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Gretchen Burns Bergman



Vol X January 2003

President's Message

Now that 2003 has arrived, A New PATH is three and a half years old and looking forward to strengthening our position as an advocate for those in treatment under Proposition 36 and elsewhere. With the support we received from our grants, our message is now getting out to legislators, administrators and the general public.

Recently we discovered that our state would actually save closer to eighteen dollars (instead of the seven dollars that was estimated when PATH first began) for every dollar spent on an addicted person receiving treatment instead of incarceration. In these days of budget cuts and finding ways to solve our state financial problems, it is good to know that treatment is a win-win situation for the state: More treatment, more state money saved.

PATH still has a need that is unsatisfied, and that is for committee membership. We require more hands to help in public relations, education, publications, recovery and treatment, legislative, fundraising and membership. If you are interested in replacing the "war on drugs" with effective treatment programs, I'm sure you will help us by joining one of these committees.

Executive Director's Message

Thanksgiving

(As seen in the San Diego Psychiatric Newsletter & Join Together Online)

I am writing this article over the Thanksgiving weekend, so the theme of gratitude is omnipresent. At this time, when the weather turns chilly and we move indoors to enjoy the warmth and safety of our homes and the closeness of family and friends, I am acutely aware of those not so fortunate.

My thoughts go to those people who are out in the elements, either because of dire financial situations, mental illness or substance abuse. I am reminded of how lucky my family is that, for today, my sons are alive, sober and able to be in loving relationships.

I know the relief from turbulence, having ridden on the emotional roller coaster of hope and despair, on which family members of addicts often find themselves.

A year and a half after the implementation of Proposition 36, I hear much being said about its success and/or lack of thereof. Los Angeles County recently released a report that in the first 12 months since its enactment 7,000 fewer people were sentenced to treatment than originally projected.

As State Chairwoman for Proposition 36, which diverts nonviolent drug offenders into treatment rather than prison, this data is disappointing. However, 8,329 people were sentenced to treatment during that time period. When I regard these numbers as representing human lives, I am flooded with gratitude that those people and their families are being offered a chance at recovery and the opportunity to heal their lives.

Members
can purchase

PATH Pins \$10
PATH T-shirts \$10
Resource Guides \$5
PATH License Plate Holders \$5

through our office:
619-670-1184 or email:
anewpath@cox.net

Continued on page 3

A New PATH meets the first Tuesday of each month at 7:00 PM in the cafeteria of API Hospital: 7050 Parkway Drive, La Mesa, 91942. Phone: 619-465-4411

Upcomingspeakers:

February: Dr. David Deitch will speak on Buprenorphine treatment for opiate addiction.

March: Mick Meagher, author of "The Beginning of a Miracle" will speak on Substance abuse intervention.

Arizona Corner

By Kristy Marquart
Development Coordinator

2002 ended with a bang for me personally and professionally. As many of you know, I was married in September. My husband and I made the one of the most difficult decisions of our lives. We decided to move to Scottsdale, Arizona!

This decision was bittersweet because I thought my work with A New PATH would be finished. Not so! This was the perfect opportunity for PATH to expand. Arizona is a ripe environment in which we can continue to fulfill our mission. Proposition 200 (more on this in the next issue) is similar to California's Prop 36 and was passed here in 1996 by 65%.

The project that I am most excited about is our Affiliate Program. Many of you have sought comfort and relief from our organization. We will be creating a system so that parents all around the country can turn their pain into a positive solution for change!

I am looking forward to incredible things for 2003!

Alternative News Sources

www.anewpath.cc
www.jointogether.org
www.narconews.com
www.drcnet.org
www.reconsider.org
www.drugpolicy.org

A New PATH 2003 Committees

Please join us as we move forward into the New Year. Our hopes are to make changes that will affect the health and well-being of individuals with the disease of substance abuse, their families, our communities, and society at large.

Legislative & Prison Reform: Chair, David-Beck Brown

Meetings with judges, wardens, lobbyists, probation and parole; prisoner's rights issues; letters to legislators, treatment behind bars.

PR & Publicity: Chair, Leah Fine

Website, seminars, speakers bureau, media, op-ed and editorials, Publications.

Membership: Chair, Dianna Flint:

Increase membership and involvement in committees & projects.

Fundraising: Chair, Tami Ball

Attract corporate sponsors, fundraisers, other funding options, budget & finance.

