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Vol VIII July 2002

President's Message

As A New PATH has gained its third anniversary, I'm pleased to consider the many achievements accomplished by this advocacy group.

Not only have we campaigned with other parents and concerned citizens to vote on treatment for non-violent addicts through Proposition 36, but also we are participating in workshops, panels and committees to ensure an effective implementation of this new law.

Additionally, A New PATH and its members are enjoying the benefits of excellent information and education with their monthly meetings.

Our speakers have included prison wardens, professional treatment providers, drug court and superior court judges, members of the probation department and others who can help us understand the benefits to our society of long-term treatment for those with the disease of addiction.

I hope others will take advantage of these monthly opportunities.

Tom O'Donnell
President, Board of Directors

America's Closest Ally Declares End to War on Marijuana Users

UK To End Arrest for Personal Possession of Cannabis

US Arrests Top 700,000 Annually--88% For Possession Alone

British Home Secretary David Blunkett announced yesterday in the House of Commons that the U.K. will substantially reform its policy on cannabis, making possession of the drug a non-arrestable offense.

Executive Director's

Exploring Global Solutions for Substance Abuse

In May I was honored to be a presenter at the International APA convention in Philadelphia.

It was gratifying to see so many seminars and workshops dealing with the topic of substance abuse. If only the entire Medical Community could be as aware of the need for more treatment opportunities!

To further that thought, if only society in general were better informed about the true nature of the disease of drug addiction and the inherent public health problems associated with it!

For years the problem of substance abuse has been embraced by the criminal justice system as a matter of which they would take charge. A large industry developed from this philosophy.

Because of the stigma attached to it, people have allowed substance abusers to be handled with punitive, rather than therapeutic measures. Unfortunately, substance abuse issues have been the stepchild of the mental health community, just as mental health has taken a backseat to physical health issues.

The workshop that I participated in was chaired by Dr. Rodrigo Munoz and included presentations by Pedro Ruiz, M.D., Jorge Zapatel, M.D., Harold Eist, M.D., and Maria Bayon, M.D. The topic was "Towards Global Decriminalization of Substance Abuse".

The word "decriminalization" is one that few people voice, because it conjures up feelings of a lawless society where drugs and crimes go unchecked.

But, there is a difference between "legalization", and "decriminalization", and it is wise to begin the conversation in order to

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Editor's Note

It's been a year since Proposition 36 took effect. Included in this issue is the One Year Progress Report issued by the Drug Policy Alliance. The report is favorable. Progress is being made.

But a lot remains to be done. We all owe a big "Thanks" to all of the judges, probations officers, peace officers and the many other individuals in the system who have gotten behind the concept of treatment and have gone full out to make Prop 36 work. Please take the time to read the report. Where do you think you can help impact the additional needed changes?

Susan Blacksher of the California Association of Addiction Recovery Resources in Sacramento wrote an excellent opinion piece that appeared in the May 29, 2002 issue of the Union-Tribune. Her message was listen to the neighbors of treatment centers, not "naysayers". Wherever treatment centers have been established in neighborhoods, drug problems have decreased and the center participants have been excellent neighbors. I encourage everyone to battle the rampant nimbysism in our communities. If you don't have access to the Union-Tribune archives, please email me at ceangell@cox.net and I will be glad to forward a copy of the article to you.

The very big news is out of the UK. As of this issue of the PATH newsletter, very little if anything has appeared in the media about the big changes in the UK regarding it's marijuana policy.

Why? And why does our government persist in it's "no win" policy of prohibition when all around us other governments have implemented much saner policies. Consider that it's money. So, who benefits here? We know the blackmarketeers, or so called drug lords, benefit. But who else benefits? If the black market collapsed, what would happen on Wall Street? What about the lobby groups that have an interest in maintaining the *status quo* where jobs would be affected?

There are a lot of powerful people and organizations who don't want to see our laws changed. But a revolution is happening at the ballot boxes. The ordinary citizen isn't calling for total repeal of the drug laws. Instead, a step by step, common sense approach to getting help to our friends and family members who need it and providing services and education to young people and adults alike to help prevent addictions. All kinds. Not just drugs.

