
CALIFORNIA ALCOHOL & DRUG IMPACT REPORT

*SCOPE OF THE PROBLEMS ~ ALCOHOL & DRUG IMPACTS ~
ALCOHOL & DRUG TREATMENT RESPONSE*



MARCH 2005

CADPAAC

County Alcohol & Drug Program
Administrator's Association of California

*Dedicated to the reduction of individual and community problems related to the use
of alcohol and other drugs.*



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County Alcohol and Drug Program Administrators Association of California

Dedicated to the reduction of individual and community problems related to the use of alcohol and other drugs.

March 1, 2005

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To the Reader:

This is the second edition of CADPAAC's report on statewide indicators of Alcohol and Other Drug [AOD] problems. Our purpose in publishing this report is to provide policy makers, professionals and others with an interest in the field with a variety of perspectives on the nature and extent of AOD problems in the state.

AOD problems have many causes and manifestations. AOD use creates or exacerbates any number of health, safety and social problems. The work and costs of taxpayer supported systems are driven or complicated by AOD use – schools where student readiness to learn or school climate is compromised, law, justice and correctional system operations, foster care placements, community and personal health problems, domestic violence, and mental health care.

Too often, public discourse on AOD issues is driven by attitudes and ideology rather than fact. Our hope is that this report will provide a starting point based in data for informing policy discussions on AOD problems in California. Knowledge is our best tool in developing effective approaches to managing this multi-dimensional problem.

Sincerely,

Connie Moreno-Peraza
President

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This report is a product of the CADPAAC Strategic Planning Committee. This committee is charged with guiding CADPAAC's planning and public awareness initiatives.

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Introduction

The County Alcohol and Drug Program Administrators Association of California [CADPAAC] represents the local level service systems for the prevention and treatment of alcohol and other drug problems in the state's fifty-eight counties. CADPAAC's mission is the reduction of individual and community problems related to the use of alcohol and other drugs. This report is intended to present the reader with a broad overview of the important dimensions of Alcohol and Other Drug problems in California.

Alcohol and Other Drugs - AOD

This report refers to Alcohol and Other Drug [AOD] problems. This term is chosen for two reasons.

1. Alcohol is a drug affecting the central nervous system and other physiological functions no less than does heroin or methamphetamine.
2. The consequences of the use of alcohol and other drugs extend far beyond the individual and are not restricted simply to the lives of persons who might be labeled as alcoholics or addicts. These problems have an impact not only on the individual, but on their families, friends, peers, and communities.

The Cost Of AOD Problems

A 2001 study by the National Center on Addiction and Substance Abuse at Columbia University estimated that in 1998 California spent \$10.4 billion addressing AOD problems. This amount represented 15.2% of the entire state budget in that year – a tax burden of \$310 to each Californian. Of that amount, only \$12 was directed towards AOD prevention and treatment, the remainder was directed towards addressing AOD impacts in health, law enforcement, prisons, schools, and business.

In addition to taxes, California residents pay for these costs through higher insurance premiums and higher costs for goods and services. A less tangible price is paid in terms of fear, violence and social disorder. The highest price of all is paid by the families of these seven million users, particularly their children.

What Is An Indicator?

The foundation for meaningful action to address any public health problem is information. However, AOD abuse and dependence are not directly observable and are difficult to quantify in their entirety. Stigma, shame, denial and illegality work together to conceal AOD use and dependence.

While difficult to observe directly, the use of AOD creates ripples throughout society and its institutions. Indicators are the measurements of these ripple effects. Not every alcoholic is arrested for DUI. Not every heroin addict overdoses. Until an individual shows up on the 'radar screen' of law enforcement, the health system, a treatment program, or in some other institutional setting, they are statistically invisible even though they have long made their impact felt in other ways.

By definition an indirect measure, no single indicator can tell the whole story. Indicators develop descriptive power as data from different sources reinforce one another. Comprised of disparate and partial views of the problem, the study of indicators permits us to assemble a mosaic that can help provide a clearer picture of the situation.

What Does It All Mean?

This report has gathered information from a number of sources of statewide data. For the sake of brevity the data are presented in graphical format with explanatory text about the indicator and its significance. Explanations of why a particular measure might be going up or down are beyond the scope of this brief report.

This document deals with the What of AOD problems rather than the Why. From a perspective that takes in the 58 counties, 1,000 school districts, 500 cities and 35 million people in California, the ability to explain the broad and frequently unseen forces that work to create and maintain AOD problems in California is of necessity limited in an overview such as this one.

We may not be able to explain why DUI arrests, for example, are decreasing or why more adolescents are not abstaining from AOD use. In any event, the impacts are indisputable and often tragic. It is not acceptable that in 2003, 1,378 persons died in DUI related crashes or that only one-third of 11th grade students abstain from using AOD.

The charts that follow show the status of various AOD problems over time. In many cases there is improvement, but in no case do we see the problem going away. Like crime, homelessness, teen pregnancy or unemployment, AOD problems are a fixture of society and the challenge to California is how to minimize and manage the damage they create. In many cases, improvement notwithstanding, one must question whether current problem levels are acceptable. Is any level of adolescent AOD use acceptable? What type of societal outcomes does California want?

The task can seem overwhelming at the statewide level, but at the local level, causes can be more proximate and thus more accessible to identification and intervention. There are many instances where local leadership has made a real difference.

The reader is encouraged to discuss the data presented here with policymakers and stakeholders in their communities. While statewide data are not always useful in explaining local level variation, they do form a starting point for an informed discussion of whether local figures are better or worse than the statewide baselines. Are local measures of the same indicator above or below the statewide baseline? Is this good or bad? Is the reason for the variation known?

A major initiative that occurred during the period covered by this report was the passage of the Substance Abuse and Crime Prevention Act of 2000. Also known by its ballot designation, Proposition 36, this measure provides for a treatment alternative to incarceration for non-violent adult drug offenders. Implementation began in July 2001. Where appropriate, this point in time is indicated in the charts that follow.

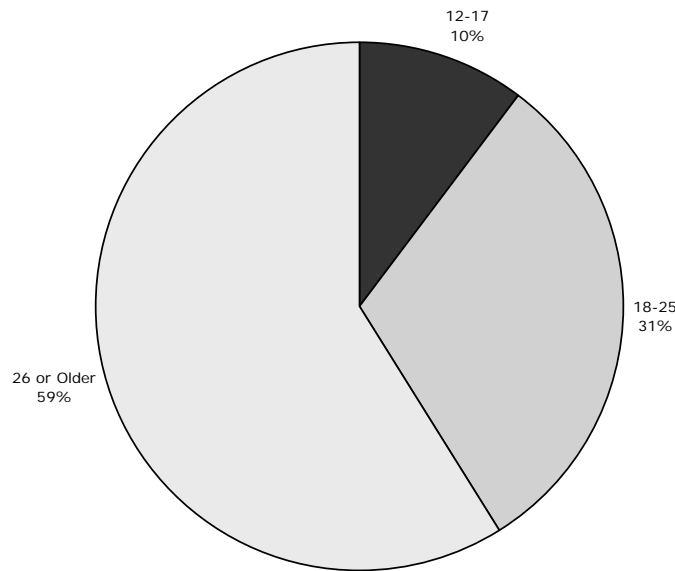
The Scope Of The Problem

How Many People Need Treatment?

The Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services conducts an annual survey of AOD use. Survey findings for 2002 support an estimate that 3.3 million persons in California can be considered to be abusing or dependent on AOD.

It must be noted that not all who need treatment seek it and not all who seek treatment look for it in the public sector. Nonetheless, those working in the field agree that the demand for treatment is far greater than the available capacity.

Adults Predominate Among Those Needing Treatment



Estimated Persons with AOD Abuse or Dependence in California in 2002			California Population 2002	
Age Group	N	%	N	%
12-17	339,693	10%	3,116,003	11%
18-25	1,024,604	31%	3,834,950	13%
26 or Older	1,947,637	59%	21,871,385	76%
Total	3,311,934	100%	28,822,338	100%

Data Source: 2003 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

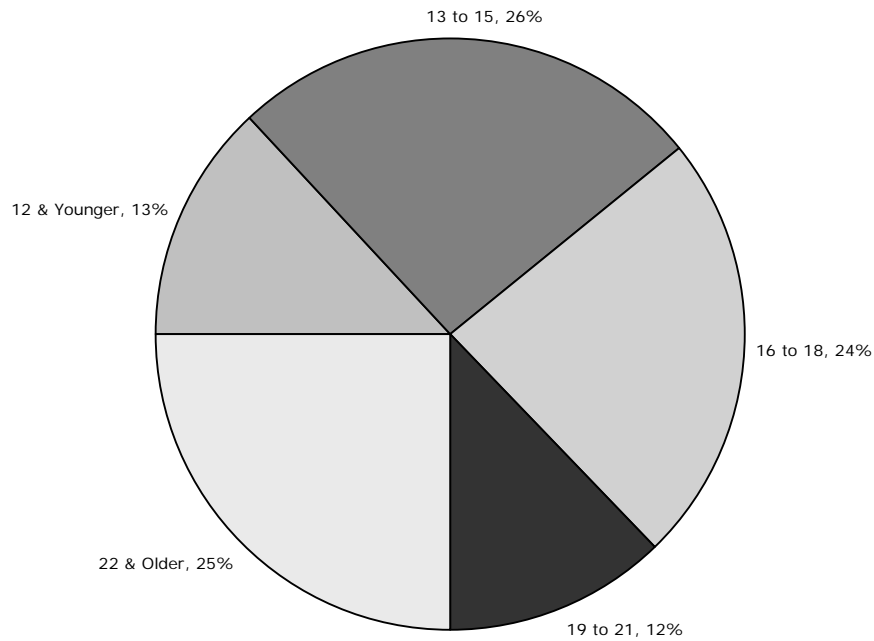
The Scope Of The Problem

Age at First Use of Alcohol or Other Drugs

Research shows that the earlier a person starts using AOD, the more likely they are to develop serious problems as an adult.

Data from over 164,000 persons who entered publicly funded AOD treatment in California in 2003 show that 63% of them started using alcohol or other drugs before the age of nineteen, 39% before the age of sixteen

**For Persons Admitted To Treatment In 2003,
26% First Started Using AOD Between The Ages Of 13 And 15**



Data Source: California Department of Alcohol and Drug Programs, California Alcohol and Drug Data System [CADDs].

