

A Look at Drug and Alcohol Use in Our Community

PART ONE

DEFINING ADDICTION AND THE EFFECTS OF DRUGS AND ALCOHOL ON OUR COMMUNITY

On May 5, 2015, the Santa Cruz County League of Women Voters sponsored an educational forum about substance use disorders. League member and attorney Ashley Wheelock moderated a panel that included Rod Libbey and Jessica Stone of Janus, Vanessa de la Cruz, M.D., and Bill Manov, Ph.D., of the county health services, and Sheriff James Hart. This is the first of a series of articles reporting on what the panelists discussed.

The forum began with a definition of substance use disorders by Libbey, who emphasized that practitioners welcomed the phrase as a way of referring to someone who has an out-of-control problem with any substance use: drugs, alcohol, prescription drugs, licit or illicit drugs, or any combination of those substances. The American Society of Addiction Medicine defines it as a neurobiological disease with a number of factors. One of the outstanding factors, he stressed, is that it is a chronic disease, something that's not easily cured.

According to Libbey, one factor that leads to addiction is that users develop a tolerance of the drug, which could mean, he said, "if somebody has a drink after work in order to feel a bit more comfortable, then over time they feel they need a couple of drinks in order to have the same feeling, they're building up a tolerance for that substance." Addiction also involves a physical or psychological dependence on a substance, so that when someone has used it long enough in large quantities, and then stops, right away they will become ill from not having it any more.

Libbey continued, "When you no longer are able to control the amount that you use, the frequency at which you use it, that pretty much defines addiction. More specifically, [addiction is] when you continue to use in the face of adverse consequences: it is causing you problems with your family, it is causing you problems with your job, it is

causing you problems with the law, and you know that this is the problem, ...yet you continue to use."

Dr. de la Cruz spoke about who is at risk for developing addiction, "There is a genetic predisposition: if you have alcohol or any substance abuse in your family, then you're at increased risk. There's also increased risk with various mental health diagnoses." She specified post-traumatic stress disorder and bipolar disorder as being among the many associated mental health disorders.

De la Cruz continued, "... just using the drugs themselves puts you at risk. All of the drugs of abuse, no matter what the mechanism is, whether it's alcohol, cocaine, marijuana, heroin, they all cause a release of dopamine in the brain. Dopamine is a naturally occurring substance in all of our brains. It's released when pleasurable things happen, whether that's eating a chocolate chip cookie or having sex, that helps drive our survival behaviors: finding shelter, food, and mating. The problem is that these drugs cause an increased release of dopamine every time we use them, and it causes us to overvalue things: the drug itself. That's why, when it develops to a disorder point, they are making choices where they choose the drug over relationships, they choose the drug over that job they love, they choose the drug over their children."

Wheelock then asked Stone about community views of drug and alcohol use. Stone felt it was as much a national problem as a local problem, with issues of legalization and availability, and that there is "a huge amount of stigma around alcohol misuse."

From his perspective of having grown up in Santa Cruz County (SCC), Sheriff Hart added, "Santa Cruz County has always had very liberal views on drug and alcohol use. I think those have been passed down from generation to generation. I think it's not surprising that if your father or mother was using marijuana or some other drug, that that's probably passed down to the child. I do think there's been somewhat of a shift in the past few years in Santa Cruz County. I do think it's not surprising to hear that there is increased use in this county."

Wheelock asked Sheriff Hart about how increased use affects violence and crime in SCC. While it is difficult to give exact statistics, he said, "I know this: I know we book about 4,000 people a year into our county jail for public intoxication. I know we book about 1500 people a year for DUI, another couple thousand for other drug charges, so that accounts for about half of our 14,000 bookings that we do each year in the county jail system. But

what that doesn't account for is the role that alcohol and drugs play in other cases, such as burglary, or domestic violence, or identity theft, where people are committing theft for crimes to fuel their addiction, or somebody is under the influence of alcohol or drugs and they beat their spouse."

"I can say this," Hart continued, "in running the jail system through a number of years, it's anecdotal and there's really no data behind it, I could say that at least 80 to 90 percent of the people in custody, one of the underlying reasons they were there was due to drugs and alcohol."

