Clute
State Capitol, Room 3074
Sacramento, CA 95814

RE: Testimony Joint Hearing: Substance Abuse and Youth and
Drug Abuse Prevention

Dear Senator Seymour & Assemblyman Clute:

Thank you very much for the invitation to present testimony at your hearing on July 29, 1987. Unfortunately, a prior engagement to speak to the International Doctors in Alcoholics Anonymous in Lexington, Kentucky that date precludes my attending the hearing. Permit me to make a few comments in writing to be submitted for your review.

Perhaps the most compelling issue that I would like to raise is that of the separation of administrative jurisdiction in many counties (including Orange County) of alcoholism services and drug abuse services. From a medical standpoint this is inappropriate. I fully recognize that alcohol is a legal drug and that "street" drugs are illegal. One must remember, however, that prescription drugs are also legal. Again, from a medical standpoint most patients today are involved with alcohol and other mood altering drug addictions. It has become inappropriate for this separation to exist.

"How does this matter?" you ask. A simple example would be that while chatting with the heads of the drug abuse services of this county at a community affair several weeks ago, it was revealed that these two leaders had no knowledge of the National Council on Alcoholism of Orange County which is a very active and influential non-profit agency in Orange County. It was only recently that the major inpatient county supported treatment program for "drug addiction" recognized alcohol as a drug of addiction and yielded to the statistics that show that recovering narcotic addicts tend to turn to alcohol and then back to narcotics when alcohol as a drug of addiction is not thoroughly addressed in a drug treatment program.

This also affects education and prevention programs for youth as well as adults. Because of this dicotomy there is a duplication of services and indeed a wide crack in the coordination of prevention and education efforts by governmental and non-governmental volunteer and professional agencies.

Another area which appears to me to be in need of better coordination is that of outreach to some of the minority groups. Outreach to native Americans in this state needs to be inanced. Alcoholism is the single leading cause of morbidity and mortality amongst American Indians. Cirrhosis of the liver is the leading

cause of death amongst male Hispanics. Alcohol and other drug misuse is a leading cause of delinquency, truancy, and gang involvement among the impoverished areas of this state. A combined attack on both alcoholism and other drug abuse by a united agency is necessary.

Increasing awareness of the drug/alcohol problems amongst the Southeast Asians is being noted. It is not too early to begin addressing the issues within this ethnic group. While I fully appreciate that the federal government is responsible for some of these (particularly the American Indian) the state still has reason to become involved.

Increased coordination is needed between groups such as the National Council on Alcoholism, Parents for Drug Free Youth, Parents Who Care, MADD - these might be better coordinated by combining alcoholism and drug abuse services at the local levels. Outreach to gay and lesbian community leaders by both drug abuse and alcoholism services needs to be coordinated and increased. There is a higher incidence of chemical misuse in this community.

There is a paucity of inpatient facilities for low income adolescent alcoholic and drug dependent as well as senior citizen drug abuse and alcoholic patients. For instance, there is no facility available in this area for housing indigent adolescent alcoholic patients. (The existing institutions refuse to take adolescents whose primary drug of choice is alcohol - and not street drugs or other drugs of abuse. There are private facilities for these but no public facilities.) Most recovery homes are prevented from taking clients who are over 65 years of age.

Another issue - education in the medical schools - there is no mandated core curriculum in the state schools of medicine or osteopathy in the field of chemical dependency. A law passed in the past year or so mandates that folks obtaining licensure in the field of health care must have had education in chemical dependency. The implementation of this law is yet to be carried out. While I do not believe that government should dictate medical school curriculum I do believe that it should use its influence to see that appropriate courses in this area are an integral part of the medical school education. The same goes for school of nursing, social workers and psychology.

I believe that pediatric facilities of all types (child care, hospitals, clinics, and social welfare services) need to enhance their knowledge and their activities in the field of dealing with children of alcoholics and with recognizing and intervening in substance abuse problems of their clients and their families. This will enhance prevention (the children of alcoholics and drug addicts have a four to nine fold higher incidence of developing the disease themselves) and early intervention. The courts should have jurisdiction to deal with the parents of these kids as much as they would if the parents were drinking and driving. Drinking and parenting are also dangerous public health behaviors.

Increased attention should be given to the association of trauma with alcohol/drugs. Hospitals and physicians should be encouraged to draw blood alcohol/drug levels on all victims of trauma. They should be used for diagnostic purposes, not legal purposes. Provisions should also be made for appropriate counseling when these blood tests are positive.

The state should have an interest in the public education and awareness and support activities of the Alcoholism Council of California and the several local National Council on Alcoholism Affiliates. The involvement of these organizations in planning, especially in the fields of education and prevention, is essential.

Finally - there are several organizations in the state which have the capability of effective involvement with youngsters within the schools. The "BABES Program" (NCA/Orange County and others), the CAPTAIN K.I.D. PRODUCTIONS (Anaheim, California) are effective prevention techniques - whose introduction into the school systems would be of great value.

