

CONTENT NOTES
5/19/00
FLORIDA COMMISSION ON MENTAL HEALTH & SUBSTANCE ABUSE
ST. PETERSBURG, FL

The meeting was called to order at 9:15 a.m. by Chair Dr. David Shern. Open public testimony focused on substance abuse was taken first.

(9:23 a.m.) Jim Mills, Executive Director, Juvenile Welfare Board (JWB) of Pinellas County, stated that he wanted to make four comments.

1. He urged Commissioners to consider children in families, stating that JWB sees creative ways to deal with both adult mental health and children's issues.
2. He pointed out the importance of the period of transition from adolescence to the parenting years. "There needs to be sensitivity to developmental issues if dysfunctional cycles are to be broken."
3. He expressed a concern about dual diagnosis and Florida's current separate systems for substance abuse and mental health, saying it is difficult to see how this can work successfully.
4. He urged partnerships between the state and local communities, noting wonderful opportunities for change including shifting of fiscal responsibility to the local level. However, this should be preceded by a public policy debate about the fiscal responsibility of each and the nature of any new relationship. "There is an assumption that local communities have unused resources. Many counties are already at their ad valorem tax limit. Palm Beach County is a good example."

Nancy Conine, Executive Director, Mental Health Association of Pinellas County, spoke about dual diagnosis and Hepatitis C. "Research shows that an integrated treatment approach works. [In the physical health arena], we aren't currently forced to choose between treatment for heart disease or cancer. We have been talking about these issues for too long. When will we act?" She stated that Hepatitis C is a public health epidemic but we don't hear much about treatment.

Steve Kersker, head of the Florida Drop-In Center, said that he is a dually diagnosed consumer who has Hepatitis C. He expressed concern about patients with mental illnesses coming out of closed state hospitals who aren't getting the treatment they need. "For the homeless, only religious programs are available, but they need specialized [mental health] treatment and more outreach services. Mental health courts are also needed to keep persons with mental illness out of prisons and jails. Diversion programs are a good thing, he said.

****Carali McLean, LCSW, PAR Administrator**, had asked adolescents in their residential treatment program what concerns they would like brought to the attention of the Commission. Their comments (available in full on the Commission's web site) included:

- There are not enough treatment facilities or secure residential programs
- More money should be spent on treatment versus punishment statewide
- Too much money is spent on prisons
- Drugs are everywhere and a normal way of life for many; also available on the Internet

- Too many parents use drugs
- The DARE program is not tailored to specific ages; 13-17 is too wide an age range
- Kids who are selling drugs are younger than ever before
- Kids need good mentors and better education about drugs in schools
- Drug education and screening should occur before young people are granted driver's licenses
- Communities should do more to address kids' spiritual needs

Sally Gronda, Executive Director, Area Agency on Aging said, "Our seniors are 'aging in place' in Florida, often left alone with too much social isolation. In Pinellas County, we offer in-home mental health counseling, but that is not the norm." Most seniors are reluctant to seek help. In-home care is needed, as is more funding for senior services. She suggested getting money from the tobacco settlement.

H. Greer Peter of A Coalition for Optimal Mental Health and Aging, stated that ¼ of Florida's population is elderly, and elders take lots of medications. This leads to the abuse of legal prescription drugs as well as alcoholism. Cocaine and heroin use are on the rise among older people, she said. Retirement is a difficult period, with less social contact and more free time for many seniors, whose families live far away. "Families are not always the most helpful resource," she said. She urged the Commissioners to look at insurance issues and parity for older persons. Both the public and providers need to be educated about the issues. She urged dedicated state funding for indigent elderly. A media campaign about substance abuse treatment for elders would be helpful.

****Kay Doughty, Director, Family Programs, DACCO, president of the Certification Board of Addiction Professionals of Florida.** She pointed out the necessity of treatment professionals who are well-prepared and up-to-date in their education. DACCO offers family substance abuse services. There is a need for more coordination of services. It is difficult to work across funding streams because every agency has different paperwork requirements. More than 50% of the women DACCO sees are dually diagnosed, pointing up the need for integrated mental health and substance abuse services. "Family drug courts are a must! We see that 75-80% of kids in foster homes had substance abuse problems in their birth families."

Kerri Quinn, PAR, talked about domestic violence and substance abuse and her own experience. Saying she is now a survivor, she recalled her past as "life in a blender." She feared for her own life and that of her daughter's. She mentioned taking responsibility for making "bad" choices and allowing a dangerous situation to continue. "When DCF and PAR intervened, I found a new world. My caseworker believed in me and in my own strength. She gave me these valuable gifts. I learned that happiness is a choice, not a responsibility and how to be calm in the face of someone else's hysteria. "My addiction was marijuana. I'm now clean and trying to get my daughter back. Change is possible; it happened for me."

