

California Profile

cigarettes

crime

traffic accidents

treatment

heroin

marijuana

prevention

smoking

health care

teen drinking

medicaid

lost productivity

cocaine

alcohol abuse

Alcohol, Tobacco & Drugs

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I. Introduction

This report is designed to inform the people of California about the dimensions of the problems caused by alcohol, tobacco and illicit drugs and about public and private initiatives to reduce these problems in their state. The intent is not to evaluate state efforts but to highlight positive developments and to identify areas to be strengthened. The report focuses on:

- the extent of alcohol, tobacco and illicit drug use;
- drug and alcohol-related crime;
- impact on health;
- costs of substance abuse; and
- California's response to these problems.

This report is one in a series of state profiles prepared by Drug Strategies, a nonprofit organization in Washington, D.C., dedicated to promoting more effective approaches to the nation's drug problems.

This project is supported by a grant from the Robert Wood Johnson Foundation.



In preparing this report, Drug Strategies worked with the California Health and Welfare Agency, including the Department of Alcohol and Drug Programs and the Department of Health Services (Office of AIDS and Office of Tobacco Control). The Departments of Justice, Corrections, Education, Alcoholic Beverage Control and Motor Vehicles were also consulted, as were experts in prevention, education, treatment, law enforcement and criminal justice across the state. A distinguished Advisory Panel guided the project. In addition, interviews with federal and state program officials, caregivers from private treatment facilities and community groups helped provide a comprehensive picture of public and private efforts. While we are grateful for the insight and wisdom of those who contributed to the preparation of this report, Drug Strategies is solely responsible for its contents.

This profile will be distributed broadly in California to legislators, researchers, business leaders, private organizations, government agencies and the media. We hope that it will increase public understanding of substance abuse problems within the state, as well as generate political and financial support for effective policies.

II. California **Profile**

California, with a population of 32 million, is the most heavily populated state in the nation. It is the third largest state geographically. Residents come from a wide range of racial and ethnic groups, as well as diverse social and economic circumstances. The proportion of children in the population is growing, as is the proportion of the population defined as ethnic minorities. California has established a reputation for innovation whether dealing with natural disasters or social problems. Innovation has also characterized the state's approach to its alcohol, tobacco and illicit drug abuse problems.

State Policies and Programs. The Department of Alcohol and Drug Programs (ADP), within the Health and Welfare Agency, is the state's central resource on alcohol and drug abuse prevention, treatment and research, overseeing all alcohol and drug programs. Created in 1978, ADP brought together the Office of Alcoholism (operating under the Health and Welfare Agency) and the Division of Substance Abuse (operating within the Department of Health under the Health and Welfare Agency) as a single state authority on substance abuse prevention and treatment. ADP works with the State Assembly Health Committee and the Senate Select Committee on Substance Abuse, which have primary jurisdiction over alcohol and drug abuse legislation. For Fiscal Year 1995-96, ADP has a budget of approximately \$335 million to support public prevention and treatment.

In the face of overall state budget reductions, California has maintained level funding for **treatment and prevention.** Combined with increases in funds from the federal government and other sources, this support has resulted in an overall increase for ADP of \$77 million from Fiscal Year 1990-91 to 1995-96—an increase of 30 percent.

Bringing greater coherence to statewide policy formulation, Governor Wilson expanded the Governor's Policy Council (GPC) on Drug and Alcohol Abuse in 1991 to include health and human service directors and business leaders. The expansion provided a venue to link together policies and activities across state agencies, encouraging more inter-agency collaboration. The GPC meets approximately twice per year. The GPC has examined the relationship of drug arrests and driving under the influence, out-of-school drug use, community revitalization, prescription drug abuse and the elderly, treatment effectiveness and opportunities for collaboration between agencies.



Counties also play a critical role in the state's response to substance abuse. County alcohol and drug abuse directors are given significant discretion regarding the use of prevention and treatment funds. Community leadership and local initiatives have inspired many local programs which ultimately have been implemented statewide.



California's 1992 **Master Plan** to Reduce Drug and Alcohol Abuse includes goals established by the State Senate for prevention, treatment, criminal justice, policy and planning.

The plan is designed to reduce California's most serious alcohol and other drug problems by the year 2000. ADP leads the effort by coordinating the participation of state and county agencies and the business community.

With the help of experts from the RAND Corporation, California has taken a hard look at the strengths and weaknesses of existing data systems.

Research efforts thus far have resulted in the release of two seminal studies: *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA)* and *Profile of Alcohol and Drug Use During Pregnancy in California*.

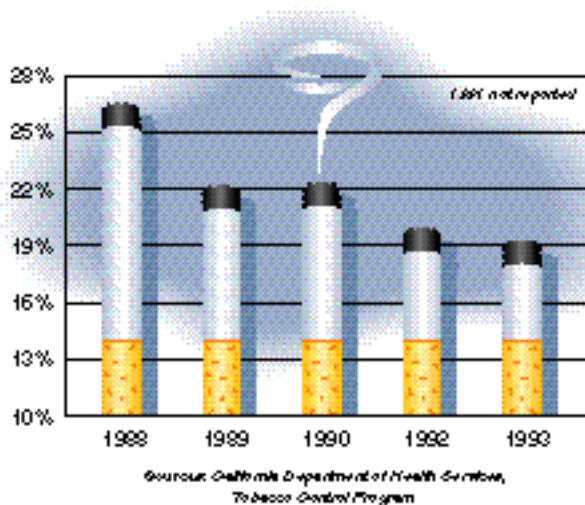
Established in 1989, the state Tobacco Control Program was mandated by voter referendum in the landmark California Tobacco Tax and Health Protection Act of 1988 (Proposition 99). The Tobacco Control Program has helped create public policies, media campaigns, workplace initiatives and a local program infrastructure which mobilizes communities to reduce exposure to secondhand smoke; to restrict youth access to tobacco; and to counter pro-tobacco influences in the community.

III. Substance Abuse in California

Tobacco. Adults in California are smoking less than adults nationally and in other western states. The percentage of adult women in the state who smoke fell from 24 percent in 1988 to 17 percent in 1993, while among men it fell from 29 percent to 23 percent. These are well below estimated smoking rates among women (22 percent) and men (26 percent) from the National Household Survey on Drug Abuse.

Teen smoking rates in California are also consistently below national averages. The early 1990's saw nationwide increases in all types of teenage substance use, including cigarette smoking. But while current **smoking** (within the last 30 days) by California's 8th graders increased from 8 percent in 1990 to 10 percent in 1992, 6th and 10th grade smoking rates continued to fall. Daily smoking rates in all three age groups were also down in the early 1990's.

Adult Smoking Rates Decline Sharply



Tobacco sales in California have dropped dramatically. Residents of California consumed the equivalent of 95 packs of cigarettes per person in 1988. By 1994, this figure had fallen to 59 packs, a 38 percent drop. A significant factor was an increase in excise taxes which rose from 10¢ per pack in 1988, to 35¢ in 1989, and to 37¢ per pack in 1994. Excise tax revenues from the sale of tobacco products in the state have totaled approximately \$700 million dollars annually since 1990.

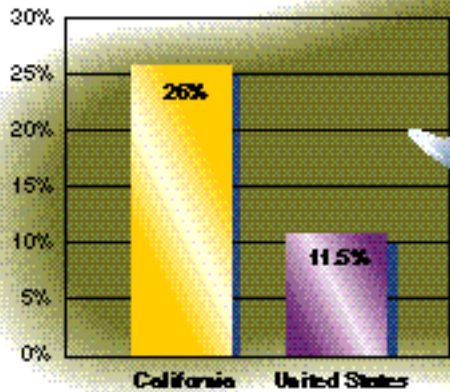
Alcohol. Californians are drinking less alcohol each year, even though the percentage of adults in California who drink alcohol has remained steady—about 75 per-

cent—since the late 1980s, according to a 1994 RAND Corporation study. In 1988, alcohol sales equaled more than 3 gallons for every person over age 21, surpassing national sales by a 12 percent margin. By 1994, annual sales in the state dropped 20 percent, matching national sales of 2½ gallons per person.

However, drinking among California youth has risen in recent years. While teen drinking rates are lower than national figures, California's trends reflect the national pattern, with rates of consumption dropping in the late 1980's, only to rise again. In 1994, 63 percent of 11th graders, 57 percent of 9th graders and 39 percent of 7th graders in the state reported that they drank beer in the last six months.



Binge Drinking by Young Adults (18-25) Twice the National Average in 1991



Source: National Household Survey on Drug Abuse, 1991

While binge drinking (at least five drinks at one sitting) is reported by only 17 percent of the population, it is more common among young adults (age 18-25): 26 percent in 1991, more than twice the 1991 national average of 11.5 percent for this age group.

Binge drinking is more common among Hispanics than in any other ethnic group. Binge drinking rates rose from 14 percent in 1988 to 19 percent in 1991. Among blacks, rates of binge drinking more than doubled from 1988 to 1991 from 5 percent to 12 percent. These trends underscore the need for focussed prevention and education efforts for specific populations.

Illicit Drugs. While 13 percent of people in the United States used illicit drugs in 1991, RAND's California study estimated that 17 percent of Californians used illicit drugs that year. Although illicit drug use in the state dropped among other groups from 1988 to 1991, use among blacks increased 36 percent.

In 1995, cocaine is readily available—sold as \$2, \$5 and \$10 rocks in San Francisco, for example—with purity up to 60 percent. Heroin can be purchased in \$10 bags and \$20 balloons, with purity up to 80 percent in some parts of the state. Marijuana has made a comeback, and is far more potent than in the 1970's.

Following a decline from 1989 to 1991, methamphetamine use in California is increasing, particularly among women and teenagers.

Whether injected, smoked or snorted, **methamphetamine** is most popular among whites, especially in San Diego and Northern California.