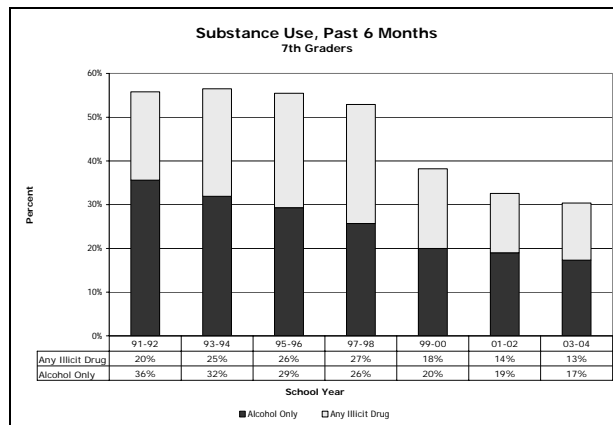
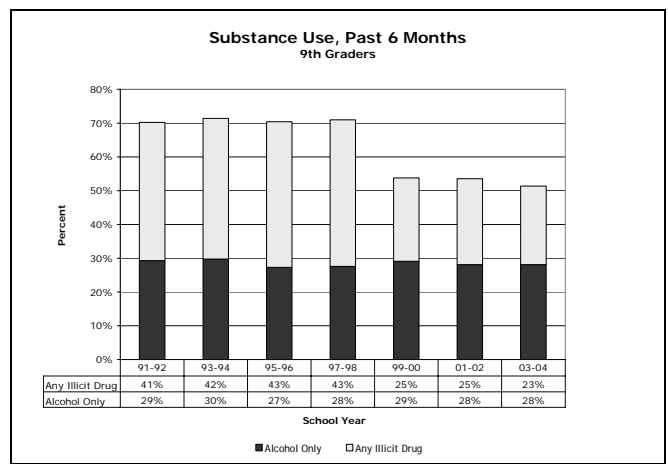
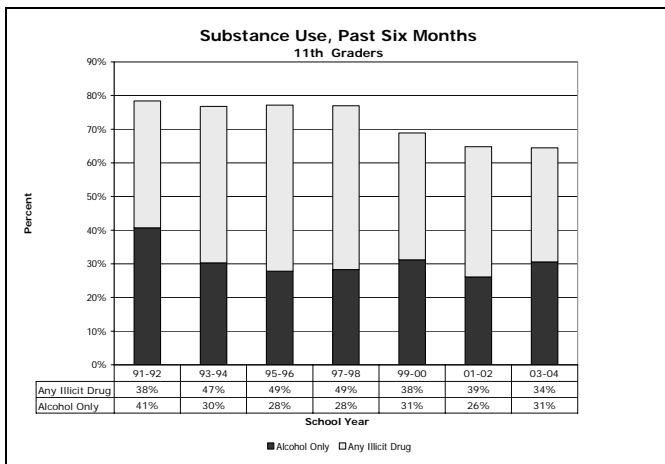
The Scope Of The Problem

AOD Use in the Past 6 Months

The California Student Survey (CSS) is a statewide project conducted under the auspices of the Attorney General’s Office. Administered every two years since 1985, the CSS presents a snapshot of students’ alcohol, drug and tobacco use in addition to other risky and health-related behaviors.

The charts below show the downward trend in the number of young persons who report any AOD use in the previous six months. There are two patterns of note in the data. One is the increase in affirmative responses with grade level – in the 03-04 school year, nearly 66% of 11th graders reported AOD use in the past 6 months compared with 30% of 7th graders. The other is that by 11th grade, the reported use of illicit drugs is 10% greater than for alcohol.

AOD Use In The Six Months Prior To The Survey Has Decreased For Youth Since The 97-98 School Year



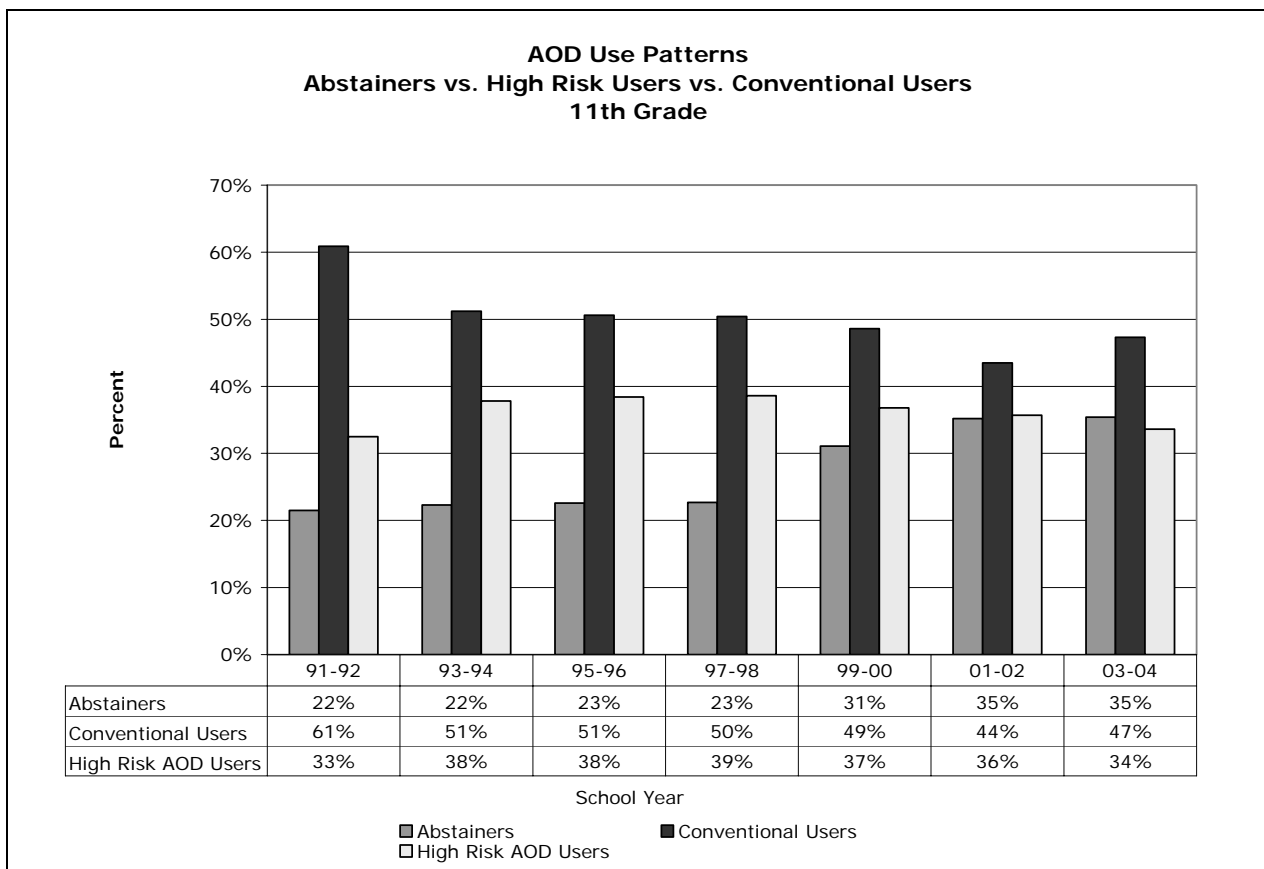
Data Source: 10th Biennial California Student Survey.

The Scope Of The Problem

High Risk Users vs. Abstainers

While any AOD use by adolescents is cause for concern, some young people report a pattern of use in the CSS that is particularly worrisome. The chart below shows the percentage of 11th graders whose answers indicated they were abstainers, “conventional” users, or high risk users.

The number of 11th graders who abstain from any AOD use has steadily increased since the 91-92 school year. The fact remains however that approximately one-third of survey takers are considered at particularly high risk. These proportions would indicate that in a hypothetical 32-student classroom of 11th graders, only 11 are abstainers.



Technical Note

- Abstainers used neither illicit drugs nor alcohol.
- Conventional Users reported some level of AOD involvement but did not meet High Risk criteria.
- Inclusion in the High-Risk Drug User category is based solely on engaging in any of the following behaviors over the past six months: a) Cocaine use in any form; b) Frequent polydrug use (three or more times); c) Regular marijuana use (weekly or more frequent); d) A pattern of use of numerous other illicit drugs besides cocaine or marijuana, or of high frequencies of use of individual drugs.
- High-Risk Alcohol users were those who reported any of the following behaviors: a) Drank five drinks in a row two times in the past two weeks; b) Was very drunk or sick three or more times in their lifetime; c) Likes to drink to get drunk or feel the effects a lot.

Data Source: 10th Biennial California Student Survey.

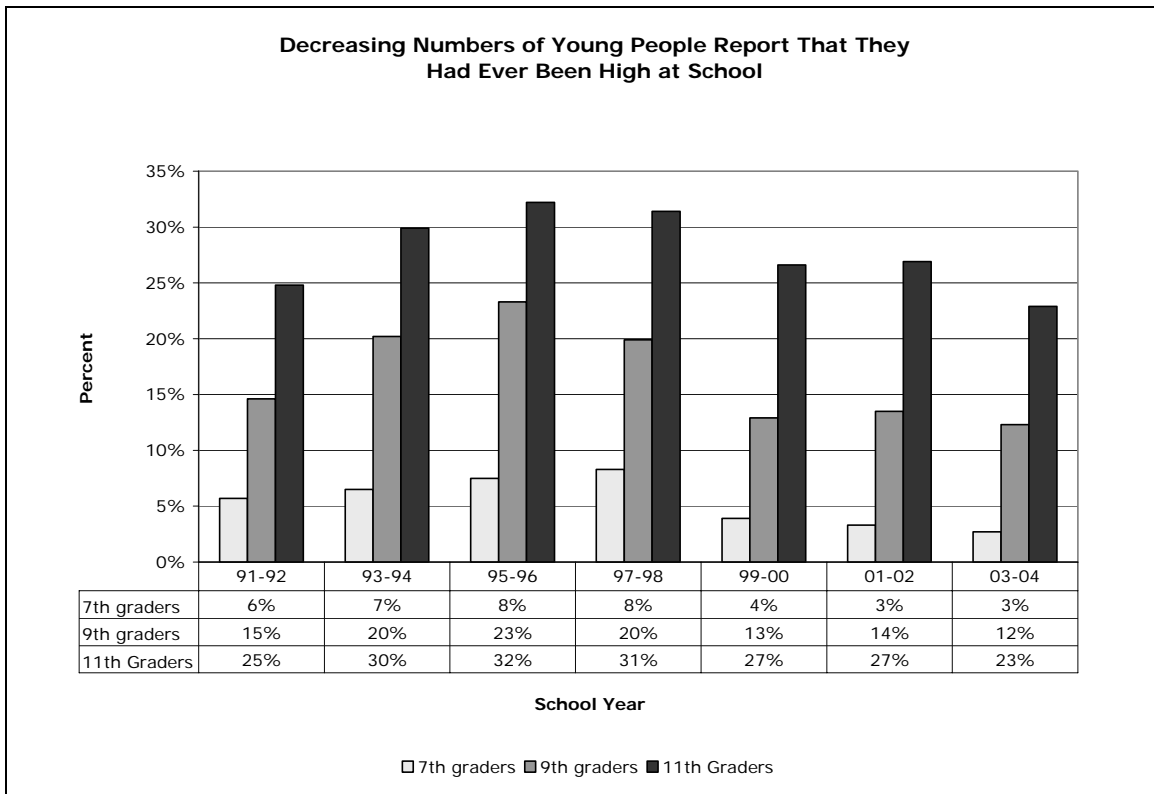
AOD Impacts

Ever High at School on Alcohol or Another Drug

AOD use on the school campus is generally considered to be an indicator of youth who engage in risky behavior and who may also be at high risk for developing AOD problems. This behavior also has an impact on school climate and academic achievement

The chart below shows that, from a peak in the late Nineties, there has been a generally downward trend in the number of students who report having ever been high at school.