Education & Recovery: Chair, Frances Williams-Fant

Monthly speaker meetings, alliances with healthcare providers, resource guide, current treatment discoveries and information.

Demand Treatment!: Chair, Gretchen Burns Bergman

Social marketing campaign to increase treatment opportunities in our community.

It Takes a Community...: Co-Chairs, Connie Conard & Cynthia Birnbaum

Annual fundraiser to reduce the stigma, co-sponsored by Mental Health Association

Committees meet on an average of every other month. Feel free to contact the office at 619-670-1184 or email us at anewpath@cox.net to join a committee.

A New PATH newsletter is published quarterly by the Parents for Addiction Treatment and Healing non-profit organization.

Gretchen Burns Bergman, Managing Editor
Jan Roach, Editor

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A New PATH Co-Founders

Gretchen Burns Bergman, Tom O'Donnell and Sylvia Liwerant

“My family has experienced both the devastation of the disease of addiction and the harmful effects of punitive incarceration for non-violent drug offenders. I am committed to striving for better understanding of and treatment for addictive illness”

Gretchen Burns Bergman

“The disease of addiction has affected my family and when addiction is the cause of family pain, there is an unrelenting motivation to seek solutions and provide the necessary treatments. Helping those who have difficulty helping themselves is the hallmark of a healthy society and a therapeutic community.”

Tom O'Donnell

“Drug addiction is not a failure of character but a disease of the brain. Our society has an unforgiving, failed approach of dealing with addicts. I am committed to doing whatever I can to change our drug policies.”

Sylvia Liwerant

Executive Director's Message

Continued from page 1

Los Angeles is but one of 58 counties across the state that is dealing with the implementation of Proposition 36. Some counties are experiencing more success than others. A report by the Drug Policy Alliance indicates that in five counties alone--Contra Costa, Los Angeles, Sacramento, San Diego and Ventura--15,515 individuals have been diverted to treatment since July 1, 2001 and the treatment system has grown dramatically.

Some people are reporting that the law isn't working because clients are dropping out or failing to complete treatment. Others state that the level of addiction of Prop. 36 clients is more serious than originally anticipated. My perspective is that many of the people involved in implementing this new law were naïve as to the nature of substance abuse and lacked education and knowledge as to the insidious and chronic nature of the disease and the realities of relapse.

Continued on page 4

January 2003

David Bergman, Gretchen Burns Bergman, David Rosenbloom, Director of Join Together, Dan Valentine, Mick Meagher

Demand Treatment! Institute, Miami 2002

San Diego County has been selected as one of fourteen communities to join Demand Treatment!, Join Together's national initiative to increase the number of people getting quality treatment for substance use disorders. A New PATH will use a social marketing campaign to change people's misconceptions about substance abuse and recovery. Join Together is a project of Boston University School of Public Health.

In October, four members of our San Diego team (Gretchen Burns Bergman, Dr. David Bergman, Dan Valentine, and Mick Meagher) went to Miami for a four day institute in order to help us build leadership and strategic planning skills; provide us with information on effective applications to expand Demand for Treatment; work on practical approaches to collecting and using local data; and end discrimination against those seeking treatment and recovery.

Besides the terrific amount of information, support, and the warm sunshine, the most beneficial part of the trip was the opportunity to communicate and build collaborations with teams from other areas, including Sacramento County, CA, Carroll County, MD; Sarasota County, FL; Rochester, NY, etc.

The goal of PATH's strategic plan is: To create a collective voice of concerned parents, citizens and community leaders committed to reducing the stigma of alcohol and drug addiction who advocate for more quality treatment and rehabilitation services throughout San Diego County.

By educating the community about substance abuse and dispelling common misconceptions about addiction, treatment, recovery, relapse, and community-based rehabilitation programs, we will be able to create better opportunities for expanding addiction treatment services that are currently severely limited by restrictive local policies and the community's continued stigmatization of drug abuse.

Gretchen Burns Bergman

Executive Director's Message

Continued from page 3

This is a story of a cup half-full or half-empty. Personally, I say a prayer of thanks to the people who voted for this law and who began the sea change towards better understanding, compassion and healing. One of the most positive things that has happened because of Proposition 36 is that people from all fields in our community (criminal justice, healthcare, family, clergy) are sitting down at the table together to find healthier solutions.