It is crucial that you continue to write letters and support organizations—like PATH. It's not going to happen without YOU and your efforts.

Hooray for Hawaii

In June my whole family took a vacation to Hawaii. It was a blessing to me in so many ways, but one of the unexpected joys came on the morning of our last day in this tropical paradise in the form of a newspaper article about a new bill that was passed on June 7, 2002 by the State of Hawaii.

Senate Bill 1180 was signed into law giving certain drug offenders treatment instead of prison time. Governor Ben Cayetano called it the "first big step in how we treat individuals who get in trouble with drugs."

The article indicated that the law was modeled after the California and Arizona laws that mandate probation and drug treatment instead of prison for nonviolent drug offenders. State judges are given discretion to determine which offenders are considered nonviolent.

The new law will also address nonviolent, first-time drug offenders who are currently in prison. By diverting these individuals into treatment, they hope to relieve the overcrowding situation in their prisons. \$2.2 million will be appropriated by the Legislature for drug treatment.

I have believed for some time that the rest of the nation is watching us in California, and that our success with Proposition 36 will begin a sea change of thinking that will sweep across the states. Congratulations, Hawaii!

Gretchen Burns Bergman
Executive Director, A New PATH



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

Carolyn Angell, Managing Editor
Jan Roach, Editor

A New PATH
2527 Doubletree Road
Spring Valley, CA 91978
Phone (619) 670-1184
E-mail ceangell@cox.net

Check our website at anewpath.cc

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Proposition 36 One-Year Progress Report
Proposition 36--One Year Later
July 1, 2002

California's Proposition 36 took effect on July 1, 2001 after 61 percent of California voters passed the initiative in November 2000. Since July 1, the Substance Abuse and Crime Prevention Act of 2000 (SACPA) has been successfully diverting tens of thousands of low-level, non-violent drug offenders convicted solely of possession for personal use into community-based treatment instead of incarceration.

SUCSESSES

Tens of Thousands of Offenders Receiving Treatment Instead of Incarceration

Tens of thousands of offenders have been placed in community-based treatment instead of incarceration under the SACPA system. From July 1 - April 30, 2002, in five counties alone, (Contra Costa, Los Angeles, Sacramento, San Diego, and Ventura) 8,946 individuals became active in treatment at an average cost of \$4,500 per treatment cycle.

Compare this to the end of 2001, when 15,781 inmates were incarcerated for drug possession in California prisons at a cost of \$26,894 per year, per person.

An additional 3,648 persons have been referred to treatment in these counties but are not yet active due to placement and transportation issues, court procedures, and possible non-compliance. In five counties alone, a total of 12,594 individuals have been referred to treatment under the SACPA system so far.

Expansion of Quality Treatment Services Across the State

SACPA requires the State Department of Alcohol and Drug Programs (DADP) to license all treatment facilities that serve SACPA clients. This regulation has resulted in increased quality and accountability for hundreds of treatment programs in California, as well as the rapid expansion of treatment opportunities for SACPA defendants in the state.

In just one year since the passage of SACPA (June 1, 2001-June 1, 2002) DADP has increased the number of licensed and certified programs from 1,061 to 1,567 (a 68% increase) which includes an increase of 3,204 new residential beds (a 20% increase from 15,927 beds to 19,131 beds). DADP has licensed facilities at four times the rate prior to the passage of SACPA and will continue to do so as applications are submitted.

Counties Investing In Treating Addiction as a Health Problem

SACPA was passed and intended as a public health measure, rather than a criminal justice measure, with treatment and social services being the focal point of budgeting, staff development and program implementation.

Drug Policy Alliance is pleased that in the first year, the average percentage of the 58 California County SACPA budgets going to drug treatment and other services was 79.1%. Additionally, 53 of the 58 counties (91.4%) required behavioral health or alcohol and other drug professionals to provide assessment and placement services to SACPA clients.

Finally, 55 of the 58 (94.8%) counties projected an increase in total capacity of services during FY 2001/02.