Cheryl Bivens, a consumer with sons ages one and seven, said she had abused alcohol and drugs and put her sons through a lot, finally losing the boys. "This made me realize I needed help. I had no car, so I walked everywhere. Now I'm struggling because I want a better life for my kids. While I was abusing drugs and drinking, I wasn't thinking about the consequences. Now I'm learning a lot about myself with the support of PAR, new friends, a job. Through this program, I've been clean for five months. It took a lot to get to this point."

Invited Testimony(10:10-1:00)

***** (10:10-11:15) Dr. Alan Leshner, Director, National Institute of Drug Abuse**

Dr. Leshner stated that advances in science have revolutionized our view of drug abuse and addiction. He reviewed the reasons people use illegal drugs and the four major risk factors: community, peer cluster, family, and individual, noting that there are actually 70 individual risk factors. However, most people with most of the risk factors do not use drugs. Therefore we should pay attention risk but also ask, “What protects those with risk factors who don’t abuse drugs?”

Protective/resiliency factors must be balanced. Family involvement in the whole life of a child is more important, Dr. Leshner said, than narrow involvement in a child’s drug use.

People take drugs for two reasons:

- To feel good (sensation seeking, stimulation)
- To feel better (self-medicating; using drugs to normalize; often have co-existing mental health disorders. These individuals typically don’t care about the consequences of drug use but only want to feel better now.)

New imaging technology allows us to see the brain’s workings while a person is on drugs. “Although every drug acts differently on different parts of the brain, we now know all subgroups have a common characteristic, a common brain mechanism.”

Everyone is vulnerable to becoming addicted to drugs, but why are some people more vulnerable than others? Scientists suspect an interaction between genetics and the environment. There is a large genetic component. It is thought that 50% to 70% of drug addiction vulnerability depends on genes, while the rest is environment. People with lower levels of dopamine D2 receptors find stimulants more pleasant. Therefore biological differences predicts whether a person will like taking drugs.

Once a person has used drugs for awhile, why can’t they use stop? We now know that long-term drug use actually rewires the brain. Long-lasting brain changes occur in mood, pleasure and cognitive function, including memory. Consequently, long-term behavioral effects make sense, and behavioral changes can be tracked in the brain. It’s like a switch in the brain. Drug users begin in one brain state and end in another.

“Addiction is fundamentally a brain disease but addiction is not just a brain disease,” Dr. Leshner said. “Addiction is a brain disease expressed as compulsive behavior. Both developing it and recovering from it depends on behavior and social context. People can’t ‘just stop’ because they’re in a different brain state. That’s why treatment is so essential.”

Advances in science are advancing drug abuse treatment. There are certain principles of drug addiction treatment, Dr. Leshner said.

1. Treatment must be readily available. Waiting lists are not acceptable.
2. Persons must remain in treatment for an adequate period of time. This is critical for treatment effectiveness. Research shows that residential treatment lengths of less than 90 days are not effective.
3. Drug abuse treatment is not a unitary concept even within broad categories of program types. Instead, treatment programs are made up of many discrete elements and services.

4. There is no “one size fits all” addiction treatment. Strategies should be tailored to an individual’s needs and assessed and modified continually.
5. Counseling and other types of behavioral therapies are critical components. No matter how good medications are, they will not work alone.
6. Medications are an important element of treatment for many individuals, especially when combined with behavioral therapy. Addiction is the quintessential biobehavioral disorder.
7. The most effective treatment strategies attend to all aspects of addiction: biology, behavior, and social context. Individuals with mental and addictive disorders should have integrated treatment. Correcting one without correcting the other will not work.

Drug treatment does not have to be voluntary, Dr. Leshner said. “People don’t have to want help to benefit from it. If they just stay in treatment long enough, it will start to work. The longer they are in treatment, the better the outcome.”

In terms of criminal justice, “we need to treat addicted criminals, or they will be back in jail. We know that 50% to 80% of people in the criminal justice system have substance abuse problems. With good drug treatment, we can reduce recidivism in both drug use and jails.”

In terms of treatment, where do we go from here? “We have a variety of effective treatment options in the clinical toolbox, but we need to do better, and we can do better. NIDA has declared national drug abuse treatment improvement a goal, and science will be the vehicle.” NIDA’s treatment initiative encompasses new treatment components as well as existing ones. Many science-based behavioral therapies are ready for field testing, but new treatments don’t replace old ones.

A clinical trials network is being developed all over the United States to translate research into practice. “This is all great, but there is a unique disconnect between the scientific facts and the people’s perception about drug abuse and addiction. We need to overcome this disconnect if we are to make any real progress. We now have the science base, but it isn’t being used. Science can replace ideology as the foundation for drug abuse and addiction prevention, treatment, and policy strategies.”

