



Office of the City Manager

CONSENT CALENDAR

July 18, 2006

To: Honorable Mayor and
Members of the City Council

From:  Phil Kamlarz, City Manager

Submitted by: Fred Medrano, Director, Department of Health and Human Services

Subject: Combating Alcohol and Other Drug Problems

RECOMMENDATION

Adopt a Resolution generally supporting the analysis in the report, "*City of Berkeley Taking the Lead in Combating Alcohol and Other Drug Problems*" (Attachment 2); and directing the City Manager to analyze the feasibility of implementing some or all the recommendations in the report to develop an implementation plan, and report to the City Council in December 2006.

SUMMARY

This report, "*City of Berkeley Taking the Lead in Combating Alcohol and Other Drug Problems*", discusses the findings and recommendations of the Alcohol and Other Drugs (AOD) Policy Council, which first convened in 2003 to assess the status of substance abuse services in the City of Berkeley. The report is intended to guide the City toward a more strategic, community-wide approach to prevention, treatment, and AOD support services.

Substance abuse continues to be a major concern in Berkeley and has been identified as an important factor contributing to health disparities. Although some would emphasize the relationship of alcohol and drugs to crime and other social problems, substance abuse is first and foremost a medical condition with a pervasive impact on the public's health.

The City of Berkeley has distinct problems associated with substance abuse and addiction. According to the Alameda County-wide Shelter and Services Survey Report, "Berkeley's homeless have the highest rates of mental illness, and alcohol and drug dependence in Alameda County." Health professionals have asserted that Berkeley High School has a higher rate of alcohol and drug abuse than other high schools in Alameda County. The University of California-Berkeley ranks high for substance abuse, and is currently focusing on binge drinking by University students and other young people.

While the City is preempted by state law from regulating alcohol, it may take actions under its law to stop some of the public nuisance activities that may be associated with businesses selling alcohol. Recently, the City has taken aggressive actions to stop public nuisance activities associated with such outlets by shutting down one outlet and declaring another a public nuisance. This action appears to have already resulted in improved operations and benefits to the neighborhood. The City will be reporting back later this year to the City Council as to whether there are additional actions the City could take which are feasible and necessary.

The City Manager will be evaluating the recommendations of the AOD Policy Council in developing an implementation plan to enhance Berkeley's AOD services, improve system coordination, address unmet needs, respond to community concerns, and utilize resources more effectively.

FISCAL IMPACTS OF RECOMMENDATION

The report does not make specific funding or other recommendations for the City but rather, defines a set of priorities and a more strategic, community-wide approach to service delivery and program development. The specifics of any implementation plan still need to be developed in light of what is fiscally, legally and programmatically feasible. The City will need external funding and may need to redirect General Fund allocations that both directly and indirectly support substance abuse services in order to improve the AOD service system. Adoption of a citywide plan would serve to attract external funding, and provide clarity for City policy and funding decisions but will need to be developed in light of funding and other constraints. A wisely developed implementation plan could ultimately reduce system-wide health care and criminal justice costs.

CURRENT SITUATION AND ITS EFFECTS

The Office of National Drug Control Policy states, "Abuse of alcohol, tobacco, and other drugs is the number one health problem in the United States." AOD abuse harms more than just the user; it has disastrous effects on those close to the user, leads to increases in crime, loss of productivity and erodes the social fabric of the community.

Berkeley has a small number of quality treatment programs yet gaps remain in critical service areas and improved system coordination is needed countywide. As the public alcohol and drug jurisdiction, Alameda County, using its state allocation, is the primary funding agent for local services. State funding to counties is not commensurate with need, nor is it based on a comprehensive assessment of existing programs, their effectiveness, and the types of services still needed.

City funding for AOD services is limited and has developed piecemeal to address specific needs. The City funds some treatment for homeless adults, for example, but no environmental or school-based prevention programs, nor treatment services for low-income Berkeley residents who are not homeless. The safety net programs provided by City and community agencies serve many people with severe substance abuse problems. Although these programs are funded to provide a range of social services, few are able to respond appropriately to the substance abuse problems of their clients due to resource limitations and/or a lack of training and expertise. It is

therefore, necessary for staff to develop a strategic approach to secure external resources to address service gaps and to support system development.

Further, culturally responsive AOD service planning and delivery has yet to be systematically integrated into the day-to-day work of community-based organizations and City agencies. System capacity is limited for integrated treatment of people with co-occurring disorders (mental health and substance abuse); for gay, lesbian and transgender individuals; and for youth, families, pregnant women, older adults and people whose primary language is not English.

The City of Berkeley is in a unique position, however, to promote system change and improvement. The Mayor's Task Force on Health Services, Alameda County's plan to develop a detoxification facility, the Multi-Plan for Homeless and Special Needs, the Mental Health Services Act, and a more strategic use of City resources together provides Berkeley with the foundation to substantially improve the local AOD service delivery system.

BACKGROUND

In April 2002, the Department of Health and Human Services hired an AOD Coordinator to address AOD efforts in the City. The AOD Coordinator is charged with organizing a citywide approach to AOD services that responds to the broadest population of people in need, and that includes both City and privately operated services.

Historically, Council has demonstrated support for alcohol and drug abuse prevention and treatment with the adoption of many resolutions over the past several years. AOD abuse has been a growing concern of City and non-profit human service providers, emergency responders, school personnel and others in Berkeley in recent years. The City Manager has included development of a comprehensive citywide plan on substance abuse as a critical initiative in the City's annual work plan. In 2004, Mayor Bates convened the Mayor's Task Force on Health to study problems and identify gaps in service and provide recommendations to improve health outcomes for Berkeley residents. AOD treatment and prevention addressing all age groups is one of four major priority areas identified by the Task Force and adopted by Council.

The Alcohol and Other Drugs Policy Council, a project of the Department of Health and Human Services, was created in the spring of 2003 to develop AOD policy recommendations for City Council. Policy Council members represent a broad spectrum of City staff, residents, service providers, and neighborhood associations. This diverse membership assured the development of recommendations that would include an array of viewpoints about AOD.

RATIONALE FOR RECOMMENDATION

Across all age groups ranging from drug-exposed infants to older adults misusing prescription drugs, Berkeley is lacking adequate prevention and treatment programs for a large segment of its population, especially low-income and/or medically indigent individuals and families.

Substance abuse is the common denominator for many of the City's law enforcement problems including domestic violence, assaults, burglaries, and other crimes. Additional challenges include zoning and licensing policies, community resistance to placement of alcohol and drug treatment

facilities, and securing sufficient funding. Council support for the recommendations in this report will provide policy level guidance for AOD system improvement.

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Attachments:

1) Resolution

2) *“City of Berkeley Taking the Lead in Combating Alcohol and Other Drug Problems”*

RESOLUTION NO. -N.S.

SUPPORTING THE ANALYSIS IN THE REPORT, "*CITY OF BERKELEY TAKING THE LEAD IN COMBATING ALCOHOL AND OTHER DRUG PROBLEMS*"

WHEREAS, the Alcohol and Other Drugs Policy Council was convened in 2003 to assess the status of substance abuse services in Berkeley; and

WHEREAS, substance abuse continues to be a major concern in Berkeley and has been identified as an important contributing factor to health disparities; and

WHEREAS, substance abuse is the common denominator for many of the City's law enforcement problems including domestic violence, assault, burglary and other crimes and diminishes the quality of life for all people living in Berkeley; and

WHEREAS, the Alcohol and Other Drugs Policy Council has prepared a report with policy recommendations to enhance existing services, improve system coordination, address unmet needs, respond to community concerns and utilize resources more effectively.

NOW THEREFORE, BE IT RESOLVED that the Council of the City of Berkeley supports the analysis in the report, "*City of Berkeley Taking the Lead in Combating Alcohol and Other Drug Problems*".

BE IT FURTHER RESOLVED, that the City Manager is directed to analyze the feasibility of implementing some or all of the recommendations in the report to develop an implementation plan, and report to the City Council in December 2006.



City of Berkeley
Taking the Lead in Combating
Alcohol and Other Drug Problems

Alcohol and Other Drugs Policy Council

June 2006

**A Collaborative Project of the City of Berkeley Health and Human Services
Department, Mental Health Division, 1947 Center Street, 3rd Fl., Berkeley, CA 94704**

TABLE OF CONTENTS

	Page
ABOUT THIS REPORT	ii
EXECUTIVE SUMMARY	iii
RECOMMENDATIONS	v
INTRODUCTION AND PURPOSE	1
PROBLEM STATEMENT	1
BACKGROUND	3
METHODOLOGY	5
FINDINGS/RECOMMENDATIONS	6
— YOUTH AND SUBSTANCE ABUSE	6
— ADULTS, ALCOHOL AND OTHER DRUGS	9
— OLDER ADULTS AND ADDICTION	10
— SUBSTANCE ABUSING PREGNANT AND PARENTING WOMEN	12
— INDIVIDUALS WITH CO-OCCURRING DISORDERS (DUALY DIAGNOSED)	14
— COMMUNITY AND SUBSTANCE ABUSE	15
CONCLUSION	18
ACKNOWLEDGEMENT	19
GLOSSARY OF TERMS	20
ACRONYMS	22
ORGANIZATIONS THAT PARTICIPATED IN FOCUS/ SURVEY GROUPS	23
REFERENCES	24
ALCOHOL AND OTHER DRUGS POLICY COUNCIL MEMBERS	25
APPENDICES	26
APPENDIX A — GUIDING PRINCIPLES	27
Appendix B — Focus/Survey Group Responses	30

ABOUT THIS REPORT

The Office of National Drug Control Policy reports that alcohol and other drug abuse is the number one health problem in America. Alcohol and drug abuse leads to chronic illnesses and premature deaths, increased infant mortality rates, learning problems in children, drunk driving, suicide, crime, and accidental overdose. All of these have a devastating impact on individuals, families, and communities and place a burden on our health care, social service, education, and criminal justice systems. One source estimated the annual cost of alcohol and drug abuse in the United States at \$184.6 billion dollars.¹

People with alcohol and other drug (AOD) disorders face serious daily barriers. The uninsured have limited access to substance abuse treatment and primary medical care. Fear of loss of employment, housing, education, and public benefits discourage people from seeking treatment for their illness and affect treatment success.

The *Alcohol and Other Drugs Policy Council*, a project of the Health and Human Services Department, was created in the spring of 2003 to recommend AOD policy and service improvements in the City of Berkeley. Policy Council members represent a broad spectrum of City staff, Berkeley residents, service providers, and neighborhood associations. Members developed this report with feedback from the larger community through focus groups and surveys and with an open door at Policy Council meetings.

The report contains a problem statement and background section that discuss the national and local context for addressing substance abuse problems, a description of the methodology used to gather data and achieve a degree of consensus, and a set of findings and recommendations that is intended to guide future policy, funding, and program decisions made by the Council, City staff and private substance abuse programs.

This report and the recommendations contained herein are intended to represent the diverse viewpoints of Policy Council members and to reflect community input gathered over the past two years. We offer these recommendations in the same spirit in which they were developed, intending to promote an impartial, humane and rational approach to reducing alcohol and other drug abuse through prevention, intervention and treatment strategies that support the health and well being of all Berkeley residents. It is our hope that the Berkeley City Council will take action to support these recommendations.

¹ Harwood, H. December 2000. The Economic Costs of Alcohol and Drug Abuse in the United States: Estimates, Update Methods, and Data.

EXECUTIVE SUMMARY

The City of Berkeley Alcohol and Other Drugs (AOD) Policy Council convened in 2003 to examine the City's AOD problems, services, and resources. The Policy Council produced this report with the goal of making an impact on all stakeholders within the City of Berkeley. The purpose of this report is to highlight problems associated with alcohol and other drugs in Berkeley, and to present findings and recommendations that will lead to strategic planning and policy-driven solutions.

Policy Council participants represented diverse personal and professional views and positions on the subject of alcohol and other drugs in the City of Berkeley. The recommendations reflect the issues, problems, and gaps in our service delivery system and the negative impacts experienced by many members of the community due to alcohol and other drug abuse.

Members of the AOD Policy Council researched, collected, and organized the information in this report. The group reviewed national, state, and local data that addressed issues of alcohol and drugs for adults, youth, pregnant women, older adults, individuals with co-occurring AOD and mental health disorders, and the effects of AOD on communities.

The City of Berkeley has distinct problems associated with substance use and abuse. "Berkeley's homeless have the highest rates of mental illness and of alcohol and drug dependence in Alameda County."² Studies and health professionals have asserted that Berkeley High School and University of California-Berkeley (UCB) have high rates of alcohol and drug abuse and a significant problem with binge drinking. Berkeley also has a problem with over-concentration of alcohol outlets in certain parts of the city. Research has linked an over-concentration of alcohol outlets with increased crime and costly emergency and public health services.

Despite the presence of quality treatment programs in Berkeley, AOD funding has developed without the structure and direction of a strategic plan. This has led to a fragmented set of services with significant gaps rather than a well-coordinated service delivery system. Berkeley funds a modest amount of treatment for homeless adults, but none for low-income adults who are not homeless. The City does not currently fund AOD prevention programs for youth or the community. Funding is nowhere near commensurate with need, nor is it based on a comprehensive assessment of existing AOD resources, their effectiveness, and the types of services needed in the City of Berkeley. A strategic approach to the organization and delivery of AOD services would include a plan to attract external resources to address service gaps and support system development.

² "Alameda County Shelter and Services Survey, County Report 2004." UC Berkeley Public Health Institute.

Culturally responsive AOD program planning has yet to be systematically integrated into the day-to-day work of community based and City agencies. System capacity is very limited for people with specialized treatment needs. A culturally competent, well-coordinated and integrated AOD delivery system will demonstrate improved access to services and increased retention in treatment that is supported by agency policies, staff and board composition, education and training, community involvement, and client participation in service design. The AOD Policy Council believes that Berkeley has the ability to design such a system and deliver quality alcohol and other drug services to its residents that are in need of these services.

Berkeley's success in addressing alcohol and other drugs from a systems perspective is largely dependent on the willingness of policy-makers and community members to invest in a broad-based, long-term strategic plan. The City of Berkeley is in a unique position to address system change. The Mayor's Task Force on Health Services, Alameda County's plan to develop a detoxification facility and sobering station, the Alameda County Multi-plan for Homeless and Special Needs Housing, the existing AOD prevention and treatment programs in Berkeley, and strategic use of City staffing and funds currently allocated to AOD problems provide the City with resources to develop and implement a quality AOD service delivery system.