Of note is the difference in responses between 7th and 9th graders. Rates quadruple in the space of two years.



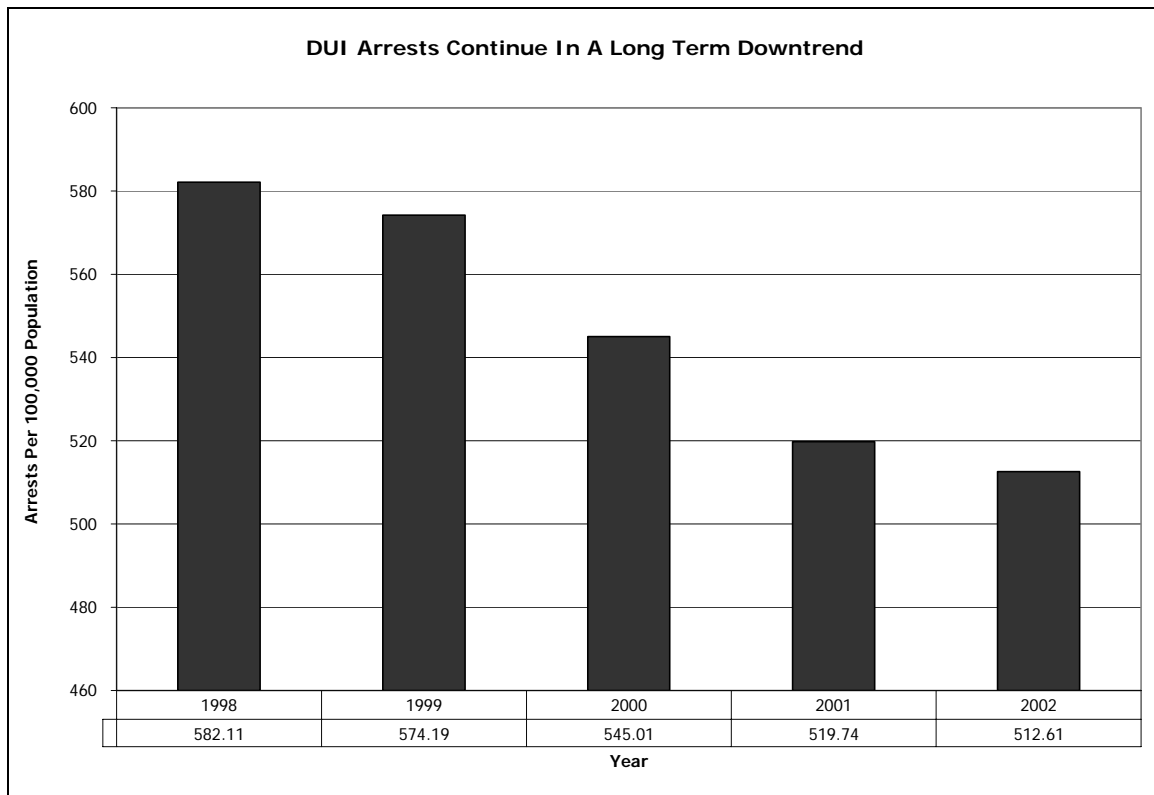
Data Source: 10th Biennial California Student Survey.

AOD Impacts

Driving Under the Influence

Population adjusted DUI rates have been dropping steadily in California. In 2002, there were a total of 177,056 DUI arrests, down from 201,765 in 1996. These figures equate to about one DUI arrest every three minutes, 24 hours a day, 7 days a week. Law enforcement staff working DUI enforcement agree that they are able to apprehend only a small percentage of persons driving under the influence. California has come a long way in getting AOD impaired drivers off the road. We need to keep up the effort. Drinking drivers kill.

In 2002, of all types of misdemeanor arrests in California, DUI occurred the most frequently. The next most frequently occurring misdemeanor was drunk in public at 100,095 arrests. Other AOD offenses [Marijuana, Other Drugs, Liquor Law Violations, Glue] accounted for 154,897 arrests. In the aggregate, AOD specific offenses account for 48% of misdemeanor arrests for all reasons in 2002.



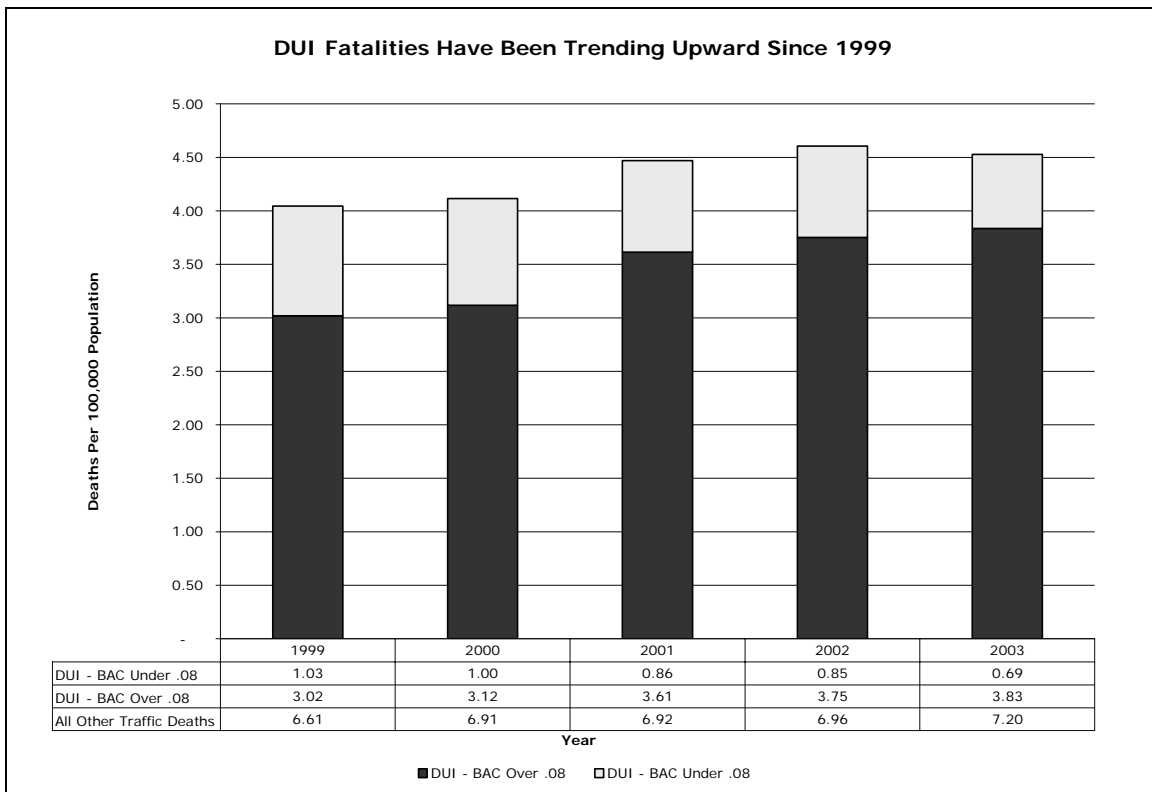
Data Source: California Department of Motor Vehicles.

AOD Impacts

Alcohol Related Highway Fatalities

In California, it is illegal to operate a motor vehicle with a blood alcohol concentration [BAC] of .08% or above. For persons under the age of 21, the BAC threshold for DUI is .05%. In addition, it is illegal for any person under 21 to drive with a BAC above .01%.

Deaths caused by alcohol-impaired drivers comprised 33% of all highway fatalities in 2003. In contrast to the ongoing decrease in DUI arrests, alcohol related fatalities have been increasing since 1999. On average in 2003, there were just over 3 DUI-related deaths per day.