Turning to Dr. Manov, Wheelock asked whether drugs or alcohol presented the bigger problem. "Alcohol is far and away the most prevalent problem," Manov responded. "When you look at statewide prevalence statistics that are focused in Santa Cruz County, about 70% of the substance use disorder diagnosis is related to alcohol, 30% related to illicit drugs. Now, it's also true that, not like 20-30 years ago, where you had an alcoholic or you had a drug addict, most people are using both, so there's a lot of crossover. But having said that, alcohol use is much more prevalent in our society than drug use, and problems associated with alcohol use are much more prevalent."

Wheelock asked if that is because alcohol is legal. Manov replied "That has a lot to do with it. I mean, it's widely available, it's socially acceptable. You don't have to hide it. It's also widely promoted in society, so whatever inclination you may have to get high, alcohol is being sold as the way to go."

Sheriff Hart added, "...the city of Santa Cruz alone has almost 250 alcohol outlets... But many of the young people tell me that, actually, marijuana or prescription pills are as easy, or easier, to get than alcohol is. I see an uptick in what we're doing at the sheriff's office on the prescription pill problem, but it's obviously not as prevalent as alcohol and marijuana."

PART TWO

IT'S A HEALTH ISSUE, NOT A CRIME: TREATMENT VERSUS INCARCERATION

The discussion continued with the question of intervention and resources for young people. Bill Manov related the new policy for school suspensions. Previously, students suspended for drug and alcohol use were simply sent home for a few days with no supervision. The new option provides for the student to attend a SUD early-intervention program instead. He also mentioned

the Pajaro Valley Prevention and Student Assistance program (pvpsa.org). The Sheriff's office and the California Highway Patrol provide training for faculty and administrators on how to identify potential substance use and what to do about it.

Rod Libby explained that few residential care facilities for adolescents remain in California. Many facilities closed because the high staffing levels and very high levels of therapeutic care required were too costly and could not be sustained. His hope is that future legislation will provide new funding for more programs.

Wheelock then turned the focus to why so few adults seek treatment for SUD. Jessica Stone felt that people don't know that public funding is available for treatment. Another problem is the waiting list for public funds to pay for treatment. People who seek treatment are ready in that moment, and if treatment is not available at the time they are ready, they return to previous behavior.

The problem is also exacerbated with pregnant women who are parents; they are afraid to report drug and alcohol use for fear of being arrested or reported to Child Protective Services or the Sheriff's office.

Dr. Manov discussed the availability of treatment in the county. While the county is licensed for 90 treatment beds, they only have the funds to staff half of them. Those that are involved with a government program with dedicated funds to pay for treatment, such as child welfare or AB109 prison realignment, can get quick access to care. Programs for the general public are very underfunded and have long waiting lists.

Wheelock asked about methods of treating SUD and how to define success. Rod Libby emphasized that SUD is a chronic disease, and that they are working to get people to a point where the disease is "in remission" or "in recovery". Libby emphasized the importance of assessing an individual coming into treatment so that, "you know not only what their substance use history is, but also what their psychological and psychiatric aspect of their addiction may be as well, so that you can set up a treatment program that treats both the substance use disorder and the co-occurring psychiatric disorder." He stressed the importance of treating both in an integrated fashion, so that one issue does not overcome the other.

Long-term treatment is another critical element to success, Libby continued. For those who have been using for 20 years, even a 90-day program is not enough. "It's going to take longer

than that. It takes practice in sobriety, and we find that people who continue on in outpatient programs after they've been through...a residential stay, who continue living ...for a while with other people where they can practice sober living together, have a much better success rate than those who simply go through in-home basic treatment."

Dr. de la Cruz agreed that treating mental health issues and SUD concurrently, rather than sequentially, is important, "there's no one right intervention; residential treatment is not the answer for everyone...There are lots of options...primary care doctors can offer interventions, psychiatrists can offer interventions, they offer you interventions when you enter the jail system...It's more about increasing different points that you can offer various services."