This is an opportunity for Berkeley to become a model for other cities. Berkeley continues to be a city that embraces progressive ideas and innovative social programs. A mandate from the City Council to develop a high quality alcohol and other drugs service delivery system along with policies that support improved outcomes for prevention and treatment will add to Berkeley's quality of life and serve as another example of leadership in rational and compassionate social policy.

This report offers recommendations to the City Council that, over an extended period of time, will enhance AOD programs, address unmet service needs, respond to community concerns, and utilize resources more effectively and efficiently. A number of the recommendations in this report are consistent with recommendations of Mayor Bates' Task Force on Health Services and with previous reports and studies. We believe that, if adopted, these recommendations will provide some relief to all stakeholders that are struggling with the day-to-day impact of alcohol and other drug disorders and the many problems associated with them.

RECOMMENDATIONS

The findings and recommendations in this report are divided among six different populations. The following is a summary of the highest priority recommendations. A more complete discussion of issues and findings that support the recommendations as well as a full list of all Policy Council recommendations is contained in the body of the report.

YOUTH AND SUBSTANCE ABUSE	
FINDING	RECOMMENDATION
1. Alcohol use is more prevalent amongst youth than the use of all other drugs combined. Responsible beverage server training for individuals that serve or sell alcohol significantly reduces sales to minors and to intoxicated individuals.	<ul style="list-style-type: none"> ▪ Mandate Alcohol and Beverage Control Licensee Education on Alcohol and Drugs (LEAD) training for ALL alcohol licensees, managers, clerks and servers prior to selling or serving alcohol with required re-certification every two years.
2. Truancy is a major issue for BUSD and contributes to substance abuse among youth.	<ul style="list-style-type: none"> ▪ Support and assist Berkeley Unified School District to develop an effective truancy program that cites and returns students to a school environment that addresses the truancy and is responsive to students' learning needs.
3. Berkeley needs more low cost, high quality social and recreational activities for youth.	<ul style="list-style-type: none"> ▪ Encourage the development of free and low cost social recreational activities for Berkeley youth.
4. BHS lacks a dedicated certified substance abuse counselor. Most teachers, youth program staff, and family members are not adequately trained or knowledgeable enough to address AOD issues with youth.	<ul style="list-style-type: none"> ▪ Hire a certified youth drug counselor to provide AOD support services at Berkeley High School. ▪ Implement staff and community education on AOD prevention and treatment throughout Berkeley schools.

ADULTS, ALCOHOL AND OTHER DRUGS	
FINDING	RECOMMENDATION
1. Berkeley has a limited range of treatment alternatives for uninsured and low-income individuals. Access to services for uninsured, low-income people is inadequate.	<ul style="list-style-type: none"> ▪ Increase outpatient and residential treatment services for low income and uninsured Berkeley residents.
2. Detoxification services are unavailable in Alameda County. People on the streets with alcohol and drug problems are often taken to Alta Bates emergency room at night and on the weekends because detox and other treatment services are not available.	<ul style="list-style-type: none"> ▪ Work with Alameda County to develop 24 hours, 7 day a week detoxification and sobering station facilities that include a well-coordinated referral process and access for Berkeley residents.
3. Berkeley lacks adequate affordable housing opportunities for low-income individuals with AOD disorders.	<ul style="list-style-type: none"> ▪ Create a continuum of affordable housing with supportive services attached and available to individuals in all stages of addiction and recovery, with service levels appropriate to people at each stage.
4. The City of Berkeley lacks a dedicated funding allocation specifically for AOD services.	<ul style="list-style-type: none"> ▪ Develop separate funding for AOD services to increase access for all low-income individuals, homeless or housed, based on a broader assessment of individual and community needs.

OLDER ADULTS AND ADDICTION	
FINDING	RECOMMENDATION
1. Berkeley lacks adequate alcohol and other drug services for older adults.	<ul style="list-style-type: none"> ▪ Work with local AOD providers to develop specialized treatment programming for older adults.
2. Most Berkeley Senior Programs' staff and other community providers lack training in the area of substance abuse disorders among older adults.	<ul style="list-style-type: none"> ▪ Train staff to administer alcohol and other drug screening and assessment at Berkeley Senior Centers and other programs that serve older adults in order to identify and appropriately refer for treatment.
3. Older adults are vulnerable to becoming addicted to prescription medications.	<ul style="list-style-type: none"> ▪ Provide support and education on medication administration to seniors and their caregivers that reduce the risk of negative drug inter-actions, abuse and dependence.

SUBSTANCE ABUSING PREGNANT & PARENTING WOMEN	
FINDING	RECOMMENDATION
1. Berkeley lacks specialized alcohol and other drug treatment services specifically for pregnant and parenting women, due to the complexity of their medical and psychological needs.	<ul style="list-style-type: none"> ▪ Work with local providers to increase specialized integrated alcohol and other drug services for pregnant and parenting women. ▪ All programs that serve pregnant women must have staff trained in the area of perinatal substance abuse treatment.

SUBSTANCE ABUSING PREGNANT & PARENTING WOMEN	
<p>2. Women are less likely to seek treatment due to parenting responsibilities.</p>	<ul style="list-style-type: none"> ▪ Increase low cost day care services for women who are in active AOD treatment. ▪ Work with local day care providers and reallocate ten annual childcare slots for women in drug treatment programs.
<p>3. Hospital staff have discretion as to which pregnant woman is drug tested at certain hospitals.</p>	<ul style="list-style-type: none"> ▪ Urge local hospitals to perform universal drug testing or to administer a standardized risk assessment that would objectively identify women, regardless of culture or social class needing drug testing upon hospital admission for labor and delivery.

INDIVIDUALS WITH CO-OCCURRING DISORDERS (DUALY DIAGNOSED)	
FINDING	RECOMMENDATION
<p>1. People with co-occurring disorders are not receiving adequate care in the City of Berkeley. Most City and community-based organization staff lack adequate training in the area of co-occurring disorders.</p>	<ul style="list-style-type: none"> ▪ Develop an integrated service delivery system for individuals with co-occurring mental health and substance abuse disorders. ▪ Cross-train staff and adopt the philosophy of, “<i>One Person One Plan</i>” as defined by the California Departments of Mental Health and Alcohol and Drugs.
<p>2. Individuals are not appropriately screened and assessed for the presence of co-occurring disorders.</p>	<ul style="list-style-type: none"> ▪ Increase AOD screening and assessment capacity for co-occurring disorders throughout the service provider community. ▪ All appropriate COB providers should be trained and required to effectively screen for AOD disorders.

INDIVIDUALS WITH CO-OCCURRING DISORDERS (DUALLY DIAGNOSED)	
3. The City of Berkeley has few Dual Recovery Anonymous (DRA) or similar groups for dually diagnosed people.	<ul style="list-style-type: none"> ▪ Increase support groups for individuals that are dually diagnosed. ▪ Develop standardized 12-Step and Cognitive Behavioral Therapy (CBT) groups at City-operated clinics and other mental health and AOD programs.

COMMUNITY & SUBSTANCE ABUSE	
FINDING	RECOMMENDATION
1. Berkeley residents are very concerned about the effects of AOD on their quality of life.	<ul style="list-style-type: none"> ▪ Invest city resources including funding for community-based environmental prevention that will effect change in the built environment, public policy and social norms around AOD use.
2. Many Berkeley residents do not feel that they are part of the solution to AOD problems in their neighborhoods.	<ul style="list-style-type: none"> ▪ Develop a community-based process that monitors AOD issues in the City of Berkeley in collaboration with City staff.
3. The over-concentration of alcohol outlets is a major health and safety concern for Berkeley residents and is related to other AOD problems in the community.	<ul style="list-style-type: none"> ▪ Implement a comprehensive strategy to regulate businesses that sell alcohol in order to reduce blight and public nuisance. ▪ Adopt a policy of reduction by attrition to decrease the number of alcohol-licensed merchants in over-concentrated communities.
4. Residents, service providers, City personnel and other Berkeley stakeholders are poorly informed about alcohol and other drug use and abuse and the availability and benefit of treatment.	<ul style="list-style-type: none"> ▪ Provide ongoing AOD education, skill building workshops and training. ▪ Continue to organize biennial conferences and other community-based knowledge dissemination events on a regular basis.

INTRODUCTION AND PURPOSE

The purpose of this report is to convey findings of the Alcohol and Other Drugs Policy Council and present a set of recommendations to City Council. If adopted, we believe these recommendations will guide the City in efforts to reduce AOD related problems, improve existing services, and plan for new services that address current system gaps and deficiencies.

In an effort to gather the broadest possible perspective on AOD policies and services, initial meetings of the Policy Council led to agreement on a set of principles and guidelines that would support the development of this report. These principles focus on the areas of treatment, prevention, and community. A majority of the treatment guidelines are consistent with those of the National Institute on Drug Abuse and other reports and studies. A summary of these guidelines can be found in the Appendices. The AOD Policy Council also adopted the following mission statement:

“To develop policy recommendations to reduce the impact of alcohol, tobacco, and other drug abuse in the City of Berkeley through improvements in treatment and prevention and strategic community interventions.”

PROBLEM STATEMENT

The Office of National Drug Control Policy states, “Abuse of alcohol, tobacco, and other drugs is the number one health problem in the United States.”³ Substance abuse continues to be a major concern for the City of Berkeley and has been identified by City staff and community-based providers as a significant factor contributing to health disparities. AOD abuse harms more than just the user; it has disastrous effects on those close to the individual, and leads to increases in crime. In addition to the self-induced harm of substance abuse, people with alcohol or other drug disorders face public and private policies that limit their access to appropriate health care, housing, employment, and public benefits. This discourages substance abusers from seeking treatment and deprives them of hope for recovery. One source estimated the annual cost of alcohol and drug abuse in the United States at \$184.6 billion dollars.⁴

Drug addiction is a multifaceted illness that is characterized by uncontrollable drug craving, seeking, and use that persist even in the face of negative consequences. Drug addiction places people at increased risk for toxic drug effects and a variety of physical illnesses, emotional, and social consequences. For many individuals, drug addiction becomes chronic, with relapses probable (without proper follow-up treatment), even after long periods of abstinence.

³ Office of National Drug Control Policy. Retrieved in February 2003 from <http://www.whitehousedrugpolicy.gov>

⁴ Harwood, H. December 2000. The Economic Costs of Alcohol and Drug Abuse in the United States: Estimates, Update Methods, and Data.

Since drug addiction affects individuals of all ages, ethnicities, income levels, and religions, addiction carries with it the ability to affect the strongest and the weakest persons in society. This disease is multidimensional and treatment is thus complex. The goal of AOD treatment is to help individuals stop or decrease their drug use, maintain a healthy lifestyle, and be productive in the family, at work, and in the community.

AOD funding in Berkeley has developed without the guidance of a strategic plan, and this lack of structure has led to fragmented, uncoordinated services, despite the presence of quality treatment programs in the City. Funding is nowhere near commensurate with need, nor is it based on a comprehensive assessment of existing programs, their effectiveness, and the types of services still needed in the City. Berkeley funds a modest amount of substance abuse treatment for homeless adults, but no environmental or school-based prevention programs for youth or communities, nor treatment services for low-income Berkeley residents who are not homeless. The City should ensure that existing programs demonstrate effectiveness and that they work collaboratively to address changing community identified needs.

Berkeley has four licensed AOD programs: New Bridge Foundation, a large residential treatment program with aftercare, satellite housing and other services in Berkeley and Oakland, Options Recovery Services, an outpatient treatment program with a strong linkage to the courts, supportive housing and dual diagnosis services, Berkeley Addiction Treatment Services (BATS) a methadone maintenance/detox clinic, and Bonita House, Inc., a residential program for dually diagnosed individuals with additional supportive housing and case management components. Another important resource is Sobriety Through Education & Peer Support (STEPS) a clean and sober transitional Househouse in Berkeley for people in recovery.

Some argue that the operation of cannabis clubs in community settings has a negative impact on youth and the community at-large. Although medical marijuana use is permitted in California, there is still considerable public debate. There are those who see medical marijuana use in the same light that they see recreational use and abuse of marijuana. However, cannabis has been found to provide relief to those suffering from certain illnesses. Critics of medical marijuana have concerns about the availability of the drug to Berkeley youth and they feel that additional barriers should be devised to discourage easy access to medical marijuana by youth.

The City is in need of additional AOD services for its diverse and specialized populations. Culturally responsive AOD service planning and delivery has yet to be systematically integrated into the day-to-day work of community based organizations and City agencies. System capacity is limited in several areas: integrated treatment of people with co-occurring disorders (mental health and substance abuse), lesbian, gay and transgender individuals, youth, families, pregnant women, older adults and people whose primary language is not English.

The City of Berkeley does not address alcohol and other drug issues from a systems perspective. Over a decade ago, the City exhausted a small fund purchasing a limited number of residential treatment slots over a few years period. Later, using Measure O

funds, Council dedicated funding specifically for AOD services for homeless people on an ongoing basis. Due to funding constraints, these services are available only to homeless individuals. Alameda County residents have no publicly funded detoxification services and clients must be transported to neighboring jurisdictions for this purpose. Most counties, however, have stopped accepting Alameda County detox referrals. While Alameda County is the lead agency for alcohol, tobacco and other drug (ATOD) services, there is little formal collaboration between the County and City of Berkeley (COB) on alcohol and other drug services.

A well-coordinated and integrated AOD delivery system in the City of Berkeley must provide culturally responsive services that focus on addressing access and retention, agency policies, organizational structure, staffing patterns, board composition, education and training, community awareness and engagement and client participation in design of their service plans. These services must be provided in coordination with the larger system of services in Berkeley and Alameda County. The AOD Policy Council believes that Berkeley has the ability to design such a system and to deliver quality alcohol and other drug services to its residents who are in need of these services.

BACKGROUND

The City Council has provided policy direction regarding tobacco use in Berkeley and was a state and national leader in tobacco reform. A review of Council actions over many years reflects a clear vision and purpose regarding tobacco control.

The AOD Policy Council believes that if Berkeley focuses on broad-based prevention strategies and increasing access to treatment, the entire community will experience a reduction in the negative impacts associated with substance abuse. This will require aggressive alcohol and other drug policies and possibly City legislation. It will also require resources to seek external funding to expand, improve and oversee a coordinated AOD delivery system.