While the implementation of Proposition 36 has been remarkably smooth, there are still program areas that can be improved in the second year of operation.

Diversity of Treatment

Although there has been a significant increase in treatment facilities since the passage of SACPA, California must work to ensure that diverse treatment modalities are licensed by the state and equally important--contracted by the counties to provide services for SACPA clients.

The SACPA treatment system must offer culturally competent and specific, multi-lingual programs, dual diagnosis programs, programs for pregnant and parenting women with children and programs in diverse geographic locations.

Treatment provider associations, DADP, county Alcohol and Drug Departments and the proponents of SACPA should continue to work together to diversify the treatment modalities available to SACPA clients.

Access to Methadone and Other Narcotic Replacement Therapies

According to the first year SACPA county plans, only 23 of 58 counties (40%) were planning to offer methadone and other narcotic replacement therapies as treatment, and not just as a detoxification tool.

Unfortunately, after a year of implementation, not all of the counties who planned to provide methadone or other narcotic replacement therapies have begun to place SACPA clients in this treatment modality.

Access to methadone is a crucial component for the success of SACPA. Methadone is the only scientifically proven treatment for opiod (such as heroin) addiction and must be available to all SACPA clients who are assessed for this type of therapy.

From DRCnet “This Week on Line”:

8. Newsbrief: Unitarians Approve Anti-Drug War Platform

Last week [6/21/02] DRCNet reported that the General Assembly of the Unitarian Universalist Association was considering an “Alternatives to the War on Drugs” Statement of Conscience supported by the affiliated group Unitarian Universalists for Drug Policy Reform. On Saturday, June 22, the statement was approved at the UUA gathering in Quebec City. Key planks of the new UUA platform including the following:

“Establish a legal, regulated, and taxed market for marijuana. Treat marijuana as we treat alcohol.”

“Remove criminal penalties for possession and use of currently illegal drugs, with drug abusers subject to arrest and imprisonment only if they commit an actual crime (e.g., assault, burglary, impaired driving, vandalism).”

“Drug use, drug abuse, and drug addiction are distinct from one another. Using a drug does not necessarily mean abusing the drug, much less addiction to it. Drug abuse issues are essentially matters for medical attention. We do not believe that drug use should be considered criminal behavior.”

“Make all drugs legally available with a prescription by a licensed physician, subject to professional oversight. End the practice of punishing an individual for obtaining, possessing, or using an otherwise illegal substance to treat a medical condition,” and allow “medically administered drug maintenance” as a treatment option for drug addiction.

Further information, including the full text of the statement, is available at <http://www.uudpr.org> online.

2. Unitarian Drug Stand Draws Favorable Response from West Virginia Paper

Last week, [6/28/02] DRCNet reported on the Unitarian Universalist General Assembly vote to make ending the war on drugs part of church policy (<http://www.drcnet.org/wol/243.html#statementofconscience>). In their newly adopted platform, the UUs call for a legal, regulated marijuana market; an end to criminal penalties for simple drug possession; and the provision of hard drugs through a legal prescription regime.

Their stand has resonated in at least one unexpected place. On Tuesday, a leading West Virginia newspaper noted with approval the UU’s new drug policy platform and called drug prohibition “a colossal flop.” In its editorial, the Charleston Gazette wrote: “Believe it or not, an American religious denomination has called for legalizing all narcotics, which would halt the billion-dollar national ‘war on drugs’ and free hundreds of thousands of prison inmates.”

The Gazette, with a circulation of 52,000 in Charleston, West Virginia’s Kanawha Valley, and nearby areas of Ohio and Pennsylvania, quoted from the UU platform and remarks made by UU leaders before noting: “Of course, conservative politicians will denounce this proposal and call instead for locking up more Americans. But we think the church stand reflects a lot of wisdom. Prohibition, America’s historic attempt to ban alcohol, was a colossal flop. And the ‘war on drugs’ is virtually a carbon copy of it.”

Chalk one up for the Unitarians. Who will be the next?

Executive Director’s Message

Continued from page 1

reduce the universal harm caused by substance abuse, and to create new solutions. Prohibition of alcohol was the grand experiment of the 20’s, and we can afford to learn a few lessons from history.

