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**Report and Plan for Addressing
Detoxification Needs
of Substance Users**

Fall 2007

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Background

Purpose: The purpose of this report is to review the history of detoxification (detox) services in San Luis Obispo County, the need for dedicated detoxification services, and the efficacy of the services. This report will also provide information concerning the financial feasibility of detox services. Lastly, a plan is presented, which incorporates a variety of considerations including: local data, scientific literature, cost and the overall impact dedicated detox services would have on the continuum of treatment services in the county.

Definition: “Detoxification” is a set of interventions aimed at managing acute intoxication and withdrawal. Detoxification does not constitute substance abuse treatment but it is one part of the continuum of care for substance-related disorders. Supervised detoxification can prevent potentially life-threatening complications that might appear if the patient were left untreated.

There are three essential components to detoxification:

- ***Evaluation*** entails testing for the presence of substances of abuse in the bloodstream (drug testing) and screening for co-occurring mental and physical conditions to determine the appropriate level of treatment following the detoxification.
- ***Stabilization*** includes the medical and psychosocial processes of assisting the patient through acute intoxication and withdrawal to the attainment of a medically stable, fully supported, substance-free state. This is often done with the assistance of medications.
- ***Fostering*** the patient’s entry into treatment involves preparing the patient for entry into substance abuse treatment by stressing the importance of following through with the complete substance abuse treatment continuum of care.

Patients undergoing detoxification need to know that someone cares about them, respects them as individuals, and has hope for their future.

For further information on the definitions associated with detoxification, see Appendix A.

History of Detox in San Luis Obispo County

San Luis Obispo County Drug and Alcohol Services (DAS) has been the primary agency for the provision of substance abuse detoxification services in the County since 1972. From 1972 to 1982 a non-medical detox center existed in the clinic building behind General Hospital. This center contained 16 beds and provided non-medical detox services to clients for up to 14 days. The center closed as a result of state cutbacks and an expansion of the hospital into space occupied by DAS. From 1982 to 1987 there was no distinct center for detox. During this time clients requesting detox were referred to the emergency room or a medical doctor. In 1987 DAS piloted a home detox program that continued until 1996.

In the mid-nineties French Hospital's Summit Place and Central Coast Support Services provided both in-patient detox services and acupuncture to support the detox process. These programs closed because insurance reimbursements were not sufficient to cover the cost of the program.

DAS continued outpatient detoxification services until the closure of General Hospital in 2003. In recent years, DAS has attempted to work with a variety of medical providers, including Community Health Centers, to offer outpatient detox services with limited success. Local hospitals state that while they do not refuse patients who are having a medical emergency, they are not detox facilities, they do not generally offer continuing care after the crisis, and that it is too costly for them to treat patients in need of detoxification.

Drug and Alcohol Services is organized around quality outpatient services and is not capable of funding a residential detox with the current resources. Currently when DAS staff has a need to refer clients to detox they must refer out of county, generally to Santa Maria, which is not always feasible or practical for the client. Out of county referrals also present problems for DAS staff's ability to monitor and treat clients enrolled in its programs. DAS does refer extensively to sober living environments, but these programs are not designed or equipped to handle detox issues. DAS has created a system of intensive outpatient treatment, combined with sober living as a hybrid form of treatment, to fill the role normally associated with residential treatment.

Provider Network for Alcohol and Other Drug Treatment Services in SLO County

San Luis Obispo County Drug and Alcohol Services provides the majority of outpatient treatment services for the county and offers the most diversity in programs and clients served. Additional limited outpatient and residential treatment services are offered by several community-based non-profit organizations (see Appendix B), including the following:

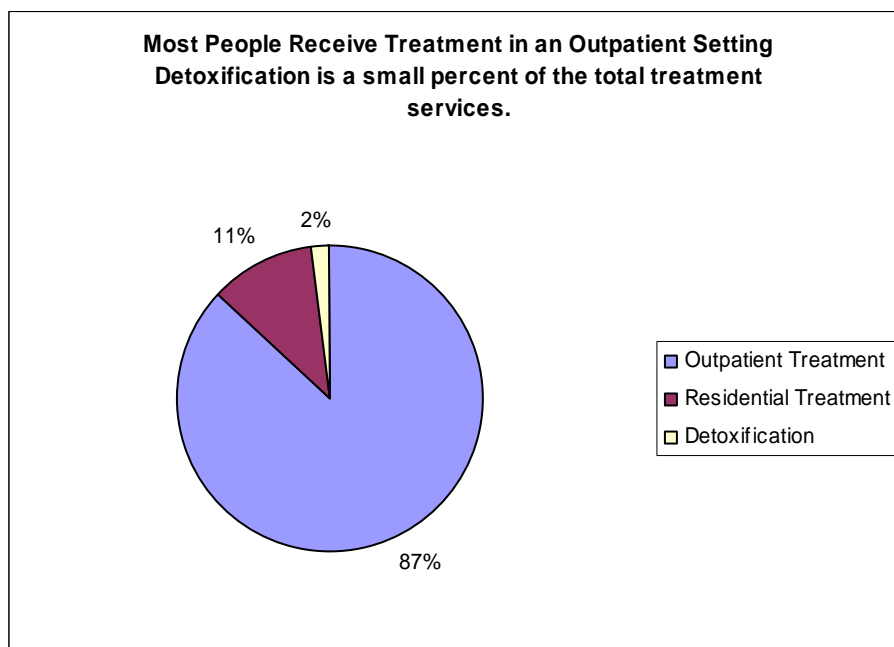
- Outpatient treatment providers: San Luis Obispo County Drug and Alcohol Services, Cottage Outpatient Center of San Luis Obispo, Aegis Medical Systems, Health Care for the Homeless Project (CHC) and Mental Health Systems Center for Change.
- Licensed Residential treatment providers: Life Steps Foundation Alcohol and Drug Free Living Centers, Ocean View Rehabilitation and Project Amend (application pending)
- Sober Living Environment providers: Middlehouse, Gryphon Society (Gatehelp, Inc), and Casa Solana.
- Case management and other supportive services: EOC Homeless Services, and Hotline.

For many years, there have been consistent requests for the County to provide detoxification services. Drug and Alcohol Services is certified to provide outpatient detoxification services, however, those services were discontinued in 2003 due to the lack of medical support with the closure of General Hospital and the County Health Clinics. As of today, there are no dedicated detoxification services or facilities in San Luis Obispo County.

Current State

Need: Prevalence of Acute Withdrawal Symptoms

The prevalence of withdrawal symptoms is relatively low in the general population and has remained stable over the past 15 years. The likelihood of experiencing withdrawal symptoms increases with increasing consumption of alcohol or drugs. The withdrawal symptom prevalence is less than 5% in the general population (1, p. 76). For those patients in substance abuse treatment, the service demand for detoxification is 2% (11, p. 105). Of the 6,000 clients referred and active in treatment in San Luis Obispo County during the past year, **the estimated need for detoxification is 120 to 300 (2% to 5%) individuals per year.**



(11, p. 105, National data)

Medium Size Counties 2007 Detoxification Survey

Seven of California’s comparable medium size counties were surveyed in March 2007 to ascertain the continuum of care ‘standards’ for detoxification services (see Appendix C). Six of the seven counties provided social model residential detoxification services. None of the counties provided outpatient or medical inpatient detoxification services through alcohol and drug services public funds. The number of social model residential detoxification beds (per 100,000) ranged from .377 to 6.25 (excluding Stanislaus). The average number of detoxification beds is 3.0 beds per population of 100,000. San Luis Obispo County would need 7 to 8 social model detoxification beds to match like-size county continuum of care standards.