In summary, I believe the need is most in coordination of existing programs, increasing availability of inpatient facilities for senior citizens and adolescents who are in lower economic groups and cannot afford private hospital care, increased programs for minority groups of all kinds, promotion of increased activities in the medical areas, and support of existing private enterprise prevention and educational programs within the school systems.

Thank you for inviting me to testify.

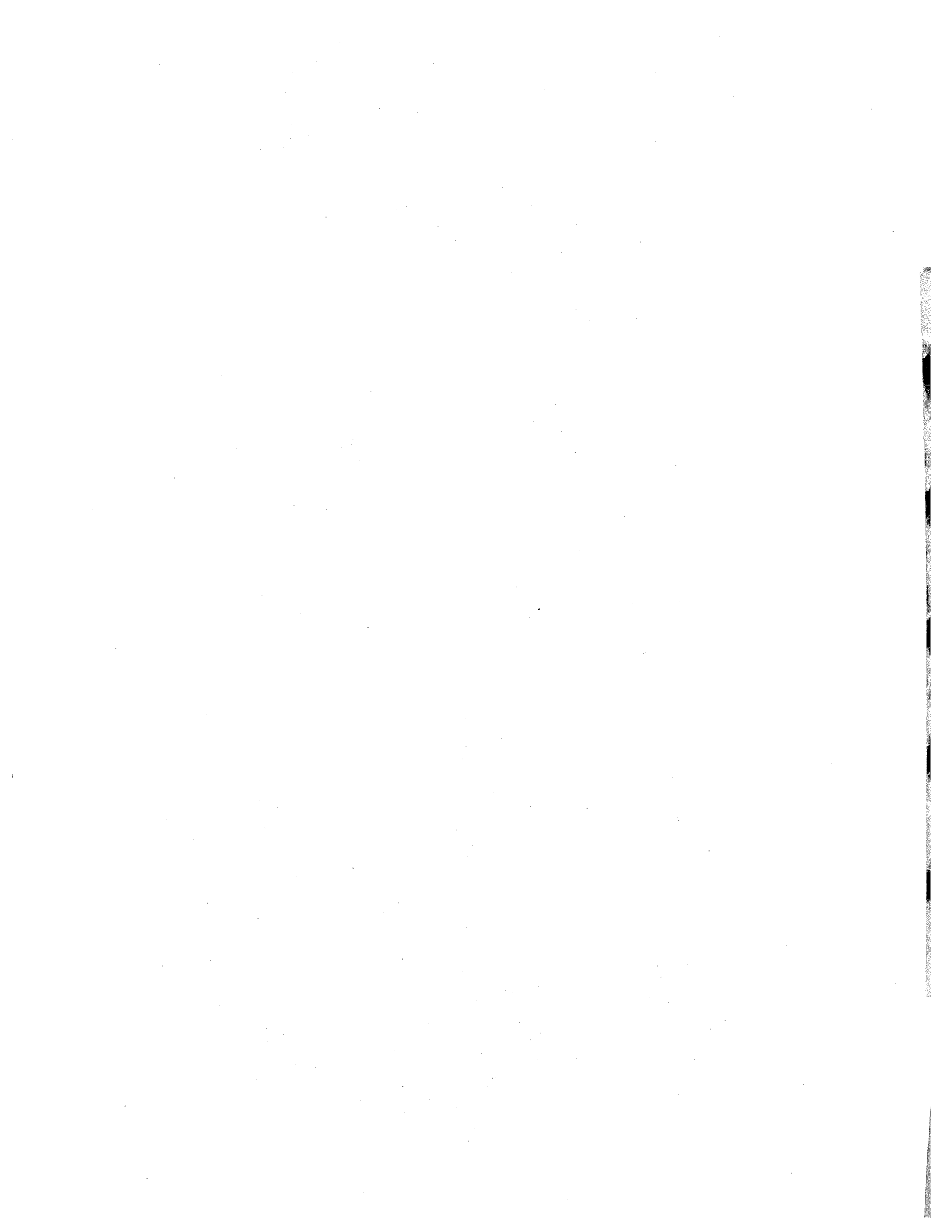
Sincerely,



Max A. Schneider, M.D.
Educational Consultant, St. Joseph Hospital Family Recovery
Services, Orange California
Immediate Past President, American Medical Society on Alcoholism
& Other Drug Dependencies
Past President and Board Member, California Society for the
Treatment of Alcoholism and Other Drug Dependencies
Board Member, National Council on Alcoholism/Orange County and
National Board of Directors
Clinical Instructor in Medicine and in Psychiatry/Human Behavior,
University of California at Irvine College of Medicine

MAS/crw

cc: Ms. Cille Gunter, St. Joseph Hospital
Ms. Loretta Arnold, NCA/OC
David Larson, NCA/OC
Chauncey Veatch III, Esq., California State Director A&DA
Thomas Seessel, NCA National



**A TECHNOLOGICAL APPROACH FOR COMPARING
THE COST EFFECTIVENESS OF SUBSTANCE ABUSE PROGRAMS**

Testimony by Rosa Jordan

A serious plan to reduce problems related to substance abuse will include:

1. Educational programs designed to prevent substance abuse;
2. Screening to remove drug abusers from positions affecting public safety;
3. Treatment programs for chemically dependent individuals;
4. Legal sanctions against drug traffic profiteers.