More than 50 percent of female arrestees in San Diego tested positive for methamphetamine in 1994.

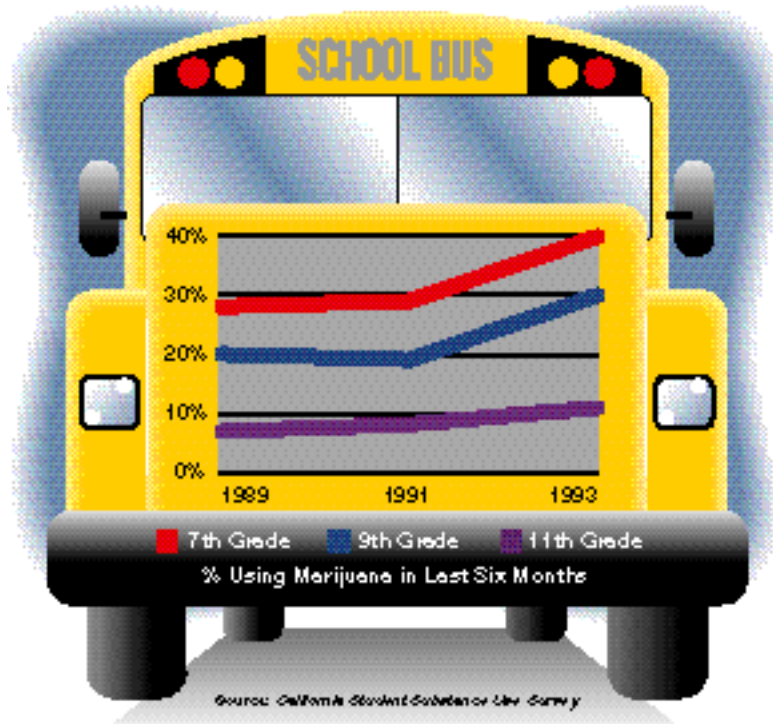
San Diego

Marijuana is Back Among Teens

Teenage marijuana use is on the rise in California, reflecting national trends. Marijuana use often precedes other illicit drug use. In 1993, rates of marijuana use among 7th,

9th and 11th graders were 11 percent, 30 percent and 40 percent, respectively. By contrast, cocaine use by 11th graders had dropped from 7 percent in 1989 to 5 percent in 1993. During the same period cocaine use increased among younger teens, up 21 percent in 9th graders and 33 percent in 7th graders. Inhalant use by California teenagers has jumped alarmingly since 1989. Among 9th graders, rates of inhalant use have doubled, rising from 11 percent in 1989 to 22 percent in 1993.

Most teenagers today report that it is very easy to obtain alcohol, tobacco and marijuana. In 1994, 56 percent of 11th graders and 42 percent of 9th graders said so, up more than 30 percent since 1988.



Substance Abuse by Dropouts. School dropouts use much more alcohol, tobacco and illicit drugs than their peers in school. A survey of dropouts was conducted by the Departments of Education, Alcohol and Drug Programs, Health Services and Justice as a companion to the 1993-94 California Student Substance Use Survey conducted in schools. **Dropouts'** weekly use of beer (30 percent) and marijuana (36 percent) were about twice as high as students' rates; daily smoking (35 percent) was three times as high; weekly methamphetamine/amphetamine use (9 percent) was four times as high; and weekly cocaine use (5 percent) was ten times as high. Fifteen percent of dropouts said that alcohol or other drug use affected their decision to drop out of school.



Making A Difference

Prevention/Education Programs

Los Angeles. Drug and Alcohol Prevention Take Center Stage. Rock Challenge is a prevention program for youth at risk for alcohol and drug abuse. Students produce musical dramas set to contemporary music and perform in competition with Rock Challenge groups from other schools. The subject of each production is selected by the students and must incorporate an important social issue relevant to their lives, such as substance abuse or gang violence. Students also participate in an educational curriculum to prevent alcohol, tobacco and drug use. The program is in ten schools in Los Angeles, and several schools in Sacramento, Fresno and San Diego. To learn more about Rock Challenge, call (213) 871-8180.

San Diego. Resilience Through Cultural Awareness. Developed by the Union of Pan Asian Communities, the High Risk Youth Set Aside Project targets Filipino and Southeast Asian youth at risk for drug and alcohol abuse and gang involvement. Through cultural competence skills training the project gives youth skills to cope with cultural and family issues without turning to drugs and alcohol. Training heightens awareness and understanding of self and diversity, and promotes cultural awareness and education. For more information, call (916) 563-9602

Nevada County. Teens Encouraging Teens to Live Drug and Alcohol Free. Friday Night Live facilitates high school youth efforts to promote positive, drug and alcohol free lifestyles in 52 of California's 58 counties. Since 1984, Friday Night Live youth have designed drug- and alcohol-free activities, participated in presentations and leadership training, and worked to promote community awareness. Teachers are also involved, providing information on drug and alcohol abuse and designing classroom activities to promote the no-use message. In 1992, the program expanded into junior high schools with Club Live, and has since been adopted by 48 counties. To learn more about Friday Night Live or Club Live, call (916) 445-7456.

Oakland. Communities Raising Children. The Child Development Project is a comprehensive elementary school program that focuses on strengthening resiliency and lowering the risk of substance abuse. The Child Development Project helps schools create a caring school community which fosters intellectual, social and ethical development, and feelings of confidence, competence and belonging. The program promotes deep commitment to community values and behavior that is consistent with those values. Training for school administrators, teachers and parents focusses on creating a cooperative school-community learning environment, personal responsibility, respectful school relationships and parent involvement. The Child Development Project is being phased into 12 schools. Preliminary outcome data show significant reductions in alcohol and marijuana use over a three-year period among students in the program. For more information, call (510) 533-0213 or (800) 666-7270.

Making A Difference

Prevention/Education Programs

Petaluma. Adults Helping Teens Resist Alcohol. The Teen Alcohol Prevention Project helps communities and parents prevent alcohol use by teenagers. It sponsors focus groups in schools and community forums to encourage greater adult responsibility for teenage access to alcohol. The project also cracks downs on establishments that sell alcohol to minors. It helps parents establish realistic and reasonable curfews, and host alcohol-free parties for teenagers. It also encourages parents to examine their own alcohol consumption and consider how it may influence teenage drinking. For more information about Teen Alcohol Prevention Project, call (707) 762-4591.

Lake Tahoe. Partnership for More Effective Prevention. The Tahoe Prevention Network is a community partnership of agencies, organizations, groups and individuals who share the goal of preventing drug abuse. The Tahoe Prevention Network increases community cohesion, identifying and responding to needs in the community, and promoting healthful values. Services in the network include the Bijou Healthy Start Project for the assessment of high risk families and children; the Boys and Girls Clubs which provide mentoring, tutoring, after school programs and athletic programs; and a Tobacco Use Prevention/Cessation Program. The Tahoe Prevention Network offers 18 different substance abuse prevention programs. For more information, call (916) 541-8935.

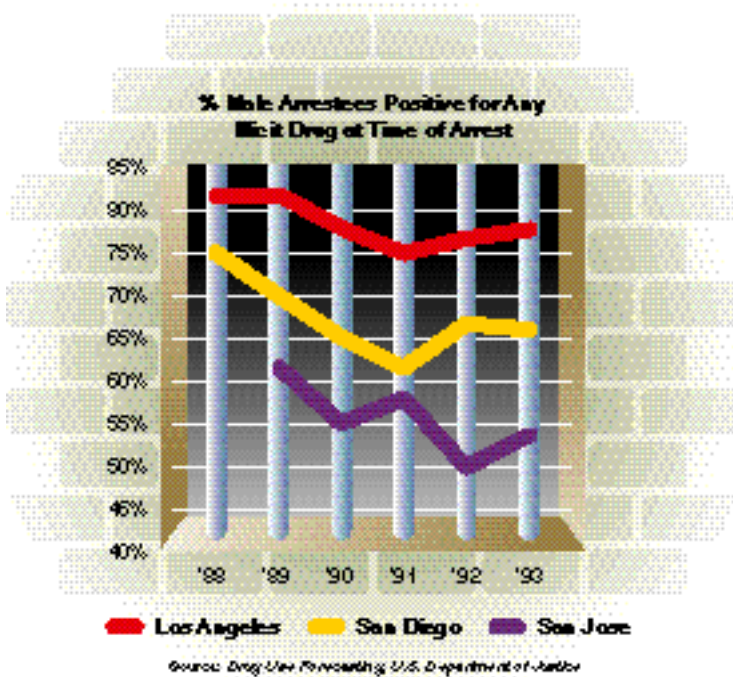
Los Angeles. Los Angeles Riots Galvanize South LA Neighbors. African Americans and Latinos have joined together to make a difference in Southern Los Angeles. The Community Coalition for Substance Abuse Prevention and Treatment is a coalition of community leaders, local youth and service providers. Its Teen Tobacco Awareness Project is aimed at reducing youth access to tobacco by creating a climate of community intolerance, changing public policy and decreasing the number of tobacco billboards in Southern Los Angeles. Another Coalition project, Neighborhoods Fighting Back, was formed to limit the rebuilding of South Central liquor stores after the riots. After residents attended more than 150 public hearings, only 80 of the 200 liquor stores destroyed in the riots were rebuilt. Neighborhood Fighting Back members also go door-to-door to recruit members and work in partnership with City Council offices and County departments to facilitate access to community resources. Contact The Community Coalition at (213) 750-9087.