Alternatives for Detoxification Services

Detoxification can be completed safely and effectively in both outpatient and inpatient (residential and medical) treatment settings. In one study of 164 patients randomly assigned to either inpatient or outpatient detoxification, significantly more inpatients than outpatients completed detoxification. In another study, about one-half of all patients randomly assigned to either inpatient or outpatient detoxification remained abstinent 6 months later, irrespective of the program to which they were assigned. In addition, there is no significant difference in the percentage of each group that enrolled in long-term treatment following detoxification (3, p. 45).

Nationwide, the majority of detoxifications were from free-standing residential facilities (95%); the remaining detoxes were nearly evenly divided between outpatient (3%) and medical settings (2%).

Outpatient Detoxification

For patients with mild to moderate withdrawal syndrome, outpatient detoxification is as safe and effective as inpatient detoxification but is much less expensive and less time consuming. Patients receiving outpatient detoxification treatment are expected to travel to the treatment facility on a daily basis for treatment sessions, symptom monitoring, and medication administration.

Outpatients can continue to function relatively normally and maintain employment as well as family and social relationships. Compared with inpatients, those patients in outpatient treatment retain greater freedom, continue to work, and maintain day-to-day activities with fewer disruptions and fewer treatment costs.

Among the drawbacks associated with outpatient detoxification is the increased risk of relapse resulting from the patient's easy access to alcohol and/or drugs. Outpatients can more easily choose not to keep their detoxification appointments and consequently fail to complete the detoxification.

The estimated costs for a four-day outpatient detoxification in San Luis Obispo County is \$460 per person (see Appendix D). Drug and Alcohol Services and the Community Health Centers are currently developing a plan to utilize CHC physicians to oversee the outpatient detoxification process. The physician costs and medications would primarily be Medi-Cal offset. The outpatient detoxification services could occur at the Community Health Centers' locations or County Drug and Alcohol Services facilities so that the patients could easily attend daily treatment services.

Social Model Residential Detoxification

The middle ground between outpatient detoxification and medical detoxification is social model residential detoxification. Social model residential detoxification provides a facility where patients reside for 5 to 21 days. There are generally no medical personnel on location, but rather detoxification is managed by trained, certified drug and alcohol counselors on a 24-hour basis. All patients must have medical clearance from a physician prior to entering the social model residential detoxification facility. Some social model residential facilities are "medically capable" meaning they allow the patient to bring physician prescribed medications to aid in the detoxification process. Should a medical emergency occur, the patient is transported to the nearest emergency room or health clinic.

This type of facility works well for patients who have disruptive family or job situations, for those clients with few social resources and/or environments not supportive of recovery, or those who cannot travel to the treatment facility on a daily basis as an outpatient.

The supportive care found in a social model residential detoxification facility consists of providing patients with a quiet environment, reduced lighting, limited interpersonal interactions, nutrition and fluids, reassurances, rest, monitoring, 12-Step meeting attendance and positive encouragement.

The anticipated operating cost for a social model residential detoxification facility in San Luis Obispo County is \$22,500 per bed per year or \$61 per day per person.

Medical Detoxification (hospital based)

Medical detoxification should be reserved for patients who are at risk for life-threatening withdrawal symptoms (seizures or delirium tremens), have other serious medical conditions or are pregnant, are suicidal or homicidal, or have other serious psychiatric conditions.

The cost estimate for a medical detoxification in San Luis Obispo County is \$800 to \$1,200 per day per person. Most of these costs are covered through agreements with the hospitals, and patients access these services through hospital emergency rooms or the Psychiatric Health Facility (PHF). The Psychiatric Health Facility cost is \$1,004 per day per bed.

Status Quo Untreated Detoxification Substance Abuse Costs

Currently San Luis Obispo County does not have any in-County detoxification access. A contract is in place with Good Samaritan, Inc. in Santa Maria to conduct social model detoxification services for up to five days per client for a maximum of \$7,000 per year (\$57 per day). However, it is not always practical to have clients travel to Santa Maria and this option does not provide clients the opportunity to recover in their own community. For court ordered clients and those arrested for drug use, detoxification often occurs in the jail. At any given time, 4% to 5% of the jail population is on an alcohol detoxification protocol and about 1.5% to 2% is on a drug detoxification protocol. Another 2 to 3 inmates enter the jail using methadone (for opiate detoxification) from Aegis Medical Center and another 1% to 2% of jail inmates are being managed for legal prescription drug withdrawal.

Not all individuals needing detoxification are in the legal system. Some individuals who are homeless struggle to find a detoxification option, as they are not allowed in the Homeless Shelter while under the influence. Consequently, because they are not involved with the Homeless Shelter, they are denied case management services to access the resources needed to turn their lives around. The detoxification facility could break their cycle of living on the streets using drugs and drinking.

Comparison Table

Type of Detox	Description	Estimated Cost	Pros	Cons
1. Outpatient Detox	Client receives detox meds and detox case management in their home or through an outpatient clinic.	<p>\$460 per person</p> <p>\$138,000 per year</p> <p>Could serve up to 300 clients per year</p>	<ul style="list-style-type: none"> ▪ Placement not limited to bed availability ▪ Effective for most low to moderate detox cases. ▪ Does not require client to leave their current living situation ▪ Lower per case treatment than residential. 	<ul style="list-style-type: none"> ▪ Clients fear they can't do it without going "into a detox". ▪ Not appropriate for all cases. ▪ Limited observation ▪ Unsupervised environment.
2. Social Model Residential Detox	Client resides at a residential Detox Center. Detox medications may be used, but not prescribed on site. Social Model Recovery (12 step) is typical intervention	<p>\$ 22,500 per bed per year</p> <p>\$180,000 per year for 8 bed facility. (Does not include rent). Serve approx. 300 clients per year</p>	<ul style="list-style-type: none"> ▪ 24 hour Observation ▪ Controlled environment ▪ On-site support and case management ▪ Takes client out of their substance using environment ▪ Suitable for most detox cases. ▪ Opportunity for assessment and triage 	<ul style="list-style-type: none"> ▪ Bed dependent ▪ Requires client to leave their current home ▪ Can be used as shelter rather than detox ▪ More costly than outpatient
3. Medical Detoxification (Hospital based)	Client resides in a hospital or other medical facility while detoxifying. Medical monitoring, treatment and prescription drugs available onsite.	<p>\$1,200 per bed per day</p> <p>\$4,380,000 per year for 10 bed facility</p>	<ul style="list-style-type: none"> ▪ 24 nurse and physician monitoring ▪ Controlled environment ▪ On-site support and case management ▪ Takes client out of their substance using environment ▪ Suitable for most detoxes ▪ Opportunity for assessment and triage 	<ul style="list-style-type: none"> ▪ Most expensive ▪ Requires more staffing ▪ Stricter sighting and code issues ▪ May not appeal to some clients
4. Status Quo, Untreated	No new services. Public continues to use existing County and non-county programs for treatment needs.	N/A	<ul style="list-style-type: none"> ▪ No general fund or other funding increases ▪ Does not divert funding from existing services. 	<ul style="list-style-type: none"> ▪ Leaves public with no practical detox options ▪ Leaves gap in the front end of continuum ▪ Creates health risk for self detoxers ▪ Leaves perceived barrier for starting treatment

Community Perspective

Local Need: Examination of Hospital Data and Drug Deaths

A review of San Luis Obispo County hospital discharge and death certificates identifies potential areas of improvement in the current system of care for addicts and alcoholics. More specifically it helps to identify if an actual need for detox services exists. The data used for this section was extracted and collated by the San Luis Obispo County Public Health Department. The original source for the hospital discharge data is the California Office of Statewide Health Planning and Development (OSHPD). The death data comes from a local database of death certificate data.

Hospital Discharge Data

In 2002 there were 22,584 total hospital discharges in San Luis Obispo County. Of these discharges, 128 (1.0%) had a primary diagnosis of alcohol/drug use. There were 268 discharges due to injuries, poisonings and toxic effects of drugs. Of the 3,835 total discharges of county residents from other-county hospitals, 91 (2.4%) had a primary diagnosis of alcohol/drug use; another 65 discharges were due to injuries, poisonings and toxic effects of drugs. The total number of drug or alcohol related hospital discharges for San Luis Obispo County residents in or out of county was 552. The data may include duplicate or repeat discharges of the same person.