The City Manager has included the development of a comprehensive citywide plan on alcohol and substance abuse in the City's annual work plan. In 2004, Mayor Bates convened the Health Services Task Force to study problems and recommend improvements in health care delivery. Alcohol and other drugs, chronic disease management, nutrition and physical activity, and mental health are the four priority areas addressed in the Task Force report.

The Berkeley City Council has demonstrated support for alcohol and drug abuse prevention and treatment with adoption of a series of resolutions over many years. Alcohol and other drug abuse has been a growing focus of City and non-profit services. Below is a summary of activities and events that, while not exhaustive, demonstrates this trend.

- City of Berkeley Public Health Status Report cites substance abuse as a contributing factor to health disparities in 1999

- Berkeley Alcohol and Substance Abuse Providers (BASAP) first convened in November 1999 to coordinate and improve services; BASAP sponsored citywide Alcohol and Other Drugs conferences in 2003 and 2005 and “September is National Recovery Month” events in 2003, 2004 and 2005
- System of Care Policy Council, a consortium of public and private non-profit agencies, convened in 2001 to collaborate and improve health, mental health and social services
- In 2002, a Neighborhood Services Liaison was assigned to address community issues related to the sale of alcohol. Responsibilities include the review of all new liquor license and transfer applications
- In April 2002, the Health and Human Services Department hired an Alcohol and Other Drugs Coordinator as the lead position to develop a citywide, systemic approach to services that assures coordination between public and private agencies and responds to the broadest population of people in need
- Telegraph Area Association (TAA) Health and Homeless Committee, with broad community participation, produced a report, “Detox, the Missing Step in Berkeley’s Continuum of Care” (2003), and spearheaded the successful drive for a detoxification facility in Alameda County
- TAA and BASAP coordinated a Countywide Detox Forum in November 2003. Supervisor Keith Carson was the keynote speaker and service providers throughout the county attended this event in support of securing a detoxification facility in Alameda County
- In 2004 the City in collaboration with University of California – Berkeley received a \$50,000 grant from the California Department of Alcoholic Beverage Control (ABC) to address underage drinking on and around the UCB campus. The grant supports joint minor decoy operations with the ABC and City and UCB police departments
- City, UCB and community based organization staff organized a series of activities in 2004 as part of “April is Alcohol Awareness Month” including Alcohol Vendor’s Educational Workshops co-sponsored by the ABC. In April 2005, this annual activity focused on alcohol and youth and included an informational fair, prevention projects in schools and a Civic Center display
- The Berkeley Alcohol Policy Advocacy Coalition (BAPAC), a collaborative of citizens, City and County staff and community-based organizations (CBOs) convened in 2004. The group is putting together a comprehensive environmental prevention policy for alcohol that will be presented to the City in the near future
- In 2005 Alameda County received a State Incentive Grant (SIG) to address high-risk drinking amongst underage youth and students at UCB and Cal State East Bay. The grant includes a review of environmental prevention strategies currently being implemented to address the problem.

The AOD Policy Council identified the need to educate residents, service providers, policy makers and consumers about the dynamics of substance abuse, co-occurring disorders and the methodology and efficacy of treatment and prevention. Clearly, there is strong public support to develop a well-coordinated and integrated AOD system that provides quality services, encourages diverse approaches, and addresses stigma, community problems, funding, and capacity expansion in the City of Berkeley.

METHODOLOGY

In June 2003, the AOD Coordinator convened the Alcohol and Other Drugs Policy Council, a group of city staff, residents, and service providers. The task of this group was to assess the current state of alcohol and substance abuse treatment and prevention in Berkeley. The group looked at the system's strengths and weaknesses in several areas, including AOD program models and approaches, law enforcement, schools and the university, social and recreational resources, service gaps, and funding. An inclusive meeting process assured a set of recommendations that represents the diversity of viewpoints in the substance abuse field and in the broader Berkeley community.

Members of the AOD Policy Council researched, collected, and organized the information in this report. The group reviewed national, state, and local data on alcohol and drug use among adults, youth, pregnant women, older adults, individuals with co-occurring disorders, and communities. The AOD Coordinator facilitated the process and provided educational materials, research literature and other resources. Agencies and individuals with a personal or professional interest in AOD problems made presentations to Policy Council members. Focus groups were conducted with consumers, providers and community members.

A three-question survey was used to generate input from various stakeholders. The survey was intentionally broad and general in order to reflect the true community-wide scope of AOD problems and viewpoints in Berkeley. The three questions were:

- What are some of the alcohol and other drug problems in the City of Berkeley?
- What alcohol and drug services are needed in the City of Berkeley?
- What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?

Policy Council members attended meetings, held focus groups and/or administered surveys to the Public Health Division, Police Department, Housing Department, Berkeley High School faculty, UC Berkeley staff, AOD programs' staff and clients, social service and homeless organizations, businesses, and neighborhood associations. In total, nineteen groups were interviewed during this process.

The qualitative data was analyzed and used to assist with the development of recommendations for this report. Survey and focus group responses are included as appendices with this report.

FINDINGS AND RECOMMENDATIONS

The Policy Council learned that there are both diverse opinions and common themes about what is needed to improve AOD services in the City of Berkeley. The majority of groups and individuals that participated in focus groups or completed surveys believe that Berkeley needs to take a stronger stance in combating AOD issues. The following section provides background, findings and recommendations in six areas:

- Youth and Substance Abuse
- Adults, Alcohol and Other Drugs
- Older Adults and Addiction
- Substance Abusing Pregnant and Parenting Women
- Individuals with Co-Occurring Disorders
- Community and Substance Abuse

Based on research findings and input from the Berkeley community, the AOD Policy Council concludes that action on the recommendations in each of these six areas will result in an improvement in alcohol and other drug problems in the City of Berkeley.

YOUTH AND SUBSTANCE ABUSE

“Young adults who have dropped out of school and who are unemployed - highly susceptible to AOD.”

(Statement from a survey completed by a Berkeley Public Health Nurse)

More people are abusing drugs today than in any other time in history. One source reports, “About 21.6 million Americans in 2003 were classified with substance dependence or abuse (9.1 percent of the total population aged 12 or older).”⁵ Drug problems disproportionately affect those who are most vulnerable and struggling with trying to find their place in society, youth being the leading example.

Today’s youth, more than in any other period in history, are growing up in an environment that encourages multiple forms of substance use and abuse, both medically and recreationally. Pharmaceutical companies promote widespread and often unnecessary or harmful use of both prescription and over-the-counter drugs here and abroad. The tobacco and alcohol industries spend vast sums of money on advertising their products, much of it aimed at youth.

Many parents in Berkeley are ambivalent about taking a strong stand against their children’s drug use, based on their own use or earlier experimentation. Inexpensive and easily accessible substances such as alcohol and cannabis are widely used throughout society. In what is now being called a “runaway world” that is filled with uncertainty, lack of direction, immediate gratification, and the importance of fitting in, many youth turn to drugs in order to deal with their daily lives. *High School and Youth Trends* reported that in 2003, 34.9 percent of American 12th graders had used marijuana within the past year.⁶

⁵ National Survey on Drug Use and Health. 2003. Retrieved September 10, 2004 from <http://www.oas.samhsa.gov/nhsda.htm#NHSDAinfo>

California Healthy Kids Survey 2004 was administered to Berkeley students in 5th, 7th, 9th, and 11th grade; the survey measured responses about AOD use. Participants (most are age 10 or 11 in 5th grade) were asked if they ever used alcohol, tobacco, or drugs in their lifetime. Forty-four percent of fifth graders stated they used alcohol, 7% used tobacco, 6% used inhalants, and 2% used marijuana.⁷ By 11th grade, 75% of Berkeley students had used drugs within their lifetime.

Health professionals assert that Berkeley High School has a higher prevalence of alcohol and other drug use than other high schools in Alameda County. The Berkeley High School Health Center sees youth every day who are intoxicated from illicit substances. Minors in Berkeley are able to purchase alcohol from neighborhood stores more readily than in other communities. The September 27, 2004, *Minor Decoy Operation*, Berkeley report states, “A minor successfully bought in 8 of 26 establishments visited, or 31%. This is down from our year to date average of 44%, but still higher than the state average.”⁸

“In the Downtown area, large numbers of high school age youth are using marijuana in alleys, and other “out of the way” places, in the morning, lunchtime, and mid-afternoon.”

(Statement from a survey completed by a Downtown Berkeley Association member.)

Truancy is a gateway to substance abuse and crime. Cutting school by young people is one of the first warning signs of trouble. School attendance and academic performance are good measuring tools for the onset of risky behavior and other problems that youth may face.

Binge drinking is a major problem on the UC Berkeley campus and off-campus. A student death in 2004 was due to alcohol poisoning. The University is surrounded by on and off sale alcohol merchants, creating easy access for students and other young people. The University is not alone with the problems of binge and underage drinking; this behavior is prevalent among many young people in the City of Berkeley.

Berkeley High School currently does not have a specialized youth qualified drug counselor to assist students with substance abuse problems and prevention strategies. In order to effectively address prevention and the use and abuse of drugs by students, BUSD will need to train teachers and hire and retain a certified AOD professional.

Berkeley has a large number of homeless transitional age youth (16 – 25 year olds), many who have aged out of the foster care system and/or are estranged from their families. Some live on the streets and some come from chaotic families and “couch surf”. These young people along with others in our community are often without skills or the personal resources to gain employment or continue their education. Many are abusing alcohol and other drugs

⁶ National Institute on Drug Abuse. 2003 High School and Youth Trends. Retrieved April 13, 2004 from <http://www.nida.nih.gov/infofax/hsyouthtrends.html>

⁷ California Healthy Kids Survey. Spring 2004. Berkeley Unified School District Key Findings.

⁸ Minor Decoy Operation. September 27, 2004. Officer Steven Rego

including significant intravenous drug use among the transition age youth that frequent Telegraph Avenue and the South Campus.

A drug treatment facility for youth was one recommendation from Berkeley's Citywide AOD conference in 2003. Alcohol and drug prevention and treatment for youth is a high priority for the City (especially at-risk youth) according to focus groups and surveys conducted with neighborhood associations, service providers, and City programs contacted for this report. Thunder Road in Oakland, a residential treatment facility for youth, serves primarily private paying or insured young people and has limited capacity for low-income youth.

Finding — Alcohol use is more prevalent amongst youth than the use of all other drugs combined. Responsible beverage server training for individuals that serve or sell alcohol significantly reduces sales to minors and to intoxicated individuals.

Recommendation — Mandate Alcohol and Beverage Control Licensee Education on Alcohol and Drugs (LEAD) training for ALL alcohol licensees, managers, clerks and servers prior to selling or serving alcohol with required re-certification every two years.

Finding — Truancy is a major issue for BUSD and contributes to substance abuse among youth.

Recommendation — Support and assist BUSD to develop an effective truancy program that cites and returns students to a school environment that addresses the truancy and is responsive to students' learning needs.

Finding — Berkeley needs more low cost high quality social and recreational activities for youth.

Recommendation —The City should encourage the development of free and low cost social recreational activities for Berkeley youth.

Finding — Berkeley High School lacks a dedicated certified substance abuse counselor. Most teachers, youth program staff, and family members are not adequately trained or knowledgeable enough to address AOD issues with youth.

Recommendation — Implement staff and community education on alcohol and other drug prevention and treatment throughout Berkeley schools. Hire a certified youth drug counselor to provide AOD support services to students at Berkeley High School.

Finding — The City of Berkeley and Alameda County lack adequate licensed drug treatment programs for youth, particularly low-income and uninsured.

Recommendation — Collaborate with Alameda County (BHCS) to create additional accessible drug treatment services for low and moderate-income youth.

Finding — Youth employment opportunities and vocational training are limited in Berkeley.

Recommendation — Provide more employment opportunities and vocational training for Berkeley youth, including incentives that reward employers for hiring youth.

ADULTS, ALCOHOL AND OTHER DRUGS

“Berkeley seems to have an image as a Mecca for homelessness, drug use and tolerance to the extreme for a wide variety of behavior. And, of course the ER is “one stop shopping” for many of the disenfranchised, some seeking brief respite from their hard way of life, some seeking drugs; many with behavioral displays that are frequently disruptive.”

(Statement from a survey completed by an Alta Bates Summit Medical Center emergency room doctor).

Berkeley has a history and reputation that is closely tied to active drug use and abuse. “Telegraph is often romanticized and promoted as a user culture’ by the media and others.”⁹ Homeless individuals and people with co-occurring disorders represent a large segment of those addicted to alcohol and drugs in Berkeley. Berkeley has a higher rate of substance abuse and dependence among its homeless and safety net service users compared to the

rest of Alameda County, according to a well-documented recent study.¹⁰ Substance abuse is a contributor to homelessness and its associated social problems. *Detox the Missing Step in Berkeley’s Continuum of Care*, states that the prevalence rate of alcohol and other drug abuse among homeless individuals is 52% in Berkeley, which is slightly higher than the statewide level.¹¹ A detoxification facility is a missing step within the County’s alcohol and other drug service delivery system and it is an important service that needs to be created for residents in Alameda County.

Many adults with substance abuse disorders have little formal education. They also lack employment and vocational opportunities. In order to assist these individuals, innovative apprenticeship and other vocational programs must be designed to help them become tax-paying citizens for some, and first-time taxpayers for others.

Although Berkeley has several quality AOD treatment programs for adults, a broader array of services is needed that provide specialized and alternative treatment options. For example, a treatment model that addresses the entire family in addiction is a missing part of Berkeley’s AOD continuum; services are also lacking for other sub-populations described in this report, including non-English speaking people.

Most people view substance abuse and dependency as a problem that is associated with individuals from low socio-economic environments, homeless people, and those involved in the criminal justice system. Much of the emphasis in this section on adult drug abuse refers to homeless and low-income individuals due to their high community visibility and impact on public services. It should be noted, however, that drug dependence and abuse is pervasive in all communities in America and across all socio-economic boundaries in the City of Berkeley.

⁹ Telegraph Area Association. 2003. Detox, The Missing Step in Berkeley’s Continuum of Care.

¹⁰ Alameda County Shelter and Services Survey, County Report 2004, UC Berkeley Public Health Institute.

¹¹ Telegraph Area Association. 2003. Detox, The Missing Step in Berkeley’s Continuum of Care.

The City of Berkeley lacks specific funding for AOD services in the City budget. The only exception is Measure O funding, a small amount of which is directed at homeless individuals that have substance abuse disorders. The City does not fund AOD services for low income and indigent people who are not homeless.