Santa Cruz

Substance abuse has contributed significantly to prison population growth in California. The state housed 125,411 prison inmates in 1994. Out of all convictions in California, the percentage for **drug sales** and possession has more than tripled in the last decade, rising from 7 percent in 1983 to 24 percent in 1993. However, drug offenders only represent a fraction of the substance abuse problems facing California's Department of Corrections (CDC). Substance abuse is widespread among felons convicted of all offenses: 77 percent of males and 83 percent of females have serious drug and alcohol problems. Since 1989, the number of positive drug tests among arrestees in Los Angeles, San Jose and San Diego has dropped, but 50 to 78 percent of all arrestees still test positive for an illicit drug. The state has recognized the connection between crime and substance abuse, and has responded with programs aimed at stopping the cycle.

Drinking and Driving. Driving Under the Influence (DUI) accounts for one in five of all misdemeanor arrests in California (1.1 million arrests in 1993). The number of DUI arrests dropped 31 percent between 1989 (325,611) and 1993 (224,935). Injuries and deaths related to drunk driving also dropped 33 percent during this period.

Drug Use by Arrestees in Three Cities

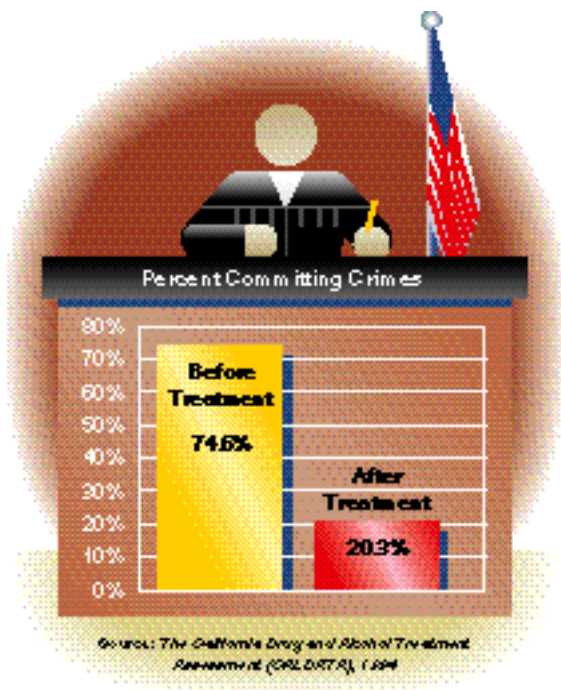


Although, comprehensive program has produced these encouraging declines. California's Department of Justice and Department of Motor Vehicles (DMV) keep drunk drivers off the road while they receive treatment. First-time DUI offenders for whom probation is granted serve a minimum of two days in jail and pay fines ranging from \$390 to \$2,000. They also must complete a minimum of three months of education and counseling before the DMV will reinstate a driver's license. These programs provide weekly education, as well as group and individual counseling at a cost ranging from \$250 to \$602. In 1993, 85,616 offenders participated in the first offender program.

For multiple offenders, the consequences are more severe. The law requires that multiple offenders have ignition interlock devices installed on their vehicles. The devices prevent vehicles from being driven by a driver with a measurable amount of alcohol in his or her blood. Although the use of ignition interlock devices has varied across the state, over 6,300 were installed on vehicles in 1994. Each additional **DUI offense** results in longer treatment, probation and license revocation periods, as well as higher fines, reinstatement fees and treatment costs. Judges may rule that cases involving an injury, a death or a driver with an extensive history of driving under the influence be designated as felonies. These drivers may be sentenced to prison; the length of the sentence is entirely up to the judge. The system motivates offenders to change their behavior sooner rather than later. In 1993, 22,256 offenders participated in the multiple offender programs in California.

In 1993, California enacted legislation prohibiting persons under age 21 to drive with more than a trace amount of alcohol in their blood (.01 blood alcohol level, BAC). This legislation closed a loophole that permitted drivers under the age of 18 to drive with a BAC up to .04, and those aged 18, 19 or 20 to drive with a BAC up to .07. The Zero Tolerance initiative for persons under 21 was supported by policy recommendations from a statewide symposium of youth. In 1990, California also began the Designated Driver Program, funded by a \$5 dollar surcharge on liquor license fees. The program is coordinated by the California Highway Patrol.

Criminal Activity Drops Dramatically After Treatment



Treatment for Criminals. The California Department of Corrections (CDC) has found treatment for felons to be more effective when it continues uninterrupted from prison to parole. CDC funds treatment for offenders in prison, and collaborates with ADP to provide continuity of care for parolees leaving prison-based treatment. Parolees who have completed inmate treatment in a therapeutic community may be placed in community-based residential programs for up to six months after leaving prison. CALDATA found that treatment decreased criminal activity. Only 20 percent of drug users who participated in treatment were involved in any illegal activity in the twelve months following treatment. In the year prior to treatment, 74 percent of this group was involved in criminal activity. Since as many as 77 percent of inmates may need treatment for drug or alcohol problems, increased availability of effective treatment would significantly reduce criminal activity, recidivism and prison population growth.



Twelve-step programs, like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), and drug education are available in most prisons. However, the CDC's Office of Substance Abuse Programs, which develops and oversees treatment within prisons, believes that effective treatment should include 9 to 12 months of intensive treatment in prison, followed by 4 to 6 months of residential treatment while on parole. Presently, only about 2 percent of the state's prison population can be treated in intensive programs.



The Amity at R.J. Donovan Program in San Diego is a prison-based therapeutic community for 200 inmates during the last 9 to 12 months of their prison sentences. A 1993 outcome study found that parolees who completed the program and continued residential care while on parole had lower recidivism rates (26 percent) than those who received only prison-based treatment (42 percent) and those without any treatment (63 percent). The 120-bed Forever Free program in Frontera's California Institution for Women showed similar results. Only 10 percent of program graduates who received at least 5 months of community treatment were returned to custody. This compared to 38 percent of graduates who received only prison-based treatment, and 62 percent of program dropouts. Forever Free is an intensive 4 to 6 month prison program which provides treatment, aftercare planning and placement in residential or outpatient treatment programs upon release from prison.

Jurisdictions across the country have created special **"drug courts"** designed to divert non-violent drug offenders from jails into treatment. Those who violate the terms of treatment are returned to the corrections system to serve out their sentences. California has drug courts in Bakersfield, El Monte, Los Angeles, Oakland, San Bernardino, San Francisco and Santa Ana—far more than any other state. New drug courts are planned for Sacramento and Stockton, and applications for two dozen new courts are currently under review by the Office of Justice Programs. Courts in Santa Maria, Hayward and San Jose use drug court strategies, although formal drug courts have not been established there. The Oakland drug court, the first in California, cut rearrests by drug offenders by half during 1990. The Oakland court saved Alameda County more than \$2 million in reduced incarceration costs over a three-year period; it now rents empty jail cells to neighboring counties.

Making A Difference

Correction/Law Enforcement Programs

Statewide. Taking the LEAD in Responsible Alcohol Sales. One way to reduce the problems associated with drinking is to involve merchants who sell alcoholic beverages. In 1991, the California Department of Alcoholic Beverage Control created a free educational program for establishments licensed to sell alcoholic beverages. The Licensee Education on Alcohol and Drugs (LEAD) program trains licensees, new license applicants and their employees to sell and serve alcoholic beverages responsibly. Developed with a grant from the California Office of Traffic Safety, the LEAD program offers a three-hour curriculum which includes a video series on preventing sales to minors and intoxicated persons, recognizing false identification and spotting signs of illegal drug activity. To date, the LEAD Program has trained more than 37,000 people representing more than 11,000 licensees. For further information, call (916) 263-6875.

Statewide. Decoys Deterring Sales to Minors. Whether hunting for ducks or for irresponsible alcohol sales, it pays to use a good decoy. That is the lesson of a special program by the Department of Alcoholic Beverage Control (ABC) to deter sales of alcoholic beverages to minors. The Minor Decoy Program trains law enforcement agencies to use minors as decoys purchasing alcoholic beverages from licensed premises. The tactic is employed by more than 60 local law enforcement agencies in California, and is yielding substantial results: ABC's director reports a 34 percent drop in statewide sales to decoys between May 1994 and February 1995. Consistent use of the program in Fresno caused illegal decoy sales to drop 75 percent. For details about the Minor Decoy Program, call ABC's Training Division at (916) 263-6911.

Making A Difference

Correction/Law Enforcement Programs

San Joaquin County. Making the Most of Jail Time. Like many states' jails, California's are crowded with prisoners awaiting trial, many of whom have substance abuse problems. In San Joaquin County, there is a substance abuse treatment program that targets substance abusers while they are in custody. Since 1991, New Directions has provided residential treatment to parole violators awaiting trial. New arrestees can participate in the Alcohol and Drug Alternative Program, which allows participants on good behavior to go home at night, where they are monitored via home monitoring systems. The benefits of these programs are evident: arrestees get desperately needed treatment at reduced cost. The Alcohol and Drug Alternative Program costs just \$2.50 per day for participants who go home at night, compared to \$67 per day for prisoners who await trial in county jail. Both New Directions and the Alcohol and Drug Alternatives Program operate seven days a week and include drug testing, drug treatment, education and job training. For more information about New Directions, call (209) 982-1214. To learn more about the Alcohol and Drug Alternative Program, call (209) 468-4087.

Santa Barbara County. Helping Teens Avoid Drugs and Crime. Thanks to the Klein Bottle Youth Programs, two successful juvenile justice efforts are helping hundreds of young people. Smart Steps is a "one-stop" case management program for youth and their families. Case managers link teens with counseling, school assistance, recreational activities, mentorships and other programs. They also test for drugs and involve family members in the progress of their clients. Most participants have improved their school performance, increased their recreational activities and strengthened their family relationships, while decreasing or eliminating drugs, alcohol and crime from their lives. Another Klein Bottle program is Teen Court, established as an alternative to the traditional juvenile justice system. Teen Court gives young people the chance to take responsibility for their actions, receive sentences of community service and avoid a criminal record. The emphasis is on teaching youth about accountability to their community. In its first year, Teen Court in Santa Barbara County has already served more than 380 kids. To contact Klein Bottle Youth Programs, call (805) 564-7830.