Reviewing the three year average of hospital discharge rates from 1998-2000 for alcohol and drug related causes, San Luis Obispo County is ranked 28th in the State. The rate per 100,000 for the County is 109, which is lower than the California average of 165.8 and far below the 180.4 average of our comparison counties (13, p.15).

Mental Health Secondary Drug Admissions to the Psychiatric Health Facility

The County Behavioral Health Department reports that in 2004, there were 26 admissions for methamphetamine (MA) related psychosis, dependency, and/or MA related mood disorders as a primary problem. For fiscal year 2005-06, of the 717 admittances to the Psychiatric Health Facility (PHF), 572 had a secondary diagnosis of substance abuse. Nearly 80% of the PHF admittances had a substance problem in addition to their mental illness.

Drug Related Deaths

Key informants interviewed for this report were asked, “Do you think SLO County needs a drug and/or alcohol detox program? Why?” Many respondents answered this question with “because there is none”, “because people need a place to go“, and “detox is a necessary, though insufficient first step towards recovery”. All those interviewed agreed with the following statement: *“Our personal knowledge indicates people are dying from unassisted detox, attempts to control and stabilize their drug use and from the results of untreated drug induced psychosis.”* The statement that drug related deaths are due to “unassisted detox” is of particular concern for this report. If people are dying from

unassisted detox, a system change to provide detox services could be critical towards saving lives.

Between the years 1999 and 2002 there were 113 drug related deaths in the County. The majority of these deaths were classified as accidental, and the majority were female. In 2003, there were 21 drug related deaths (3 of these were suicides), and in 2004 there were 29 drug related deaths (2 of these were suicides). The majority of these deaths were due to multiple-drug overdoses.

Between 1999 and 2002, County alcohol-related deaths averaged about 25 per year. Of these deaths the majority (81%) were male and the majority (57%) were due to alcoholic liver disease.

Comparing three year average (1998-2000) rates of *Deaths Due to Alcohol and Drug Use and Rates per 100,000 Population*, San Luis Obispo County ranks 36th in the state, worse than both California as whole and its cluster of comparative counties.

It likely that drug and alcohol death rates are higher than reported. County medical doctors report anecdotally, that drug related deaths might be underreported due to insurance reimbursement rates, which may be compromised when death or illness is due to substance use. Deaths due to alcohol and drug use are a problem in San Luis Obispo County compared to other county benchmarks.

Criminal Justice and Detox

Several key informants suggested that in some cases it might be more appropriate to redirect individuals arrested for drunk in public (647f) into a detox center. If implemented this could result in a reduction of jail, sheriff and police resources being expended on nonviolent drunk individuals. In 2004, for example, \$207,500 in booking fees was spent (\$100/book) to process 2,075 public intoxication/drunken in public (647f) arrests. [Note: This number included repeat offenders, thus there were not 2,075 unique individuals arrested.]¹ While it is not clear how many total repeat offenders are in this County-wide arrest data, approximately 38 of the San Luis Obispo City arrestees are serial inebriates, having been arrested for a 647f offense four or more times. Police made nearly half of the arrests from the City of San Luis Obispo.² While the law allows for police to place a 4-hour hold on arrestees to give them time to sober up, the protocol for the city is to take all of the arrestees to jail. Some law enforcement officials interviewed believed that bringing some 647f arrestees to a detox facility could better serve the system as a whole. Because many of the arrestees are non-violent and not habitual it has been suggested that it would be more effective and efficient to have some arrestees monitored and evaluated at a detox center and then released when they are no longer a safety threat to themselves or others.

¹ San Luis Obispo County Sheriff's Department

² City of San Luis Obispo Police Department-Arrest Data Analysis, 2005

Jail as Detox

Due to the number of jail inmates who are incarcerated for a drug related crime, Sheriff Hedges and others have called San Luis Obispo County Jail “the largest detox in the county.”

The medical and health needs of inmates are dealt with largely by Public Health Department staff (mostly public health nurses), who work full time within the jail. The nurses and a part-time physician carry out examinations, observations, medicine dispensing, and medical care with inmates. This includes a substance abuse/detox evaluation upon admission into the jail. At this evaluation an initial acuity level is set and documented by the first medical staff person to assess the inmate. Alcohol and drug using inmates may be placed on a formal detox protocol. Subsequent evaluations, monitoring and possible hospital referral are made depending on the assessed acuity level

Jail staff report that the largest percentage of inmate detox protocols are for alcohol, followed evenly by opiates and methamphetamine (MA). There is no written protocol for methamphetamine detoxification. Inmates detoxifying from MA are treated on a case-by-case basis. They typically have problems with anxiety, sleep disorders and general malaise. For inmates who enter with acute MA toxicity, the County Mental Health Department is almost always involved in evaluating the symptoms of withdrawal, which can include visual and auditory hallucinations. Acute situations are generally handled on a case-by-case basis, but may include isolating the inmate in a safety cell for his own (and others) protection.

Jail staff report that it is not uncommon for inmates to be released, only to have them rearrested within 12 hours (or less in some cases) intoxicated. When this occurs the detoxifying inmate is reevaluated and if needed, medicated accordingly. As a rule, inmates are not released with any medication from the jail.

In summary, at any given time, 4%-5% of the jail population is on an alcohol detox protocol. About 1.5% to 2% is on a drug detox protocol. Another 1 to 2% of prisoners are managed for prescription "legal" drug withdrawal.

Detox As Shelter

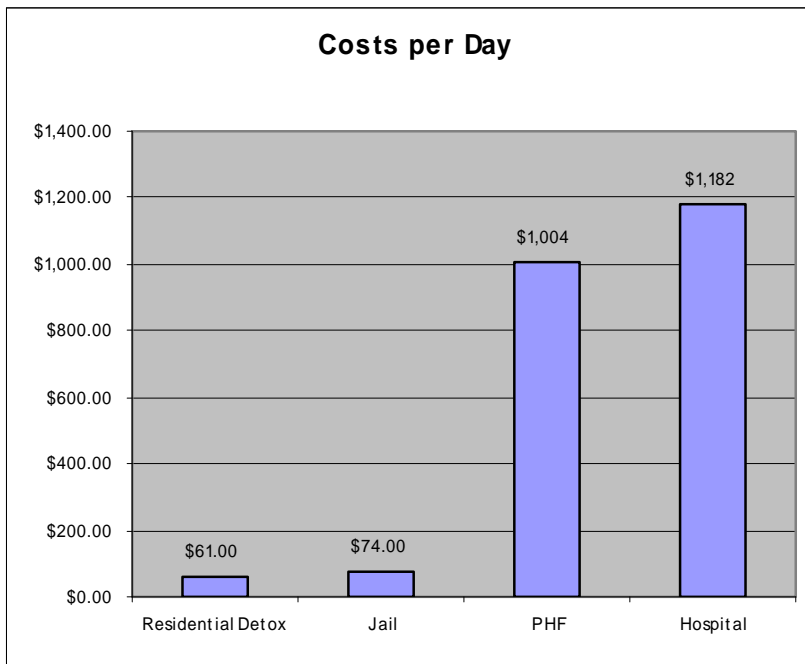
San Luis Obispo County has limited homeless shelter options. On any given night it is estimated that there are between 2,500 and 4,000 people looking for a place to sleep.

Most homeless shelters enforce rules that do not allow a person into the shelter if he or she is under the influence of drugs or alcohol. When this occurs the person in need may only have the streets or possibly a car to sleep in. For this person, a detox program might be an attractive alternative to sleeping on the streets. This person may enter the detox more for his/her need for shelter rather than a compelling desire for detox.