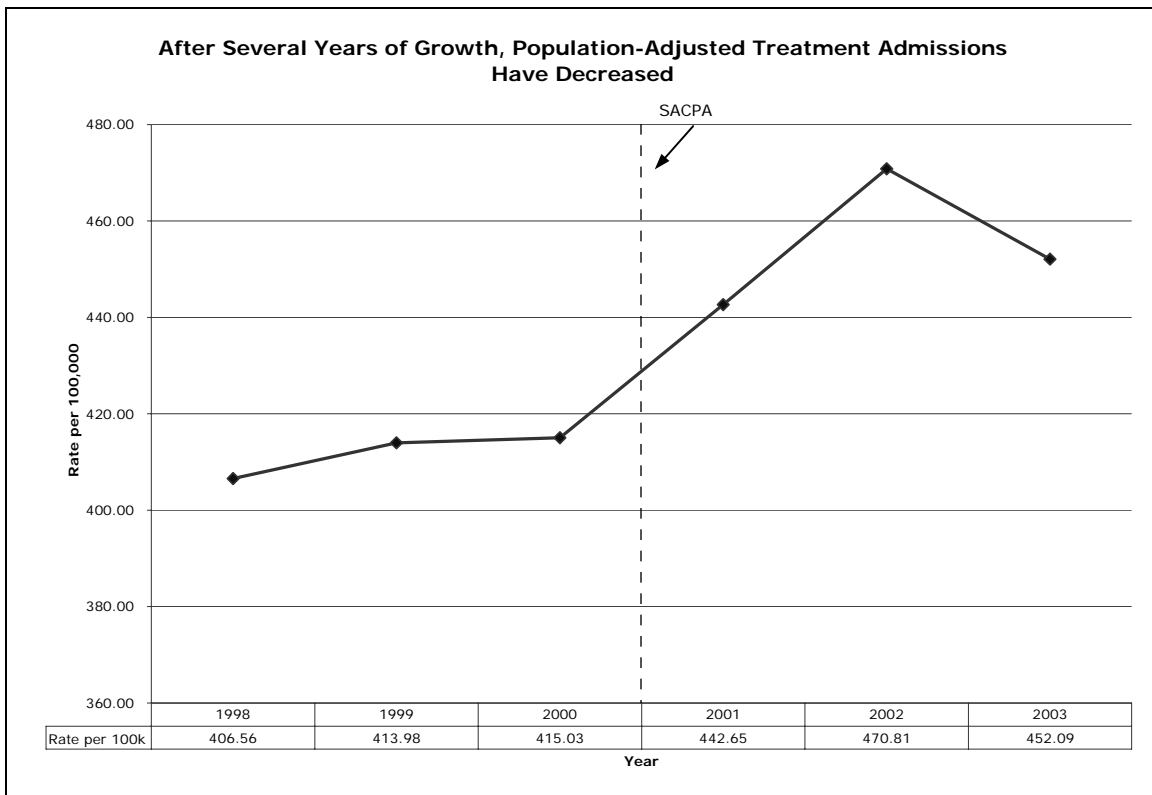
Data Source: United States Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System.

The AOD Treatment Response

AOD Treatment Admissions

In Fiscal Year 02-03 California appropriated approximately \$280 million in state and federal funds for AOD treatment services. These publicly funded programs are the primary treatment and recovery resource for persons seeking sobriety. The number of persons admitted to treatment programs has generally increased since 1998.

In 2003, 164,460 persons entered publicly funded treatment programs in California. Men accounted for 63% of admissions, women for 37%. For the first time since 1998, the growth in population-adjusted treatment admissions dropped in 2003.



Data Source: California Department of Alcohol and Drug Programs, CADDs.

AOD Impacts

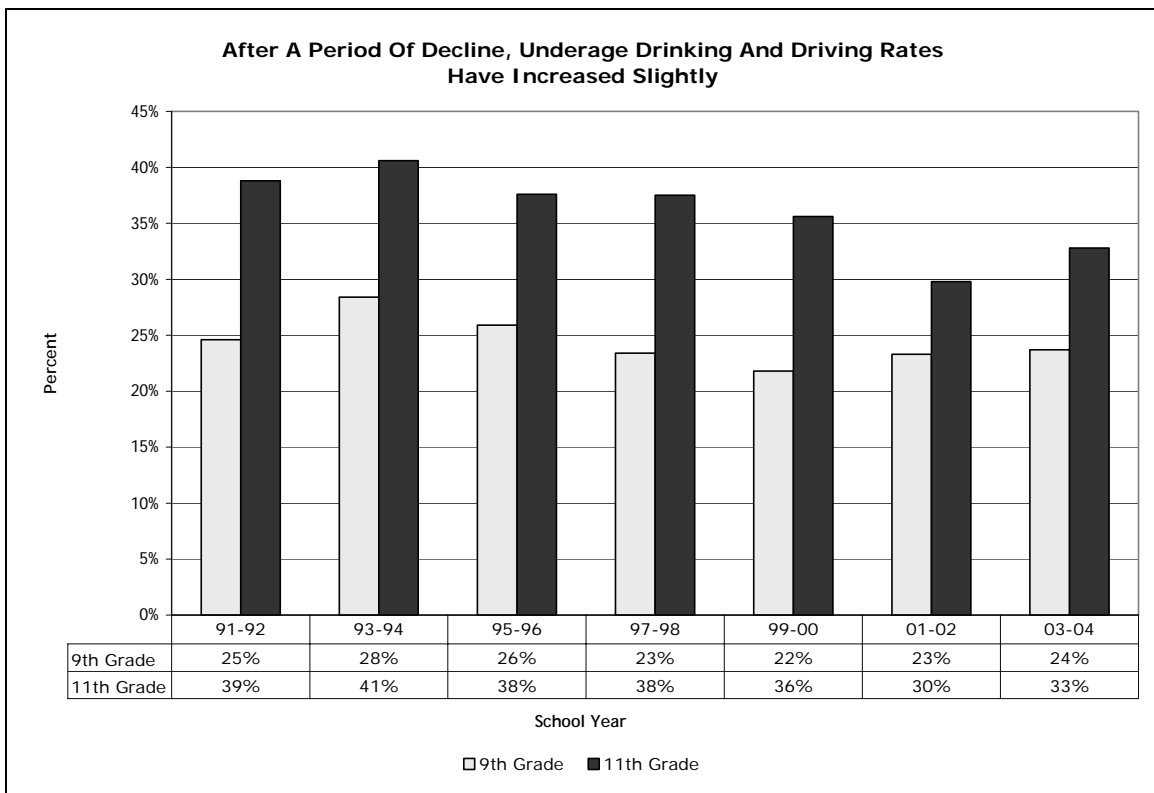
Underage Drinking and Driving

The CSS asks if the respondent had ever driven a car when they had been drinking or if they had been in a car when a friend was drinking and driving.

Survey data show that, in the 03-04 school year, 33% of 11th graders had driven while drinking or been a passenger in a car driven by someone who was drinking. While following an overall down trend since the 93-94 school year, this figure is up 10% from its 01-02 level of 30%.

The percentage of 9th grade respondents answering in the affirmative has been increasing since the 99-00 year. Since most 9th graders are age 14, they were most likely passengers of a drinking driver.

In 2003, 1% [1,557] of all California DUI arrests were for persons under the age of 18. In that same year, 2% [407] of all fatal/injury crashes involved a drinking driver under the age of 18.



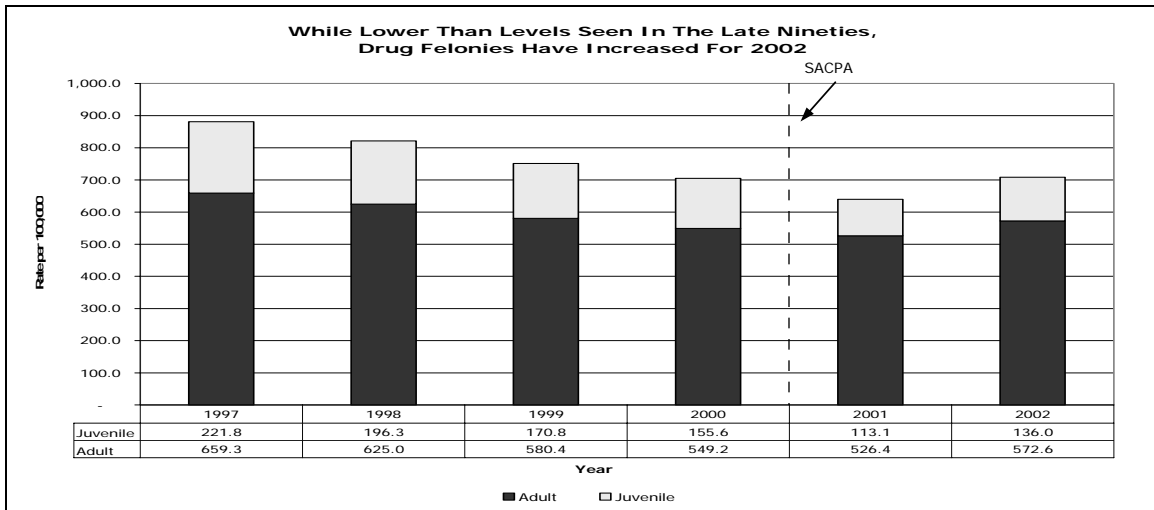
Data Source: California Student Survey.

AOD Impacts

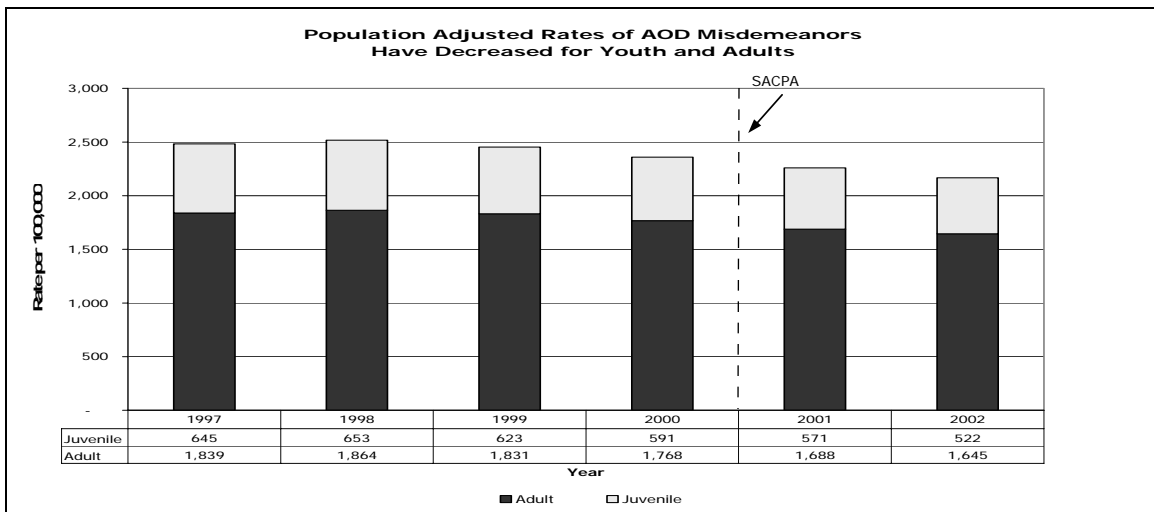
AOD Crime Rates

The arrest is the entry point into the criminal justice system. Not every arrest results in conviction, but is a measure of law enforcement activity and, indirectly, of AOD problems.

AOD felony arrests have been trending downward since 1997, but increased for both adult and juvenile offenders in 2002. Only offenses that are directly AOD related are counted. Other types of offense with an indirect connection such as burglary or prostitution are not counted.



AOD misdemeanors have decreased annually since 1998. The chart shows population adjusted misdemeanor arrest rates for drug law, public intoxication, liquor law and DUI offenses.