V. Impact on Health

Alcohol, tobacco and illicit drugs threaten the health of individuals who do not even use them. They also add significantly to California's health care costs. Substance abuse is a major factor in chronic disease, the spread of infectious diseases, hospital emergency room visits, newborn health problems, violence and auto fatalities.

Death, Disease and Substance Abuse. Smoking kills more people every year nationwide than AIDS, drugs, alcohol, motor vehicle collisions, homicides and suicides combined. Although smoking rates are down in California, it will be many years before declines in smoking are reflected in reductions in smoking deaths and disease. About 42,000 Californians die each year from diseases caused by smoking, 13,600 from **lung cancer** alone. Tobacco-related health problems include heart disease and respiratory problems in both smokers and those who inhale secondary smoke.

Since 1988, about 13,000 people in California have died from alcohol-related causes. Drunk driving deaths have fallen 35 percent, from 2,711 in 1988 to 1,760 in 1993. The number of alcohol-related injuries in the state dropped 33 percent. Diseases of the liver, pancreas and heart are common for alcohol abusers. Chronic liver disease causes almost 4,000 deaths per year.

Drug-related deaths in California increased 40 percent from 1991 to 1993. Of the 2,800 drug deaths in 1993, 68 percent were overdose deaths, while 10 percent were homicides. The number of methamphetamine-related deaths more than doubled between 1991 and 1994. Sixty percent of methamphetamine overdose deaths are in people over age 35.

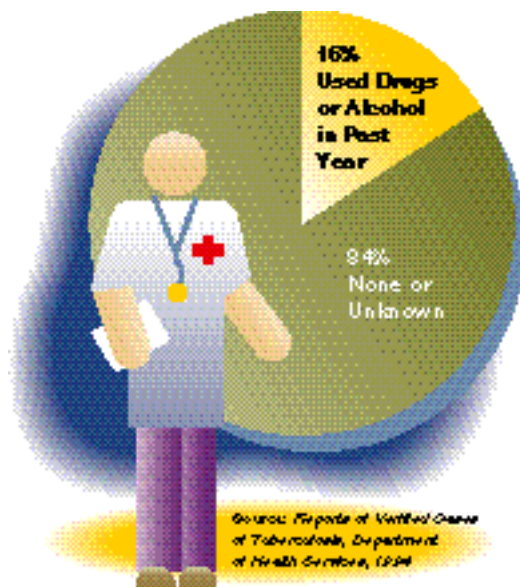
Illicit drug use can also cause serious medical problems and impose additional burdens on medical services. In 1993, Los Angeles recorded more than 19,300 drug-related **emergency room** visits; San Francisco, 10,400 visits; and San Diego, 4,900 visits. While these figures have been declining in all three cities, they give an indication of the extent of the health risk posed by illicit drug use.

Tuberculosis, AIDS and Sexually Transmitted Diseases. Tuberculosis (TB) has made a recent comeback across the nation. TB is an infectious disease spread by airborne droplets expelled when a person with active tuberculosis coughs or sneezes. The Centers for Disease Control and Prevention reports that individuals with a significantly suppressed immune system (due to poor health, chronic abuse of alcohol or drugs, old age, chemotherapy for cancer or HIV infection) are at increased risk for tuberculosis. There are only a few settings where the incidence of active TB may be cause for special concern, such as health care facilities, correctional institutions and drug treatment centers. In 1994, there were 4,860 TB cases in California, 20 percent of all cases nationwide. According to the California Tuberculosis Control Branch, 16 percent of the TB cases in 1994 occurred in individuals who reported drug and alcohol abuse within the past year, up from 14 percent in 1993.



Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) can be deadly consequences of substance abuse. Injection drug users who share needles can contract HIV, and also transmit the virus to their sex partners and unborn children. In 1994, drug-related cases accounted for 20 percent of the new adult AIDS cases reported in California, up from 15 percent in 1990. However, this is significantly lower than the national rate of 36 percent of new AIDS cases resulting from injection drug use, reported in 1994. The number of new **AIDS cases** among women and children continues to increase in California. However, injection drug use appears to be a less prevalent transmission route now than in the past. In 1990, drug use was a factor in 67 percent of new pediatric cases and 50 percent of new female cases; this compares to 29

Drug and Alcohol Related Tuberculosis Cases in California



percent and 37 percent in 1994. By contrast, drug use is rising as an exposure factor for men.

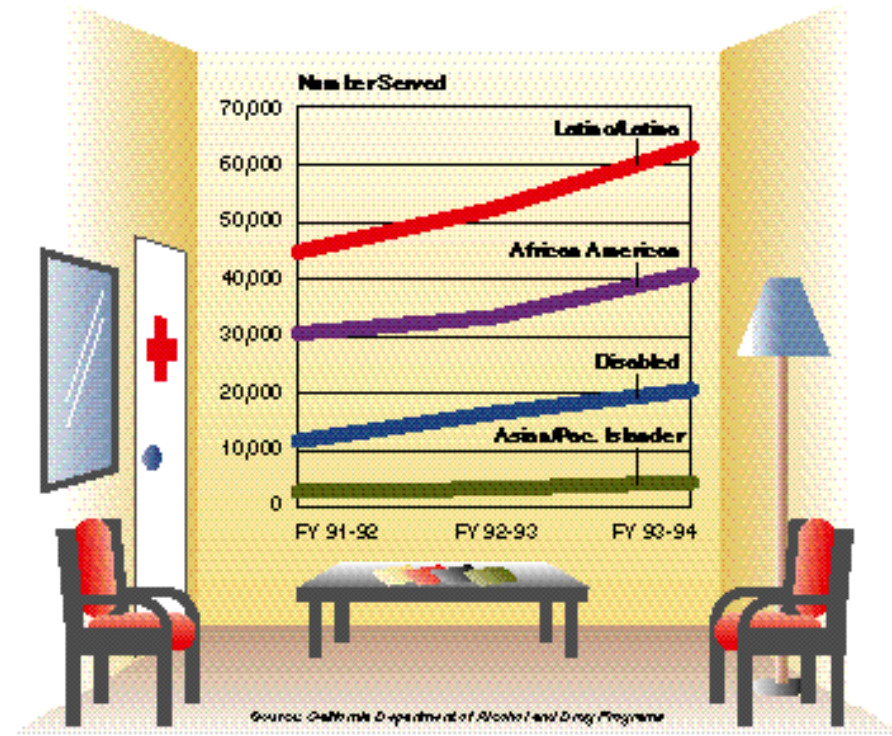
Alcohol and drug abuse are also linked to risk-taking behaviors that increase the spread of sexually transmitted diseases. Alcohol and drugs can stimulate sexual activity and reduce inhibitions. Reported cases of congenital syphilis—babies born with the disease—soared in California from 121 cases in 1988 to 719 cases in 1991, and then declined to 402 cases in 1992. The Centers for Disease Control and Prevention has linked this increase in syphilis to the cocaine epidemic in the 1980s.

Treatment for Substance Abuse. California invests significant resources in alcohol and drug abuse treatment. Recognizing the state's enormous geographic, ethnic and economic diversity, counties have been given considerable discretion in meeting the treatment needs of their regions.

In 1993, there were 79,259 drug treatment admissions and 63,622 alcohol treatment admissions to publicly funded programs in California. Injection drug use accounted for 59 percent of the drug treatment admissions in 1993.

Forty-five percent of California's treatment admissions are for alcohol abuse, the highest rate of all the western states. Women are receiving an increasing portion of state-funded alcohol abuse treatment: 35 percent of admissions in 1993 were women, compared to 25 percent in 1992. Women have accounted for about 40 percent of drug abuse treatment admissions since 1990. California has responded swiftly to the demand for women's services, allocating approximately \$51 million to fund 207 new treatment programs for women from 1991 through 1994.

Treatment Reaching Diverse Groups in California



Drug and alcohol abuse by pregnant women causes fetal alcohol syndrome, premature birth, low birth weight and developmental delays, and increases the risk of serious pediatric complications. In a comprehensive study on alcohol and drug use during pregnancy, ADP showed that early prenatal intervention can significantly reduce positive drug toxicologies in newborns. The findings are based on Options for Recovery, a multi-site, pilot intervention program which served chemically dependent pregnant, postpartum and parenting women from 1991 to 1993.

Jointly developed and implemented by four departments within the Health and Welfare Agency (Alcohol and Drug Programs, Developmental Services, Health Services and Social Services), Options for Recovery had sites in Alameda, Contra Costa, Harbor UCLA, South Central Los Angeles, Sacramento, San Diego and Shasta counties. It served over 8,000 women and 18,000 children, and increased knowledge about treatment for pregnant substance abusers. Certain factors contributed to successful treatment: being under age 20, completing high school, being court ordered to treatment, completing at least 5 months of treatment, prior treatment experience, and **intensive treatment** programs all predicted treatment success. Overall, 77 percent of pregnant women entering Option for Recovery before their third trimester had drug-free babies. This compared to 52 percent of women who entered the program during their third trimester. The children of women in Options for Recovery also spent on average five months less in foster care.



Despite these advances, there are waiting lists for treatment in California just as there are across the country. ADP's records of treatment access show that in a given month, treatment demand out paces treatment slots by a 34 percent margin: waiting lists could fill 8,000 more treatment slots than are currently available (42,500). **Waiting lists** are longest for residential detoxification and intensive residential treatment; the waiting lists could fill another 50 percent of the 6,250 slots. The shortest wait is for outpatient treatment and outpatient detoxification services; nearly all who request these are served. Estimates of treatment demand may be somewhat inflated since those awaiting treatment may be on more than one waiting list. On average, Californians outside the criminal justice system wait 25 days before being admitted into treatment.