In many of the interviews for this report it was clear that a response is needed for the person who “has nowhere else to go”. The person described has been kicked out of his house or living situation, possibly because of substance use; has bounced from couch to couch, then to a car, maybe jail for a time, then to shelter, then kicked out of or restricted from shelter for substance use. As a County we should be aware that the need for shelter and housing might be a strong confounding variable in the need for detox and for residential treatment.

Cost Benefit Analysis

Because there is not an available or known access to detoxification services, the County of San Luis Obispo is currently defaulting to the highest costs of detoxification, including medical emergency rooms, the Psychiatric Health Facility (PHF unit), and the jail.



Analysis: Societal Cost Savings

The societal cost savings that result from treating substance abuse fall into the following categories: illness and medical costs, death, DUI crashes, drug arrests and other crime, effects on families and workplace burden.

Illness and medical costs: Alcohol abuse is the most costly withdrawal process and consequently offers the most potential cost savings in providing detoxification services. For example, heavy drinkers are four times more likely to use emergency room visits. In a study by Kaiser Permanente Medical Care Program, health care costs **decreased** by 25% to 33% over the three years following their chemical dependency treatment recommendation (10). During the same time frame, non-chemically dependent patient health care costs **increased** by 33% to 53%.

Death: Alcohol abuse is a major cause of premature death and illness in the United States. On average, people dying from alcohol-related causes lose more than **26 years** from their normal life expectancy (11, p. 50). Heavy drinking contributes to illness in each of the top three causes of death: heart disease, cancer, and stroke. The tenth leading cause of death—liver disease—is largely preventable, because nearly half of all cirrhosis deaths are linked to alcohol.

Deaths directly related to drug use have more than doubled since the 1980's, while the death rate attributed to alcohol use has been more stable (11, p. 55). Deaths related to drugs often involve a lethal combination of two or more illicit drugs or drugs combined with alcohol (overdose). Other leading causes of illicit drug-related deaths are AIDS, hepatitis, homicides, and injuries. Approximately one in five drug deaths is a suicide (11, p. 54).

In San Luis Obispo in the year 2000, the death rate (per 100,000) due to alcohol and drug use was 21.8, while the comparison California death rate was 18.0 (13, p. 17). It is impossible to determine the potential societal cost savings of even one life saved.

DUI crashes: Alcohol-related motor vehicle fatal and injury crashes continue to decline in San Luis Obispo County since 2000 (13, p. 13). However, the adult arrests for driving under the influence continue to exceed the comparison California rate (San Luis Obispo 13.0 vs. California at 8.3). Law enforcement collaborative efforts are clearly preventing DUI crashes and injuries through arrests; however, alcohol consumption does not seem to be decreasing.

Arrests and crime: The adult arrest rate for alcohol violations in San Luis Obispo County appears to be increasing since 1996, while the adult arrest rate for drug violations has been stable for the past several years (13). The cost to incarcerate an individual for one year is \$27,000 (\$74 per day) according to the Little Hoover Commission (5, p. 70).

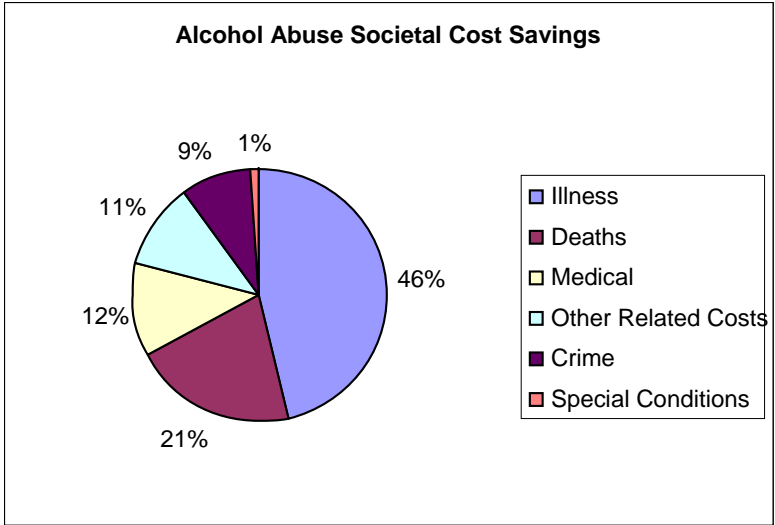
Effects on families: Substance abuse places tremendous psychological and financial burdens on families, and nearly 20 percent say that drug abuse has been a source of family problems. Families with substance-abusing parents experience a host of other social problems, such as a higher risk of raising children who use alcohol and drugs themselves. Children from these families are also more likely to have problems with delinquency, poor school performance and emotional difficulties, such as aggressive behavior and bouts of hyperactivity, than their peers whose parents do not abuse alcohol or drugs. Reports of child neglect and abuse have increased dramatically in recent years and well-cited figures indicate at least 75% of these reports have components of drug and alcohol abuse. At least 78% of domestic violence situations involve drugs and/or alcohol.

Workplace burden: Substance abuse is more common in certain occupations and industries, such as construction and the food service/preparation industry. Almost 75% of illicit drug users work full- or part-time, but their work record is problematic (11, p. 71). Employers have been shown to be receptive to paying for substance abuse treatment for a valuable employee in order to increase productivity, through Employee Assistance Programs (EAP).

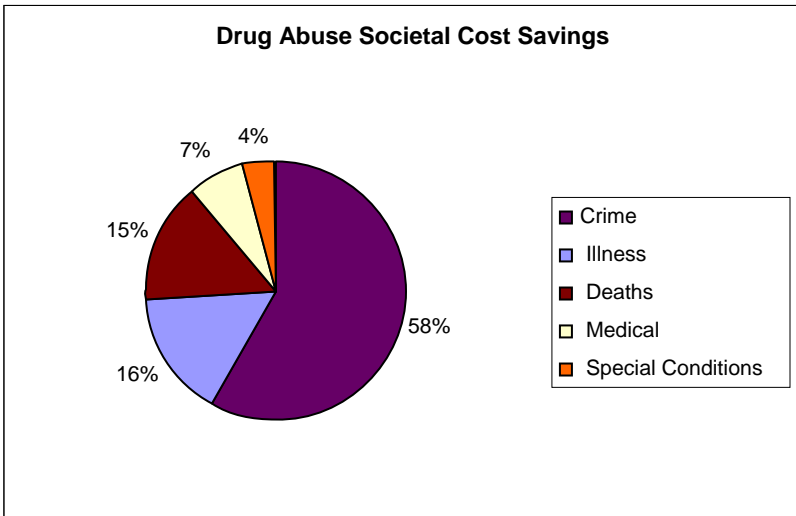
Cost Avoidance: According to research, every \$1.00 invested in addiction treatment programs yields a return of between \$4.00 and \$7.00 in reduced drug-related crime, criminal justice costs and theft alone (14). When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.

In 2003, a study was conducted by UCLA with 13 pilot counties, including San Luis Obispo. The primary finding concerning cost avoidance was “the provision of substance abuse services is not only budget-neutral (does not increase net costs), but represents a good investment, with each dollar invested in treatment resulting in more than \$7 saved” (17).

In San Diego County, a Serial Inebriate Program was established to place chronic offenders into treatment rather than the revolving door of law enforcement custody. The program, while more comprehensive than detoxification alone, resulted in a 30% reduction in arrests over the previous year, and a study of just 18 graduates of the program, reported Emergency Medical Services savings of \$385,000 (12).



(11, p. 19)



(11, p. 19)

Financial Feasibility

No Current County Savings

Implementing a new program will initially not evidence any County cost savings; only over time will any savings be known. It is anticipated that a minimum of two years would be needed to assess any potential County cost savings such as emergency visits, acute psychiatric visits at the PHF, and crime reduction. Alternative funding for sustainability also needs to be identified.