Finding — Berkeley has a limited range of treatment alternatives for uninsured and low-income individuals. Access to services for uninsured, low-income people is inadequate.

Recommendation — Increase outpatient and residential treatment services for low-income and uninsured Berkeley residents.

Finding — Detoxification services are unavailable in Alameda County. People on the streets with alcohol and drug problems are often taken to Alta Bates emergency room at night and on the weekends because detox and other treatment services are not available.

Recommendation — Work with Alameda County to develop 24 hours 7 day a week detoxification and sobering station facilities that include a well-coordinated referral process and access for Berkeley residents.

Finding — Berkeley lacks adequate affordable housing opportunities for low-income individuals with AOD disorders.

Recommendation — Create a continuum of affordable housing with supportive services attached and available to individuals in all stages of addiction and recovery, with service levels appropriate to people at each stage.

Finding — The City of Berkeley lacks a dedicated funding allocation specifically for AOD services.

Recommendation — Develop separate funding for AOD services to increase access for all low-income individuals, homeless or housed, based on a broader assessment of individual and community needs.

OLDER ADULTS AND ADDICTION

Abuse of psychoactive substances is considered the nation's number one public health problem. But public discussion focuses on the most visible signs of trouble: drunk drivers, college students whose drunken parties end in death, or drug dealers shooting up neighborhoods. By contrast, alcohol and drug abuse among the elderly is a concealed problem, not so immediately visible, but nonetheless real and extremely detrimental.

The difficulty of aging has been overlooked in our culture. Concern for youth takes precedence over concern for older adults and that in itself is a difficult problem to solve. As

“I would recommend that City Council get tough on DA’s ... make noise when cases are not charged. Establish a drug rehab team in order to put programs in place with incentives. The rampant drug problem in the COB will never get better until the City fights it on more than a police level. If the City does not take a more active role in this problem, then it will continue to be a game of cat and mouse.”

(Statement from a survey completed by a Berkeley Police Officer.)

baby boomers age and become part of the elderly population and as average life expectancy grows, there will be an increased need for substance abuse services that adequately address the needs of older adults. Trauma, loss, and loneliness at the end of the life cycle can lead to the over use of drugs and alcohol. AOD problems with our senior population must have the spotlight focused on them so that help can be offered. If possible, solutions inclusive of treatment should be implemented that provide satisfactory results for those citizens addicted to drugs and alcohol who may be lost from our view.

“Because of the agony of pain both in body and mind, many of our aged are lonely, poor, and forgotten.”

(Comment written by a senior citizen.)

The combined abuse of alcohol, prescription and illicit drugs among older adults is a growing problem. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports that, “The prevalence of alcoholism is increasing among older Americans. Surveys indicate that from 6 to 11 percent of older patients admitted to hospitals and 14 percent of those treated in emergency rooms exhibit symptoms of alcoholism. Rates of alcohol-related admissions to acute care hospitals are comparable to those for heart attacks.”¹² However, reported rates are considered low given the fact that a lot of older adults are reluctant to disclose embarrassing problems such as drug or alcohol abuse.

People who work with older adults should be trained to administer AOD screening due to considerable evidence that shows prescription drug misuse among seniors is a serious problem. This is in part because elders often receive multiple prescriptions and because older adults are more susceptible to adverse drug effects. In some cases, the drugs may be prescribed inappropriately. Even if drugs are correctly prescribed, elders may use them in excessive doses or combine them with alcohol regardless of warnings on the medication label.

“There are senior citizens in Berkeley who are addicted to prescription drugs.”

(Comment made at the Progressive Baptist Church focus group.)

Substance abuse among society’s elders is not a new problem. However, it is a problem that has recently gained more attention and that needs to be addressed by service providers that interact with seniors on a regular basis.

Finding — Berkeley lacks adequate alcohol and other drug services for older adults.

Recommendation — Work with local AOD providers to develop specialized treatment programming for older adults.

Finding — Most Berkeley Senior Programs’ staff and other community providers lack training in the area of substance abuse disorders among older adults.

Recommendation — Train staff to administer alcohol and other drug screening and assessment at Berkeley Senior Centers and other programs that serve older adults in order to identify and appropriately refer for treatment.

Finding — Older adults are vulnerable to becoming addicted to prescription medications.

¹² American Society on Aging. Healthcare and Aging. Spring 2003.

Recommendation — Provide support and education on medication administration to seniors and their caregivers that reduce the risk of negative drug interactions, abuse and dependence.

Finding — A lot of older adults are lonely and feel undervalued in our community.

Recommendation — Design innovative intergenerational activities that will provide seniors with the opportunity to share their wisdom and experience with others in programs throughout the City.

SUBSTANCE ABUSING PREGNANT AND PARENTING WOMEN

“The City of Berkeley lacks AOD outpatient and residential facilities for pregnant women”
(Statement from a survey completed by a Berkeley Public Health Nurse)

The most recent data from the National Institute on Drug Abuse suggests that up to 221,000 children per year are exposed to illicit substances during gestation, 45,000 of them to cocaine.¹³

Martha A. Jessup, RN, Ph.D. a local expert in the field states, “Pregnant and parenting women with substance abuse issues often present with a myriad of complex problems. Characteristics and service needs of drug dependent mothers indicate that these women tend to be poly drug users, face financial stress, suffer from health and mental health problems, have difficulties with the criminal justice and child welfare systems, experience domestic violence, and have problems with housing. The children of such households lack services and their futures are at significant risk.”¹⁴

Pregnant substance abusing women come from all socio-economic, ethnic and cultural backgrounds, however, the stigma that race plays in America distorts public perception. A large portion of substance abusing women grew up in difficult households and began using drugs in early adolescence. One source states, “They generally began using early in their teenage years and continued through their earlier pregnancies. They have grown up in families with substance abuse.”¹⁵ Some drug-addicted perinatal women are less likely to have a good family support system than women who do not abuse drugs and alcohol. Families can be an important influence in supporting AOD treatment.

There are documented complaints from pregnant women about unequal treatment at certain local hospitals regarding drug testing policies and procedures. Women from middle and upper class socio-economic backgrounds are not routinely tested for drugs upon admission to labor and delivery. However, women of color (mostly African American) have complained about being required to test for drug use upon admission. This leads to a disproportionate number of women of color being drug tested and reported to Child

¹³ I. J. Chasnoff, A. Anson, R. Hatcher, H. Stenson, K. Iaukea, and L. A. Randolph. Prenatal Exposure to Cocaine and Other Drugs: Outcome at Four to Six Years.

¹⁴ Martha A Jessup RN, Ph.D. Recommendations for the Development of Perinatal Substance Abuse Treatment Guidelines.

¹⁵ E. Howell, Ph.D. & I. J. Chasnoff, MD. 1999. Perinatal Substance Abuse Treatment: Findings From Focus Groups With Clients and Providers. Journal of Substance Abuse Treatment, Vol. 17, Nos. 1-2, pp. 139-148.

Protective Services (CPS), and contributes to the over-representation of minorities and poor people in substance use statistics. This practice is unfair and does a disservice to women and their babies not tested or treated prior to discharge who may be suffering from substance abuse disorders. Early substance abuse identification is important among all patients. Universal drug testing or administration of a standardized risk factor assessment tool at hospitals would end this discriminatory practice.

“Although key experts noted that all women have shame and guilt around substance use, these feelings are intensified in women who are pregnant and who are concerned about the harm they may have brought to the fetus or to their children. This fear and guilt may result in difficulty acknowledging a substance use problem or in avoidance of treatment.”¹⁶ The sad irony of course, is that pregnant and parenting women put themselves and their children at significantly increased risk and yet may find it more difficult to seek treatment, leading to a very dangerous downward spiral.

“The City of Berkeley needs special programs for women”

(Comment from a client at STEP’s focus group)

Many women addicted to drugs lose custody of their children due to their substance abuse. These moms face the fear of being reported to CPS and it becomes a barrier for seeking and securing voluntary treatment. Most of these women are required by the courts to get into recovery and remain clean and sober in order to regain custody of their children. Howell and Chasnoff report, “Most of the women in treatment were involved with the court system or child protective services, or both. Often their treatment had been mandated. Indeed, the threat of losing custody of their children or of incarceration, were incentives for many of the women to go into treatment programs.”¹⁷

There is increasing evidence of the negative effects of drug use by pregnant women on the developing fetus. These children continue to face obstacles as they enter the educational system where they are expected to learn, be attentive, demonstrate cognitive ability, and become a productive member of society. Intervention and treatment of maternal chemical dependency improves pregnancy outcomes and babies’ health outcomes. A major concern for this population in the City of Berkeley is the integration of perinatal substance abuse services into AOD treatment programs.

Finding — Berkeley lacks specialized alcohol and other drug treatment services specifically for pregnant and parenting women, due to the complexity of their medical and psychological needs.

Recommendation — Work with local providers to increase specialized integrated alcohol and other drug services for pregnant and parenting women. All programs that serve pregnant women must have staff trained in the area of perinatal substance abuse treatment.

Finding — Women are less likely to seek treatment due to parenting responsibilities.

¹⁶ Peters, R. H. & Osher, F. C. 2004. Co-Occurring Disorders and Specialty Courts, pp. 16.

¹⁷ E. Howell, Ph.D. & I. J. Chasnoff, MD. 1999. Perinatal Substance Abuse Treatment: Findings From Focus Groups With Clients and Providers. *Journal of Substance Abuse Treatment*, Vol. 17, Nos. 1-2, pp. 139-148.

Recommendation — Increase low cost day care services for women who are in active AOD treatment. Work with local day care providers and reallocate ten annual childcare slots for women in drug treatment programs.

Finding — Hospital staff have discretion as to which pregnant woman is drug tested at certain hospitals.

Recommendation — Urge local hospitals to perform universal drug testing or to administer a standardized risk assessment that would objectively identify women, regardless of culture or social class, who need drug testing upon hospital admission for labor and delivery.

INDIVIDUALS WITH CO-OCCURRING DISORDERS (DUALY DIAGNOSED)

“Many people on the streets with alcohol and drug problems are often brought to the ER at night and weekends. Many of them are depressed or have other psychological problems. Unless they are actively suicidal there are no resources for them except M-F, 9-5.”

(Statement from a survey completed by a Doctor from Alta Bates Summit Medical Center emergency unit)

The growing acknowledgment that a large percentage of individuals with serious mental illnesses have co-occurring substance abuse or dependence has brought about the need for more effective treatment strategies. Because of differing views on dual diagnosis, separate funding streams and other barriers, we have fragmented and inadequate care and poor outcomes. Dr. Kenneth Minkoff, a well-known expert on the subject of dual diagnosis states, “Mental illness and addiction frequently occur together but have traditionally been treated separately – often in isolation and unsuccessfully.”¹⁸

Approximately 40% of clients served by the City’s Mental Health Division are diagnosed with co-occurring disorders. The Substance Abuse Mental Health Services Administration (SAMHSA) reports that 39% of the homeless population has a mental health disorder.¹⁹ Among the *chronically* homeless, the numbers with co-occurring disorders are even higher. Berkeley has a disproportionately high number of chronically homeless individuals compared to the rest of Alameda County and other urban centers. Many people in this group are profoundly disabled, but due to their substance abuse they do not present with typical characteristic of a person with severe and persistent mental illness.

Integrated treatment has been considered an evidence-based practice for co-occurring disorders for at least fifteen years; Cognitive Behavior Therapy, and the 12 STEP Approach are also effective with this population. The California Department of Mental Health, and Alcohol and Drug Programs recently released a joint position paper advocating the use of an integrated treatment approach for co-occurring disorders. “The concept of coordinated/integrated treatment for individuals with co-occurring disorders is grounded in the recognition that both disorders are considered primary illnesses and should be treated as such. Coordinated/integrated treatment is a means of providing both alcohol and other drugs and mental health interventions

¹⁸ Dual Diagnosis, An Integrated Model for the Treatment of People with Co-occurring Psychiatric and Substance Disorders.

¹⁹ “SAMHSA (Substance Abuse and Mental Health Services Administration) Report to Congress – 2002, Defining Co-Occurring Disorders.”

to treat the whole person more effectively.”²⁰ The State is promoting the concept of “*One Person, One Plan*,” with the hope of improving treatment outcomes for this population.

“There is resistance to addressing mental health and addiction as dual diagnosis.”

(Statement made by a staff at Options Recovery Services focus group.)

Finding — People with co-occurring disorders are not receiving adequate care in the City of Berkeley. Most City and community-based organization staff lack adequate training in the area of co-occurring disorders.

Recommendation — Develop an integrated service delivery system for individuals with co-occurring mental health and substance abuse disorders. Cross-train staff and adopt the philosophy of, “*One Person One Plan*” as defined by the California Departments of Mental Health and Alcohol and Drugs.

Finding — Individuals are not appropriately screened and assessed for the presence of co-occurring disorders.

Recommendation — Increase AOD screening and assessment capacity for co-occurring disorders throughout the service provider community. All appropriate COB providers should be trained and required to effectively screen for AOD disorders.

Finding — The City of Berkeley has few Dual Recovery Anonymous (DRA) or similar groups for dually diagnosed people.

Recommendation — Increase support groups for individuals that are dually diagnosed. Develop standardized 12-Step and Cognitive Behavioral Therapy (CBT) groups at City-operated clinics and other mental health and AOD programs.

COMMUNITY AND SUBSTANCE ABUSE

In 2004, Berkeley Police documented 288 arrests on charges of 647 (F) P.C., defined as, “*anyone who is found in any public place under the influence of intoxicating liquor, any drug, controlled substance, toluene, or any combination ... in a condition that he or she is unable to exercise care for his or her own safety or the safety of others, or by reason of his or her being under the influence... interferes with or obstructs or prevents the free use of any street, sidewalk, or other public way.*” Many of these arrests took place near alcohol outlets.

“Intimidation when you walk near a liquor store or down certain blocks.”

(A statement made by a resident at the South and West Berkeley Community Action Team focus group)

ATOD prevention is defined as, “Strategies, programs, and initiatives that reduce both direct and indirect adverse personal, social, health, and economic consequences resulting from problematic ATOD availability, manufacturing, distribution, promotion, sales, and use. The desired result is to promote safe and healthy behaviors and environments for individuals, families, and communities”.²¹ There are a wide variety of approaches to prevention including school

²⁰ “*Co-occurring Disorders Workgroup, Final Report*”, California Departments of Mental Health and Alcohol and Drug Abuse Programs, 2003

based, youth development, parental/family involvement, education, law enforcement, and community mobilization.

