



Office of the City Manager

INFORMATION CALENDAR

February 11, 2014

To: Honorable Mayor and Members of the City Council

From:  Christine Daniel, City Manager

Submitted by: William Rogers, Deputy City Manager

Subject: Marijuana Smoking, Tobacco Smoking and Alcohol Consumption by Minors, Particularly in the Environs of Civic Center Park

INTRODUCTION

This report responds to a Council referral on July 2, 2013, requesting the City Manager's Office (CMO) and the Berkeley Police Department (BPD) work with Berkeley Unified School District (BUSD) to: a) create policies and procedures that more actively discourage marijuana smoking, tobacco use and alcohol consumption by minors, particularly in the environs of Civic Center Park; b) whenever possible, emphasize intervention and recovery rather than enforcement and discipline in isolation; c) research best youth diversion programs for possible implementation; d) ensure that effective interventions are available to assist students who use marijuana, tobacco, alcohol or other drugs.

CURRENT SITUATION AND ITS EFFECTS

City staff met internally and then met with Berkeley High School staff to discuss current needs and existing efforts to address substance use among school aged youth. The goal was to develop policies and procedures that would discourage use of alcohol, tobacco and other drugs (ATOD) in general and within the environs of Civic Center Park during school hours among school aged youth. Meetings focused on strategies that emphasize intervention and recovery rather than enforcement and discipline. Given the schools' proximity to Civic Center Park, discussion focused on high-school-aged youth enrolled at Berkeley High School (BHS) and Berkeley Technology Academy (BTECH). Students from both campuses are frequently seen using ATOD substances in the park and surrounding areas.

Current Practices

The existing tools available to BPD are primarily tied to enforcement. Consumption of alcohol, tobacco, marijuana or other drug use by a minor is illegal and could result in a citation or arrest when interventions occur.

At BHS the current procedure for addressing a minor caught using or possessing alcohol or other drugs is as follows:

- If a student is under the influence of ATOD, he or she is suspended for the day
- If a student is in possession of ATOD, but not under the influence, he or she will serve a one day in-school suspension
- If a student is in possession with intent to sell, the student is automatically expelled.
- BHS currently has an ATOD counselor on site one day per week. When a student is caught under the influence or in possession of ATOD, the student can be scheduled to see the counselor, but because of the counselor's limited availability, it can take up to 8 weeks for the student to be seen.

While most of the above interventions create a consequence for ATOD use, they are enforcement and discipline related and do not adequately address the underlying psycho-social issues that are often a catalyst for substance use. They also lack an educational component and do not focus on strategies for youth who are actively using. As such, these policies (which may be appropriate for a given situation) punish the behavior but do not address the underlying causes of substance use.

City Services on BHS Campus

In addition to the above, the City funds and operates the Berkeley High School Health Centers and the Berkeley Technology High School Clinic with approximately 18 staff. Programs provided through the center include first aid, family planning and sexual health services, sports physicals, health education including pregnancy prevention and testing, drug/alcohol prevention education and nutritional education, as well as short-term and crisis mental health services. The City provides these services through clinics located at the main high school campus and at the Berkeley Technology High School campus. During the last school year there were 8,017 visits to the clinics by 1,612 individual students.

The City invests over \$1.3 million annually to support these efforts from a number of diverse funding streams, including federal, state and county sources. Almost half of the funds dedicated to these services are City general funds. Berkeley Unified School District contributes \$117,377 to support a portion of the nursing services provided.

Ideally, increased efforts to address ATOD issues with BUSD students would utilize the tremendous resources and infrastructure the City currently provides through its school-based clinics.