Last month, as Executive Director of A New PATH (Parents for Addiction Treatment & Healing), I had the privilege of chairing a meeting at Alvarado Parkway Institute. A New PATH had just become the recipient of a grant funded by Join Together / Demand Treatment, a component of Boston University's School of Public Health.

From the Inside

with David Beck-Brown

ARTS IN CORRECTIONS

Prison Rehabilitation Program Axed

The Arts in Corrections (AIC) program has an important legacy as an inmate rehabilitation program. Yet the AIC has recently been axed from the California Department of Corrections (CDC), despite a budget increase.

Does CDC realize the uniqueness of the California AIC program? This program is respected world-wide for our innovative programming and has served as a model for prison reform for over twenty-two years.

The AIC program has helped thousands of inmates find new direction and meaning to their lives. Inmate behavior problems have decreased making prisons safer for everyone, including staff. Keeping only one inmate out of prison for one year pays the wages of all the contracted arts programming at that prison for an entire year.

There has not been such a successful government arts program since the Works Progress Administration (WPA). During the Great Depression of the 1930s, government created arts programs through the WPA and employed artists. Now it is dismantling a successful program and putting artists out of work.

The AIC program contracted with almost 200 art professionals a year to work with prison inmates. These artists conducted workshops and classes. The result of their work is documented as reducing by 70% the number of violent incidences of the participant, thereby making our prisons safer for inmates and staff alike. In Fiscal Year 2001-2002 over 7,600 inmates, or 5 percent of the CDC's inmate population, participated directly and regularly in AIC programming.

Participating in the AIC program can make our communities safer. Inmates participating in this program were less violent upon parole than non-participating inmates. A recidivism study conducted by CDC showed that parolees who had participated in the AIC program had a 29 percent improved recidivism rate. A convict who is violent in prison will carry his violence into our community and neighborhoods.

Governor Gray Davis talks about creating new jobs for Californians as CDC eliminates hundreds of Contract Artists from the AIC employment list. Each of California's 33 prisons had a position for an Institution Artist Facilitator who was responsible for coordinating the prison's AIC program. However, these positions too have been scheduled to be eliminated at the end of this Fiscal Year.

CDC is cutting the programs designed to keep convicts from returning to prison. The cost of cleaning up after a prison riot and the accompanying medical expenses pales in comparison to running a successful tension-relieving program such as Arts in Corrections.

A New PATH

Rehabilitation is a word seldom used these days. According to an article in the San Francisco Chronicle, "The mission of the California Department of Corrections is to protect the public from criminals-not rehabilitate offenders, notes department spokesman Terry Thornton."

However, until now, only a few respected rehabilitation programs had been retained by Corrections because they were proven to modify bad behavior. The three most successful rehabilitation programs have been in the areas of religion, substance abuse and AIC.

Because AIC only admits disciplinary-free inmates into the program, inmates must learn to control their behavior. Once AIC is eliminated, inmates will have less incentive to behave.

Our courts are handing down longer prison sentences. Because of Three-Strikes (the California legislation condemning a repeat felon from twenty-five years to life in prison for committing three "serious" felonies) California has more lifers than ever before.

Lifers can have a calming influence in the prison or they can be disruptive. By taking away one of the few positive programs offered in prison, it will not be long before the increased tension spills over into inmate violence. The additional manpower and overtime needed to quell a prison riot provides greater job security for the powerful prison union, California Correctional Peace Officers Association (CCPOA). However, riots increase stress that negatively affects correctional officer, prison staff, their families and our communities.

Instructing inmates in the disciplines of the Fine Arts began as an experimental grant in 1977. At the time, the artists from outside taught art to inmates with some skepticism by correctional staff. The success of this experiment led to its inclusion in the CDC budget FY 1980-81 and the creation of an Institution Artist Facilitator position in all institutions in the FY 1990/91 budget. During this time, CDC contracted with community non-profits to provide art professionals to enrich programming already provided by the Facilitator.

Once gone, it is difficult to reestablish programs such as AIC with its twenty-two years of success in rehabilitating California's prison inmates. For three decades, it has survived Republican and Democrat administrations and conservative and liberal agendas; it has endured because it works in making our community safer and by saving taxpayer dollars. Eliminating the AIC program will certainly make our community more dangerous. The temporary State deficit is no excuse to cut programs with a documented success record spanning three decades. We cannot afford to ignore California's future by cutting beneficial programs like Arts in Corrections.