Wheelock asked Sheriff Hart how SUD and co-occurring mental health disorders played out in the county jail system. Hart noted that our jails, which, due to prison realignment, are now essentially prisons holding people for up to four years, have turned into detox and mental health facilities. Seventy percent of those who are brought in under the influence stay a few hours to sober up, then get released with a court date. The other 30% stay longer and end up detoxing in the facility under the care of medical staff. Once stabilized, they get mental health and substance abuse services.

Hart mentioned the federal grant of \$700,000 a year for three years for a sobering center in Santa Cruz County. This pilot project will develop a 10-bed facility to defer chronic inebriates from the main jail into a recovery center, with services provided by Janus and the county. "They're not going to get booked...but...they're going to have a place to sleep off their entire intoxication, they're going to get checked by a nurse, they're going to get a therapeutic professional...to offer them services, and there's also going to be security there... It's going to be a great way to free up police officer time...."

Hart continued, "By the time an officer responds to the call for service, arrests the person, waits in line for county jail, gets them booked, writes the police report, one police officer has wasted two to three hours of their shift on, really, a relatively minor crime when you look at the scope of the criminal justice system.

"And now that officer will be able to drive to a location at the main jail, drop them off to Janus staff, get back out on the street...I'm really excited about it, I think it's a new way of looking at public

intoxication. There are many states where public intoxication is not a crime, it's a health issue."

The panel touched on the topic of the homeless population, a high percentage of whom are affected by SUD and COD. Libby indicated that a good number of those who pass through the sobering center are likely to be homeless, and will be able to access care from that point.

The discussion then moved on to discuss the cost of treatment. Manov mentioned that the Affordable Care Act means more people will have coverage through MediCal, and MediCal has expanded the types of services it covers.

Manov urged awareness of the costs of untreated SUD on the community: having folks show up at the jails, hospitals, and in child welfare services is not a cost-effective way to spend our dollars.

De la Cruz added that the stigma around SUD affects funding because people feel those with mental illness are more worthy, "...we're pitting the addicts against the mental health patients; I don't think that's very productive."

Libby pointed out that when "two police cars and an ambulance and a fire truck" are called in to deal with an inebriate, "you're talking about an ambulance ride to Dominican, another thousand dollars [for a] check-up at Dominican...and all of the sudden you've run up a bill where [instead you could have treated] a couple of people for substance use disorder." He suggested putting aside the issue of whether or not you liked addicts, and considering where you want your money most effectively spent. "I think prevention of those kinds of problems and treatment is a better way to spend the money than on trying to sweep up all of the sequelae [secondary consequences] of that activity."

Hart mentioned the changes made by last November's two successful ballot initiatives, Propositions 47 and 27, which reduced penalties for possession of small amounts of drugs from felonies to misdemeanors. Those that were once housed in the county jail, at \$105 per day, are now diverted from jail to courts, where they can get mandated treatment. Hart also mentioned that money from prison realignment will be going not just to realigned inmates, but to a lot of other people who are suffering from SUD.

This ends part two of our report on last May's forum. Look for more installments in future issues of the VOTER. You can also view the entire video of the forum online by clicking the link on the calendar page of our web site.

PART THREE

A COMMUNITY DECISION:

TOLERANCE, DETERRENCE, AND UNDERSTANDING

Wheelock continued the discussion with a question from the audience about criminalization and disease versus treatment, “when does enough become enough, and if release and repeat isn’t working, what do we do then?”

Hart answered that as a community we must decide how to deal with repeat offenders, some of whom have been to the county jail over 200 times this year. Part of the question is in determining what part of the jailed population of low-end offenders (excluding high-end offenders who are in for murder and assault) can legally be held and who can be released, factoring in public safety. He mentioned alternatives to custody, such as electronic monitoring and work release programs. People can do community service rather than serve jail time. Capacity is an issue as well, “...we’ve had as many as 600 people in a jail with 450 beds, and that’s not safe.”

Hart also referenced the many other agencies that impact who comes and who goes in the jail, such as judges, district attorneys, probation officers, and public defenders. That group dictates who comes and who goes; the Sheriff’s department just follows orders from the court about who to release and who to hold.

The community needs to decide who we can tolerate being out there on the street and who should remain in jail, Hart emphasized. Is there another alternative for a mentally ill person in crisis who breaks a window and is now doing 200 days in county jail for a low-end offense? What about a 77-year-old man in jail doing 270 days because he’s had his eighth public intoxication arrest?