States have the option of including substance abuse treatment among Medicaid benefits. California's Medi-CAL program offers such treatment. ADP licenses and certifies California's alcohol and drug treatment facilities, including Medi-CAL-funded programs. In response to recent expansion in drug Medi-CAL availability, the Fiscal Year 1995-96 budget provides a six-point plan to modify the Medi-CAL drug treatment benefits to assure cost containment. Since most residential services are not reimbursed by Medi-CAL, California and its counties are reevaluating the structure and cost of available services and rethinking strategies for providing treatment.

In 1994 California produced a long range analysis of treatment costs and benefits: *The California Drug and Alcohol Treatment Assessment (CALDATA)*. This study of the cost effectiveness of alcohol and drug treatment in California was the first of its kind to use a scientific sample. The careful design of the study has made the results generalizable to the entire service delivery system. *CALDATA* has been widely disseminated and its findings presented to Congress and to many state legislative bodies.

CALDATA focussed on 3,000 participants in residential and outpatient programs of all types in the state. The study found significant reductions in hospitalizations, crime and substance abuse among people interviewed an average of 15 months following treatment. Treatment also led to increased access to disability services and to overall improvements in health status. Finally, longer time spent in treatment had a positive impact on employment, particularly for those in residential programs.

Making A Difference

Workplace Programs

Grass Valley. Drug-Proofing Workplaces. Since 1990, The Workplace Foundation has been helping California businesses become "drug-proof." Founded by business owners in Nevada County, the Foundation helps business owners and managers prevent and treat substance abuse in the workplace and in the larger community. The Foundation helps businesses implement alcohol and drug policies, employee assistance programs and services for employees with substance abuse problems. The Workplace Foundation also supports community-based prevention, intervention, treatment and recovery efforts. To date, The Workplace Foundation has provided training and technical assistance to more than 2,000 businesses and sponsored media campaigns and development partnerships with chambers of commerce, ADP and the National Drugs Don't Work Partnership. For more information, call the Workplace Foundation at (916) 274-WORK.

Pasadena. Helping Small Businesses Tackle a Big Problem. Many small business owners find themselves in a bind: employee substance abuse is expensive to treat, but left untreated it causes absenteeism and lost productivity—a price small businesses cannot pay. The Pasadena Consortium acts as a bridge between small businesses and resources with a special focus on minority businesses. Anonprofit partnership of the Pasadena Chamber of Commerce and the Pasadena Council on Alcoholism and Drug Dependency, the Pasadena Consortium provides comprehensive health promotion and education, wellness strategies for the workplace and an employee assistance program. The Consortium offers small businesses a problem-solving forum which draws on the expertise of occupational stress consultants and health specialists in industry, government, labor and academia. Funded by California Wellness Foundation, the Consortium serves local business in several communities. The Pasadena Consortium can be reach at (818) 585-WELL.

Sacramento County. Training County Workers to Meet Community Needs.

The Treatment Initiative Project is sponsored by the Sacramento Department of Health and Human Services. The project provides training to all county social workers, public health nurses and human assistance eligibility workers on identifying, assessing and intervening with substance abusers. The Treatment Initiative Project was designed to combat the ever-expanding caseloads which result from substance abuse and to ensure that treatment is an integral part of all county services. So far over 500 county workers have received the training. A training expansion planned for Fall 1995 will increase treatment availability through group services. For more information about the Treatment Initiative Project, call (916) 855-5640.

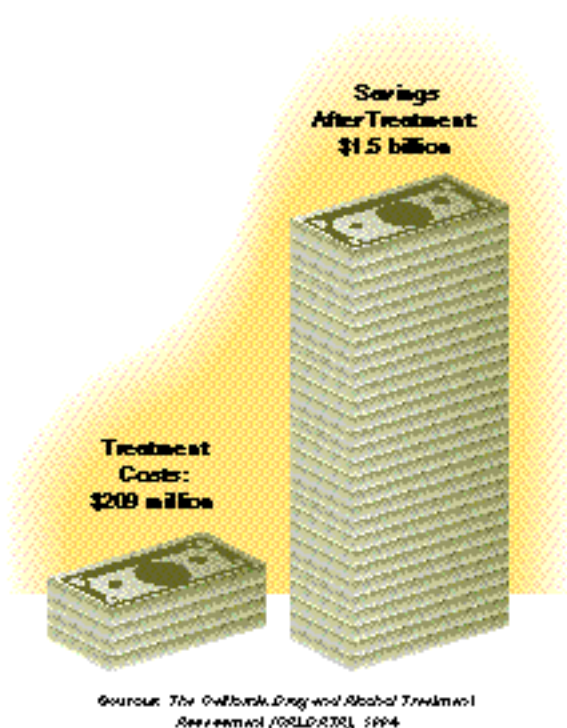
VI. Costs of Substance Abuse

Substance abuse reaches deep into taxpayers' pockets, increasing the costs of health care, criminal justice and other services. Beyond these direct expenditures, there are indirect costs, such as lost productivity and **absenteeism**. Add to these figures law enforcement, prosecution and incarceration costs due to drug-related crimes, and the burden on public coffers becomes immense. In California, the estimated total costs of substance abuse exceeds \$25 billion annually.

Treatment Costs. State expenditures for drug and alcohol services have nearly doubled, from \$283 million in 1989 to \$380 million in 1993. Treatment expenditures, which now account for 72 percent of these costs, increased 58 percent. These figures represent both an increasing demand for treatment and a commitment by the state to respond to those needs.

In Fiscal Year 1995-96, 57 percent of prevention, treatment and recovery funds came from federal block grants (\$192 million), 25 percent from state general funds and 18 percent from other sources (including Medi-CAL matching funds, special project dollars, and demonstration and federal discretionary grants).

\$7 Saved for Each \$1 Spend on Treatment



CALDATA concluded that the long-term savings from treatment far outweigh its costs. For every dollar that California spent on substance abuse treatment between October 1991 and September 1992, the state saved \$7 in reduced crime and health care costs. Criminal activity declined by over two-thirds among those in the study, and greater time spent in treatment resulted in sharp reductions in criminal involvement and associated costs to the state. Hospitalizations, emergency room visits and other health costs were also reduced by a third after treatment. These savings were true for men and women of all age groups and ethnic backgrounds. Longer treatment stays were more likely to lead to employment and self-sufficiency. A major outcome measure used in CALDATA was the cost to taxpayers of substance abuse and its treatment. CALDATA reported a net savings in taxpayer burden as a result of treatment—a savings of \$27.40 per client for each day in treatment, and \$20 per client for each day after treatment. Some types of treatment resulted in larger taxpayer savings after treatment, particularly residential treatment (\$47.35 saved per day) and methadone (\$30.47 saved per day).

Costs of Smoking. Cancer, heart disease and respiratory illness related to smoking result in enormous health care costs, as well as lost productivity and reduced quality of life. Direct health expenditures for smoking-related illnesses in California cost \$3.6 billion in 1993, a 52 percent increase over 1989 (\$2.4 billion). The **indirect costs** of smoking in California (including lost wages and lost productivity) were estimated at \$6.4 billion in 1993, up from \$5.3 billion in 1989. Total costs per smoker exceeded \$2,000 in 1993, or about \$335 for each state resident.

Costs of Driving Under the Influence. According to the National Highway Traffic Safety Administration, the total cost of an alcohol-related traffic fatality averages \$755,333, including direct costs from health care, insurance and property damage. With 2,711 alcohol-related highway deaths in 1988, the direct cost in California was \$2 billion. By 1993, the number of alcohol-related traffic fatalities dropped to 1,760, with associated direct costs of \$1.3 billion. Estimates of indirect costs vary, as they include projections for lost wages, lost productivity and years of life lost. Mothers Against Drunk Driving (MADD) estimated that alcohol-related traffic collisions in 1992 cost California \$12.6 billion in indirect costs.



Foster Care Costs. Foster care expenses incurred by the children of substance abusers are enormous, as are the immeasurable damages from child abuse, neglect and endangerment that spring from substance abuse. State expenditures for foster care in California begin at \$345 per child each month for children under three years old and increase with the child's age. The average length of time for children in foster care is 26 months. In July 1995, 4,878 California children were in foster care due to drug or alcohol exposure *in utero*, which costs California an estimated \$1.7 million each month. This estimate does not include costs for children in foster care because of child abuse, neglect or **endangerment** related to substance abuse, nor does it include costs of special medical and mental health services required by many children in foster care—an average of \$500 per child each month.

Disability Costs. Between 1988 and 1994, California's annual expenditure for disability payments to alcohol and drug addicts increased seven fold, from \$19 million to \$153 million. The increases have been due in part to changing regulations which allow more people to receive payments; but even prior to the regulation changes, annual disability costs had increased dramatically, with 1992 payments approaching \$96 million per year.

Court and Incarceration Costs. In 1995, it cost \$21,885 to incarcerate an inmate in a California state prison; this figure has increased only slightly over the last five years. In Fiscal Year 1990-91 the annual cost was \$20,562 per inmate. By contrast, parole costs have dropped from \$3,533 per inmate in Fiscal Year 1990-91 to \$2,110 today. Mandatory sentence laws in California are raising the state's corrections budget as California builds new prisons. Constructing new prisons costs \$50,000-60,000 per bed.

Making A Difference

Treatment Programs

Stockton. A "Community Works" Together to Stop the Spread of AIDS.

Community Works provides outreach services to substance abusers who are at risk for contracting HIV. Funded by a grant from the Center for Substance Abuse Treatment (CSAT), Community Works encourages injecting drug users and their partners to seek treatment. Community Works also arranges to get people into treatment, and provides medical and diagnostic services for those with HIV/AIDS, sexually transmitted diseases and tuberculosis. The program is administered through the collaborative efforts of the San Joaquin County of Substance Abuse, Public Health Services, Agricultural Health Clinic and The AIDS Foundation. During the second year of the grant, over 8,000 abusers were contacted and over 1,300 received services. For more information, call (209) 468-6826.