David Beck-Brown is an artist and educator who has worked with incarcerated convicts since 1977, at federal, state and county correctional facilities. He may be reached at dbbrown@pacbell.net, www.davidbeck-brown.com or 619-462-1302.

A New Dawning for the Treatment of Narcotic Dependence

By David B. Bergman, MD FAPA

The FDA (US Food and Drug Administration) late last year approved two versions of the drug Buprenorphine for the treatment of opioid (narcotic) dependence.

Whereas in the past, treatment for this disease has been relegated almost entirely to methadone clinics, placing such treatment out of the range of many heroin addicts and continuing the stigmatization of the disorder, the buprenorphine medications can be prescribed by doctors in their own offices, hence making the treatment much more accessible and “legitimizing” it as the treatment of a true medical condition.

Like methadone, buprenorphine can be used to treat dependence upon opioid-based prescription drugs, such as oxycontin, vicodan, codeine, etc. as well as illicit drugs like heroin. But, because buprenorphine is subject to less stringent government regulations than methadone (in medical regulatory terms it’s a Schedule III drug rather than Schedule II), doctors will undoubtedly be more willing to prescribe it to their patients.

Because methadone clinics are typically located in urban areas, they are often out of reach of addicted individuals living in suburban and rural communities, where opiate addiction has grown exponentially in recent years. Therefore, the demographics of and accessibility to treatment for narcotic addiction should grow significantly.

Anti-opioid Medications

Last October the FDA announced that it approved buprenorphine hydrachloride under the trade name of Subutex, along with Suboxone (buprenorphine combined with naloxone) for prescription and sale in the United States. Buprenorphine thus becomes the third anti-opioid medication approved in the United States, joining methadone and LAAM (a long-acting methadone-like agent).

Although buprenorphine is somewhat less powerful than methadone, it is considered safer and causes fewer side-effects, thus making it especially attractive for patients who are mildly or moderately addicted.

It is a partial opiate agonist, i.e., it is a chemical which interacts with some of the same brain receptors that the opiate drugs such as heroin act upon. It therefore blocks withdrawal and craving without producing a strong narcotic high.

Naltrexone is an opiate antagonist. It blocks or removes drugs like heroin from the receptor sites in the brain. Hence, naltrexone causes unpleasant side-effects for opiate users. It is added together with the buprenorphine in the drug Suboxone to prevent diversion of the medication and abuse because its effects are felt most acutely when the pills are crushed in order to be injected intravenously.

Because of these differences the FDA urges that Subutex (buprenorphine) should be used at the beginning or withdrawal period of treatment, while Suboxone should be used for the long term maintenance of same.

Certified Physicians

Physicians who already have certification in addiction medicine are able to prescribe these medications at this time. Other physicians are required to take a training course to be so certified. There are currently approximately 2000 physicians eligible to prescribe these medications in the US today.

However, because the FDA limits the number of patients that each physician can see for this treatment to 30, that means only approx. 60,000 of the 1 million plus individuals suffering from narcotic addiction would have access at this time (providing the local pharmacies are stocking the medicine).

It is hoped that with time and greater publicity, many more of the country’s general practitioners, internists, psychiatrists and others will join the force by recognizing and treating opioid dependence as the very serious medical and public health problem that it represents.

*Much of the information in this article was excerpted from Join Together Online.

PATH would like to thank:

- ⇒ **The California Endowment**
- ⇒ **The Fund for Drug Policy Reform of the Tides Foundation**
- ⇒ **Las Patronas**
- ⇒ **Join Together/ Demand Treatment**

For their generous support!

Treatment Centers

By Leah Fine
Outreach Coordinator, PATH

I have been fortunate to have the experience of dealing with homeless women and children throughout Southern California for the past several years. These people were in homeless shelters and inpatient and outpatient rehabilitation facilities for drugs and alcohol addiction. I have also worked with a facility for parolees, which provided treatment, support and assistance in job placement.

I have had the opportunity to see many lives changed, because of community-based treatment, as well as in-prison recovery systems. I experienced seeing families reunited, becoming self-supporting, and providing for their children once again, whether they were once homeless or imprisoned.

The benefits of rehabilitation are considerable as it diminishes the occurrence of repeat offenders and helps to decrease the prison population and foster care overload. It also allows children to be back where they belong, in a safe environment with their parents.