Libbey expressed his belief that there is a real value in using criminal sentencing to improve treatment possibilities, “...using someone’s criminal history and what they owe in terms of their criminal time to enhance their motivation for treatment can be a very positive thing.” He referenced the example of how a state program successfully reduced recidivism by allowing prisoners to reduce their sentence by attending a counseling and education program.

Wheelock asked Stone to comment on what information would help the community better understand those with SUD. Stone mentioned the federal Substance Abuse and Mental Health Services

Agency’s website as a good source of information (samhsa.gov).

Stone also referenced the Adverse Childhood Experiences (ACE) Study (acestudy.org), which conducted one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and wellbeing. The result of collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente’s Health Appraisal Clinic in San Diego, the ACE Study findings suggest that certain adverse experiences during the first 18 years of a person’s life will impact what happens to them as an adult; those experiences can be major risk factors for the leading causes of illness, including SUD, and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery. The study looked at many factors, including verbal or physical abuse, neglect, substance use in the home, incarceration of a family member, divorce, depression of a family member, and more.

It changed the way I looked at treatment, Stone commented, “I stopped asking, ‘what is wrong with you?’ and started asking, ‘what happened to you?’” Stone emphasized, that the more information we have about what addiction is and how it can occur can help improve the way we treat people.

Wheelock asked Libbey to discuss how inter-agency relationships can facilitate or hinder treatment. Libbey felt that a lot of positive progress has been made in recent years. County clinics have to be aware of what’s going on in the contract community and non-profit programs so that patients get referred to the proper level of care.

Wheelock shifted back to criminalization with questions about fines for driving under the influence and drug penalties. The questioner expressed concerns about the difficulty of paying fines for those who are trying to seek treatment and wondered about the purpose of the fines.

Manov responded that fines are related to recovering court and probation costs associated with the criminal case. He continued, “...they definitely can be a barrier to regaining a place in society... it’s not intended to be therapeutic or punitive, it’s really the system trying to recover its costs.”

De la Cruz expressed further reservations about fines as a deterrent, "They're drinking and driving because their drinking is out of control."

Expanding on the topic, Manov agreed that fines may have a deterrent effect on those who still have some degree of control over their use, when someone deep on the substance disorder spectrum is compulsively using, all the fines and confinement in the world won't have much impact. "You really need to look at this whole continuum from no use to mild misuse, to a degree of habituation and psychological dependence, to full-on addiction. Different interventions work with different people along that spectrum."

Libbey referred back to the definition of addiction being about people doing things despite adverse consequences, "...a DUI fine means nothing to somebody who's drinking is out of control."

Wheelock turned the focus to an audience question about the potential for increased drugged drivers if recreational marijuana becomes legal in California.

Hart referenced the difficulty of making an arrest for someone under the influence of marijuana because there is no quantitative measurement that can be taken in the field to determine the level of intoxication. On a recent trip to Colorado, where recreational marijuana has been legal for over two years, Sheriff Hart found that they have experienced increases in drivers under the influence of marijuana and teen use of marijuana. California may face a ballot measure on Marijuana legalization in November of 2016.

Wheelock addressed a question to the panel about the effects of marijuana on the teenage brain and what should be done by schools and parents to promote drug prevention. Manov mentioned that the strategic plan focuses on alcohol, prescription drugs, and marijuana. He pointed out that young people generally are aware of the dangers of marijuana, and that marijuana can interfere with achieving their life goals.

Hart brought up the 7% tax on Marijuana dispensaries in the county that was passed in November of 2014. The money from the tax is currently funding a number of things, including two detectives whose job is to curtail environmental degradation in rural areas due to marijuana cultivation, to address neighborhood safety concerns, and to ensure that dispensaries are operating under the rules of the current ordinance. He mentioned the recent identification of at least 30 substantial commercial marijuana grows in the foothills of SCC. Entrepreneurs from out of state are

buying up property and clearcutting it to grow marijuana for non-medical use.