Los Angeles. Making Addiction Treatment More Accessible. The Target Cities Project is designed to evaluate and improve delivery and effectiveness of addiction treatment and recovery services in large metropolitan areas. This is achieved through centralized intake, interagency linkages, treatment enhancements and continuous evaluation to improve treatment effectiveness. Outcome is measured by process and outcome evaluations and local efforts to maintain the changes created by the project. This effort is funded by CSAT and administered with cooperation from ADP and the County Government. To learn more about the Target Cities Project, call (301) 443-8802.

San Francisco Bay Area. Helping Parolees Stay Clean and Sober.

The Bay Area Services Network provides community drug and alcohol treatment and recovery services to civil addicts and recent parolees from prison. The network places parolees in inpatient, outpatient and detox programs immediately upon release. Offering parolees the treatment they need is critical to a successful transition back into mainstream society, rather than back into the drug culture. In the last year, the Bay Area Services Network provided services to nearly 1,800 parolees. To find out more about the Bay Area Services Network, call (916) 327-4626.

Making A Difference

Treatment Programs

San Diego. Traveling the Path to Recovery. Pathfinders of San Diego, Inc. was a pioneer in the development of social model recovery programs. Pathfinders offers men with alcohol abuse problems a supportive environment in which to confront their addiction. With the guidance of others in recovery, alcoholics begin a life of sobriety. Pathfinders programs are primarily staffed by people in recovery who are uniquely equipped to communicate with and gain the trust of individuals struggling with addiction. Pathfinders offers short- and long-term residential programs. For more information call, (619) 260-1605.

San Rafael. Bay Area's Center Point for Treatment. Center Point, Inc. has been offering affordable treatment for alcohol and drug abuse in the Bay Area for 25 years, and is now a service provider for the Bay Area Services Network. Center Point's approach is based on the principle that addiction can only be overcome in an environment conducive to personal development and safe exploration of the disease of addiction. Centerlink, created by a Center Point in 1994, provides on-site medical, psychiatric and HIV services to Center Point clients, allowing the organization to accept people who might otherwise be turned away due to a physical or mental condition. Also available are residential treatment for adolescents and case management services for homeless substance abusers. Between 1985 and 1993, 87% of residential treatment graduates were drug free, employed and actively involved in self-help groups. Center Point can be reached at (415) 454-7777.

San Francisco. Treatment Services on a Large Scale. Walden House is a multifaceted treatment organization offering a wide range of programs. Walden House offers services for HIV-positive people including safe housing and detoxification, residential drug treatment, group and individual therapy, HIV support services, nutritional counseling, alternative healing techniques and HIV education. Walden Houses is involved in a number of criminal justice programs, including Sister South located at the California Rehabilitation Center in Norco. The program provides substance abuse treatment to 80 women identified by California Department of Corrections as "civil addicts." Walden House also provides outpatient services to individuals sentenced through the Bay Area Drug Court. In 1994, more than 731 clients successfully completed treatment, and more than 600 clients receive services each day throughout the Walden House system. For information, call (415) 554-1100.

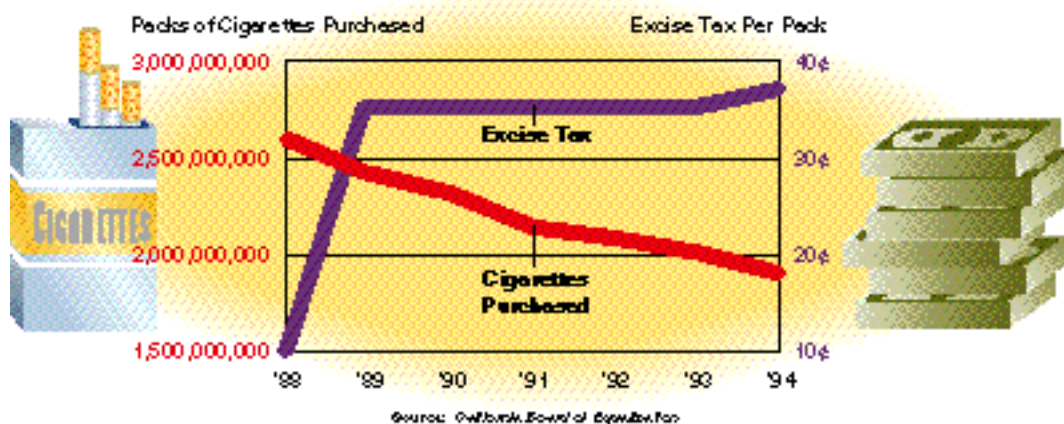
VII. California's **Response** to Alcohol, **Tobacco** and Illicit Drug Use

Some of California's most innovative and effective substance abuse initiatives have come from inter-agency collaboration and public-private partnerships. DUI probation, license revocation and treatment are cooperatively administered by the Departments of Justice, Motor Vehicles and Alcohol and Drug Programs, with stiff penalties, fines, restrictions and treatment requirements for driving under the influence. Continuity of residential treatment during the transition from prison to parole is jointly implemented by the Department of Corrections and ADP. Powerful **anti-tobacco** messages are disseminated through the media and cooperatively facilitated by the Office of Tobacco Control and private businesses in the state. California's Tobacco Use Prevention Education Program is jointly administered by the Department of Health Services and the Department of Education


Tobacco Control. California is one of only three states to ban smoking in all public places and most workplaces (including day care centers and restaurants). California schools that receive Tobacco Use Prevention Education funding must verify they are tobacco free. Distribution of cigarette samples is also banned. California uses the revenues from cigarette excise taxes (\$700 million per year) for health care, tobacco-related education, research and prevention efforts. In 1994, California was the first state to receive an "outstanding" legislative rating from the Coalition on Smoking OR Health—the highest rating in the nation.

Tobacco use restrictions are widely supported in the state. When the tobacco industry launched an initiative aimed at rolling back tobacco control in California (Proposition 188) in 1994, 71 percent of voters rejected the proposal, which would have limited restrictions on tobacco use and pre-exempted existing local ordinances.

Excise Tax Rates Rise, Cigarette Sales Drop



Most states have not effectively enforced laws against sales of tobacco to youths under 18, although since 1992, they have been required to boost **enforcement efforts** or lose up to 40 percent of annual federal grants for substance abuse and treatment. However, restricting youth access to tobacco has been a priority in California. ADP will transfer \$2 million annually through 1999 to the Department of Health Services (DHS) for the state's Stop Tobacco Access to Kids Enforcement Act (STAKE Act). Launched in 1995, STAKE will use 15- and 16- year-old "moles" to help ferret out violators who sell tobacco products to teenagers. State funds are directed to local health departments to support retail and merchant education programs. In addition, DHS is responsible for conducting an annual scientific survey to determine the extent of illegal tobacco sales and to monitor the effectiveness of enforcement.



Federal Grants for Community Initiatives. Responding to the wide diversity of needs in the state, California has successfully garnered federal grants to improve local services through community programs. Funded by block grants and demonstration grants from the federal Centers for Substance Abuse Prevention (CSAP) and Substance Abuse Treatment (CSAT), the programs build innovative partnerships among citizen groups, government agencies and local businesses. The focus is on **grassroots** development of prevention and treatment strategies which meet the specific needs of each community. California has received more federal substance abuse block grant dollars than any other state—almost \$1 billion since 1988. The state also has co-sponsored prevention and treatment grants totaling \$110 million. In addition, fifty-nine California cities were awarded individual CSAP demonstration grants totaling \$143 million between 1988 and 1994. There are also 24 separate community partnership programs funded by CSAP.

Preventing Substance Abuse. California has shown a commitment to the prevention of substance abuse. In 1991, the Office of Prevention was created to provide leadership and support for programs and strategies, including collaborations by federal, state and local agencies. Now under the auspices of ADP's Children, Youth, Families and Communities Division, prevention programs provide leadership for demonstration projects for high-risk youth, technical assistance for communities and public education campaigns. It also promotes alcohol- and drug-free lifestyles through alternative activities. California's prevention activities involve a community focus. In its Framework for Preventing Alcohol and Drug Problems, ADP provided a model which communities could utilize to conduct local prevention planning activities. From 1990 to 1995, community demonstration projects were conducted in Antioch, Fairfield, Santa Barbara and Escondido to explore environmental prevention approaches to reduce alcohol availability. This project also established a national library of environmental prevention materials.

provided technical
convened a

Many of the recommendations have been adopted by local jurisdictions.



Los Angeles

In 1995, Governor Wilson launched a statewide youth mentoring initiative. The goal of this effort is to create over 250,000 new youth mentors in four years. TEENWORK, an annual alcohol and drug prevention training institute, provides a forum for the youth of California to share ideas and discuss solutions to alcohol and drug problems among peers. This institute is unique in that it is planned, organized, and implemented by teens under adult supervision. Since 1985, TEENWORK has involved over 5,000 youth.

Expansion of Treatment for Criminals. California has a unique mechanism for providing substance abuse treatment to offenders bound for state prisons. The Civil Addict Program allows any superior court judge to send offenders with substance abuse histories to the California Rehabilitation Center (CRC) in Norco, a 4,000-bed male and female facility. These offenders are categorized as civil addicts (a special form of “non-felon”). Like criminals sentenced in drug court, these cases are diverted to a treatment program. Civil addicts sent to the CRC are given an indeterminate sentence; following treatment they are released and supervised by the Narcotic Addicts Evaluation Authority. Civil addicts represented 3 percent of the correctional population in 1994, and 4.5 percent of the **parolees**. These percentages have not changed since 1989. The civil addict facility, in operation since the 1960’s, was in danger of closure in recent years. Today it has a new warden, and was recently awarded \$1 million to revitalize the civil addict treatment program.