Health Concerns

At its work session on June 4, 2013, Council heard from Ralph Cantor regarding the effects of cannabis use and the developing adolescent brain¹. The impact of marijuana use on the developing brain is associated with serious problems² including:

¹ November 4, 2013 work session presentation from Ralph Cantor and Frank Lucido on the negative impacts of alcohol and Marijuana use on adolescents

- Memory, Attention and Learning including difficulty concentrating, learning new things and making sound decisions.
- School Performance including poorer school performance, increased absences from school and increased risk of dropping out without graduating.
- Problematic Behaviors including higher levels of leaving the family home, immature sexual activity, increased risk of driving while under the influence of marijuana (marijuana use more than doubles a driver's risk of being in an accident) and higher levels of criminal behavior such as motor vehicle theft and break-and-enter offences to pay for drug use.
- Increased Risk of Mental Health Issues including a correlation between adolescent marijuana use and psychosis or schizophrenia, especially in teens with a family history of the disorder; increased depression and anxiety; impaired emotional development; increased risk of becoming more dissatisfied with life; decrease in motivation, which can impact school, work, family, friends and life in general.

Alcohol use among youth is associated with similar health outcomes. Alcohol consumption is a leading contributor to death from injuries and is a significant factor in unprotected sexual activity, increased risk of physical and sexual assault, academic failure, illicit drug use, tobacco use and can alter the structure and function of the developing brain. In addition, youth who drink before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21. Studies have shown that two out of five youth who begin drinking before age 15 will develop alcohol abuse or dependence at some point in their lives. When they wait until they are 21, the risk for alcohol dependence drops to one out of ten³.

Diversion Programs

Council asked staff to look at youth drug diversion programs for possible implementation in Berkeley. Staff looked at several programs nationwide. Diversion programs generally focus on preventing or mitigating contact with the criminal justice system by diverting substance abusing juveniles from citation or prosecution to

http://www.ci.berkeley.ca.us/Clerk/City_Council/2013/06Jun/Documents/2013-06-04_Worksession_Item_01_Presentation_Ralph_Cantor.aspx

² University of Washington, Alcohol and Drug Abuse Institute; June 2013

³ Department of Health and Human Services. The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking. Department of Health and Human Services, Office of the Surgeon General, 2007.

And (Hingson, R. W., Heeren, T., & Winter, M. R. (2006). *Age at drinking onset and alcohol dependence*. Archives of Pediatric and Adolescent Medicine, 160, 739-846.)

treatment, education and case management services.⁴ Programs are often resource intensive and require collaboration among various agencies.

Youth intervention and diversion programs typically focus on the following outcomes:

- Reduce the use of illegal chemical substances via education and early intervention
- Help youth develop skills that stop current and future drug use
- Help parents/families develop skills and obtain familiarity and access to community support and resources that can assist family members in their efforts to cease use of drugs
- Create opportunities for youth to learn about responsibility to self, family and community
- Support youth with alternatives to formal court action
- Provide youth with a clean and sober support network as a means of aftercare

Proposed Intervention in Berkeley

There were several factors considered in the development of policies and procedures that actively discourage ATOD use in the environs of Civic Center Park and that also emphasize intervention and recovery. These included parameters of the Council referral, the scope of the problem, available research, cost, existing resources and ability to make an impact in the short term.

Berkeley High School currently offers the program On Campus Intervention (OCI) which, in relation to alcohol and tobacco, states the following:

“The use of illicit substances can have a negative effect on learning, school culture and the overall safety of our community. Students who are caught under the influence or in possession of illegal drugs will be issued a disciplinary consequence.

Students are encouraged to participate in counseling services to help decrease or eliminate the use of substances. Through counseling, our hope is for students to become more educated about the effects of substances on their bodies and an increased awareness of overall decision making in their lives.”

While an ATOD Counselor is currently on staff, he/she is only available one day per week, which does not meet the existing need. Currently, when a student is referred to a counselor for ATOD, they may not be able to get an appointment for up to 6 weeks. In order to adequately address the number of students who need deeper interventions, a fulltime FTE with psychological experience and ATOD counseling experience is needed. BTECH currently has a full time ATOD counselor on site and Berkeley High School does

⁴ United States Conference of Mayors, 1996

not. The cost of a full time ATOD counselor requires resources of approximately \$70,000 per year.