While the public will agree that all of these are important, actual support for particular programs will be forthcoming only if the program in question is convincingly effective, and cost-effective.

This because already there are thousands of programs in effect, the supporters of each claiming that they are successful at mitigating substance abuse. Depending on how sincere they are, or how good the PR is for a particular program, we may believe them. But if they're all so good, how come there is no significant reduction in the number of young people using drugs and alcohol? How come almost any drug user can evade almost any pre-employment drug screen? How come it costs an enormous amount to get a serious substance abuser to the point of recovery, only to have a phenomenal number of them relapse within a few months?

The questionable value of many programs exists because until now there has been *no reliable way to measure or compare the effectiveness of programs.*

Only this year has a test become available which can reliably measure the effectiveness of drug prevention programs, drug screening programs, and drug recovery programs. Having such a tool to use in comparing the effectiveness and measuring the cost effectiveness of different programs is *critically important to the success of any plan to reduce substance abuse.*

The test is called RIAHsm--radioimmunoassay on hair. What it can do is this: show, from a small snippet of hair, not only what drug a person has used, but what the **pattern** of drug use has been for a period of weeks, months, or even years back. It can show whether drug use was frequent or occasional, in large, medium or small quantities, and what time frame it was used in (whether in the past week, the past month, the past six months, etc.)

The RIAHsm test, applied to individuals at six-month or one-year intervals after completion of various rehabilitation programs can provide information on both the short and long-term effectiveness of different drug abuse programs.

The RIAHsm test, applied to students at the end of a given time period in which some have been exposed to one drug prevention program, some to another, could show which group has the fewest new users of drugs, and thereby suggest that one program might be more effective than another in discouraging drug abuse.

The RIAHsm test can be used (and currently is being used in a National Institute of Justice study) to monitor parolees and probationers for compliance with the drug-free conditions of their parole.

Because drugs entrapped in hair remain there permanently in proportion to the amount used, and do not diminish with time, it is not necessary to do the RIAHsm test with great frequency to determine whether or not a person has used drugs. Where a urine sample must be taken within two or three days of use or it will not detect PCP, cocaine or heroin, RIAHsm can pick up use of these dangerous drugs as far back in time as the hair permits. (Hair grows at a rate of about 1/2 inch per month, so a single inch of hair cut from nearest the scalp would show whether drugs have been used in the past month. A 3-inch piece would hold a record of the past six months, etc.) Furthermore, because drugs entrapped in hair cannot be removed by washing or chemical treatments, it is virtually impossible for a drug user to evade detection by the RIAHsm method.

The use of radioimmunoassay on hair to detect drugs of abuse in humans was developed by Dr. Werner Baumgartner (Director of the Radioimmunoassay Laboratory at the West LA VA Medical Center) and his wife Annette, also a researcher in the field of biochemistry. Their first breakthrough with hair testing, made in 1977, was published in scientific journals and has since been duplicated by other laboratories in the U.S. and abroad. (See attached data). The original method was quite time-consuming, and although very reliable (no false positives have been encountered in over 700 field tests), was thought to be too costly for widespread application. However, in 1984, Dr. Baumgartner invented a more efficient extraction process which brought the cost down to something on the order of \$50 per substance. Once he received approval from the VA to patent his technique, he licensed RIAHsm to a group of businessmen who formed a publicly-held company to market it commercially.

Field studies have indicated that RIAHsm is very sensitive, and can detect as little as one joint of marijuana or one line of cocaine a week. However, neither our government nor we as individuals should concern ourselves with whether a person used a drug once, dangerous or unreasonable as that one time may have been. Except in special circumstances, our concern must be first to prevent, and, failing that, to rehabilitate, chronic substance abusers whom we can reasonably assume present a danger themselves or others and a drain on society.

To focus only on detection of illegal drug use/punishment for same is a misdirection. Supposing we could detect all of the estimated 5 million cocaine users in America, and our 30 million or more marijuana smokers--what then? Would we turn them out of their jobs, creating a vast pool of unemployed who would not be without a tendency to turn to crime--in particular, drug dealing, to support themselves? Should we drag them into our already-overburdened criminal justice system and crowd them into prisons where we, the taxpayers, end up supporting them?

Profiteering from drug traffic is an issue to be addressed, of course--though not in this paper. What is addressed here is how we in California might cope with the problem of chemical dependency. What I propose is that we invest heavily in programs of prevention and rehabilitation. Heavily, but selectively. *I urge you to utilize the technology now available to measure the value of all programs, and to support those proven to be effective at preventing substance abuse and those measurably successful at rehabilitating, in a durable way, individuals who are chemically dependent.*