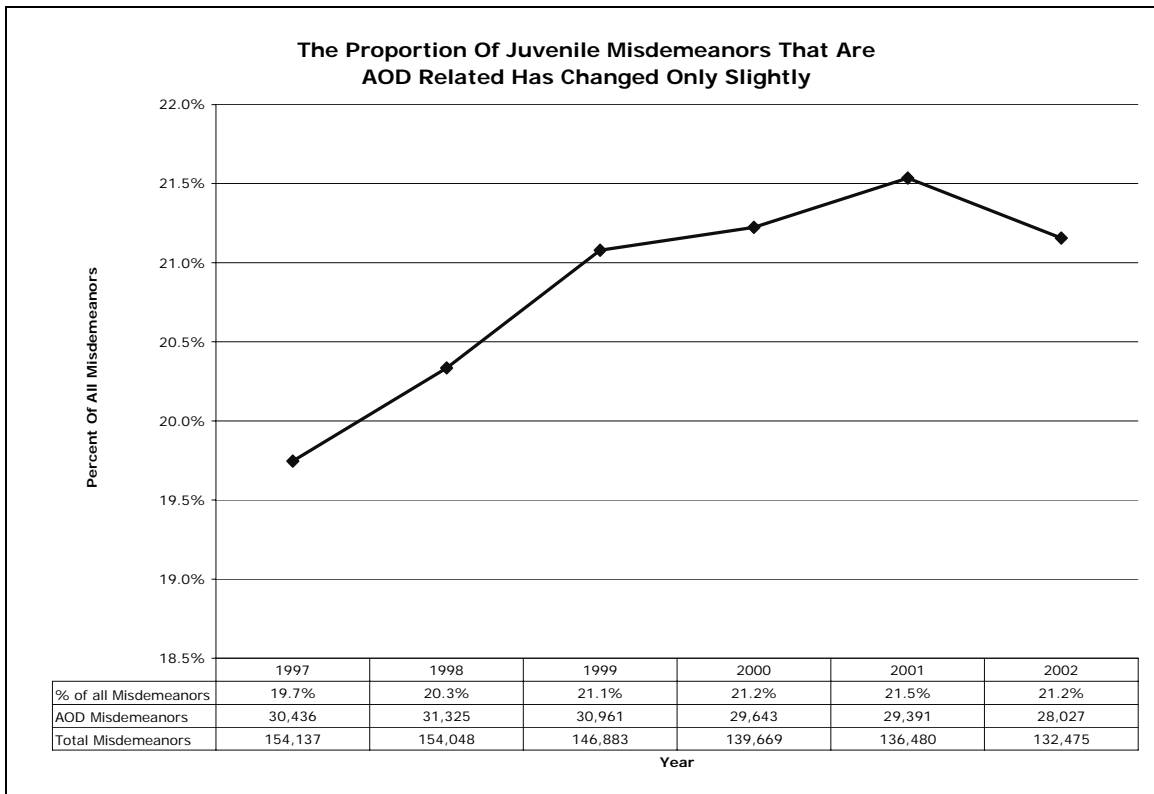
Data Source: California Department of Justice, Division of Criminal Justice Information Services.

AOD Impacts

Juvenile AOD Misdemeanors

The chart shows the proportion of juvenile AOD misdemeanor arrests relative to all juvenile misdemeanor arrests. Misdemeanor crimes are: drug law offenses, liquor law offenses, and DUI.

In 2002, 132,475 juveniles were arrested on misdemeanor charges, The overall number and rate of juvenile misdemeanor arrests has decreased slightly since 1996. However, the proportion of AOD related arrests has held relatively steady. The changes in this proportion are exaggerated by the scale in the graph below. Overall, approximately 1 in 5 juvenile misdemeanor arrests is for AOD charges.



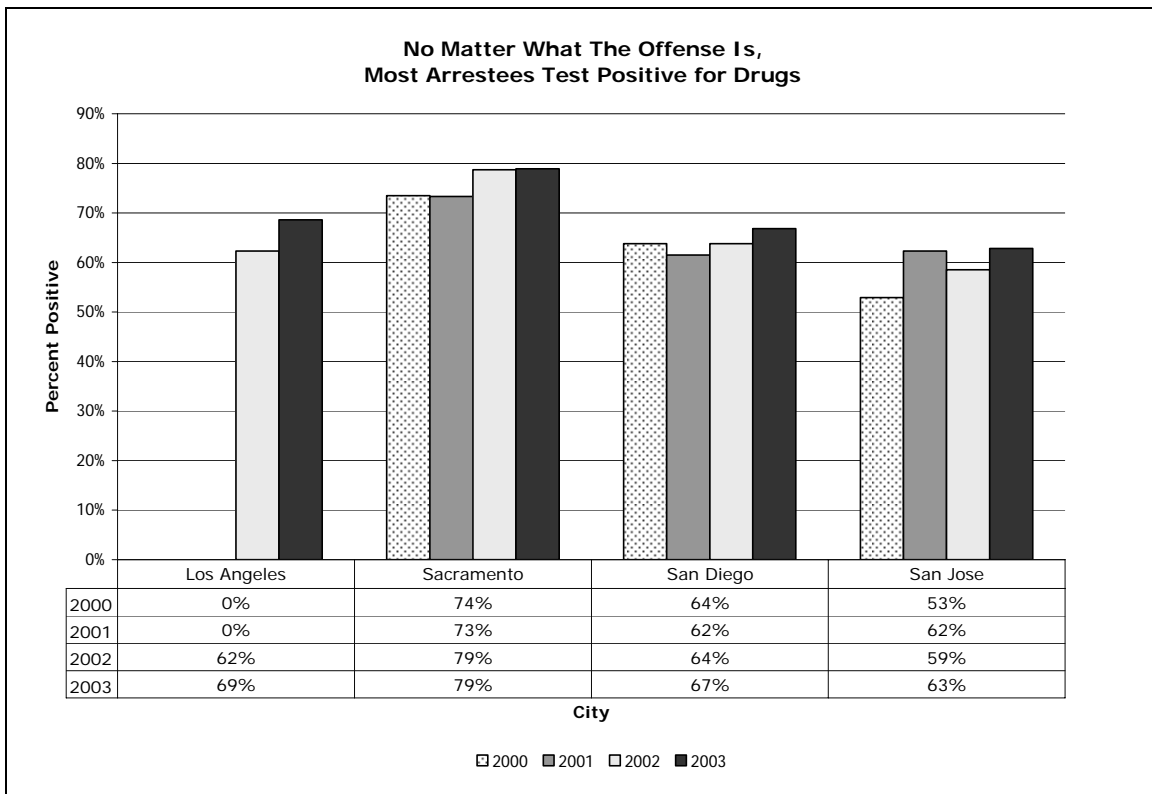
Data Source: California Department of Justice, Division of Criminal Justice Information Services.

AOD Impacts

Arrestees Testing Positive for Drug Use

The Arrestee Drug Abuse Monitoring [ADAM] program conducted by the United States Department of Justice monitors drug use data from arrestees booked in major cities across the nation. Drug use data are obtained via urinalysis and interviews. Data were obtained from a random sample of all booked arrestees, not just those arrested on drug law offenses.

Results for California cities participating in the program are shown below. On average in 2003 69% of persons arrested for any reason tested positive for illicit drugs. Statistics like this should not be interpreted as indicating a causal relationship between AOD use and crime, however there clearly seems to be an association between them.



Technical Note: Data for Los Angeles are missing for 2000 and 2001.

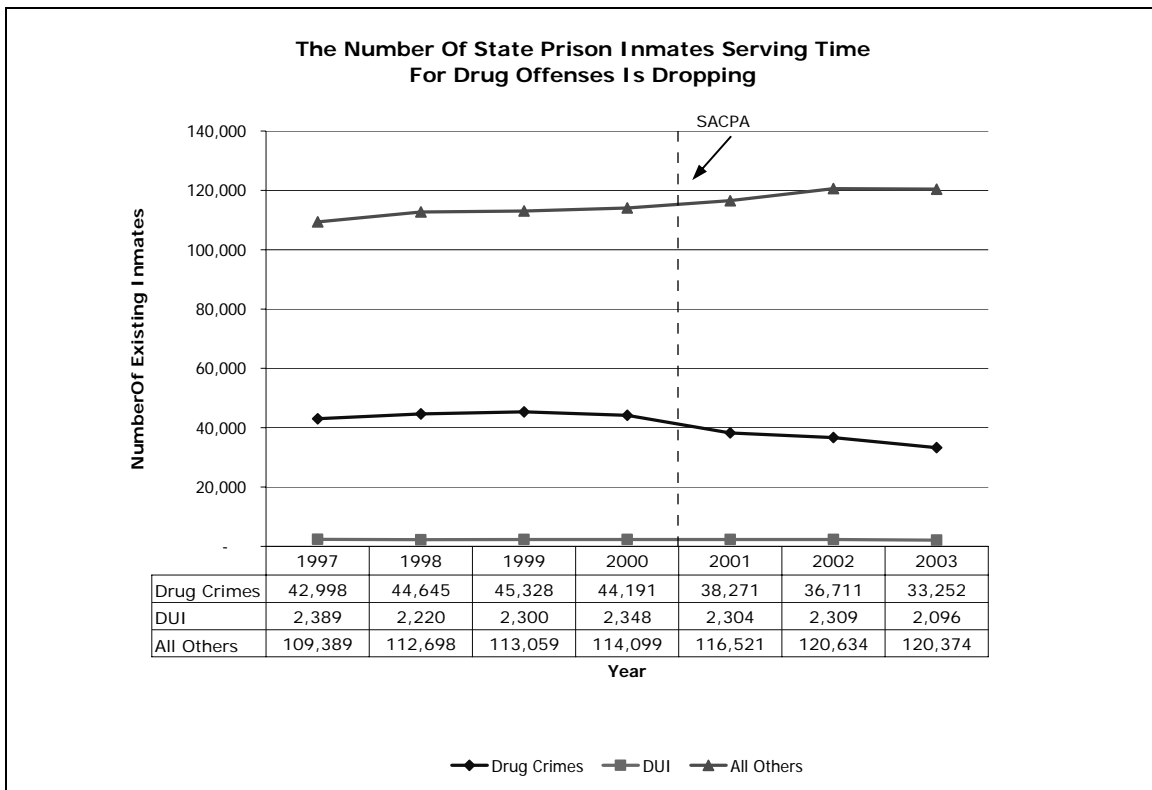
Data Source: U.S. Department of Justice, ADAM Annual Report, 2003.