Berkeley has begun to take a serious look at the effects of alcohol and other drugs on the community. Although Berkeley is considered a progressive city, some feel the time has come to re-evaluate community norms and expectations of all its citizens and merchants. Most residents feel that the City needs to fashion a new response to alcohol and drug use and abuse and the associated problems. People in Berkeley from all walks of life, including people in recovery and even some that are addicted, believe that the system is in need of repair.

Until recently, some residents felt that Berkeley has paid little attention to community concerns about the public's health and safety related to alcohol and drug abuse. Locally and nationally, the focus continues to be on the 10 to 15% of alcohol and drug users who are addicted. Practically all of the dollars spent on ATOD abuse are directed at addiction

“Everyone thinks Berkeley is so nice, it has a Dark side.”

(Statement made by a client at the Home Plate Drop-In Youth Center, Chaplaincy for the Homeless focus group.)

treatment and recovery programs and clearly, addicts have the most serious health problems associated with substance abuse. However, addicted individuals, the smallest percentage of drug and alcohol users, are not responsible for the majority of crimes, violence, injury and death that is causally related to AOD use. These other users, described as “moderate and casual users,”

constitute a far larger percentage of the general population, and proportionally have a more significant impact on the quality of community life.

Research has linked an over-concentration of alcohol outlets with increased crime and increased costs for emergency services, public health and law enforcement. The over-concentration of alcohol outlets increases accessibility of alcohol, tobacco, and other drugs to Berkeley residents.

One way to effect change in the availability of illegal drugs in a neighborhood is to eliminate the point of access, which is very often a liquor store. By working together as a community (neighborhood groups, merchants, service providers, law enforcement and other city agencies), liquor stores can be made less attractive to drug dealers and others involved in illicit activities. The City can employ its land use authority to require changes to stores and their surrounding environment that will enhance public safety. This signals a change in acceptable social behavior, and in turn reduces drug transactions and associated illegal activities, reduces underage alcohol and tobacco sales, reduces blight and public nuisances, and reduces crime and the fear of crime in communities. The City of Berkeley has begun to develop strategies that are designed to coordinate the community around AOD education, outreach and input, and provide opportunities for effective community environmental prevention.

²¹ Governor's Interagency Coordinating Council for the Prevention of Alcohol and Other Drug Problems' *Strategic Plan to Reduce Adolescent and Young Adult Binge Drinking in California*, May 2004.

A moderate financial investment in community-based environmental prevention strategies will reduce access and availability and will result in a safer and healthier environment for *ALL* of Berkeley's residents, including people in recovery who will return to or recover in cleaner communities.

Finding — Berkeley residents are very concerned about the effects of AOD on their quality of life.

Recommendation — Invest city resources including funding to support community-based environmental prevention activities that will effect change in the built environment, public policy and social norms around AOD use.

Finding — Many Berkeley residents do not feel that they are part of the solution to AOD problems in their neighborhoods.

Recommendation — Develop a community-based process that monitors AOD issues in the City of Berkeley in collaboration with City staff.

Finding — The over-concentration of alcohol outlets is a major health and safety concern for Berkeley residents and is related to other AOD problems in the community.

Recommendation — Implement a comprehensive strategy to regulate businesses that sell alcohol in order to reduce blight and public nuisance. Adopt a policy of reduction by attrition to decrease the number of alcohol-licensed merchants in over-concentrated communities.

Finding — Residents, service providers, City personnel and other Berkeley stakeholders are poorly informed about alcohol and other drug use and abuse and the availability and benefits of treatment.

Recommendation — Provide ongoing AOD education, skill building workshops and training. Continue to organize biennial conferences and other community-based knowledge dissemination events on a regular basis.

Finding — Some City funded programs are not providing quality and effective services to Berkeley residents.

Recommendation — Adopt policies that support rigorous program monitoring and performance-based contracting to ensure effective and quality programs.

CONCLUSION

Most people view substance abuse as a moral issue. Many are skeptical of AOD treatment given the relatively high relapse rates. However, from a medical perspective, the challenges in treating addiction correlate closely with treatment of many chronic illnesses. According to McLellan, et al, “Substance Abuse treatment can be compared to medical treatment for diabetes, hypertension and asthma, given the similar treatment adherence and relapse rates for these conditions and substance dependence.”²²

Across all age groups ranging from drug exposed infants to older adults addicted to prescription drugs, Berkeley is lacking in adequate prevention and treatment programs for a large segment of its residents, especially the poor and/or medically indigent.

“Large numbers of untreated users on the streets. Lack of a comprehensive approach to get these folks off the streets and into supportive housing with treatment.”

(Statement from a survey completed by a business merchant from the Downtown Berkeley Association)

Substance abuse is the common denominator for many of the City’s law enforcement problems including domestic violence, assaults, auto burglaries, and other crimes. The over concentration of alcohol outlets in Berkeley contributes to law enforcement problems by providing easy access to alcohol, and other illegal drugs. Other challenges include zoning and licensing policies, community resistance to placement of drug treatment facilities in local neighborhoods and securing adequate funding to operate quality programs. All of these factors make it difficult to reduce the negative impact of alcohol and other drugs on the residents of the City of Berkeley.

AOD services in the City of Berkeley have developed over many years without the benefit of focused strategic planning. This lack of structure has led to fragmented uncoordinated service delivery despite the presence of high quality treatment programs in the City. Berkeley funds a small amount of substance abuse treatment for the homeless, but does not fund AOD services for low-income individuals, environmental prevention or school based alcohol and other drug prevention programs for students. A systems-based approach to AOD services will allow the City to seek outside funding from public and private sources that are interested in supporting comprehensive AOD services that have broad community impact.

Culturally responsive AOD service planning and delivery has yet to be systematically integrated into the day-to-day work of community based organizations and City agencies. System capacity is limited and/or non-existent for integrated treatment for people with co-occurring disorders, gay, lesbian and transgender individuals, youth, families, pregnant women, and older adults in the City of Berkeley. AOD services that are culturally sensitive and responsive throughout the system need to address access and retention, agency policies, organizational structures, staffing patterns, board development, training, community involvement, and client participation in design of their service treatment plan.

²² McLellan et al., Drug Dependence a Chronic Medical Illness. JAMA. 2000; 284: 1689-1695

A strategic prevention plan is a prerequisite in reducing AOD abuse and the negative impact on the quality of life for Berkeley residents. An early AOD prevention program that intervenes at the preschool level and higher should be part of an overall community strategy. A licensed alcohol and drug treatment facility for youth can reduce drug abuse and dependency among adults. Comprehensive prevention strategies must include environmental interventions such as advertising and land use restrictions. Environmental prevention strategies modeled after anti-tobacco campaigns that changed public policy have a direct effect on social norms. Also, media campaigns aimed at increasing public education, decreasing NIMBYISM and reducing high-risk behaviors are important elements to include in a comprehensive prevention model.

The City of Berkeley is in a unique position to facilitate change. The Mayor's Task Force on Health Services, Alameda County's plan for a detoxification facility, the Multi-plan for Homeless and Special Needs Populations, the Mental Health Services Act, Public Health's Community Action Teams, the Neighborhood Services Initiative, Community Involved Policing, and strategic use of the City's AOD Coordinator, together provide necessary and powerful elements to develop and implement a quality AOD service delivery system that is integrated and well-coordinated.

***“Not as bad as
Richmond and San
Francisco.”***

*(A statement made by a
client at the City of
Berkeley Black Infant
Health Program focus
group.)*

This is an opportunity for Berkeley to become a model for other cities that are of similar size and demographic make-up. Berkeley continues to be a city that embraces progressive ideas and values and that supports innovative social programs. A mandate from the City Council to develop a quality service delivery system, and to create and enforce policies and regulations relating to alcohol and other drugs will add to Berkeley's quality of life and serve as another example of leadership in rational and compassionate human service delivery.

ACKNOWLEDGEMENT

The City of Berkeley Health and Human Services Department would like to express its appreciation to the many individuals, community organizations, service providers, City staff, residents, and AOD clients that assisted with this report. We are especially grateful to the Alcohol and Other Drugs Policy Council members that worked diligently to produce this report.

GLOSSARY OF TERMS

Addiction

The overpowering physical or emotional urge to continue alcohol/drug use in spite of adverse consequences; there is an increase in tolerance for the drug and withdrawal symptoms sometimes occur if the drug is discontinued; alcohol and drugs become the central focus of life.

Assessment

Gathers information and engages in a process with the client that enables the provider to establish (or rule out) the presence or absence of a disorder. Determines the client's readiness for change, identifies client strengths or problem areas that may affect the processes of treatment and recovery, and engages the client in the development of an appropriate treatment relationship.

Co-occurring Disorders

Is a comorbidity of mental health and substance abuse disorders.

Culture

The vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies, histories, and practices distinctive to a particular group of people.

Detoxification

Is a process whereby individuals are carefully withdrawn from addicting drugs, including alcohol, in a supervised medical, social model or blended facility.

Disorder

An affliction that affects the functions of the mind and/or body, disturbing physical and/or mental health.

Drug Abuse

The use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed.

Drug Dependence

Drug dependence (addiction) is compulsive use of a substance despite negative consequences which can be severe.

Dual Disorder/Dually Diagnosed

The condition of being both substance abusing or dependent and having a major psychiatric diagnosis.

Environmental Prevention

Addresses problem behaviors resulting from access to and availability of ATOD and its use. It modifies written and unwritten community standards, codes, practices and norms, thereby altering the settings and conditions that result in problems that affect the general population.

Illicit Drugs

Refers to illegal and/or controlled drugs.

Integrated Treatment

Any mechanism by which treatment interventions for co-occurring disorders are combined within the context of a primary treatment relationship or service setting. It recognizes the need for a unified treatment approach to meet the substance abuse, mental health, and related needs of a client, and is the preferred model of treatment.

One Person One Plan

One treatment team with one plan for one person.

Outpatient Treatment

AOD services provided in a day treatment, clinic or non-24 hour caresetting.

Perinatal Substance Abuse Treatment

An organized array of services and interventions with a primary focus on treating pregnant women with substance use disorders, providing both acute stabilization and ongoing treatment.

Prevention

The theory and means for reducing the harmful effects of drug use in specific populations.

Recovery

Achieving and sustaining a state of health in which the individual no longer engages in problematic behavior or psychoactive substance use, and is able to establish and accomplish goals.

Relapse

The return to the pattern of substance abuse, as well as the process during which indicators appear prior to the client's resumption of substance use.

Residential Treatment

AOD treatment provided in a long-term 24 hour care facility.

Screening

Screening is a formal process that typically is brief and occurs soon after the client presents for services. It determines the likelihood that a client has a substance or mental disorder or that his/her presenting signs, symptoms, or behaviors may be influenced by mental health or substance abuse issues. The purpose is not to establish the presence or specific type of such a disorder, but to establish the need for an in-depth assessment.

Substance Abuse:

Substance use refers to the use of selected substances including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible detrimental effects.

Universal Drug Testing

Every woman admitted to a hospital labor and delivery unit will be tested for the presence of drugs.

ACRONYMS

ABC	Alcohol and Beverage Control
AOD	Alcohol and Other Drugs
ATOD	Alcohol, Tobacco, and Other Drugs
BAPAC	Berkeley Alcohol Policy Advocacy Coalition
BASAP	Berkeley Alcohol and Substance Abuse Providers
BHCS	Behavioral Health Care Services
BHS	Berkeley High School
BMH	Berkeley Mental Health
BPD	Berkeley Police Department
BUSD	Berkeley Unified School District
CBO	Community Based Organization
CMO	City Manager's Office
CPS	Child Protective Service
COB	City of Berkeley
TAA	Telegraph Area Association

ORGANIZATIONS THAT PARTICIPATED IN FOCUS/SURVEY GROUPS

Alta Bates Summit Medical Center

Berkeley Alcohol and Substance Abuse Providers (BASAP)

Berkeley Drop-In Center (BDIC)

Berkeley High School (BHS)

Berkeley Housing Department

Berkeley Police Department (BPD)

Berkeley Public Health

Building Opportunities for Self-Sufficiency (MASC)

City of Berkeley Black Infant Health Program (BIHP)

Downtown Berkeley Association (DBA)

Home Plate Youth Drop-In Center

New Bridge Foundation

Options Recovery Services

Progressive Baptist Church

Russell, Oregon and California Neighborhood Association (ROC)

Sobriety Through Education & Peer Support (STEPS)

Telegraph Area Association (TAA)

UC Berkeley

West and South Berkeley Community Action Team (CAT)

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APPENDICES

APPENDIX A

GUIDING PRINCIPLES

PRINCIPLES GUIDING THIS REPORT

TREATMENT

The treatment of alcohol and drug problems includes a range of social and medical services necessary to support recovery. Drug addiction is a complex disorder that can involve virtually every aspect of an individual's life. The primary goal of AOD treatment is to help restore the chemically dependent individual to productive participation in society. We believe the following treatment guidelines support this goal:

- No single treatment approach is appropriate for all individuals
- Treatment needs to be readily available, sometimes called “Treatment on Demand”
- Effective services are best provided within a well-coordinated and integrated service delivery system that responds to the multiple needs and readiness of clients
- Both voluntary and involuntary treatment can be effective
- Remaining in treatment for an adequate period of time is critical for effective treatment
- An individual's treatment and service plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs
- Quality services require a foundation of core competencies developed through staff training that enhances service delivery to clients
- Medications can be an important element of treatment for many clients, especially when combined with counseling and other behavioral therapies
- Individuals with co-occurring disorders (mental health and substance abuse) should have both disorders treated with an integrated approach
- Social and medical detoxification is an important first stage of addiction treatment, but by itself does little to change long-term drug use
- Relapse can often be prevented with current state of the art treatment; when relapse does occur it should be treated promptly

PREVENTION

Prevention is an essential component of a comprehensive community approach to alcohol and other drug abuse. Prevention can and should occur at all ages and stages of treatment. It is an effective method to address the negative effects of alcohol and other drugs among youth, adults, seniors, and in the community. The following principles will support effective prevention services:

- Alcohol and other drug prevention should be an integral part of school curricula
- Creation of productive and enriching activities for youth and their involvement in the design and delivery of these activities is an effective approach for AOD prevention
- Parental and family participation is a key element for successful outcomes
- A successful AOD prevention program includes outreach and education about abuse of all substances, including alcohol, tobacco, marijuana and prescription medication
- AOD educational prevention programs should strive to reach the entire community by using advertising, social pressure, and the development of positive decision making skills
- Environmental interventions are an essential part of an effective AOD prevention strategy
- The criminal justice system should be used, when appropriate, for its deterrent value, with consistent consequences for criminal activities

COMMUNITY

Active community participation is a key element to building a comprehensive AOD treatment and prevention delivery system in Berkeley. Communities inherit the problems associated with alcohol and drug abuse and must be active partners in the development of community-based treatment and prevention programs. The community can either hinder or help the process of recovery. The following are guiding principles:

- Continuous community education about alcohol and other drugs, co-occurring disorders and the multiple problems that result from these disorders is a necessary strategy for a comprehensive AOD system
- Quality prevention and treatment services delivered in the community and in other settings, contribute to positive individual outcomes
- Community attitudes that support treatment and explicitly discourage AOD abuse are significant factors in reducing the impact of alcohol and other drugs
- Physical environmental factors such as reducing the concentration of alcohol outlets, limiting alcohol and tobacco advertising, and increasing clean and sober housing will help lead to a reduction in AOD use and abuse
- Housing in high drug areas should be cleaned up through a joint community and police effort, with officers who are culturally sensitive and responsive to the community at-large.