Potential Funding Sources

1. Client fees: In Santa Barbara County, client fees account for 12% of the operating budget for the social model residential detoxification facility. This is a potential source of future funding and could be a requirement for a provider to aid sustainability.
2. Expand private sector partnerships: One possibility is employer payments for employees who need detoxification services so that the employees can return to work as productive and effective employees. Additionally, insurance reimbursements may be available in the future to sustain services. Two other counties receive private grants or donations to fund detoxification services.
3. Re-invest in treatment and collaborate with municipalities for services: In other counties, law enforcement booking fees are used to offset the costs of serial inebriates. Several cities in San Luis Obispo County have considered and/or committed money from Community Development Block Grant (CDBG) funds for detoxification planning.
4. Court ordered programs: Drug Court services continue to expand and receive increased funding at the State level. There may continue to be additional money from the State to augment services that could be directed toward detoxification.
5. A public-private partnership among the hospitals: In San Francisco, the hospitals contributed start-up costs for the social model detoxification center. The continued funding was a mix of client fees, insurance billings, hospital, and law enforcement support.
6. Legislative watch: There are several legislative actions (such as AB345 and SB297) that propose various taxes on alcoholic beverages with the revenue to be used for trauma, emergency, treatment and recovery services. These types of bills, if passed, could provide an ongoing funding source for detoxification services.

For example, AB345 (Saldana & Beall) provides that the State Board of Equalization shall calculate the total amount of surtaxes, interest, and penalties that would be collected as a

result of a reclassification of alcoholic beverages (estimated to be \$54 million annually). 50% of these funds would be distributed among Counties to defray the costs of trauma services and youth alcohol treatment recovery and prevention programs. This is currently a two-year bill.

Also a two-year bill, SB297 (Romero) authorizes the board of supervisors of a county, subject to voter approval, to levy on a countywide basis a tax on beer, wine, and distilled spirits purchased in a retail sale for consumption on the premises, at a rate not to exceed 5% of the sale price. Proceeds from the revenue generated would be used to support essential public services that are linked to the consumption of alcohol.

Cost Figures Summary

Detoxification Program to serve approximately 300 patients per year	Per Detox Day	Per Detox (or Bed)	Costs Per Year
Outpatient	\$ 92	\$ 460	\$ 138,000
Social Model Residential (8 beds)	\$ 61	\$ 22,500	\$ 180,000
Medical Model (10 hospital based beds)	\$ 1,200	\$ 438,000	\$ 4,380,000

An 8-bed facility would likely meet the anticipated need in San Luis Obispo County. The facility would ideally be co-ed and serve both men and women. Another option would be two four-bed facilities, one to serve men and one to serve women. The anticipated costs for an 8-bed social model residential detoxification facility would be \$22,500 per bed per year for a total of \$180,000 per year.

The \$22,500 per bed per year does not include any rent or the cost of a facility. The \$22,500 would be the operating costs only. A facility location would need to be found and secured for use of detoxification. The facility would need to be licensed by the State of California Alcohol and Drug Programs for detoxification services. This can take up to 120 days from the date of application unless the facility already has an Alcohol and Drug Program License.

Summary and Recommendation

Local Approach for Addressing Detoxification Needs of Substance Users

In the past three years, DAS has researched and evaluated several different models working with community partners. The following examples represent the most viable options:

- Private based partner to create social model residential detoxification services using their own funding resources such as client fees, grants, and donations. At this time there are two known private entities working on residential detoxification. One is Project Amend who is planning on converting four of their existing sober living beds to social model residential detoxification for men (anticipated timeline eight months). The other is Good Samaritan, Inc. who is working with North County Homeless Services to include a six-bed social model detoxification facility as part of the North County Homeless campus (anticipated timeline two years).
- Outpatient detoxification provided jointly by Drug and Alcohol Services and Community Health Centers (CHC). A pilot program will be conducted from January 2008 – June 30, 2008. The funding for this program comes from the Proposition 36 Offender Treatment Program and is limited to those clients eligible for Proposition 36. Outcomes will be tracked including enrollment numbers, drugs of choice, detoxification success, and follow-up into continued treatment services. Client demographics will also be available, anticipated release of outcomes in the fall of 2008.
- Collaborative (Private-Public Partnership) funding for social model residential detoxification beds. This could be a multitude of private-public partnerships such as hospitals, Community Health Centers, Housing Authority, law enforcement, private non-profit treatment providers, and Drug and Alcohol Services. A commitment has been secured from Housing Authority, Community Health Centers, and Drug and Alcohol Services to provide a low-cost facility, medical clearance and medical services, and consulting to a social model residential detoxification facility. This does not include funding for the 24-hour staffing required and operating expenses (anticipated to be \$180,000).
- Homeless Shelter co-located detoxification beds through the planning process with the City of San Luis Obispo and the Economic Opportunity Commission. It appears that the planning for the new San Luis Obispo Homeless Shelter campus will include beds for medically fragile people, potentially including those going through detoxification.

Community stakeholders have been active in the dialog and planning for detoxification services in the past few years. The San Luis Obispo County Board of Supervisors has requested staff report on, and has indicated a priority for, residential detoxification services. The Drug and Alcohol Services Advisory Board has issued a position statement on the need for detoxification services (see Appendix E). In addition, several other community partners and collaboratives, including the Homeless Services Coordinating

Council, the Central Coast Emergency Physicians, Inc. (see Appendix F), the Methamphetamine Task Force (see Appendix G), and the Human Relations Commission of San Luis Obispo City have called for detoxification to be addressed in San Luis Obispo County.

The community clearly expects the Health Agency to address the need for detoxification services. In the absence of detoxification services, approximately 300 substance using individuals are going to the Emergency Rooms, are being admitted to the Psychiatric Health Facility, are being detoxed in the County Jail, and are creating crisis impacts for community health professionals, family members, and friends. They can be treated in a more cost efficient and effective manner through detoxification services.

Consequences of failure to act upon establishing detoxification services can include increased risk management costs to the County of San Luis Obispo and the wasting of resources through inefficient and ineffective recycling of substance users through the various service systems.

Research suggests that a community with well-planned detoxification services will benefit from the reduction in emergency room visits, acute psychiatric episodes, public inebriant problems, crime, and potentially, drug related deaths.

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APPENDIX

APPENDIX A

Defining Detox

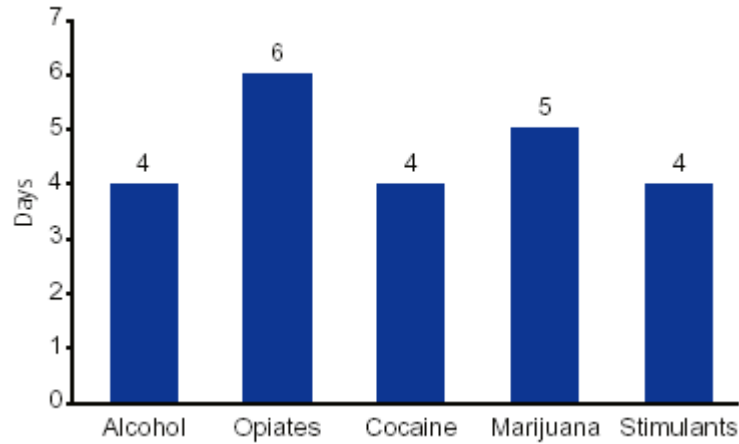
As alluded to in the report, detoxification has come to mean very different things to different people. Some view detox as the services provided to assist participants during the process in which alcohol and/or other drugs are metabolized in the body to eliminate toxic physiological and psychological effects. Services may be provided in a medical or non-medical residential or nonresidential setting. This definition implies that in some but not all detoxes there may be a great deal of discomfort and medical risk.