It has been my experience that homeless shelters and treatment facilities pose no threat to our community, and actually make our neighborhoods safer. With the implementation of Proposition 36 in California, which mandates treatment to non-violent drug offenders, we have begun to take a more beneficial route that enables recovery to individuals and reunification of families in our community.

I have been blessed to be a part of A New PATH, which is an organization that advocates for treatment opportunities for substance abusers. We believe that these individuals should be given the opportunity to rebuild their lives.

Excerpt from article by Ethan Nadleman

Executive Director, Drug Policy Alliance

“As 2002 comes to a close, take \$380 out of your wallet and kiss it goodbye – that’s how much you’ll pay for the drug war next year.

That’s right. Next year 131 million American taxpayers will fund a drug war that will cost nearly \$50 billion. That averages \$380 for each individual taxpayer.

That’s money wasted on silly interdiction programs doomed to fail; federal police agencies that presumably should have more important priorities; prison cells for non-violent drug offenders; DARE programs that don’t prevent drug abuse; agendas corrupted by political interference; and treatment programs that too often are quick to punish and slow to really help those in need.”

Did you know?

- One of six Americans who dies from drug overdose are from California... California spent \$9.2 billion on illegal drugs. –(Union Tribune 12/1/02)
- 53% of high school seniors admit to having used an illicit drug. (NIDA, 2001)
- San Diego County has the second highest heroin overdoses in the state, second to San Francisco. (Drug Policy Alliance)
- Of California’s more than 160,000 prisoners, 61% are considered nonviolent offenders. (Prison Reform Union)
- Emergencies related to alcohol or drug use accounted for 601,563 visits to U.S. emergency departments in 2000. (US government-sponsored Drug Abuse Warning Network (DAWN))
- In 1999, 21,461 adults were arrested for drug violations in San Diego County. (California Dept. of Alcohol & Drug Programs, 2001) However...
- Treatment of addiction is as successful as treatment of other chronic diseases such as diabetes, hypertension, and asthma. (National Institute on Drug Abuse, 1999)
- Every dollar spent on treatment leads to \$7.46 reduction in crime-related spending. (RAND Corporation Drug Policy Research Center)
- Within five years of their release, prisoners who received treatment for substance abuse are four times less likely to commit another crime than those who did not. (National Center on Addiction & Substance Abuse).
- After treatment, alcoholics’ days lost to illness, sickness claims, and hospitalization rates dropped by about 50%. (Rutgers University Center for Alcohol Studies, 1994).
- Following treatment for addiction, the rate of employment increases from 50.8% to 60.3% and the rates for homelessness and welfare recipients both decrease. Dept. of H&H Services Substance Abuse and Mental Health Services Administration, 1997)

A New PATH
2527 Doubletree Road
Spring Valley, CA 91978

Mission Statement

PATH is a voluntary organization of concerned parents of individuals suffering from the disease of addiction. Our PURPOSE is to partner with health care professionals, the justice system, recovering addicts and concerned members of society to seek better understanding of the illness and "therapeutic justice" for substance-related criminal activities.

Our GOAL is to reduce recidivism, save lives, heal families and move toward a healthier society.

Our Proposals for Alternative Sentencing

1) Long-term mandatory rehabilitation in a structured alcohol and drug-free recovery environment for non-violent offenders.

2) If the nature of the crime does not allow for this alternative, sentencing should include immediate placement in a rehabilitation and recovery program within the prison system.

3) Upon release from prison or recovery homes, substance abusers should be mandated to a transitional program in a sober-living environment to prepare them to re-enter society.

History

PATH grew out of a series of pre-Substance Abuse Summit meetings with parents, Superior Court Judges and officers of the criminal justice system in the Spring of 1999. Founding members are Gretchen Burns Bergman, Sylvia Liwerant and Tom O'Donnell.

NEWSFLASH!

The PATH Reference Guide for services and assistance with drug treatment and drug addiction issues is now available. Contact the PATH office at 619-670-1184 or anewpath@cox.net to get your copy. It is only \$10.00. Our profound thanks to Christina Snyder for all of her hard work in compiling this important guide.

Attention PATH Members...

For immediate and up-to-date information, please send us your e-mail address and we can inform you electronically! Our email address at PATH is anewpath@cox.net

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Families to Amend
California's Three-Strikes