APPENDIX B
FOCUS/SURVEY GROUP
RESPONSES

Citywide Alcohol and Other Drugs, (AOD) Policy Council
Alta Bates Summit Medical Center
Emergency Unit Staff Survey
9/2/04

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Acutely intoxicated patients require intensive staff involvement in the ER setting. They remain in the ER for many hours occupying beds/rooms that are then unavailable to other ill patients who must remain in the waiting room. They are frequently loud and can be abusive or very disturbing to the other patients and staff.
 - Many drug and alcohol patients are recidivistic frequently presenting to the ER for the same problem. The vast majority simply need to sober up and are without significant medical problems.
 - Berkeley seems to have an image as a Mecca for homelessness, drug use, and tolerance to the extreme for a wide variety of behavior. And of course the ER is one stop shopping for many of the disenfranchised, some seeking brief respite from their hard way of life, some seeking drugs; many with behavioral displays that are frequently disruptive.
 - Not very different than other cities.
 - Many people on the streets with alcohol and drug problems are often brought to the ER at night and weekends. Many of them are depressed or have other psychological problems. Unless they are actively suicidal there are no resources for them except M-F, 9-5.
 - Many homeless people with substance abuse use Alta Bates ER (or waiting room) as their homeless “shelter”, usually after midnight.
 - Homeless populations are ER “frequent fliers”. Repeated alcohol intoxication results in repeated ER visits. Sometimes more than 1 per day! No place for patients to go other than the ER.
 - Cal Berkeley students young-alcohol poisoning.

2. What alcohol and other drug services are needed in the City of Berkeley?
 - Sobriety tanks
 - Rehab services
 - Shelter
 - A drunk tank facility with on site social services, solid rehab referrals and programs. Law enforcement needs to see homelessness/substance abuse as the significant problem it is and have the training and insight and resource back up to deal with it.

**Alta Bates Summit Medical Center
Emergency Room Staff Survey**

- Detox-acute and non-acute referrals:
 - a. Include medical detox services, i.e., supervision medically
 - b. Clear pathway for referrals to rehab and/or detox
 - c. Specific channel for dually diagnosed patients—where to refer them?
 - A 7 or 8 response team/person so that we don't discharge patients to the streets at 3am.
 - Night and weekend detox beds. 24 hour shelter access for emergency room patients.
 - More outpatient programs.
 - A place for them to "sleep it off" other than the ER. Not jail---would require some type of medical supervision.
 - Expand MASC programs and hours of operation. Add shelter beds that are equipped to observe intoxicated patients.
 - Ideally, would like to see patients not requiring incarceration or ER services taken directly to shelter for observation, food, shelter, and direction toward housing and treatment programs offered.
3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
- Augment a service, such as "Options Recovery" to 24/7 services.
 - Somebody to enforce compliance by problem users of intoxicants.
 - More adequate services available and make those in need use them.
 - Temporary shelters, "Clean up" sites and psych counseling services.
 - We need a detox facility that is medically staffed.
 - Outreach services, especially in downtown Berkeley.
 - Greater availability of mental health services. Develop something like "Sausal Creek" center—a 23 hours, 59 minute evaluation and holding center.
 - Get most of the 5151's out of the ER.
 - Continue to work with U.C. to limit alcohol on campus and increase drug/alcohol awareness programs.

**Citywide Alcohol and Other Drugs, (AOD) Policy Council
Berkeley Alcohol and Substance Abuse Providers, (BASAP)
Provider Focus Group
2/20/04**

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Reallocation of funding
 - Facilities for families-residential
 - Historically funding issues
 - Women with children and AOD problems
 - AOD jurisdiction – City of Berkeley AOD services centralized under one program
 - Embracing the entire family in treatment
 - Dual diagnosis – additional services
 - Male youth over 14 years of age unable to stay in shelters with female parent

2. What alcohol and other drug services are needed in the City of Berkeley?
 - All shelter and treatment programs should have qualified AOD counselors/services
 - Youth drug treatment drop-in center
 - Healthy Families—Solid Foundation—CASTA Vincenta
 - Vouchers
 - City funding for AOD services-collaborate
 - System Integration
 - Private funding
 - Successful programming for current programs
 - YEAH shelter year round
 - Workshop with City Council re: AOD issues
 - Street outreach to active users

3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
 - Additional funding for dual diagnosis services
 - Residential treatment for families and women with children
 - City departments should redirect funding for AOD services
 - Street outreach increased, Youth street outreach and AOD mobile crisis
 - Training for outreach workers and resources

**Citywide Alcohol and Other Drugs, (AOD) Policy Council
Berkeley Drop-In Center
Client/Staff Focus Group
3/29/04**

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Crack, cocaine, heroin, alcohol, meth, marijuana - these are drugs of choice, people escape by using drugs
 - People are homeless and will do whatever to find housing
 - Drugs relieves stress
 - Homelessness brings on depression and stress
 - Loss of family members
 - Poor nutrition due to homelessness
 - Prostitution male and female, crime, violence, mental stress disorders, and family problems
 - Homelessness is a depressing state of mind, homelessness is the key factor
 - Drugs give you courage, a lot of people are out here doing drugs, so you do them also
 - Drugs give you courage to be in the street
 - Legal drugs and medications causes me to become haywire
 - Homelessness keeps me in pain all the time
 - BMH cut me off after 8 years and I am upset
 - I take pain pills
 - Drugs lead to my unemployment
 - Drug addiction was deeper than being homeless
 - I had a home but drugs made me homeless with a home

2. What alcohol and other drug services are needed in the City of Berkeley?
 - Detox for more than 4 or 5 days
 - Housing
 - Drugs are a lucrative business
 - Treatment program to help to get you clean and sober but there is nothing to replace it with
 - People need jobs and therapy after treatment
 - Low self esteem, will use again
 - After you are clean what do you do?
 - Government provide funding for treatment and once again you need support and assistance
 - You don't make progress and relapse
 - Education is very important

**Berkeley Drop-In Center
Client/Staff Focus Group**

- Once clean I was bored, drugs is a lifestyle, not only the high. Missing the drama that goes along with the lifestyle
 - Coming back is really hard, I am close to a weak moment
 - Opportunity and desire
 - Funds for recovery however there is no education after recovery
 - Resources are needed
 - Once you are homeless you become a target.
 - The streets is my living room and I am constantly being harassed, I have a warrant from drinking in my living room
 - Recovery programs don't have housing to help people in treatment
 - We are talking about housing and income
 - Jobs are overseas, bring some industry back to California
 - Employment you can't get because you are homeless, it is a game playing with our lives, they are making money off us
 - You have to have fundamental education. The BDIC offers a lot of opportunity but people come in here to eat and watch TV.
3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
- Detox
 - Housing
 - Education
 - Employment
 - Rehabilitation is a different world, wow. The ability to survive requires employment (self esteem)
 - Replace self-esteem and drive needs to be replaced
 - These programs are head count
 - Prisons and rehabs are the biggest business in the state and country
 - A program that helps to build steps and help us take small steps
 - Give us a chance
 - Mental health counseling for those who don't have Medicare
 - A lot of drug addiction stems from childhood
 - M.H. counseling for homeless people
 - If you have nothing, everybody is addicted to something
 - My past is haunting me due to mine felonies, I can't get food stamps, how am I supposed to eat?

**Berkeley Drop-In Center
Client/Staff Focus Group**

- Because of a drug felony I can't get food stamps, I know how to sell "Pu **y" but I don't want to do this anymore, but I need to eat
- Harrison House "what are your addiction issues", ask me, if I have drug issues
- I am not eligible to get welfare, childcare, food stamps because of my drug felonies; People should be able to
- It should not matter if you are clean or not, help a human being
- Being a human being should never be an issue for help because of drugs
- Compliance issued surrounding drug felonies should be changed
- We are still human beings
- Other governments take care of drug addicts in their countries, they meet their human needs
- Billions of dollars being spent on telescope wars, America should take care of their own
- There should be no homeless because we are the richest country.
- To be homeless and see other people come from different countries and have more than Americans
- I can't take my daughter now because I can't feed myself because of my past, if I was on parole or had a probation officer I could probably get help

**Citywide Alcohol and Other Drugs, (AOD) Policy Council
Berkeley High School
Parent/Faculty Meeting
4/14/04**

Issues Discussed

Staff – 40% of referrals to health center is for drug use

- Parents are concerned that there are no drug services at B.H.S.
- Parent stated that she doesn't have an idea as to what the school does around substance abuse

Staff:

- Health center can address drug use if that is what the community wants
- Assess AOD need and funding

Rise Project:

- Have a lot of students and parents that use drugs
- Staff needs to be trained to identify drug use among students (signs)
- Teenage friendly drug services

Staff:

- Drugs have a negative impact in academic achievement
- Achievement plays
- 30%-50% have experimented with drugs at B.H.S
- Wide spectrum of drug use

Statement:

- Neighbor allows youth to come to his house to use drugs

Cultural issue:

- Blaming various ethnic groups for drug use
- Youth from all cultures do drugs
- Parents use of marijuana and alcohol
- Parents have no place to talk about this problem (drugs)

Comments:

Why parents aren't here

Intimidated by professionals

Mixed messages to youth—alcohol is legal—parents smoke marijuana

**Berkeley High School
Parent/Faculty Meeting**

Homeless population providing alcohol and drugs to children/youth

Tax for youth services

B.H.S. loose a lot of 9th graders

Youth need to feel valued

Kids feel that they are labeled bad kids so why try to change

Youth pool lunch money together to get drugs

Why are youth allowed to remain in the park or loiter outside of school?

Citywide Alcohol and Other Drugs, (AOD) Policy Council
City of Berkeley Black Infant Health Program
Client focus Group
Date 4/28/04

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - A lot of alcoholics, hookers and crack heads
 - Not as bad as Richmond and San Francisco
 - Not seen at Ward off MLK for the past 6 years-got cleaned up
 - Fairview and Sac/no problem mostly houses not a lot of apartments
 - Police have been on people but now it's summer they will be back on the streets
 - No employment

2. What alcohol and other drug services are needed in the City of Berkeley?
 - Rehab
 - Can't help someone who doesn't help themselves
 - My uncle was in a program, did good, went right back
 - Streets becomes a test of wills
 - They need therapy, something happening in their lives, they're in denial; they need help
 - Jobs-feeling like you're worth something
 - A place to stay
 - A lot of resources for people and mental health treatment or drug problems
 - Lack of housing because of felonies
 - Escape reality
 - Lack of education, they don't know how to read or write

3. What recommendations would you make to the City of Berkeley regarding alcohol and other drugs services?
 - Resources should be centralized and should be advertised
 - Lack of money for treatment
 - Programs in the schools, kids see their parents doing drugs, elementary school is when to start
 - Need more people to educate people on drugs

Citywide Alcohol and Other Drugs, (AOD) Policy Council
BOSS - MASC Shelter
Staff Focus Group
Date 7/14/04

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Heavy use of everything there is to use on the market, legal and illegal, abuse of alcohol
 - Sale of prescription drugs
 - Harm reduction vs. abstinence
 - H.S. children using marijuana
 - Aging populations trading and stealing prescription drugs
 - Reduction of benefits increases criminal behavior to get drugs
 - Stealing among each other
 - Medical issues because of drugs and aging

2. What alcohol and other drug services are needed in the City of Berkeley?
 - Detox facility
 - Additional outpatient programming
 - Difficulty to access treatment
 - Coordination of services for shared clients
 - Access for residential treatment
 - Harm reduction approach
 - Transportation to detox
 - Transitional housing—none for men
 - Personal Hygiene/clothes
 - Personal belongings left can't take with them
 - Breakfast
 - Alternative day treatment other than Options

3. What recommendations would you make to the City of Berkeley regarding alcohol and other drugs services?
 - Funding service providers
 - Day treatment
 - Acupuncture feels safe and friendly—never hear anything bad about them
 - Detox for Berkeley
 - Shelter beds
 - Transitional housing

**BOSS - MASC Shelter
Staff Focus Group**

- Transit
- Medical treatment
- BMH treatment for dually diagnosed population
- Substance abuse services
- Shelter plus care certificates
- Affordable housing
- Training and employment programs

Citywide Alcohol and Other Drugs, (AOD) Policy Council
Berkeley Police Department Community Services
Staff Surveys
Date 7/20/04

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Revolving door arrestees
 - No detox facility available for those who need it. This would cut back on some crime and disorder issues citywide. Marijuana and its effects are minimized and programs desired to educate youth practically eliminated.
 - Sales of single cans of beer from the corner markets. Some stores sell cups with ice along with alcohol.
 - Selling of crack cocaine and marijuana at the known hot spots within the city.
 - Some of the alcohol and drugs problems in the COB include excessive use and chronic dependency. Part of the problem is that it is so easy to get. Sellers need to be punished harshly by prosecuting District Attorney. Liquor store owners are selling to minors at will. Violating liquor stores should be dealt with more severely.
 - Open container, drunk in public, Loud parties! Binge drinking
 - Loitering around liquor stores/drug areas, public drunkenness in downtown/Telegraph, drug addicted prostitutes.