Others see detoxification as a more comprehensive program that is necessary in order for one to begin treatment for their addiction. Certainly every person who quits using drugs or alcohol will go through a physiological detoxification as substances metabolize from the body; however, not every person who quits using drugs or alcohol requires a detoxification “program”. Further there is nothing inherent in any definition of detox that states it must take place *before* a person begins treatment.

It is important to understand that physiological detox is a very different concept from detox services provided for psychological, safety, comfort or shelter reasons. Indeed not all those who go through detox continue with a treatment program. It is not uncommon for substance users to use detox programs as a place to lower their tolerance level for a certain substance in order to reduce the amount of drug required to bring about a “high”. While this reduction in use can be beneficial for the drug user, it might also put the user at a higher risk for overdose, as drug users are more at risk for overdose after a period of abstinence. The pre-abstinence dose may be lethal to the body that has a lowered tolerance.

The duration of the physiological process of detoxification varies between substances and individual users. This process can be affected by health, weight, gender, amount and duration of use. Generally speaking, the physiological detox or acute withdrawal period can last 3 to 14 days. Since detoxification services are specifically intended to treat withdrawal, the median length of stay is short. The median length of stay for completed detoxification episodes was 4 days, with the highest median length of stay for opiates at 6 days, according to national discharge data for detoxifications (15, p. 4).

Figure 4. Median Length of Stay among Detoxification Completers, by Primary Substance of Abuse: 2000



Source: 2000 SAMHSA Treatment Episode Data Set (TEDS).

Withdrawal and Acute Detoxification Symptoms

Alcohol Withdrawal

Alcohol withdrawal refers to a group of symptoms that may occur from suddenly stopping the use of alcohol after chronic or prolonged ingestion. Not everyone who stops drinking experiences withdrawal symptoms, but most people who have been drinking for a long period of time, drink frequently, or who drink heavily when they do drink, will experience some form of withdrawal symptoms if they stop drinking suddenly. These symptoms can last from 3 – 10 days.

Severe withdrawal symptoms include:

- Tremors
- A state of confusion and hallucinations (visual) -- known as delirium tremens
- Agitation
- Fever
- Convulsions

Heroin Withdrawal Symptoms

Symptoms of withdrawal include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), and leg movements. Major

withdrawal symptoms peak between 24 and 48 hours after the last dose of heroin and subside after about a week.

However, some people have shown persistent withdrawal signs for many months. Heroin withdrawal is rarely fatal to otherwise healthy adults, but it can cause death to the fetus of a pregnant addict.

Methamphetamine Withdrawal Symptoms

The most common symptoms of methamphetamine withdrawal are drug craving, extreme irritability, loss of energy, depression, fearfulness, nausea, palpitations, sweating, hyperventilation, diarrhea and increased appetite. Generally detox protocols for amphetamines call for rest, nutrition, hydration, and monitoring for amphetamine related or induced psychosis. It should be noted that users of amphetamines/methamphetamines often have compromised cognitive functioning for several weeks after cessation of use.

Levels of Care for Detoxification

Examination of the American Society of Addiction Medicine's Levels of Care for Detoxification is helpful in understanding both terminologies related to detox and the types of detox. Brief descriptions of the levels of care are presented here, including the clinical indications for placement at each of the levels.³

- Level I-D: Ambulatory (outpatient) detoxification without extended on-site monitoring. Level I-D is an organized outpatient service, which may be delivered in an office setting or addiction treatment facility.
- Level II-D: Ambulatory detoxification with extended on-site monitoring. Level II-D is an organized outpatient service, which may be delivered in an office setting, or health care or addiction treatment facility.
- Level III-D: Residential/inpatient detoxification.
- Level III.2-D: Clinically managed residential detoxification (sometimes referred to as "social setting detoxification") is an organized service that may be delivered by appropriately trained staff, who provide 24-hour supervision, observation, and support for patients who are intoxicated or experiencing withdrawal. Clinically-managed residential detoxification is characterized by its emphasis on peer and social support.
- Level III.7-D: Medically-monitored inpatient detoxification is an organized service delivered by medical and nursing professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of

³ American Society of Addiction Medicine: Principles and Protocols of Detoxification.

physician-approved policies and physician-monitored procedures or clinical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care.

- Level IV-D: Medically managed inpatient detoxification. Level IV-D is an organized service delivered by medical and nursing professionals that provides for 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services.

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APPENDIX B -- Provider Network for San Luis Obispo County

Name of org/agency	target population	services provided	# of beds	refer for residential detox	provide detox	after detox care	Mailing address	tel	website	e-mail	contact name
Project Amend	drug-free, newly released male inmates	90-day residential sober living facility, convert to residential treatment	16	currently refer out of county	2-4 detox beds in 2007	yes	657 Sweeney Ln San Luis Obispo 93401	805/782-9600	N/A	projectamend@charter.net	Michael Axelrod, Director
Life Steps Fdn Alcohol and Drug Free Living Centers	Pasos de Vida - women with children	12-18 month residential treatment program	20 women; 40 children	currently refer out of county	no	yes	3450 Broad St. San Luis Obispo 93401 (Nipomo facility)	cell 805/471-1472	www.lifestepsfoundation.org	cneal@lifestepsfoundation.org	Cherri Neal, Program Director
Ocean View Rehabilitation	private pay patients	12 month Executive Retreat Residential Treatment	4 beds	no	yes 1 bed	yes	Morro Bay	559/273-2942	www.oceanviewtx.com	Debbie@oceanviewtx.com	Deborah Harkness, Director
Middlehouse - A Home for Sober Living	men 18+; must be employed	stable living environment to promote sobriety	12	currently refer out of county	no	yes	2939 Augusta St. San Luis Obispo 93401	805/544-8328 (and fax)	N/A	no	John Bassett, Director
Health Care for the Homeless Project (CHC)	homeless	counseling and referrals	N/A	currently refer out of county	no	yes	710 S. 13th Street, Grover Beach 93433	805/473-7970	N/A	no	N/A
Gryphon Society	recovering men and women	sober living homes and support groups	60	currently refer out of county	no	yes	facility locations in SLO and South County	805/550-8140	N/A	N/A	Bull Chaney
Drug and Alcohol Services	everyone	diagnosis, referrals, outpatient treatment services	N/A	currently refer out of county	no	yes	2945 McMillan, San Luis Obispo, CA 93401 (other locations countywide)	805/781-4753	www.slodas.org	sgraber@co.slo.ca.us	Star Graber, Division Manager
Mental Health Systems, Inc (MHS)	court ordered adults	outpatient treatment services	N/A	currently refer out of county	no	yes	285 South Street, Suite M, San Luis Obispo CA 93401	805/544-2892	N/A	slodc-pc@mhsinc.org	29 Micki Walker, Program Manager

Cottage Outpatient Center of San Luis Obispo	adults	outpatient treatment for adults	N/A	currently refer out of county	no	yes	1035 Peach Street, San Luis Obispo CA 93401	805/541-9113	N/A	N/A	Linda Sleeter, Director
Casa Solana	women 18-72 with alcoholism and/or drug addiction	90-day residential education and recovery support	8	currently refer out of county	no	yes	383 S. 13th St. Grover Beach, CA 93433	805/481-8555	N/A	casa_solana@charter.net	Kim Fleming
EOC Homeless Services	homeless	emergency shelter, case management, information & referrals	N/A	currently refer out of county	no	yes	750 Orcutt Rd. San Luis Obispo 93401	805/541-6351	www.eocslo.org	jsmith@eocslo.org	Jody Smith
Aegis Medical Systems	methadone users	non-residential methadone detox	N/A	Drug & Alcohol	yes	yes	6500 Morro Rd "D" Atascadero, CA 93422	805/461-5212	www.aegismed.com	N/A	Brian Atwell, Director
HOTLINE	everyone	referrals	N/A	D&A	no	no	N/A	N/A	N/A	N/A	N/A