A summary of the workshop proceedings

California implemented Proposition 36, which mandates treatment instead of incarceration for nonviolent drug offenders on July 1, 2001.

Arizona passed a similar law in 1996, saving millions of dollars and improving the public safety through therapeutic rather than punitive measures. Florida, Michigan, and Ohio are slated to pass similar laws.

A change of thinking is sweeping across the United States. Citizens are aware that the war on drugs has failed and that it is time to focus on the demand for, rather than the supply of, drugs. Too many people have seen first-hand not only the devastation of the disease of addiction, but the further damage done to the addicted individual and their families by our practices of punitive incarceration.

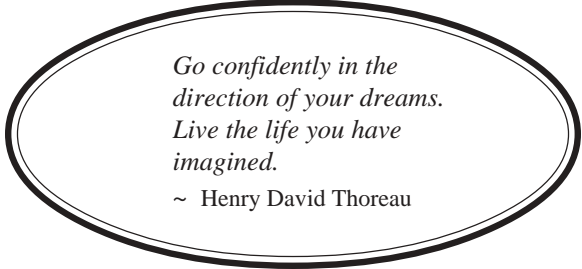
On the International front

The Netherlands has long maintained more of a harm-reduction position, and Portugal just became the latest European country to decriminalize drugs.

And what is happening in Latin America? Interdiction and confiscation of drugs have failed to reduce production, and drug traffic has actually increased. Drugs are now cheaper and more potent than ever before, and we are warehousing a generation of young adults behind bars.

The panelists, witnesses to the problems created by drug cultivation, transportation, and use in the Americas, discussed new initiatives emerging in many countries, and recommended that an educated approach with early diagnosis and effective treatment would better serve our global community.

Gretchen Burns Bergman



*Go confidently in the
direction of your dreams.
Live the life you have
imagined.*

~ Henry David Thoreau

From the

Strike 3!

California's 3-strikes legislation needs revision.

Non-violent crimes count in 3-strikes legislation as "strikes" towards a "twenty-five to life" prison sentence. Many times these non-violent crimes are considered as "serious" offenses and counted as multiple "strikes" in the 3-strikes law.

This little known fact deserves repeating. A single non-violent crime can count as more than one "strike" in California's 3-strikes legislation!

The following description of a "prison escape" is a generic illustration of how non-violent crimes can lead to a "twenty-five to life" prison sentence. If the inmate portrayed in this fictitious story is convicted, he could be a senior citizen by the time of his release from prison.

A thirty-seven year old convict, serving time in the minimum-security housing unit on a drug conviction, unexpectedly receives a "Dear John" letter from his sweetheart.

Emotionally confused and unstable from years of excessive drug use, he quietly fades from sight and slips away from his community work crew. He sees car keys dangling in the ignition of a parked vehicle and steals it. Shortly after, he arrives at his girlfriend's apartment.

Since this is a textbook description of a "walk away" prison escape, officers quickly arrive at the woman's apartment and easily apprehend the inmate without incident. He is handcuffed, taken back to prison and placed into solitary confinement where he will await trial.

In California, the yearly cost of incarcerating a single male inmate is approximately \$24,000. Additional costs are added to this baseline figure. However, by multiplying this baseline figure by the minimum of twenty-five years (in the "twenty-five to life" prison sentence) brings the cost of incarcerating one prison inmate to an astounding \$600,000. Medical costs relevant to the care of an aging inmate compound this figure, as may unforeseen emergencies such as a medical bypass surgery. It is conceivable for a man serving a prison sentence for life, to cost taxpayers in the ballpark of \$1,000,000. Aging inmates need special care.

New prisons will have to be built to accommodate the growing disabled prison population. An aging inmate population makes the two and three-tier prison design obsolete. Jail cells requiring stairway access will not meet

the needs of our aging prisoners.

Then there is the problem of wheelchairs. Our jail cells are designed to house one inmate but presently house two. There has been recent discussion about housing three inmates per cell. The bottom line is that there is no space in our jail cells to accommodate wheelchairs. Electric wheelchairs are larger than the foldable ones and are too bulky to maneuver in cells.