2. What alcohol and drug services are needed in the City of Berkeley?
 - Better control of liquor licenses to business establishments in our city.
 - Reaching out to the community and making them aware of the current programs and getting the community input on their needs.
 - There needs to be an effective rehab center. There needs to be shelter that will accommodate those in need (and somewhere for them to store their pets). A lot of the drug/alcohol abusers stay on the street because their pets can not be accommodated. Arrested persons should be required to complete a city drug program upon release.
 - I would like to see a detox center like the TAA proposal from last year. This type of service should work in concert with the P.D. and the D.A.'s office.
 - Sanction-based treatment program.

3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
 - Offer more programs for chronic arrestees (drugs/alcohol)
Have available counselors.

**Berkeley Police Department Community Services
Staff Surveys**

- Putting teams together just like “MH’ and having them work the streets and reaching out to the residents.
- Stop the sale of single cans at the stores.
- I would recommend that City Council get tough on DA’s. Get involved in the process. Make noise when cases are not charged (which is all the time). Establish a drug rehab team in order to put programs in place (make them effective) with incentives. The rampant drug problem in the COB will never get better until the city fights it on more than a police level. If the city does not take a more active role in this problem, then it will continue to be a game of cat and mouse.
- Formation of a city “Alcohol License Enforcement Team” to monitor alcohol availability in the city. Personnel should consist of 2 officers, 1-2 planners, rep from C.M.O., and civil support staff. Oakland has such a team already in place (A.B.A.T). This team would ensure compliance of laws, review new applications, zoning issues, etc., and investigate complaints, or problematic ABC licensed locations.
- Introduction of a social host ordinance which would make it a crime for people who host a social event where minors were in possession of alcohol. Such ordinances are already successful in Southern California.

**Citywide Alcohol and Other Drugs, (AOD) Policy Council
City of Berkeley Housing Department
Staff Survey
1/19/05**

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Not enough expertise in AOD treatment issues and treatment of people with dual diagnosis among homeless services providers
 - Not enough AOD treatment resources that span the continuum of types of AOD treatment.
 - No access to detox services with Alameda County
 - Problematic drug use among youth
 - Appropriate level of regulation of medical cannabis clubs; availability of medical cannabis as allowed under Prop 15 or whatever that voter-passed law was a few years back. Location decisions should ensure that medical cannabis clubs operate crime-free (or as nearly as possible) so that medical cannabis provision can be separated from historic criminal activity involving sales of marijuana
 - Public drunkenness of apparently homeless individuals throughout Berkeley
 - Ensuring that housed individuals with serious mental illness stay on their meds so that they can stay safe, supported, and perhaps lead productive social lives in the long run
 - Fraternity and sorority parties that get out of hand; collaborate with UC to ensure safety and healthy choices by college students who are frat and sorority members
 - In the homeless population there are many individuals with co-occurring disorders. Their AOD problem may be their primary diagnosis, preventing them from accessing mental health services. However, for many, addressing their AOD issues isn't possible in the absence of Mental Health services. This creates a viscous cycle without escape.
 - I'm not in the trenches, and don't really have enough information to provide an accurate response to this question. Seems that Berkeley has the same problems as anywhere else—homelessness, unruly behavior in public places, domestic violence, medical needs (abscesses....

2. What alcohol and drug services are needed in the City of Berkeley?
 - More low-barrier, harm reduction based residential treatment slots accessible to people from Berkeley
 - More low-barrier services for people with AOD issues and accompanying mental health issues such as major depression
 - Standardized AOD assessments at all health care and homeless services agencies and other agencies serving the public
 - Programs for kids at Berkeley schools?

**City of Berkeley Housing Department
Staff Survey**

- Residential detoxification services and facilities
 - More aggressive counseling approach to dealing with student binge-drinking
 - We need a range of services that are available to people no matter where they are in addressing their addiction. We need services and housing for people who actively use alcohol and other drugs. These services/housing must be barrier free and must be designed to engage people and challenge them to take appropriate next steps. Abstinence-based services and housing are not appropriate for this population. We also need services and housing that address the needs of people in recovery. We need sufficient sober housing for those who have taken steps to move on in their lives.
 - Housing and services for substance users who are not ready for treatment
 - Mental health evaluation and services for drug users
 - Representative payee services
 - Employment and vocational services
 - Treatment services for transition-aged youth
 - Detox
3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
- Invest in providers of AOD services that utilize harm-reduction models to balance the City's investment—which currently overemphasizes abstinence models.
 - Invest in training homeless services providers in AOD assessments and treatment possibly utilizing Mental Health Services Initiative funds
 - Apply regularly to the Federal Department of Health and Human Services for AOD treatment funds (PATH or SAMHSA or other divisions?)
 - Incorporate AOD treatment methodologies into services provided by BMH, especially the ACT team.
 - Greater investment in permanent supported housing, scattered sites as well as master-leased buildings
 - Provide leadership in citing a residential detox facility, probably best done in an appropriate location with sufficient professional management in an existing (not new) building.
 - There needs to be a full continuum of services. We need to commit resources to a variety of different strategies that are appropriately tailored to addicted people at all stages of recovery, including pre-contemplation. Similarly, we need a range of housing options we can offer both to those who are already clean and sober and to those who may never be able to address their addiction without safe and stable housing.

**City of Berkeley Housing Department
Staff Survey**

- Need a dull continuum of services, from abstinence-based to harm reduction/health based.
- Services need to be multi-disciplinary and integrated, combining expertise in public health, mental health and addiction services.
- Services need to be designed to be flexible enough to engage people who are disorganized, have multiple issues, and may not be motivated or ready for treatment but can be engaged in a helping relationship.
- Stable housing with supportive services

**Citywide Alcohol and Other Drugs, (AOD) Policy Council
Downtown Berkeley Association**

Surveys

Date 8/10/04

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Distasteful social behavior on the streets. Homelessness, begging, increased theft in retail stores by individuals and organized teams. It gives our city an uncomfortable visual and perceptible reputation that is contrary to the vision, goals, and objectives of the new economic plan for the city. It is driving businesses, tourists, visiting shoppers and residents out of town and increasing safety problems.
 - Individuals—many are very sick and in need of more care than what seems to be available. The sickness leads to extremely inappropriate behavior in downtown that scares and repels many members of the public.
 - Storage—too many belongings in the public space
 - Toilets—lack of facilities or, in some cases, willingness to use them
 - Detox—A. county needs a detox center
 - Fair & equal—Berkeley gets 40% of county homeless—neighboring cities need to offer equivalent services.
 - Use by homeless. Use by youth. Those who do not have “resources” to deal with the problem. “Resources” is broadly defined as social, financial, education, maturity, network, etc.
 - In downtown, large populations of high school age youth using marijuana in alleys, and other “out of the way” places, in the morning, lunchtime and mid-afternoon.
 - Large numbers of untreated users on the streets. Lack of a comprehensive approach to get these folks off the streets and into supportive housing with treatment.

2. What alcohol and other drug services are needed in the City of Berkeley?
 - Daytime facilities to house people rather than have them out on the streets and in stores.
 - Hygiene facilities
 - Work projects to improve the city and to help these people gain better skills, self-esteem, etc.
 - Mentoring, coaching, and professional development programs that prepare them for greater self-leadership and responsibility.
 - Detox

Downtown Berkeley Association Surveys

- Strict enforcements of sales to minors with adequate punishment to violator (those who supply drugs and alcohol to kids are bad for society). Treatment facilities to help overcome addiction. Limited availability of fortified alcohol, 44 oz alcohol, single beers, etc. NO medical marijuana sales in the city.
 - More education to lower use by young people.
 - Detox facility. More aggressive action to get folks of the streets, i.e. care not cash.
3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
- Dedicate and allocate funding to immediately address this issue, since our economic and redevelopment vision can move forward with desired outcomes.
 - Hotel and convention center
 - Increased visitors that can enjoy the business and streets with joy, safety, and entertainment.
 - Increase the incentives for these people to seek help
 - Look at future generations of problem individuals
 - Need to have equal services offered in neighboring cities to disburse client demand.
 - More enforcement of appropriate behavior
 - Ability to get sick people off the streets
 - Proper disposal of syringes and other propaganda
 - System does not address all root problems
 - Lack of connection between economic development and compassion as compassion requires revenue.
 - I would like to see better enforcement by city police to try and curb the public use of marijuana and other drugs.
 - Examine the city's policies. Look at successful strategies that other cities are using to deal with the problem. Work to assure the services are available, such as detox center and more supportive housing. Link these services with strategies to make it harder for folks to resist treatment options, including linking treatment to cash grants.

**Citywide Alcohol and Other Drugs, (AOD) Policy Council
Chaplaincy for the Homeless - Home Plate Drop-In Youth Center
Client Focus Group
Date 1-26-05**

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - You can shoot up on the sidewalk no one cares
 - Everyone thinks Berkeley is so nice, it has a dark side
 - It is easy to live here, you can always get food
 - Drug use starts at a younger age here in Berkeley, hard drugs
 - Parents are in denial about what their children are doing
 - Every drug ever available in the park
 - Easy access, too convenient
 - Easy lifestyle here—easy to get money, food, drugs, too much coddling
 - Parents in denial

2. What alcohol and other drug services are needed in the City of Berkeley?
 - Drug specific counseling in people's park
 - More needle exchange
 - More drug counseling targeted at youth.
 - Need detox center
 - Need better drop-ins: open every day, showers, washer and dryers, open 7 days a week

3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
 - Try not to just criminalize drug use. Send people to detox and or rehab instead.
 - Need affordable detox in the city.

Citywide Alcohol and Other Drugs, (AOD) Policy Council
New Bridge Foundation
Staff Focus Group
Date 8/27/04

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Homelessness
 - Crime
 - HIV, Alternative sex, STD
 - Parentlessness
 - Children of addicts
 - High unemployment rates for youth
 - Lack of mental health services
 - Health care /increased cost to health system
 - Lack of detox in Alameda County
 - Lack of funding/budget cuts

2. What alcohol and other drug services are needed in the City of Berkeley?
 - Shelters
 - Resources
 - Transportation
 - Training
 - Outreach workers
 - Clean and sober living
 - Transitional housing
 - Employment services
 - Health care van
 - Multicultural services/Native American
 - Referrals to other agencies
 - AOD education for various stakeholder
 - Charter school
 - Sober school
 - Spiritual connections for people with AOD issues
 - Living wage
 - Easy access for resources/social services
 - Lunch and learn AOD educational sessions
 - Youth services, Job training- Stipends, Give back to community
 - On the job training for parolees

**New Bridge Foundation
Staff Focus Group**

3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
 - Secure lots more funding
 - City council should have community involvement
 - Community input
 - Funding to non-profits who have been in place since the 60's, to target at risk population—the population that the city council targets.
 - Increase funding to programs that have a successful track record.
 - Increased system development.

Citywide Alcohol and Other Drugs, (AOD) Policy Council
Options Recovery Services
Staff Focus Group
Date 6/18/04

1. What are some of the alcohol and other drug problems in the City of Berkeley?

- Shortage of shelter & transitional housing for men & women
- Lack of Detox facility
- City's approach to getting people off the streets & out of sight without addressing real issues of homeless population which includes addicts, mentally ill & ex offenders
- Lack of competent people running services/agencies
- Resistance to addressing mental health and addiction as dual diagnosis (health versus criminal justice issues)
- View that homelessness is cause of alcohol & drug addiction when actually it is the reverse
- Availability of liquor in every store – saturated beyond licensing limits allowed
- Public Housing available is low cost, but most become drug/meth labs (UA Housing)
- Users protected from being evicted when in fact they should be (if they abuse designated clean & sober housing)
- Agencies with harm reduction policy are borderline right-to-use & ineffective with homeless addicts who are dependant & need abstinence-based services

2. What alcohol and other drug services are needed in the City of Berkeley?

- Affordable childcare so parents(s) can get treatment
- Education of community - including city leaders, law enforcement, treatment facilities such as hospitals & tax payers who are unaware how much this is costing them (\$14,000 a month per addict) & often still assume that addicts can just stop if they choose to
- Local detox or people will continue go to John George Psychiatric Clinic/emergency rooms (story of 53 year old man sent by cab to Options from Alta Bates, went into DTs & paramedics refused to take him back to hospital 2nd time. Dr C was called at home late at night (frequent occurrence), patient said he would drink again if he stayed on streets & paramedics would still not listen to Drs so Dr C rushed him to Helen Vine. Now sober & well for 2 weeks. Cost the City \$8,000 that day alone)
- Place like a detox but lower cost for psychotic breaks – a bed & someone to watch over them (used to be a detox at 6th & Dwight & Options tried to re-acquire, but it takes 7-9 months to clear Permit Office & precludes purchase)
- Drop-in center with beds & services, a place to get medications & see a Dr.

**Options Recovery Services
Staff Focus Group**

- Increase treatment-on-demand facilities (currently not available at MASC & Food project) that are abstinence-based to treat high-risk, dependant clients (major part of the chronically homeless population in Berkeley)
3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
- Require city-funded agencies to have zero drug tolerance policy for employees
 - Raise consciousness of the community itself (BASAP softball match to educate people may not be enough!)
 - Options needs more space & funding to take current overflow - 200 active clients, not eligible for BMH, most difficult & at-risk clients, City funding of \$50,000 does not go far after exhaustive paperwork required
 - Abstinence-based program for kids/adolescents - chaplaincy gives them winter housing, but does not address addictions that got them on the street (only Thunder Road currently available for Youth)
 - Terminate Street Spirit as money raised are pocketed & used to continue buying drugs of choice (the very reason why BFHP discontinued it)
 - Discourage view of Berkeley as a user friendly community (Telegraph Ave history, kids come here to get drugs, Street Spirit)
 - Drop the *any door policy* and promote abstinence for dependent clients

Citywide Alcohol and Other Drugs, (AOD) Policy Council
Progressive Baptist Church
Focus Group
Date 8/12/04

1. What are some of the alcohol or other drug problems in the City of Berkeley?
 - It's a problem because alcohol is so readily available and people get drunk and disorderly. The availability is a problem, its affects are a problem, and it affects what we are able to do in the community.
 - All these sites that sell alcohol, especially Liquor Stores, tend to be a congregating place for persons who cause trouble. It tends to drive people away from businesses. We get the overflow from those people when we have events. They tend to congregate and the general public tends to avoid those areas at all.
 - We have another area down on Sacramento that impacts the apartments near us. The congregating is a problem, but also the boom boxes in the cars that go by here.
 - It doesn't seem to be enough police visibility in this area. Years ago I worked with Chief Nelson he had a board where the community leaders could come and talk to him about the problems they were experiencing. They used to have a bus that would station right out here that would serve as a deterrent to drug activity. When they had that the drug activity was contained, but now the drug activity around here has skyrocketed. We need some sort of board or committee that would increase police visibility. The place across the street the police used to drag fifteen (15) or more people out of there.
 - They will give a license to open a liquor store before they'll give you a license to open a church or any other business. We need some kind of venue to interact with the police so that we can let them know what's going on in the community. We've had revivals here and people have gotten shot right outside while we're in here praising the Lord.
 - We have a Day Care Center here and the drug availability in the community creates an unsafe environment here. Where the community would come, the drug activity makes it unsafe. We have the Drug Drop In Treatment Center right around the corner and the drug dealers are waiting outside to make sales. It impacts our ability to effect ministry in the community.
 - The city of Berkeley has got to do more to create a safe environment or Berkeley is just going to get worse. We have the Angel initiative on our Agenda today; the decriminalization of Prostitution is going in the wrong direction. Berkeley will become a magnet for the wrong types of activity and people will not want to be a part of this.
 - We were having problems with them doing stuff right in front of our parking lot and we've asked them to take it elsewhere. We also had a problem with the area of Ellis & Fairview and Ellis & Harmon with the High School kids going to the store and people trying to bring their kids to Day Care.
 - There are senior citizens in Berkeley who are addicted to prescription drugs.