PART FOUR

HOPING FOR A CURE:

BREAKING THE ADDICTION CYCLE

Wheelock related a question from the audience about prescription painkiller use among local teens. Stone mentioned that Janus provides overdose prevention kits (free for those who can't afford them), and that they are important to have on hand for anyone who has a family member on painkillers, whether they are being misused or used as prescribed.

De la Cruz framed this as a national problem, emphasizing the need to educate medical providers about prescribing opiates, how to get people off opiates, and how to refer them to treatment. She also noted that providers need to educate their patients about the risks of addiction when they prescribe these medications.

Manov mentioned three campaigns the health department has to address prescription drug abuse. One is a lock-it-up education program directed to parents. Another is prescription drug take-backs to properly dispose of unneeded medications. (To find locations to drop off medications, go to sharpmedsolutions.org)

The statewide CURES program (Controlled Substance Utilization Review and Evaluation System) allows a physician or pharmacist to sign on to a state website before writing or filling a prescription for an opiate to see who else has written prescriptions to the patient. Currently the participation in CURES is low, but they are working to encourage more participation. Reducing availability of opiates will help reduce abuse.

De la Cruz mentioned technical problems with the database that have discouraged doctors from using it, even though most doctors support it, and that the database project is underfunded. [Editor's update: as of November 2015, the implementation date for requiring mandatory use of the database was pushed back to July 2016.]

Hart emphasized the key role played by prescription opiates in the development of addiction problems, stating that many young heroin users report beginning opiate use by stealing a relative's prescription, then switching to heroin when the pills ran out. Hart encouraged use of the take-back programs and kiosks where people can drop off their unused pills. It's important not to

flush medications down the toilet, as that leads to contamination of drinking water.

Wheelock segued the conversation to the topic of Santa Cruz as a “heroin port.” Hart responded that Watsonville has been designated as a “high intensity drug trafficking area,” a Federal designation that provides funding to address the problem. In the last two weeks, Hart continued, their anti-crime drug and gang teams had seized over six pounds of heroin. He describes heroin as easily accessible, very prevalent, and very cheap, about three grams for \$100, putting it right up there with methamphetamine as one of the more abused hard drugs in the county.

With that, Wheelock turned to current research on treatments for alcoholism. Stone stated that the newest treatment is Vivitrol, a monthly shot that helps reduce the impacts of use for opiates and alcohol. Stone explained, “The idea is, since somebody doesn't feel the effect, they don't want to use opiates.”

“It prevents the need for it,” continued de la Cruz. Vivitrol, an injectable form of oral Naltrexone, is very expensive and hard to get for those on MediCal compared to the oral version. She also mentioned Acamprosate and Antabuse (Disulfiram). There are also anticonvulsant medications that can treat seizures during detox. She also expressed concern that some physicians don't feel comfortable prescribing these medications, and that is something the county needs to work on. She concluded by expressing the need for more research on people who are stimulant addicts to increase the options for interventions.

PART FIVE

RESPONDING TO DRUG AND ALCOHOL USE: CHALLENGES AND SOLUTIONS

Wheelock asked a question from the audience about how the lack of affordable housing affects those with a substance use disorder and/or mental illness. Asserting that this is truly the 64-million-dollar question, Manov stressed the difficulty of finding housing in our county for people with jobs, much less people in recovery who are not employed. Where funding is available, they will support those who are ready to graduate from acute care into a clean and sober house for a couple of months until they have an income and are stable in their recovery enough to make it in an unsupervised environment. “Having said that,” Manov finished, “the demand for clean and sober

housing far outstrips the availability, and this is one of the areas where we have a lot of work to do.”

Libby pointed out the challenges in providing housing solutions for those in recovery by describing the difficulties encountered in San Francisco Tenderloin housing project. They developed old housing projects into single-room occupancy units for homeless people with mental health and substance use problems. While they were able to provide case managers to make sure the clients attended appointments, took their medications, and met other obligations, the program did well. But when money for case managers ran out, “...the whole thing collapsed.” It's a huge, complex problem, Libby emphasized, “and the amount of money that it takes to solve it properly is enormous.”

Wheelock moved on to the next question: what's the first thing to do if you are concerned that someone close to you has a substance use disorder?