Given the existing dynamic between BHS students, substance use and Civic Center Park, the most practical and cost effective intervention for discouraging use and providing meaningful intervention is 1) allowing the police department to escort a student to OCI rather than writing a citation or making an arrest (when appropriate); 2) hiring a full time ATOD counselor who can provide counseling, referral and follow up for youth found using ATODs.

The following is a summary of the proposed protocols:

1. Instead of citing or arresting students who are in the park and either actively using ATOD or under the influence, police would take those students directly to Berkeley High School Office of Counseling Intervention (OCI).
2. The Officer would leave the student with the designated OCI point person
3. The student would be referred to a full time ATOD counselor stationed at the school for this purpose (currently unfunded)
4. While the student would be subject to BUSD rules regarding drug use, he or she would also have the opportunity to see a counselor that day or week rather than having to wait for 4-6 weeks for intervention.
5. The Counselor will address psych-social issues, create a service plan for the student up to and including treatment and refer the student to additional resources.
6. If the student in question is a repeat offender, the officer may cite the student in addition to taking him/her to OCI.

This improves the current situation in which there is no procedure or drop off point for Police to take a student to Berkeley High and there is limited counseling or ongoing intervention for students found using ATOD.

BACKGROUND

The most recent California Healthy Kids Surveys from 2006, 2008, 2010 and 2012 provide ample evidence that Berkeley youth are using alcohol and marijuana at significant rates, sometimes higher than California and U.S. averages.

- In the 30 days prior to the survey - of Berkeley High School 11th graders surveyed:
 - 45% have used alcohol (compared to 42% of California youth)
 - 37% have used marijuana in the last 30 days (compared to 24% of California youth)
- In the 30 days prior to the survey - of BTech (Berkeley's continuation high school) 11th graders surveyed:
 - 64% have used marijuana at least once in their life,

- 34% reported being high or drunk on school property

Community environmental factors and social norms contribute to these high rates. Minors can easily obtain marijuana and alcohol; students see drug and alcohol use as being less harmful than smoking tobacco; and there is a common perception that our community is tolerant of use by minors. The City's written and effective marijuana policy is unclear – it puts enforcement of marijuana laws as the lowest priority for the police, and makes no distinction between minor and adult use.

The use and abuse of marijuana and alcohol by minors impairs a child's physical health, emotional development and academic success. Substance use and abuse is linked to other high-risk behaviors and can have devastating effects on families and the community as a whole.

In 2008, in response to this alarming data, the City of Berkeley and the Berkeley Unified School District formed a partnership to jointly address Alcohol, Tobacco and Other Drug (ATOD) use and abuse among Berkeley's youth.

The mission of the City/BUSD ATOD Task Force has been: *To identify, develop and implement Alcohol, Tobacco, and Other Drugs (ATOD) prevention and intervention programs and services, including evidence-based curricula, environmental prevention, and youth development strategies, which increase awareness and reduce use and abuse of ATOD among youth in our community.*

One of the key recommendations of the Task Force Report from 2010 is to focus on environmental factors that contribute to frequent use of drugs and alcohol by Berkeley youth. The report specifically calls for an effort to decrease the use of alcohol, marijuana and other drugs in and around Civic Center Park, schools and other public areas in the Berkeley community. This requires a cross-jurisdictional solution. Coordinating City and BUSD policies and procedures to more actively discourage ATOD use by minors would help improve Berkeley youth's health and school performance, offering them greater opportunities for future success.

FINANCIAL IMPLICATIONS

There are potential costs including 1) \$70,000 annually for an ATOD counselor to be located at the Berkeley High School Campus; 2) the cost of ATOD training for City staff at the Berkeley High School Health Center and the Berkeley Technical High School sites; 3) the cost for police time which would be dependent upon the level of service required.

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