**Progressive Baptist Church
Focus Group**

2. What alcohol and other drug services are needed in the City of Berkeley?

- The location of the treatment facilities need to more widely known, make this area aware of the facilities if there is not one in our area.
- One thing is to make sure there is more police presence around the Drop-In Centers so that the drug dealers cannot take advantage of the people who are trying to get help.
- There needs to be more thought to where the services are located. It seems as though we just decide they need help and then we just put them wherever, they get put back into the same community, and then the places just become hot spots and the people who need help have a hard time getting it. They don't need to be so far away that no one can get to them, but they don't need to be so close that the people get drawn back into their addiction.
- AOD Education beginning as early as possible, Elementary, Junior High, and High School.

4. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?

- Bring back the Bus that they had to deter drug activity in the area.
- Notifications sent to the community before an Alcohol License is issued to a particular business. Some more targeted way to let the community know that businesses are applying for Alcohol Licenses and intending to sell Alcohol. This will allow the community to more actively participate and provide input regarding the business in their community that intends to sell alcohol. The way this process is currently being handled the community does not get enough notification to participate in the process.
- I would love to know where our City Council and Mayor stand on Drugs and Alcohol, i.e. more licenses or fewer licenses. We have a hard time finding out where our elected officials stand and if we knew we would vote appropriately. It is a very serious problem.

**Citywide Alcohol and Other Drugs, (AOD) Policy Council
City of Berkeley Public Health Nurses
Staff Surveys
4/28/04**

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Lack of affordable housing
 - Little support and understanding for families from neighbors when living with “problem” member
 - Expectation on part of BPD that some neighborhoods are just going to have to deal with problems – “those people” have to live somewhere
 - Availability
 - MH issues related to unemployment, family issues etc.
 - Lack of resources for pregnant women
 - Mental health usually goes hand in hand with alcohol/drugs, services to address these issues
 - Homeliness
 - Street begging/panhandlers
 - TB issues
 - Young adults who have dropped out of school and who are unemployed-highly susceptible to AOD
 - Drugs, sales, violence, risks to whole neighborhood, as well as, individuals using drugs
 - Alcohol-Cal students Binge

2. What alcohol and other drug services are needed in the City of Berkeley?
 - Jobs
 - Housing (supportive)
 - Programs for young children exposed to AOD
 - More treatment centers
 - Enforcement
 - Outpatient and residential facilities for pregnant women
 - More treatment programs that are residential
 - Treatment services in Spanish
 - Cal needs services for students
 - Drug treatment needed and accessible

**City of Berkeley Public Health Nurses
Staff Surveys**

3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
 - Legalize marijuana
 - Consistently enforce AOD requirements/laws all over City of Berkeley
 - Education/Outreach
 - Provide more of the above (residential treatment) and mental health services
 - CAT-neighborhood work-is good, keep funding that

**Citywide Alcohol and Other Drugs, (AOD) Policy Council
Russell, Oregon and California Neighborhood Association
Focus Group
6/30/04**

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Street dealing, aggressive behavior
 - Social service agencies not being accountable
 - Ready access to alcohol and other drug programs
 - Mental patient aggression
 - Drug and alcohol at the middle schools
 - People on the street having psychotic episodes
 - No enforcement of drug crimes
 - Not enough services, lack of "treatment on demand" facilities
 - Trash and blight
 - Liquor stores selling liquor in singles, liquor stores selling alcohol in opaque bags facilitating public drinking
 - Violent crime related to drugs and alcohol
 - Dealers think that they own the streets
 - Quality of life for neighborhoods most severely effected
 - Speeding cars
 - Assaults on neighbors
 - Aggressive panhandling
 - Street people pushing the sale of newspaper " Street Spirit" on people
 - Lack of productive alternatives for homeless
 - Shockingly young age at which kids become involved in drug activities, six year olds, acting as look-outs
 - Loitering
 - Drug dealers set bad example for youth
 - Youth smoking pot openly
 - Insurance quotas

2. What alcohol and other drug services are needed in the City of Berkeley?
 - We need a District Attorney who is willing to prosecute drug crimes
 - Strict enforcement of laws relating to drugs and alcohol
 - Anti drugs and violence youth campaign, media awareness
 - We need a detox center
 - Treatment on demand, more 12 step programs (some secular too)
 - Youth drug and alcohol programs

**Russell, Oregon and California Neighborhood Association
Focus Group**

- Mental health services for co-occurring disorders
 - More self-help groups
 - Churches who distribute food could link distribution to drug and alcohol services, (counseling before meals)
3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
- Community groups should take up treatment and counseling as an issue and coordinate and fund services (YMCA, Rotary club, etc)
 - Tougher prosecution of drug and alcohol related crimes,
 - Follow CEPTED recommendations, bars off window of liquor stores etc.,
 - Liquor stores should not be allowed to sell "airplane size" liquor bottles or singles,
 - Liquor stores should be required to sell alcohol in clear plastic bags to discourage public drinking,
 - We need more productive solutions for homeless population, provide some sort of jobs for homeless people (i.e.: street sweeping, dishwashing @ minimum wage)

**Citywide Alcohol and Other Drugs, (AOD) Policy Council
South and West Berkeley Community Action Team
Resident Focus Group
Date 6/2/04**

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Litter and trash debris
 - More crime, such as strong arm robberies, break-ins
 - Loitering
 - Yelling in the middle of the night
 - Intimidation when you walk near a liquor store or down certain blocks
 - Zoning laws make a difference
2. What alcohol and other drug services are needed in the City of Berkeley?
 - Money needs to go back to mental health services
 - Monitor the cannabis club distribution
 - Lack of detox center
 - Adequate mental health service and correct medicine
 - Important to keep services even with budget cuts
 - Increase funding and create more facilities
 - Prenatal use
 - More awareness and community education
3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
 - Advertisements plays a major role in targeting youth
 - Employment-develop job training
 - Less police enforcement, more supportive services
 - Zoning laws make a difference
 - Don't allow anymore liquor licenses in South Berkeley

**Citywide Alcohol and Other Drugs, (AOD) Policy Council
STEPS**

Client Focus Group

4/28/04

- 1 What are some of the alcohol and other drug problems in the City of Berkeley?
 - Family unit, education, value system, growing up without example
 - Lack of access to detox
 - Openness for sharing information for new programs (lack of)
 - Social model detox in Alameda County? County funded.
 - Prejudice in tolerance – location affects treatment
 - Education and employment-not just temporary shelter
 - Homelessness—desperately need more housing
 - Social model—graduates of the program can then teach and counsel next incoming groups
 - Long term solutions—not quick fix
 - Contra Costs County’s detox and referral system could be a good example
 - Rehabilitation and recovery homes—availability and access would help
 - If you have no health insurance, where can you go?
 - Economy problems introduce new hurdles for the down-and-out. Preventive measures
 - Could NA or AA send representatives to Council meetings? Abstinence based and harm reduction aren’t very effective.
 - The one absolute requirement is an honest, intense, craving and dedication to stopping

- 2 What alcohol and other drug services are needed in the City of Berkeley?
 - Detox
 - Transitional housing and emergency shelter
 - More dual-diagnosis programs
 - Housing for women and children
 - Counseling therapy resources
 - Hotline—anytime there’s a place to get help
 - More funding and campaigning to get more programs
 - Special programs for women
 - Not nearly enough services
 - Nutrition and exercise—body and mind recovery

STEPS

Client Focus Group

3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
 - More funding
 - More housing-specialized, i.e. women, families, and self-sufficiency
 - Apprentice workshops-freely teaching newcomers from people who have cleaned up themselves
 - Mentoring programs, we need a forum to share skills, knowledge with those in need
 - Prevention, high school involvement
 - Understanding can be facilitated if we share personal stories
 - Outreach to the community is needed to raise caring and awareness
 - Major lack of transitional housing—it's a key to success and is so difficult to find. NOT available to many people.
 - Continuum of care is necessary. Each program should have a referral for the next stage of their recovery

Citywide Alcohol and Other Drugs, (AOD) Policy Council
UC Berkeley—Tang Center
Staff Survey
11/16/04

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Underage college and high school students obtaining alcohol illegally (at stores, bars, restaurants, and parties).
 - Alcohol drinkers causing public disturbance (mostly in student neighborhoods and business areas such as Telegraph Ave.)
 - Availability of illegal drugs, such as on Telegraph Ave.
 - One visible problem is the “crack” kids on Telegraph asking for change to buy marijuana or some other drug.
 - A problem that is not visible is the binge drinking that happens at not only frat parties but at house parties as well.
 - Also, a lot of college students use marijuana, sometimes on a daily basis, because they think that it won’t harm them as much as other drugs like heroin or cocaine. When some try to “quit” they go through withdrawal symptoms that feel so bad that they go back to using marijuana.
 - I think that educating about the consequences of using cannabis should be emphasized in this city.
 - Bars /restaurants continuing to serve intoxicated patrons
 - I can’t speak for Berkeley specifically, but I know that in some communities there isn’t enough timely access to detox and other intensive treatment services.

2. What alcohol and drug services are needed in the City of Berkeley?
 - Treatment services of every variety
 - Continued enforcement of alcohol laws
 - More collaborative prevention/intervention efforts such as we held in April
 - Maybe an affordable detoxification center; something that could work on a walk-in basis and without too much confusing paperwork.
 - I think that police should REALLY crack down on college house parties, not just targeting frat parties. If they’re called because a party is too loud, they should also check for under-age drinking, not just the usual “disturbance of the peace.” College house parties are probably places where A LOT of under-age drinking takes place because they don’t have to adhere to the Inter-Fraternal Council alcohol drugs.
 - Free or low cost detox and other intensive treatment services for those without sufficient insurance coverage or those without sufficient funds to pay for it.
 - Harm reduction programs and services.

**UC Berkeley—Tang Center
Staff Survey**

3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
 - Really need to address the lack of access to any kind of treatment, whether low-cost or even for people with health insurance.
 - Although the college population in the City of Berkeley is large, not all college students abuse alcohol and other drugs. Public agencies, such as the police, should be educated more about the negative effect of the stereotype that college students at parties are just bound to cause problems. Not all of us drink or get drunk at parties. A lot of us do know how to limit our alcohol intake.
 - I think that financial resources could be utilized in more productive and efficient ways, such as public awareness and education.
 - Prioritize work with vendors

**Citywide Alcohol and Other Drugs, (AOD) Policy Council
Telegraph Area Association
Health and Homeless Committee Surveys
Date 6/10/04**

1. What are some of the alcohol and other drug problems in the City of Berkeley?
 - Little control of sales to minors
 - Acceptance of drug/alcohol based behaviors
 - Sales of drugs
 - No low income residential alcohol/drug rehab facilities
 - Increasing number of addicted youth in the streets
 - Many addicted individuals need full range of care services
 - Drugs appear to be very available everywhere
 - Liquor stores are in the business of selling alcohol and perhaps they need monitoring
 - Substance abuse of street youth
 - Homeless addiction to alcohol
 - Lack of detox and drug and alcohol services
 - Lack of outreach to active users
 - Too much police focus on marijuana and not enough on crack and speed
 - Marijuana is supposed to be lowest priority
 - Need of a sobering tank as an alternative to Santa Rita
 - Public disturbance
 - Public nuisance
 - Unprotected sex by clients
 - Homelessness
 - Availability
 - Access by children
 - Crime
 - Poor health

2. What alcohol and drug services are needed in the City of Berkeley?
 - Detox!!
 - Education of students
 - Education of merchants who sell alcohol (enforcement also)
 - Support for people who want to clean up
 - Detox
 - More services directed toward prevention and addiction recovery for youth
 - No detox or residential treatment for indigent people
 - A facility where street youth and homeless addicts can go for detoxification

Telegraph Area Association

Health and Homeless Committee Surveys

- Referral to programs upon completion of detoxification
 - Detox, continued drug and alcohol services offered for the uninsured
 - Harm reduction
 - Outreach
 - Sobering station
 - Detoxification center
 - Short and long term treatment programs
 - Sobering station—detox on demand
 - Detox on demand
 - Aftercare
 - Transitional housing
 - Easier access to medical services
 - Wet shelters
3. What recommendations would you make to the City of Berkeley regarding alcohol and other drug services?
- More, more, more
 - Detox funding with county
 - Other intervention
 - Detox, even if budget cuts prevent number of people being served
 - More services directed toward prevention and education recovery for youth
 - Enhance drug task force
 - Come up with funding for detox and treatment
 - Monitor liquor store so minors do not buy alcohol
 - Establishing a sobering station that is not a jail
 - Continue pressing County for Measure A funds for detox
 - Not targeting homeless in the Southside while white college youth's blatant abuse is ignored
 - Distinctions made between addiction, drug abuse, and casual use to avoid criminalization of the latter
 - Used too much by police as a way to harass the homeless for other reasons
 - Funding for detox
 - Have accessible treatment program to accommodate low income people in need
 - Provide education around AOD
 - Get detox
 - Support a detox elsewhere available to Berkeley residents
 - Education at school level (k-12)
 - Crack down on liquor stores and drug dealers