In addition to the problems created by wheelchairs, our disabled prison population will require more staff assistance, and prison yards will need wheelchair-friendly pathways to provide access to prison plazas. Metal wheelchairs must be inspected regularly for missing parts. The slender metal parts may serve as make-shift shanks for a prisoner's self-protection.

KFI Talkradio, in Los Angeles, reports that felons facing a third strike are resisting arrest in greater numbers, thereby endangering the safety of the arresting peace officers.

Prudence, economics, and humanity are three (3) reasons for Californians to reconsider our 3-strikes legislation. Non-violent crimes should not be counted towards a "twenty-five to life" prison sentence. The California 3-strikes law needs changing, or we all lose.

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.

Proposition 36 One-Year Progress Report

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Community Participation in Local Planning Processes

SACPA implementation does not end after the first year—the initiative must continue to change with respect to the concerns of all interested stakeholders, including participants.

County programs must respond to the changing needs of clients and communities. Therefore, it is imperative that affected communities, including clients, families, treatment providers, and other social service providers are involved in the continuing planning process.

SACPA regulations require quarterly meetings on the implementation of the initiative. These meetings should be well advertised and open to the public.

FUNDING AND SACPA:

After the first year of SACPA, program funding continues to be an area of speculation for policy makers, county officials, treatment providers and the public.

For a vast majority of California counties, resources allocated under SACPA have been sufficient to implement the program. However, some counties believe that funds will not be able to keep up with the current demand, while others have suggested that they may have difficulties meeting the first year's costs with the funds they have been given.

Several points must be made and understood before commenting on the appropriateness of funding under SACPA:

In the first year of operation, start up and system development will add costs that will not be incurred in future years.

The first wave of clients under SACPA have proven to be more severely addicted and in need of more ancillary services than projected. This is to be expected, since this population has been ignored by the system for the last 30 years.

As we bring these individuals into the system and they advance in their recovery, they will no longer require higher levels of program funds. The system will then see the population of SACPA clients even out and have a range of addiction severity and need.

Prop. 36 participants celebrate lives regained from drug abuse

By Janine Zúñiga
June 30, 2002

Steven Wilkins knew he needed help nearly a year ago. He was homeless and jobless again, had not spoken with his mother for two years and was in jail.

Methamphetamine and cocaine cost him his family, his home, a good job and his freedom, he said yesterday in Balboa Park.

Wilkins and about 100 other graduates attended a picnic to celebrate completing substance-abuse programs under Proposition 36, a state ballot measure directing nonviolent drug offenders to treatment programs instead of jail.

"This program, the House of Metamorphosis, turned my life around," he said, sitting on a blanket under sunny skies. "I'm back in touch with my family. They're very, very proud of me. I'm proud of me."

The initiative, passed by 61 percent of state voters, took effect in July 2001 and prohibits judges from handing out jail sentences to nonviolent drug offenders. Instead, the offenders — 2,500 in the county so far — receive drug treatment at one of 35 county providers.

In the yearlong programs, participants must attend individual and group therapy and educational sessions, and are subject to random drug testing. The measure allocates \$120 million per year statewide for the program. The county's share is about \$9 million.

Jeanie Emigh, director of the San Diego County Probation Department's Proposition 36 program, said the average drug-treatment participant is 35 years old and has nearly 22 years of addiction. Eighty percent are men. They average nearly five previous criminal convictions.

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After a year of operation, counties will be able to adjust how they are spending SACPA funds based on experience, rather than budget development in the abstract. Counties need to look at the amount they are spending on criminal justice and administrative costs vs. service delivery.

CONCLUSION:

SACPA has been developed and implemented well in its first year. While it is too early to assess definitive cost savings and implementation effectiveness, it is clear that, in the first year SACPA is so far delivering what proponents and voters called for—tens of thousands of non-violent Californians receiving treatment rather than incarceration.