Building on the success of prison-based therapeutic community (TC) programs in the state (Forever Free at the California Institution for Women and Amity at R.J. Donovan), the state has designed a 1,000-bed substance abuse treatment facility. Construction of the new Corcoran facility in King’s County will begin in 1996, and the prison will be operational in 1997. Although Corcoran will be a state prison, delivery of substance abuse services to the correctional population will be its primary mission. Unlike civil addict spaces at CRC, beds in this facility will be available to felon inmates. The new facility will dramatically increase the availability of substance abuse treatment for prisoners in the year prior to parole. Outcome studies at the new site will evaluate the cost effectiveness of intensive prison-based treatment.

Substance Abuse Training in Corrections. In collaboration with the University of California San Diego’s Addiction Training Center (ATC), the California Department of Corrections is implementing a department-wide training program, with particular emphasis on the 4,000-bed California Rehabilitation Center (CRC) in Norco. Since the unique mission of CRC is the provision of treatment to substance abusing offenders, training of correctional officers in addiction and treatment is a top priority. In June 1995, ATC began training **correctional officers** in the basic principles of substance abuse treatment. While some officers may be resistant to seeing prison as a supportive environment, the ATC promotes positive attitudes toward the concept of recovery by educating officers about how treatment reduces recidivism and rule infractions among inmates.

VIII. Looking to the Future

California has been a pioneer in dealing with substance abuse and has created a number of innovative programs and strategies that have brought considerable benefits. Californians, in general, have reduced their consumption of alcohol since 1988 and now match national levels of drinking. Smoking is below national rates for all age groups. However, illicit drug use in California continues to be higher than the national average despite declines in recent years. A 1995 Field Institute public opinion poll found that Californians regard reducing illicit drug use as the **highest priority** for government health prevention efforts.

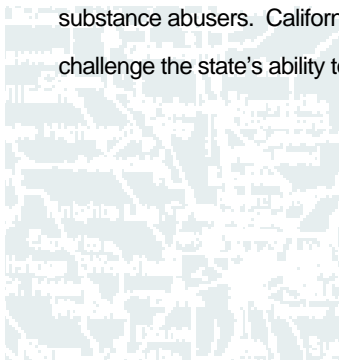


California has a commendable record of data collection regarding substance abuse. To understand patterns of teenage substance abuse in the state, California administers a semi-annual Student Substance Use Survey.

For data on adults, the RAND Corporation prepared a special analysis of drug use in California, extrapolating from 1989-1991 data from the federally funded National Household Survey. ADP uses these and other sources to guide program development and allocation of resources. RAND is also preparing an updated study of substance abuse by California adults, based on the 1992-94 Household Survey data, which will be available in 1996. *The California Drug and Alcohol Treatment Assessment (CALDATA)* and *Profile of Alcohol and Drug Use During Pregnancy in California* are landmark research documents. Although a RAND study recommended the collection of data within a framework assessing needs, services and outcome, as yet there is no systematic method in place to collect outcome data. *CALDATA* was a one-time outcome study, not a systematic shift toward documenting long-term outcomes. Planning for implementing this framework has been in process for over two years.

California's alcohol and drug programs, as well as corrections and social service programs in other state agencies, would benefit from an integrated information system. A **central data bank** cross-referenced on use of the social service, prevention, treatment and criminal justice systems would facilitate analysis of program utilization, effectiveness and cost. Policy decisions based on sound data have served California well in the past and comprehensive data collection efforts should be expanded.

Drug courts and other alternatives to prison for non-violent offenders are well advanced. Given the history of widespread substance abuse among convicted felons, treatment programs would pay significant dividends if they could be extended to a greater proportion of the prison population. The quality of available treatment in California's criminal justice system is impressive. However, the need for treatment and recovery services is extensive and available resources only begin to meet the enormous challenge. Only 2 percent of prisoners in California receive intensive treatment, although an estimated 77 percent are substance abusers. California's expanding prison population and the climbing costs of corrections will challenge the state's ability to deal comprehensively with substance abuse in the future.



Teens who perceive alcohol and other drugs as harmful and rarely used by their peers are less likely to try these substances themselves. In 1994, 63 percent of California 11th graders believed frequent alcohol use was extremely harmful. This compares to 42 percent in 1988, a 33 percent jump. Older teens view alcohol as even more harmful than younger teens. The opposite is true for **marijuana**: while a high proportion of 7th graders believe marijuana use is harmful (78 percent), 9th and 11th graders are less convinced (about 60 percent). Teenagers generally use tobacco and alcohol before marijuana, and marijuana before other illicit drugs.



The Department of Education has reached many students through the Safe and Drug Free Schools Program, school programs funded by tobacco excise tax revenues, and programs like Friday Night Live. Giving teens facts about the dangers of substance abuse and the tools to effectively resist peer pressures to try drugs can help them avoid using alcohol, tobacco and illicit drugs. In a 1995 study commissioned by the state of California, 43 percent of teenagers across the state reported that school-based alcohol, tobacco and illicit drug education had no impact on their decisions to use these substances. Teenagers say they will respond best to open dialogue, authenticity, humor and trust. Additional efforts are needed to reduce substance abuse by teenagers in California.

Children of substance abusers are at high risk for health problems, learning difficulties, and delinquency as well as placement in foster homes. For all these reasons, prevention of substance abuse by parents through education, early intervention and treatment is critical. The General Accounting Office estimates that alcohol and other drug use in the family play a role in 78 percent of foster care placements. Careful studies of social service utilization by the children of substance abusers in California are needed to measure the impact of substance abuse on foster care and related costs.

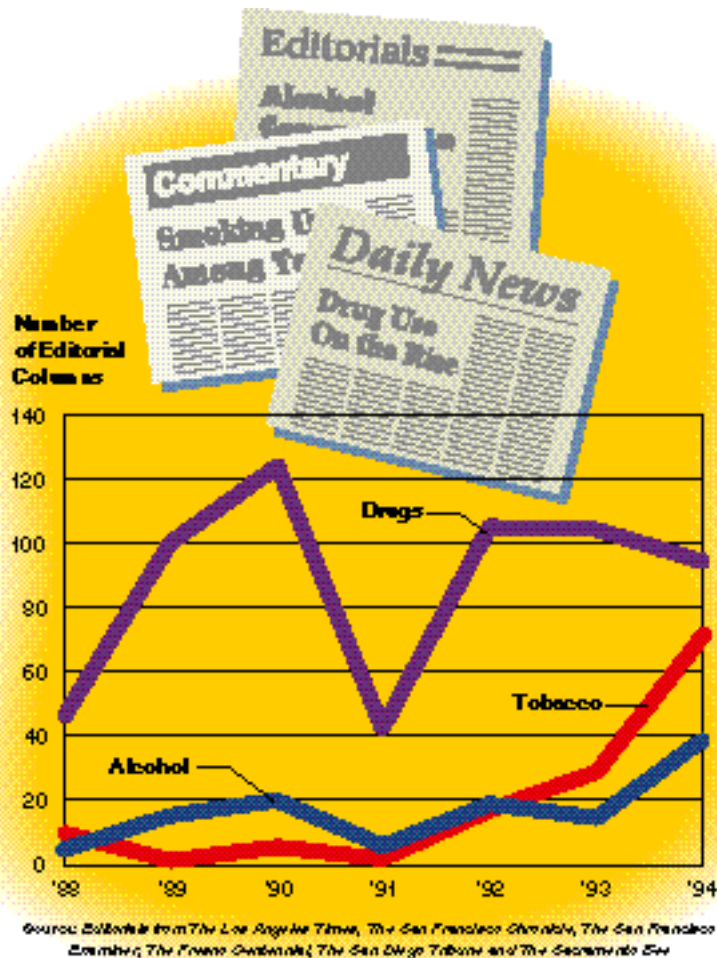
In recent years, treatment access has improved for California's culturally and ethnically diverse population. But more work is needed. Prevention and treatment efforts should strive to be culturally appropriate, targeting the unique needs of ethnically diverse groups.

The ballot initiative which created the California Tobacco Control Program specified that 20 percent of tobacco **excise tax** revenues be designated for school and community tobacco health programs. Legislative diversion of funds from this allocation has resulted in annual decreases in funding for the Tobacco Control Program, which dropped 63 percent from 1989 to 1995. In a lawsuit filed by the American Lung Association of California, the California Division of the American Cancer Society and others, the Sacramento Superior Court determined the diversion of these funds to be unlawful. However, funding for the Tobacco Control Program was decreased by the legislature again in 1995, and the diverted funds have been frozen by the court until the state's appeal has been settled. Despite legislative pressures to redirect excise tax dollars to other programs, such diversion of funds threatens the future of tobacco control in California. Full funding for this important effort should be restored.



Substance Abuse Editorials in California Newspapers

Drug-free workplace programs have been pioneered in five California counties. At low cost, the programs help businesses create drug-free workplace policies. A state-sponsored drug-free workplace recognition program highlights businesses that implement policies and programs. As a result of the success of these pilot programs, this initiative will be expanding statewide in Fiscal Year 1995-96.



Editorial writers in California newspapers have addressed alcohol, tobacco and illicit drug abuse with varying frequency since 1989. Only in 1991 did the number of drug-related editorials drop significantly—a year when the editorial pages were focussed on social unrest in the state. Alcohol abuse editorials have been devoted primarily to drinking and driving. The number of tobacco-related editorials in newspapers has increased each year since 1991, reflecting public interest in the anti-tobacco ballot initiatives. It is likely that substance abuse issues will continue to receive attention from the media in California. To expand coverage of anti-drug initiatives, the Partnership for a Drug-Free Southern California is launching a new advertising campaign to complement the Partnership for a Drug-Free California. This focus on the largest media market in California is designed to target outlets that can have the greatest impact.