AOD Impacts

State Prison Population

On 31 December 2003, there were 120,374 inmates in the California Prison System. Of these, 33,252 or 21% were convicted of drug crimes and additional 2,096 or 1% were serving sentences for felony DUI.

Just over 1 in 5 of California's state prison inmates is doing time for AOD crime. The proportion of AOD offenders has dropped from its 2000 peak of 28%. This figure does not include persons who were convicted of other types of crime that might have been related to their AOD use such as burglary, theft or fraud.



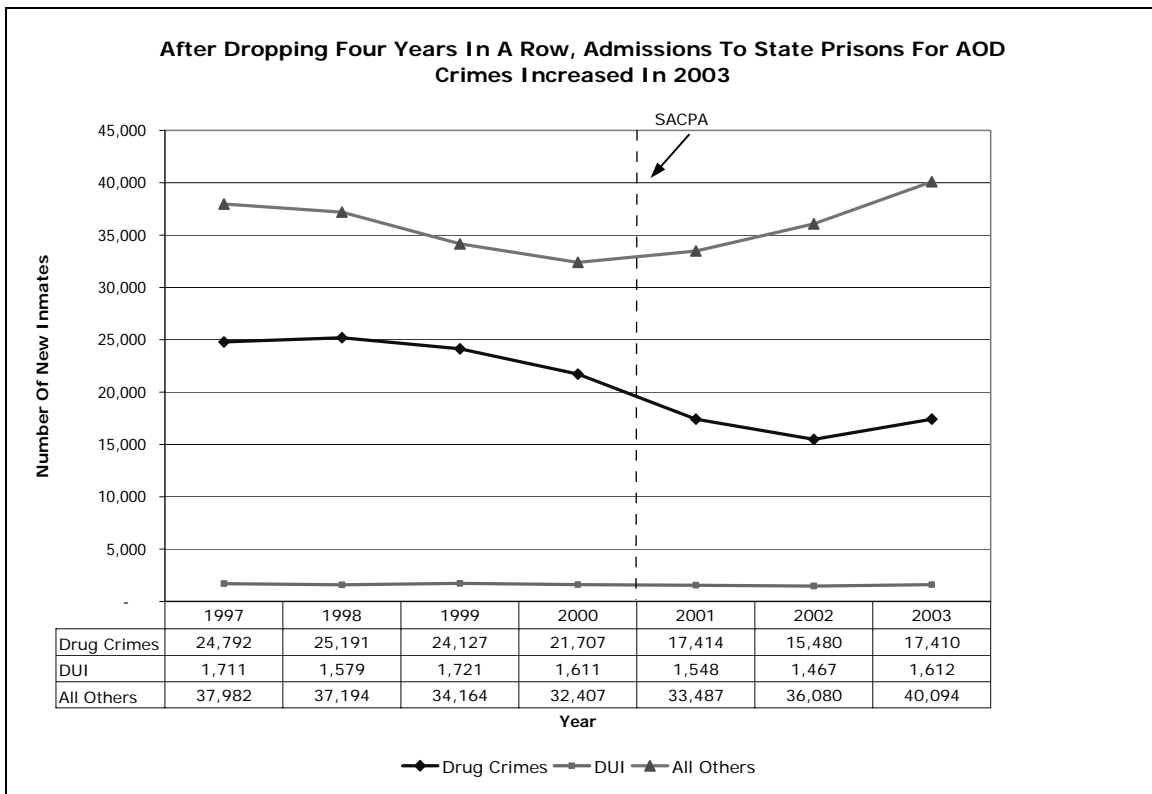
Data Source: California Department of Corrections.

AOD Impacts

State Prison – New Inmates

In 2003, 59,116 new inmates entered state prison. Nearly 1 in 3 of these admissions was directly AOD related. Drug law convictions accounted for 29% and felony DUI convictions for the remaining 3% of these new admissions.

The chart shows the trends in these figures from 1997 to 2003. The number of persons entering prison for drug crimes decreased between 1998 and 2002. In 2003, after this 5 year decline, prison admits for AOD-specific crimes have increased.



Data Source: California Department of Corrections.

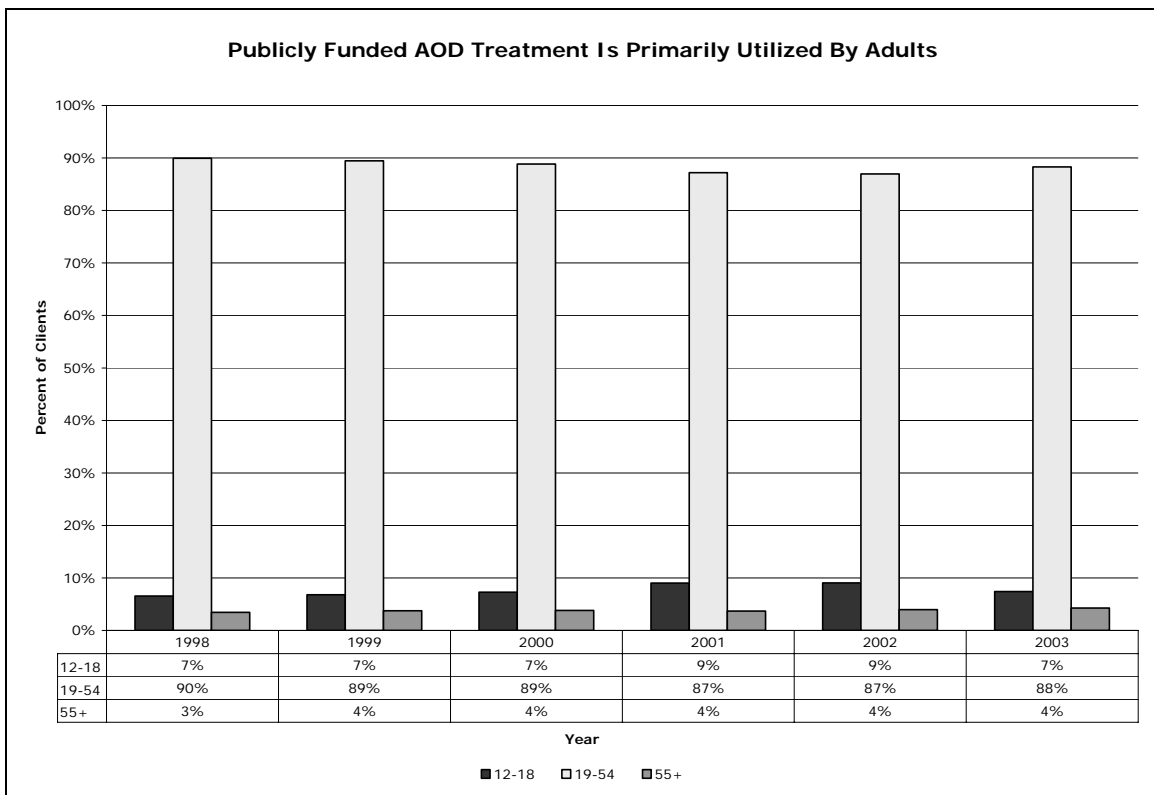
The AOD Treatment Response

Treatment Caseload Age Groups

The Substance Abuse and Mental Health Services Administration estimated that in 2002, approximately 3.3 million persons in California needed but did not receive treatment for AOD abuse or dependence. Of this number an estimated 339,693 were between the ages of 12 and 17. In 2002, only 14,857 youth in this group were admitted to publicly funded treatment.

Publicly funded treatment has evolved over the years into a service system geared primarily towards adults. At the time of admission to treatment, the average age of a client is 35. On average, this person has used AOD for 16 to 20 years. Most of the indicators in this report show the result of untreated AOD use. Consider the potential benefits of earlier intervention and treatment with youth who are just starting their careers of addiction.

Modest but steady increases in the percentages of treatment admissions attributable to youth are seen from 1998 through 2002. However in 2003, these numbers dropped.



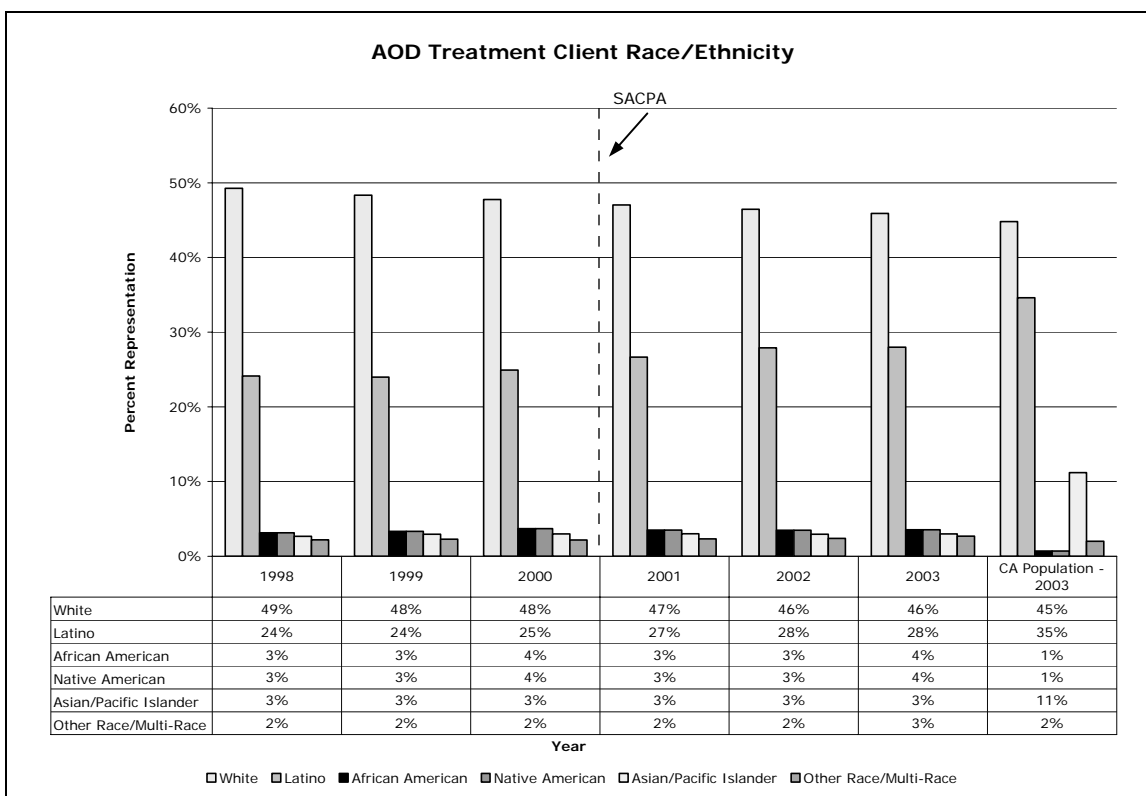
Data Source: California Department of Alcohol and Drug Programs, CADDs.
National Survey on Drug Use and Health.