There are still areas of implementation that need to be improved, but the successes of the first year are phenomenal. We are confident that the areas of concern mentioned above can be overcome.

Source: Drug Policy Alliance website, www.drugpolicy.org

Lives Regained

Continued from page 6

“They are not newcomers to addiction and we’re not going to convince them of treatment overnight,” Emigh said. “But rather than cycling them through jail and probation, these programs assist them with their underlying problems.”

“Some people think treatment is an easy way out, but it can be a heck of a lot harder than jail,” said Susan Bower, justice program coordinator for the county’s alcohol and drug services department.

Only those who had completed the treatment programs attended the picnic. Organizers say about 70 percent of those who enter Proposition 36 programs are completing them. They admit, however, it is still too early to determine their success.

“The jury’s still out,” Bower said. “Our average success rate across the county and nation is 50 percent. If we hit that with this program, it will be a really good thing.”

Al Medina, of San Diego County Alcohol and Drug Abuse Services, said drug addiction costs California.

“Study after study shows a cost benefit to treatment programs,” he said. “One dollar invested in treatment avoids \$7 in costs to the state.”

Wilkins, who said he had abused drugs for 30 of his 39 years, has a full-time job, a bank account and, more important, trust.

“I got the trust back from my employer,” Wilkins said. “I used to work for him. He fired me eight times, but he sees the change in me. I can take the company truck home now. Recovery is a good thing.

Reprinted in part from the San Diego Union-Tribune

America’s Closest Ally

Continued from page 1

The news was cheered by American drug policy reform advocates, who say it is time that the U.S. followed the lead of the U.K. and the increasing number of other countries that have substantially reformed their marijuana laws in recent years.

“As our closest allies start to recover from the failure of cannabis prohibition, we look more and more like a friend in serious denial,” said Ethan Nadelmann, executive director of the Drug Policy Alliance. “The war on American marijuana users is clearly harming us as a nation--wasting countless lives and dollars--but so far the Bush Administration has simply escalated it.”

The Federal Bureau of Investigation 2000 Uniform Crime Report (the last year for which data is available) reveals that an estimated 734,498 persons were arrested for marijuana violations in 2000, with almost 88% arrested for possession alone. More Americans were arrested for marijuana in 2000 than all violent crimes combined.

The legal change, which will place Britain in the majority of Western European nations in easing marijuana laws, will be achieved by re-classifying cannabis from a class “B” to a class “C” drug. Instead of arrest--and possibly jail--a person found in possession of marijuana by police in the U.K. will be given a warning, a caution or a summons to court.

The government action followed recommendations of a parliamentary committee in May, and a report by the Police Foundation last year, which concluded that the penalties for marijuana possession in Britain--the harshest in Europe--did more damage than the drug itself, by wasting police resources and saddling otherwise law-abiding citizens with a criminal record.

In the U.S., marijuana, along with heroin and LSD, is classified as a “Schedule I” drug, despite substantial evidence that it is less harmful than tobacco or alcohol.

All but four European Union countries--Sweden, France, Finland and Greece--have eliminated criminal penalties for marijuana possession, consumption, or both.

In The Netherlands, sale of small quantities of marijuana is permitted in “coffee shops.” Switzerland has proposed a law that allows for the regulated sale and production of marijuana, putting the country on the cutting edge of reform in Europe.

Like the U.S., Britain divides most illegal drugs into three categories. Class A, including heroin and cocaine, carry the stiffest penalties for possession and trafficking. Class B, which carry a maximum penalty of two years for possession and five years for trafficking, include amphetamine, barbiturates and--until the change is enacted--marijuana. The lowest class of drugs, class C, include diet aids and anti-depressants. Maximum penalties for class C drugs, which are illegal to give or sell for non-medical use, are two years for possession and five for trafficking.

Home Secretary Blunkett has expressed a desire to concentrate on the more pressing drug-related problems, which are associated with heroin and crack, not marijuana.

“To have credible policy in treatment and harm minimisation and above all consistency in law enforcement and policing, we believe it is right to look at the re-categorisation of cannabis,” Blunkett told British legislators in May.

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 \$5.00. 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