Significant accomplishments have been realized in several areas of substance abuse prevention and treatment in California. Innovative treatment and prevention programs for alcohol and illicit drug users have been directed toward multi-risk groups such as prison inmates and pregnant women. Ground-breaking research on alcohol and drug treatment and intervention outcomes has been conducted along with one of the most aggressive tobacco control programs in the nation. Tough programs dealing with drinking and driving are reducing highway deaths and helping offenders get sober. At the center of these innovations are strong partnerships between public and private agencies, businesses, citizen groups and service providers in every community. Yet substance abuse among teenagers and young adults is on the rise. Fresh efforts and renewed commitment to prevention, education and treatment are urgently needed.

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Department of Justice

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Department of Motor Vehicles

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Reference Charts

Alcohol and Drug Use

| | | | 1988 | 1990 | 1991 |
|---|------------------|------------|-------|-------|-------|
| Adults | | | | | |
| Age 18 and older | | | | | |
| | any illicit drug | past year | 20.6% | 14.8% | 17.3% |
| | marijuana | past year | 13.4% | 11.9% | 11.9% |
| | cocaine | past year | 5.1% | 4.7% | 4.9% |
| | alcohol | past year | 79.1% | 72.6% | 75.0% |
| Binge drinking (>5 drinks at a time) | | | | | |
| Age 18 and older | | | | | |
| | | past month | 13.8% | 12.0% | 17.3% |
| | age 18-25 | past month | 25.3% | 23.6% | 26.0% |
| | age 26-34 | past month | 19.0% | 17.4% | 20.4% |
| | age > 35 | past month | 8.4% | 6.9% | 13.6% |

Source: *National Household Survey on Drug Abuse*, Analysis of the California Subsample, 1988, 1990, 1991. The National Household Survey on Drug Abuse was not conducted in 1989. The RAND Corporation will release 1992-1994 data on adult substance abuse by 1996.

| | | | 1988 | 1990 | 1992 | 1994 |
|------------------|--------------|------------|-------|-------|-------|-------|
| Teenagers | | | | | | |
| Any Illicit Drug | | | | | | |
| | 11th graders | last 6 mo. | * | 37.7% | 35.6% | 46.5% |
| | 9th graders | last 6 mo. | * | 29.3% | 27.0% | 41.6% |
| | 7th graders | last 6 mo. | * | 20.2% | 18.9% | 24.6% |
| Marijuana | | | | | | |
| | 11th graders | last 6 mo. | 32.8% | 27.6% | 29.4% | 40.0% |
| | | weekly** | 8.5% | 6.9% | 8.3% | 14.5% |
| | 9th graders | last 6 mo. | 21.6% | 19.6% | 19.4% | 30.4% |
| | | weekly | 4.3% | 4.5% | 5.2% | 9.9% |
| | 7th graders | last 6 mo. | 5.8% | 6.8% | 7.7% | 11.1% |
| | | weekly | 0.6% | 0.9% | 0.9% | 2.0% |
| Cocaine | | | | | | |
| | 11th graders | last 6 mo. | 11.2% | 7.4% | 6.6% | 4.9% |
| | 9th graders | last 6 mo. | 5.3% | 5.0% | 3.6% | 6.1% |
| | 7th graders | last 6 mo. | 1.8% | 2.1% | 2.9% | 2.8% |
| Inhalants | | | | | | |
| | 11th graders | last 6 mo. | 10.2% | 8.8% | 10.3% | 13.1% |
| | 9th graders | last 6 mo. | 13.2% | 11.0% | 11.8% | 21.5% |
| | 7th graders | last 6 mo. | 12.6% | 10.5% | 12.5% | 16.5% |
| Amphetamines | | | | | | |
| | 11th graders | last 6 mo. | 10.6% | 8.4% | 6.8% | 10.1% |
| | 9th graders | last 6 mo. | 3.9% | 5.1% | 3.3% | 7.5% |
| | 7th graders | last 6 mo. | 1.3% | 2.2% | 2.0% | 2.9% |
| Beer | | | | | | |
| | 11th graders | last 6 mo. | 68.3% | 61.9% | 66.2% | 63.3% |
| | | weekly | 19.5% | 16.1% | 17.4% | 17.2% |
| | 9th graders | last 6 mo. | 57.7% | 48.6% | 55.0% | 57.2% |
| | | weekly | 8.5% | 7.8% | 8.8% | 10.2% |
| | 7th graders | last 6 mo. | 40.3% | 36.1% | 41.1% | 39.4% |
| | | weekly | 1.6% | 2.1% | 2.6% | 2.7% |

Source: *California Student Substance Use Survey*.

* Not reported.

** Weekly use = use weekly or more often in past six months.



Tobacco Use

| | 1988 | 1989 | 1990 | 1992 | 1993 |
|------------------------|-------|-------|-------|-------|-------|
| Current Smoking | | | | | |
| Adults | 22.4% | 21.6% | 22.2% | 20.0% | 20.3% |
| male | 29.2% | 24.5% | 25.5% | 22.8% | 23.8% |
| female | 24.4% | 18.7% | 19.1% | 17.4% | 17.2% |
| age 18-24 | | 22.2% | 21.5% | 18.8% | 19.0% |
| age 25-44 | | 23.7% | 24.5% | 22.8% | 22.3% |
| age 45-64 | | 21.9% | 23.7% | 21.2% | 22.2% |
| age 65+ (w/morbidity) | | 12.5% | 12.9% | 10.7% | 11.8% |
| Teenagers | | 9.3% | 9.1% | 8.7% | |
| male | | 9.7% | 9.4% | 8.0% | |
| female | | 8.9% | 8.7% | 9.4% | |
| age 12-13 | | 3.2% | 3.2% | 1.5% | |
| age 14-15 | | 8.0% | 7.7% | 9.8% | |
| age 16-17 | | 17.4% | 17.1% | 15.4% | |

Source: *National Health Interview Surveys of Tobacco Use in California for 1988 Data on Adult Smoking; The Year 2000 National Health Objectives for 1988 Data on Male and Female Smoking; Cost of Smoking in California for 1989; Tobacco Use in California for 1990-1993.*

Sales and Tax Revenues in California

| | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 |
|--|-------|-------|-------|-------|-------|-------|-------|
| Alcohol | | | | | | | |
| Total alcohol consumption per adult (21 years and older) in California (gallons) | 3.18 | 3.09 | 3.09 | 2.80 | 2.72 | 2.59 | 2.53 |
| Consumption of beer, wines, and distilled spirits (millions of gallons) | 825.2 | 827.2 | 832.8 | 823.1 | 815.5 | 777.4 | 755.4 |
| Revenues from the alcoholic beverage tax (in millions) | \$128 | \$127 | \$127 | \$125 | \$293 | \$289 | \$278 |

Source: *Statistical Information for the Distilled Spirits Industry.* Distilled Spirits Council of the United States, Inc.

Source: *Annual Report*, California Board of Equalization.

Cigarettes

| | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|
| No. packages of cigarettes purchased (billions) | 2.7 | 2.4 | 2.3 | 2.2 | 2.1 | 2.0 | 1.9 |
| Cigarette Excise Tax Rate | 10¢ | 35¢ | 35¢ | 35¢ | 35¢ | 35¢ | 37¢ |
| Revenues from the cigarette excise tax (in millions) | \$255 | \$500 | \$770 | \$730 | \$711 | \$667 | \$648 |

Source: *Annual Report*, California Board of Equalization.

Cost of Government Disability Payments for Substance Abuse Illnesses

| | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 |
|---|--------|--------|--------|--------|--------|---------|---------|
| Cost of government disability payments for medically determined alcoholics and drug addicts in California (in millions) | \$19.4 | \$27.5 | \$41.9 | \$62.3 | \$96.0 | \$131.6 | \$152.6 |

Source: *Unpublished data*, Social Security Administration.



California **Contact** List

State Agencies

Department of Alcohol and Drug Programs
916/445-0834

Department of Alcohol Beverage Control
916/263-6900

Department of California Highway Patrol
916/657-7432

Department of Corrections
916/445-7682
Office of Substance Abuse Programs
916/327-3707

Department of Education
916/657-2451
School Safety and Violence Prevention Office
916/657-2989
Healthy Kids, Healthy California
916/657-2810

Department of Health Services
916/445-4171
Office of AIDS
916/445-0553
Office of Tobacco Control
916/327-5425
Office of Vital Records and Statistics
916/445-1719

Department of Justice
916/227-3244
Law Enforcement Information Center
916/227-3509
Office of Crime Prevention
916/324-7863
Bureau of Narcotic Enforcement
916/227-4044

Department of Mental Health
916/654-3565

Department of Motor Vehicles
Research and Development Section
916/657-7799

Office of Traffic Safety
916/445-0527

Organizations

American Academy of Health Care Providers in the Addictive Disorders
617/661-6248

California Association for Alcohol/Drug Educators
805/988-9792

California Association of Alcoholic Recovery Homes
916/338-9460

California Association of Drinking Driver Treatment Programs
408/753-5152

California Certification Board of Alcohol and Drug Counselors
916/368-9412

California Organization of Methadone Providers
619/283-7228

California Therapeutic Communities
415/454-7777

County Alcohol and Drug Program Administrators Association of California
209/468-6848

Department of Alcohol and Drug Programs Resource Center
1-800-879-2772

Indian Alcoholism Commission of California, Inc.
916/920-0285

International Nurse Certification Board
714/639-6217

National Council on Alcoholism and Drug Dependencies of California
916/429-0773



Drug Strategies

The mission of Drug Strategies is to promote more effective approaches to the nation's drug problems and to support private and public initiatives that reduce the demand for drugs through prevention, education, treatment and law enforcement.

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