The AOD Treatment Response

Caseload Race/Ethnicity

Persons participating in publicly funded AOD treatment are a diverse group. However as seen at the right edge of the chart, relative to their proportions in the overall state population, African Americans and Native Americans are over-represented and Latinos and Asian-Pacific Islanders are under-represented.

The chart displays the characteristics of persons who have successfully accessed the treatment system and should not be considered as accurately depicting the race/ethnicity of the population with AOD problems. Nor is a group's representation in the overall state population necessarily indicative of their proportionate level of need for AOD treatment.



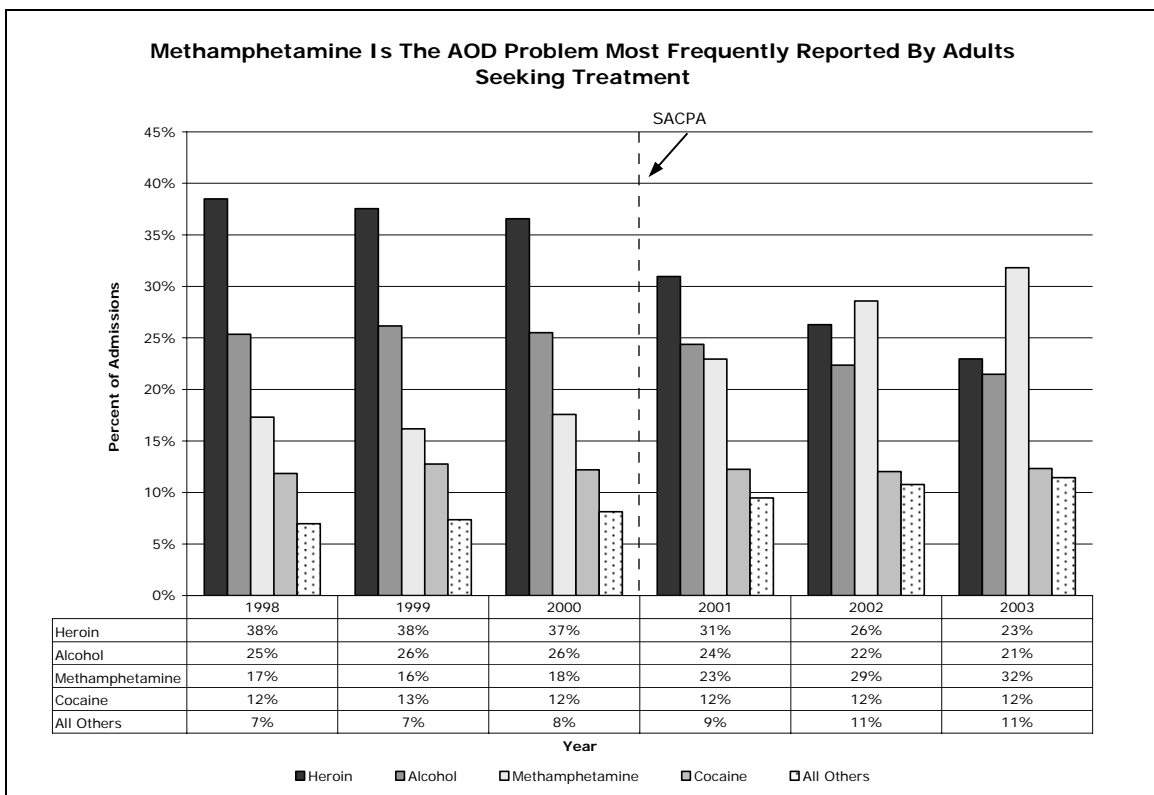
Data Source: California Department of Alcohol and Drug Programs, CADDs.
California Department of Finance.

The AOD Treatment Response

Primary AOD Problem at Admission - Adults

Treatment programs report the primary AOD problem of persons admitted for services. Beginning in 2002, methamphetamine accounted for the majority of adult treatment admissions. In 2003, nearly one-third of all admissions were related to methamphetamine abuse and dependence.

Heroin, once the most commonly seen drug in adults seeking treatment is in a near tie for second position with alcohol.



Technical Note:

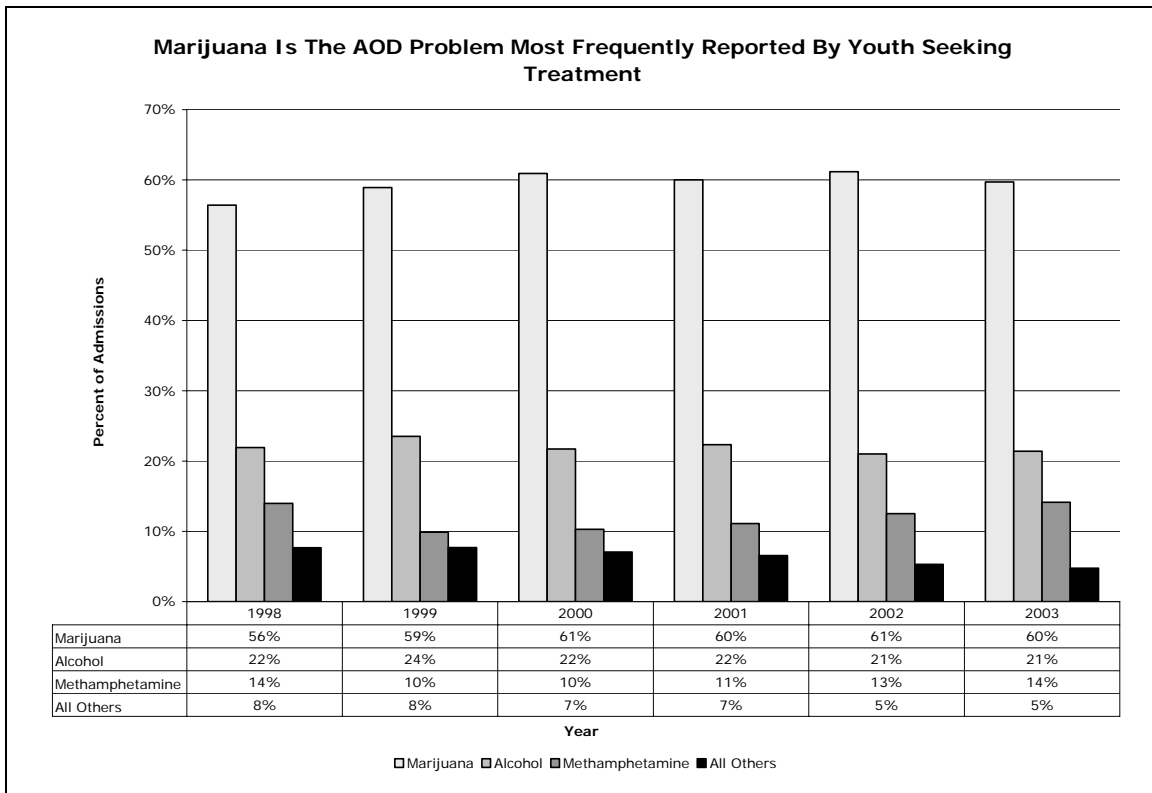
The All Other category combines Barbiturates, Other Sedatives or Hypnotics, PCP, Other Hallucinogens, Tranquilizers, Other Tranquilizers, Non-Prescription Methadone, Other Opiates and Synthetics, Inhalants, Over-the-Counter, and Other. In addition, for adults, this category includes Marijuana.

Data Source: California Department of Alcohol and Drug Programs, CADDs.

The AOD Treatment Response

Primary AOD Problem at Admission - Youth

The pattern of AOD problems that youth [ages 12 to 18] present at admission to treatment is rather different from that exhibited by adults. The primary AOD problem for youth admitted to treatment is marijuana. This drug accounts for 60% of all youth treatment admissions. Alcohol is a distant second at 21%. This pattern has held relatively stable over the past six years.



Technical Note:

The All Others category combines Barbiturates, Other Sedatives or Hypnotics, PCP, Other Hallucinogens, Tranquilizers, Other Tranquilizers, Non-Prescription Methadone, Other Opiates and Synthetics, Inhalants, Over-the-Counter, and Other. In addition, for Youth, this category also includes Heroin and Cocaine.

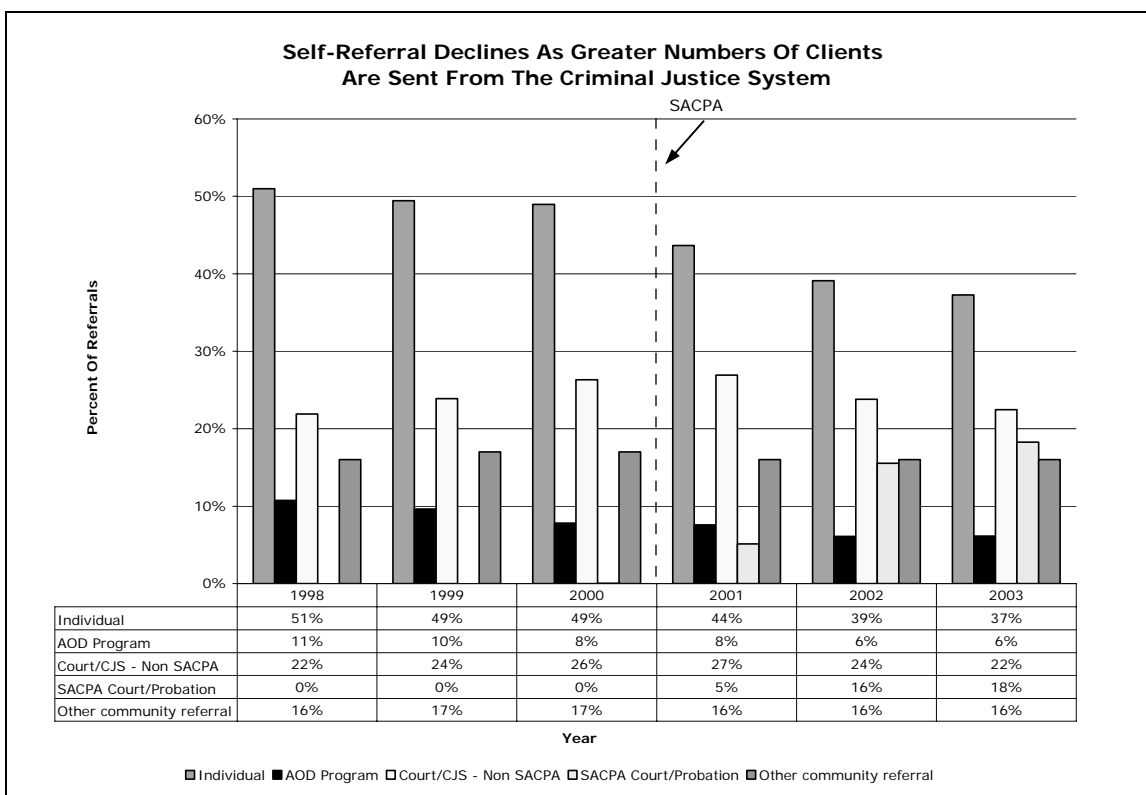
Data Source: California Department of Alcohol and Drug Programs, CADDs.