Manov recommended Al-anon and county websites such as Recovery Wave as a good way to get educated about what to do or not do, how to talk to your child or a family member whom you think may have a substance use problem, and where to get help. If the person you're concerned about does not share your concerns, Manov suggested a treatment intervention specialist who is trained in how to help family members intervene around a substance use issue.

Wheelock then asked why the drug court in Santa Cruz had been terminated. Manov responded that, when the grant money ran out for providing probation officers for the drug court team, the judges no longer felt comfortable in proceeding with the program, which was unfortunate because it had good results.

The next question concerned the closing of Dominican Hospital's mental health unit. De la Cruz responded that Dignity Health, who runs Dominican Hospital, decided to get out of the inpatient psychiatry business, so the county stepped in to fill the need by building the Psychiatric Health Facility (PHF), a free-standing inpatient psychiatric facility. The county contracts with Telecare Corporation to staff it. Since the facility is not part of the hospital, it's not allowed to take patients purely for detox. They can only accept patients who can tolerate oral medications and don't need IV medication.

The discussion then turned to the downtown accountability program for frequent low-level offenders in the downtown Santa Cruz area, most of whom have substance use disorders. Manov described the typical client as someone whose SUD

has progressed to the point that all they have left to lose is their freedom. This can be used as a lever to get them to stick with treatment long enough to benefit from it, so that they don't continue to cycle through the jail and emergency department. The downtown accountability program provides intensive case management, and the same judge and prosecutor work with the client throughout the process, which prevents them from slipping through the cracks. Typically, the judge orders treatment, with jail time as a consequence for not following through.

Wheelock asked the panelists to give their final thoughts concerning how our community can improve its response to drug and alcohol disorders.

Libby spoke about efforts at Janus to use available funds more efficiently by moving people from treatment in residential care to outpatient treatment, which is much less expensive. They wouldn't be moving people out of residential treatment who need that level of care, but once they are at the point where they can be successfully treated under less intensive care, they would be stepped down as early as possible. Research has shown that long stays in residential care are sometimes not warranted. "We're able to treat a lot more people for the same amount of money, and do it successfully."

Libby concluded with his thoughts about the necessity for community education. The United Way Community Assessment Project (appliedsurveyresearch.org/scccap/) survey recently showed that 15% of adults in our county think it's acceptable to have underage kids drink at home. Libby emphasized that this is a problem because alcohol is the most seriously addictive substance there is in terms of what it does to you physically.

Dr. de la Cruz emphasized integration of substance abuse and mental health services, as well as cross-agency collaboration. She also stressed the need to educate physicians with the basic skills to provide medication to patients that need them. She concluded, "Some people who are not at the level of a severe disorder might be helped with just an intervention by a primary care doctor. Someone else who's struggling with depression and starting to drift into the substance abuse world could be helped by their psychiatrist."

Sheriff Hart plans to continue looking into innovative corrections ideas and solutions, such as the sobering center and other ideas for diverting low-end offenses out of the main jail in order to maintain those beds for serious, violent offenders.

His goal is to have low-end offenders leave their facility better off than when they came in.

Jessica Stone's goal is to talk as much as possible about the idea of reducing the stigma and shame surrounding addiction so that people can admit their problems to themselves and family. It's also important that hospitals and other institutions that face the challenge of treating patients with SUD understand the issues and symptoms and where to refer patients. Personally, Stone is on a mission to spread the word that substance use disorders are a disease that can be treated.

Manov mentioned the community social norming change campaign: a group of community members and professionals seeking to educate the public about SUD and develop more compassion for those affected. The campaign will also work to educate the community about substance use and promote more cost-effective, sensible ways of approaching issues surrounding SUD in our society. Manov concluded, "My principal objectives for the next six months or so is to look at the possible expansion of treatment funds through the drug MediCal waiver through the Affordable Care Act and advocate for expansion of services, because money is not the only answer, but in this situation, money is a definite ingredient to improving the situation."

—Pam Newbury, Santa Cruz VOTER Editor

This series of articles was originally published in installments in the Santa Cruz VOTER newsletters from August, September, October and December of 2015 and March of 2016. The original issues can be viewed online at lwvscc.org/voter. You can also view a video of the forum of the forum by clicking the link at lwvscc.org/videos