APPENDIX C

2007 COUNTY DETOXIFICATION SURVEY	Sonoma	Santa Cruz	Monterey	Kern	Stanislaus	Santa Barbara	San Joaquin
Medium Size Counties							
Do you have detoxification services?	YES	YES	YES	YES	YES	YES	NO*
How many slots?							
Outpatient	0	0	0	0	0	0	0
Social model residential	30	6	6	3	72**	26	0
Medical inpatient	0	0	0	0	0	0	0
County population	480,805	263,385	423,478	796,331	519,276	421,656	674,323
Residential detox beds per population (per 100,000)	6.25	2.28	1.42	0.377	13.8	6.16	0
% Capacity filled	95%	100%		80%		99%	na
County Operated or Contract Services?	County	Contract	Contract	Contract	County	Contract	(County)
Funding:							
SAPT	X	X		X	X	X	
Trust funds	X						
County General funds	X	X			X		
Mental health funds		X			X		
Grant funds		X			X		
Prop 36/OTP/Drug Court			X		X	X	
Client fees						X	

*San Joaquin closed detox facility (County operated Social Model) within the last year due to liability concerns

**72 beds includes both detoxification and residential treatment (not counted in the average computation)

Average is 3.0 beds per 100,000 (excluding outlier)

SLO Population = 263,824

San Luis Obispo County would need 7-8 detox beds to match like-size County continuum of care

APPENDIX D

Detox Cost Proposal -- Outpatient Non-Residential (Cost per Detox Client)

Initial Detox Assessment (triage)	30 minutes	
1 Daily Assessment of Detox Client	20 minutes per Detox	
2 Case Management of Client	60 minutes per Detox	
3 Daily Education for Prevention	15 minutes per Detox	
Total Staffing time spent per Detox individual	2.1 Hours	
Staffing requirement for Detox	1.0 Staff	
4 Cost of Specialist per staff hour		\$76.10
5 Labor cost per participant per Detox		\$111.49
6 Cost of prescription medication (estimate)		\$260.00
7 Cost of travel mileage between locations		<u>\$12.20</u>
Estimated cost per Detox Individual -- Outpatient		\$459.79

- 1 Daily assessment includes taking vital signs and discussing detox symptoms
- 2 Case management includes linkage with addiction recovery treatment, medical linkages, mental health and housing
- 3 Education may include discussions on HIV and Hepatitis prevention
- 4 Cost per Specialist based on the current year's approved fee schedule costs
- 5 Cost is total labor cost per individual over the detox treatment episode
- 6 Average medication costs. Costs will vary between alcohol and opiate detoxs
- 7 Assume travel costs between geographical sites (25 mi X .485)

San Luis Obispo County Drug and Alcohol Advisory Board

DETOXIFICATION

Position Statement

Adopted February 9, 2006

Background

Definition of Detoxification

According to SAMHSA's TAP 11 (The Substance Abuse and Mental Health Services Administration's Technical Assistance Publication number 11: *Treatment for Alcohol and Other Drug Abuse*), detoxification "provides medical and supportive services needed to alleviate the short-term symptoms of physical withdrawal from chemical dependence." The purpose of detoxification is "to help the patient stabilize physically and psychologically until the body becomes free of drugs or the effects of alcohol."

The Relationship of Detoxification to Treatment

TAP 11 states that detoxification "*is not a treatment modality*, but is the necessary first step in the treatment process." The National Institute on Drug Abuse's (NIDA's) publication *Principles of Drug Addiction Treatment* agrees with this position, stating: "Detoxification is not designed to address the psychological, social, and behavioral problems associated with addiction and therefore does not typically produce lasting behavioral changes necessary for recovery. Detoxification is most useful when it incorporates formal processes of assessment and referral to subsequent drug addiction treatment." Detoxification, then, while not sufficient treatment if provided by itself, is an important part of the Intake Processing and Assessment component of the Components of Comprehensive Drug Abuse Treatment described in the *Principles*.

The Place of Detoxification in the Continuum of Care

The United Nations publication *Contemporary Drug Abuse Treatment: A Review of the Evidence Base* describes addiction treatment as consisting of two phases: the detoxification phase and the rehabilitation-relapse prevention phase. The second phase is often divided into phases as well, with active treatment transitioning into less intensive treatment and finally aftercare. The American Psychiatric Association's Position Statement on Substance-Related Disorders states: "*Cost-effective treatment is best delivered in a comprehensive, flexible continuum of services, which should be accessible on the same basis as other medical care.*" Detoxification is thus an essential component in the continuum of addiction treatment services.

Types of Detoxification Services and Patient Placement

Types of detoxification services range from ambulatory (outpatient) pharmacotherapy to inpatient hospitalization, with residential social model approaches occupying the middle position. Ideally, the type of detoxification service provided should be matched to a client's needs. The UN's *Contemporary Drug Abuse Treatment* states: "Detoxification is generally viewed as particularly appropriate for patients who present with acute medical and psychiatric problems (in particular those with a history of seizure and depression) and also those who have concurrent acute alcohol dependence. Studies of shorter term

outpatient reduction programmes have generally reported poor outcomes with high patient dropout and few achieving abstinence. However, those patients who have less acute problems and medical complications and have a stable, supportive home situation may well be able to complete detoxification in the community. Few studies have examined the appropriate setting for the stabilization of physiological and psychiatric signs and symptoms associated with psychostimulant use; however, a residential medical setting is generally required if the patient has acute psychiatric symptoms and emotional distress.”

According to the UN’s *Contemporary Drug Abuse Treatment*, stabilization of acute withdrawal symptoms is typically completed within 3 to 5 days, “but this may need to be extended for patients with conjoint medical or psychiatric problems or physiological dependence on benzodiazepines and other sedatives.”

Benzodiazepine and sedative dependence are not the only complicating factor in detoxification. Methamphetamine abuse is growing in our county, and we are becoming increasingly aware of co-occurring mental disorders. Both of these factors can require longer, more intensive detoxification and more in-depth assessment and treatment planning.

A recent study funded by NIDA found that “people who have recently stopped abusing the powerfully addictive drug methamphetamine may have brain abnormalities similar to those seen in people with mood disorders,” and cautioned that methamphetamine abuse “is a grave problem that can lead to serious health conditions including brain damage, memory loss, psychotic-like behavior, heart damage, hepatitis, and HIV transmission.”

SAMHSA’s TIP 42, *Substance Abuse Treatment for Persons with Co-occurring Disorders*, states that “studies conducted in substance abuse programs typically reported that 50 to 75 percent of clients had some type of co-occurring mental disorder...while studies in mental health setting reported that between 20 and 50 percent of their clients had a co-occurring substance use disorder.”

Recommendations

1. Detox services should be included as a vital component in the system of care for substance abuse treatment in San Luis Obispo County. We recommend that the County make it a priority to fill the current gap in the continuum of care by implementing detoxification services, if possible without reducing or negatively impacting existing services.
2. Given the complexity and severity of problems confronting county residents with substance abuse and dependence, including the rapidly rising rates of methamphetamine abuse and high rates of co-occurring disorders, the ideal solution would consist of a graded range of detoxification services tailored to the specific needs of clients, including ambulatory pharmacotherapy for those clients with adequate motivation and support, an intermediate level of services consisting of nonmedical/social model residential detoxification services, and acute hospitalization for those with severe withdrawal symptoms and severe psychiatric comorbidity.
3. We recommend that, at a minimum, San Luis Obispo County should develop a nonmedical/social model residential detoxification program staffed to serve the needs of clients withdrawing from all the substances commonly abused in this county, including

alcohol, sedatives, opiates, and stimulants—especially methamphetamine, with active assessment of co-occurring psychiatric problems, active cooperation with Mental Health Services, and interventions aimed at maximizing transition from detoxification to longer-term treatment services and encouraging retention in these services.