The AOD Treatment Response

Source of Referral

People come to treatment from many directions. The most enduring route has been self-referral although it has been declining. In recent years, the justice system has increasingly sought services for their clients in the AOD treatment system. In 2003, 41% of admissions to publicly funded treatment were, in the aggregate, referred by the criminal justice system. The passage of Proposition 36, the Substance Abuse and Crime Prevention Act of 2000 (SACPA), created another doorway to treatment for clients referred through the criminal justice system.

In 2003, 41% of admissions to publicly funded treatment are, in the aggregate, referred by the criminal justice system. In 2000, prior to the implementation of SACPA, only 26% of admissions were referred by criminal justice system. While down from a majority of referrals in 1998, self-referrals from individuals seeking treatment on their own still comprise the second largest group of persons entering treatment.



Technical Notes:

- The Individual category includes self referral or referral by a friend, family member, or other individual not included in the other referral source categories.
- The AOD Program refers to programs providing AOD prevention, treatment or recovery services.
- Courts/CJS represents referral by any police official, judge, prosecutor, probation or parole officer, or other person affiliated with a federal, state or local judicial system. SACPA refers to Prop 36 referrals.
- Other includes referral by another health care provider, school, employee assistance program, 12 step program, or other community referral.

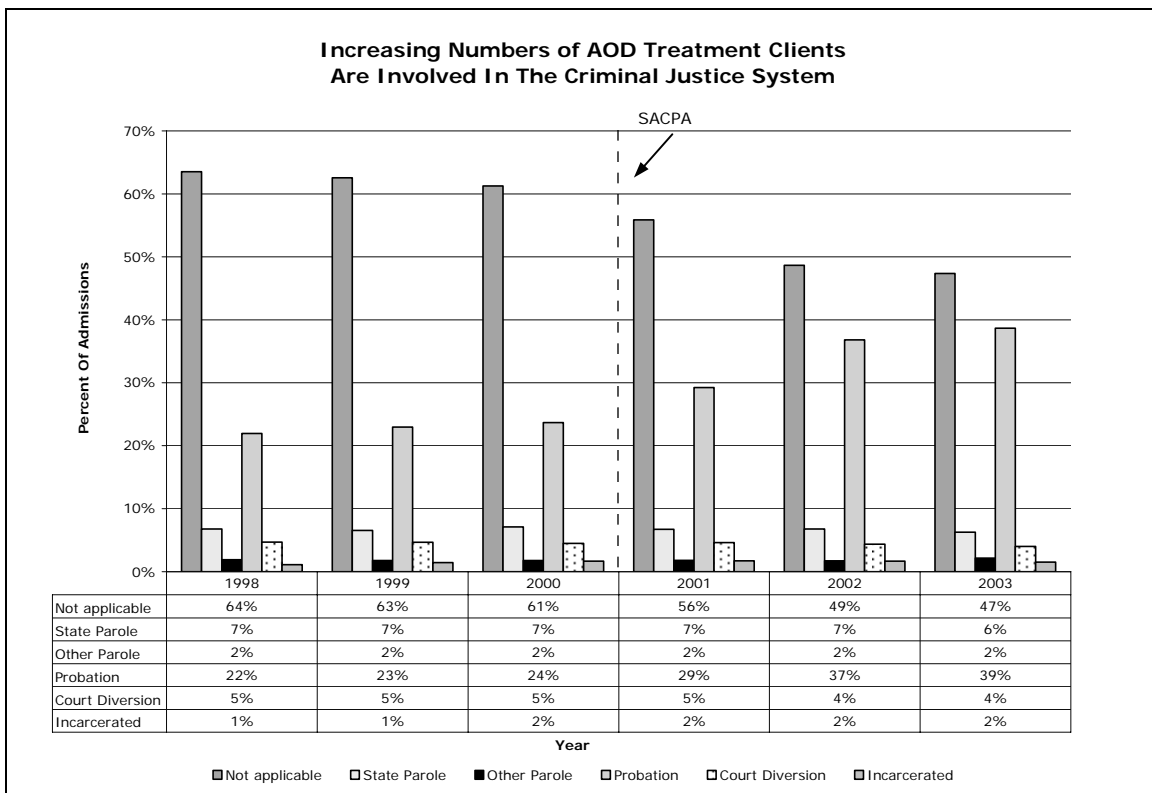
Data Source: California Department of Alcohol and Drug Programs, CADDs.

The AOD Treatment Response

Criminal Justice System Involvement

The 1994 CalDATA study showed that 78% of the cost of AOD problems to taxpayers are related to crime and criminal justice system costs. With the passage of Proposition 36 in 2000, the proportion of persons entering publicly funded treatment who had involvement with the criminal justice system through Probation increased from 23.7% in 2000 to 38.7% in 2003. The proportion of persons with involvement with other segments of the criminal justice system remained fairly constant from 1998 through 2003.

In 1998, nearly two-thirds of persons entering AOD treatment reported no involvement in the criminal justice system. By 2003, that proportion had dropped to 46% and the percentage of persons on probation has increased to nearly 40%. Beginning in 2002, the majority of clients entering publicly funded AOD treatment reported some involvement in the criminal justice system.



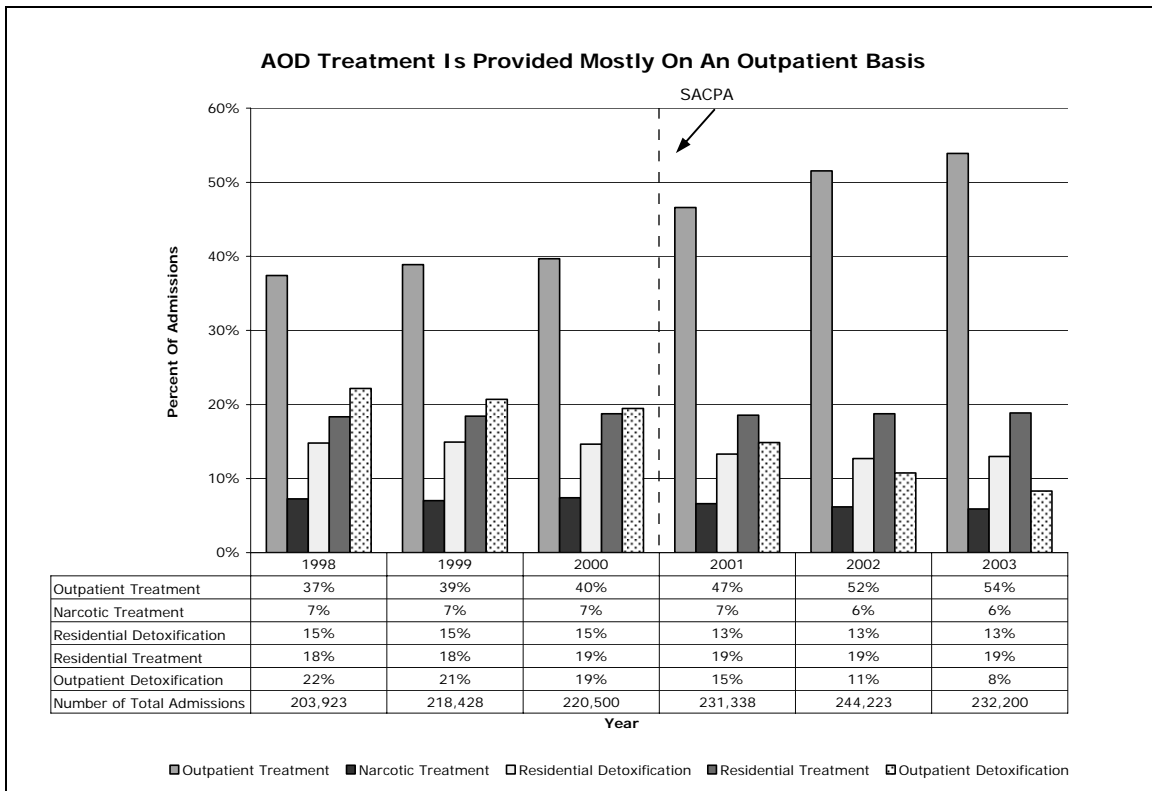
Data Source: California Department of Alcohol and Drug Programs, CADDs.

The AOD Treatment Response

Admissions by Program Category

In 2003, 164,000 persons entered publicly funded treatment programs in California. Detoxification, Narcotic Treatment, Outpatient Treatment and Residential Treatment are the primary modes of service available. Most clients receive treatment on an outpatient basis.

Since 1998, admissions to outpatient treatment programs increased by 14%. Residential treatment program admissions have held steady over time, while outpatient detoxification admissions have decreased. Narcotic Treatment program admissions are almost exclusively connected to heroin use.



Technical Note: Outpatient Treatment includes outpatient counseling and day treatment services.

Data Source: California Department of Alcohol and Drug Programs, CADDs.

Explanatory Notes

Rounding Error

Please note that, in some cases, not all percents add to precisely one hundred.

Self-Report

Data obtained from the CADDs system and the California Student Survey are based on self report.

Rate Per 100,000

The number of events (DUI arrests, for example) occurring in a given time period is related to the size of the population in which they occur. A large population will have more events than a smaller one. A rate is a measure of an event in relation to a particular unit of population over a specified time period. Rates permit the comparison of events in population of different sizes or across different time periods. A rate per 100,000 indicates, for a group of that size, the rate of occurrence of a specific event.

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For more information on AOD problems and programs in California, please call CADPAAC at (916) 441-1850.

For more information on local level AOD issues, please contact the Alcohol and Drug Program Administrator in your county.

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