Internet Locations of References Cited

SAMHSA's TAP 11: <http://www.treatment.org/Taps/Tap11/tap11toc.html>

NIDA's Principles of Drug Addiction Treatment:

<http://www.nida.nih.gov/PODAT/PODATindex.html>

The UN's Contemporary Drug Abuse Treatment: A Review of the Evidence Base:

http://www.unodc.org/pdf/report_2002-11-30_1.pdf

SAMHSA's TIP 42:

<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.74073> or

<http://media.shs.net/prevline/pdfs/bkd515.pdf>

APPENDIX F

**Central Coast Emergency
Physicians, Inc.**

EMERGENCY CARE SPECIALISTS

October 23, 2003

Ms. Star Graber
Clinical Program Manager
San Luis Obispo County Drug and Alcohol Services
2945 McMillan Road #136
San Luis Obispo, CA 93401

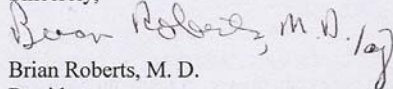
Dear Ms. Graber:

I do not know how to say this more clearly. There is a tremendous unmet need for detoxification, withdrawal and acute medical management services for substances abusers in San Luis Obispo County. I have been an active emergency physician in San Luis Obispo County for eighteen years now. I have, in that time, seen literally thousands of our citizens in desperate need of services we simply cannot provide. The unmet need increases dramatically over time and yet no apparent progress is made towards meeting that important need.

We need inpatient beds with dedicated providers trained and experienced in the acute care of early sobriety. This could then dovetail effectively with the local sobriety education and support programs that we have in place. Our local hospitals can and will admit acutely ill alcoholics and addicts in need of inpatient service. These patients will receive stabilization, medical support and a short break from their drug of choice. Though this can be of some significant value, this initial treatment algorithm rarely yields long-term sobriety and health.

After a short hiatus from their drug of choice, these patients are just sent home to inevitably recreate the same insanity. We must acknowledge the failure of our past and dedicate ourselves to creating a care environment that truly serves the needs of our community. We must provide comprehensive acute detoxification services designed to complement our community-based programs for sustained sobriety.

Sincerely,



Brian Roberts, M. D.
President

BR/cj

P.O. BOX 87 • TEMPLETON, CALIFORNIA 93465
TELEPHONE (805) 434-1869 • FAX (805) 434-3019 • E-MAIL ccep@tcsn.net

APPENDIX G

METH TOWN HALL MEETING MINUTES

10-13-06

Attachments:

Town Hall Meeting Agenda
Participant List
Town Hall Follow Up Meeting Flyer

Meeting Goals:

- Create an interdisciplinary community dialogue around methamphetamine use
- Discuss how the group would like to move forward

Facilitator Reggie Caldwell, from the State Office of AIDS, began the meeting by discussing his unique qualifications for addressing this issue: he's been tackling the meth issue involving gay men for the State Office of AIDS. Reggie asked the attendees to identify by show of hands who had gathered to participate. There were representatives from all of the areas listed on the agenda, along with representatives from local food pantries (not previously listed).

Reggie then showed a PowerPoint presentation about what methamphetamine is, why people may choose to use it, what it does in a person's system and some current approaches to curb methamphetamine use in various communities, including task forces, education campaigns, etc. This PowerPoint presentation is available for download at the Meth Town Hall Yahoo! User Group site.

A panel of speakers from the community took on the topic: "Why Are We Concerned".

1. Star Graber – County Drug & Alcohol Services (DAS):

DAS has seen clients come in with an elevated sense of paranoia, making their entry into treatment much more difficult.

Craving for meth is intense and manifested quickly after first usage.

Meth results in cognitive impairment for clients

Needs: Using Drug Court
 More Residential Treatment
 In-house detox facility

2. Jody Smith – EOC Homeless Shelter:

The Shelter staff is seeing the results of meth use on a daily basis.

Families with children are affected

Staff tries to deal with the "train wrecks" - all of the ripple effects of meth use,

from homelessness, healthcare problems, to foster care situations, etc.

Needs: **People need to have a place to “get clean”**

3. Dee Torres - Prado Day Center

Prado staff sees a mass of destruction in the lives of meth users

Staff finds it especially difficult to witness the self-destruction, especially when it comes to families with children - losing the capability to care for their children, child neglect, losing children to the system because of drug use.

Meth use takes a toll on the staff – trying to work with clients who may be unmanageable

4. Jan Stone – Community Health Centers – Homeless Outreach Program

85% of those people Jan is in contact with regarding drug use are using or recovering from using meth

Most meth users easily relapse – Seeing same people with recurring problem

Users can become productive community members – do not discount them

Needs: **In house detox**

Understanding staff / community – caring people

5. Steve Tolley – SLO Police Department

Meth is the most widespread, most destructive drug the police in SLO have dealt with

Arrests are usually resulting from: drug use; violence; child abuse

Law enforcement is the last resort.

Prevention is the key to controlling the spread of meth

6. Rebecca Mc Garigle – County Mental Health

Meth makes any kind of mental health diagnosis extremely difficult

Meth use leads to poor follow-through on the part of the patient

Using meth is, at times, a choice to “medicate” one’s problems

Needs: Help community understand that meth is a problem

Better connections with other community providers

7. Mike - California Narcotics Officers Association

There should be a 3-pronged strategy to attack meth use: Treatment, education, and enforcement

Need to revamp Prop 36

Admissions in hospitals for meth use exceeded alcohol use

8. Fred “Bull” Chaney – Gryphon Society, Sober Living Houses

Gryphon is turning people away daily because of lack of beds – perhaps closing the window of opportunity to help someone

Providers and community members need to:

Accept ANY positive change

Be less judgmental

Advocate for more community involvement

Other concerns:

Specific to drug treatment:

Rates for admission to drug treatment going up

More women than men admitted to drug treatment

Large number of marginalized pregnant women using meth

Specific to staff:

Mentoring

Training on meth, response to meth users

BRAINSTORMING AROUND ACTION AREAS:

All areas that were discussed have the over-arching need for funding for activities listed.

Law Enforcement:

More rehabilitation programs in prison / jail settings

Involve the District Attorney in strategies dealing with meth use

Involve and utilize Drug Court – for users AND traffickers

Law enforcement to use their influence for more treatment/residential program beds

Education:

Educate youth / schools / faculty / staff

Educate parents

Integrate drug use prevention into educational curriculum

After school programs, especially for Junior / Senior Highs

De-stigmatize mental health issues so kids not prone to self-medicate

Educate medical providers

“Madison Avenue”-like media campaign for the community

Put a local face on meth

Use realistic messages

Prepare children for life “positively”

Prevention:

Narc-anon / Al-anon

On-going discussion: how to prevent drug use

Outreach to the gay/lesbian/bi-sexual/trans-gendered community

Improve outreach in the community

Treatment:

Residential detox to SLO County

Comprehensive treatment services

Longer drug treatment

Listing of in-patient services available

Treatment for adolescents

Assist in transition from hospital to treatment settings

Intervention models – crisis intervention
Contingency management
Treatment for dealers

Others Impacted:

Training for agency staff regarding how to handle meth users effectively / compassionately
Help for parents
Assistance for children of addicts – especially developmentally disabled
Cast community net wide to add other partners

CROSS-CUTTING ISSUES:

Bi-lingual services
How do we treat people – i.e., as addicted? as criminals?
Utilizing political influence

NEXT STEPS:

Transcribe notes by 10/31 (Edie Kahn)
Set next meeting date by 10/20 (David Kilburn) *****DON'T FORGET TO INVITE A FRIEND!
Create e-mail distribution list (David Kilburn)
Support Good Samaritan in efforts to bring detox to SLO by letters of support
(goodsamshelter@earthlink.net)
Begin data collection process in all programs
Think about cost analysis: i.e. treatment vs. incarceration

STARTING NEXT AGENDA:

Choosing a Lead Agency
What can we do in the next 6 months?