**** (11:15) James McDonough, Director, Florida Office of Drug Control Strategy,** spoke about his office’s plan for Florida: to reduce drug demand and to focus on treatment but also on prevention. He emphasized the importance of reducing demand for drugs around the state. “Our approach is long term and science-based. We must base plans on what we know.”

Mr. McDonough noted an overlap between mental health and substance abuse. “I don’t know which comes first, but they are two interconnected circles. If you separate them, we will never solve the broader issues.” He also talked about the homeless population, asking, “To what degree do mental illness and substance abuse overlap? This is an overwhelming challenge and an area that is not being studied enough.”

Another area that is not being studied enough concerns elders, a significant and growing portion of Florida’s population. Four percent of elders, he said, abuse illegal drugs. Many abuse prescription drugs. Florida has a worse problem in this area than other states.

Eight percent of all Floridians have used illegal drugs in the last month, he said, while nationally that figure is six percent. Solving these problems are policy issues that must be driven by science. Of all crime, 60% to 80% is related to substance abuse.

Research that shows that drug use is down brings up a puzzling question. Why is this decrease not seen in treatment centers, and why are so many who need treatment not receiving it? This paradox relates to the pre-existing inadequacy of the capacity of the treatment system coupled with decreasing funding in real terms during the last 10 years.

Children are a huge challenge. Youth rates have been rising for 10 years. Dealing with this is a priority. Club drugs and designer drugs are an epidemic. What is the solution? For one thing, close rave clubs at 2 a.m., not 7 .am. We're not sure why this works but it is effective. "We advocate local ordinances to close rave clubs at 2 a.m."

Drug courts are the "crown jewel" in the current treatment system, Mr. McDonough said. Coercion works; no one volunteers for treatments through the courts. We need incentives to get people into treatment.

Medical professionals too often do not recognize the signs of substance abuse. They need to be better educated about it. Additionally, parents and others don't have to be experts but they do have to know the basics and set boundaries for children. Mr. McDonough urged Commissioners to carefully consider their recommendations and have respect for the science of drug abuse.

****Ken DeCerchio, Substance Abuse Program Director, Florida Department of Children and Families,** noted that Florida is the only state with its Office of Drug Control in the Governor's Office. Though resources have increased \$67 million over the last two years, 23% of children and 14% to 16% of adults who need substance abuse services still are not able to access them. He recommended focusing funding on integrated mental health and substance abuse services. The key, he said, to reducing drug abuse in Florida by 50% involves not just treatment but ongoing recovery (i.e., keeping recovery going through appropriate aftercare). His office plans to implement a statewide, consolidated children's mental health and substance abuse information and referral network by July 1, 2000. They also will implement the Florida Youth Prevention federal grant initiative over a three-year period ending December 2002 in order to replicate and evaluate 25 science-based prevention programs for children ages 12-17.

Mr. DeCerchio described the goals of the Florida Youth Survey 2000:

- Provide state, district, and county level estimates of substance abuse prevalence among adolescents
- Provide estimates of risk and protective factors
- Provide county-level data to local stakeholders
- Establish baseline data
- Minimize administrative burden on schools

He gave a summary of addictions data as follows:

- Cocaine use is down 66% overall since 1995
- Marijuana use is down 38% overall since 1995
- Florida ATOD use is comparable to current national levels
- The state has developed a stable methodology and capacity for reliable, ongoing surveillance of ATOD use among school students
- Survey results support comprehensive prevention programming efforts at county and state levels
- Preliminary data results show alcohol as the overall "drug of choice"
- General drug use trends closely follow national trends except for alcohol use among 8th graders.

****(12:23 p.m.) John Daigle, Executive Director, Florida Alcohol and Drug Abuse Association (FADAA)**, a statewide non-profit representing more than 85 community-based substance abuse treatment and prevention agencies. FADAA has three primary functions, he explained:

1. Advocating for quality substance abuse treatment and prevention services for Floridians.
2. Professional development activities for its members (conferences, workshops and home study programs)
3. Acting as a Resource Center for information on substance abuse to the public and to professionals. FADAA's website averages more than 4,000 hits per day.

Mr. Daigle recognized Dr. Alan Leshner for his outstanding leadership in developing a foundation of scientific, evidence-based knowledge about substance abuse. He noted that FADAA has been involved in a national project called the National Plan to Improve Treatment. The just-released findings are intended to guide national policy and programs and include recommendations in five domains:

1. Closing the treatment gap/need for increased access
2. Reduced stigma
3. Improving and strengthening the treatment system
4. Connecting research and services
5. Addressing workforce issue

He stressed the need for the field to continue to build on the foundation of research-based understanding of addiction disorders and link research and treatment. He also urged the Commission to consider the goals and recommendations in Florida's Drug Strategy and in the Treatment and Prevention Precipis developed by the Governor's Advisory Council. Mr. Daigle additionally urged the Commission to look beyond DCF to other state agencies with involvement in substance abuse treatment and prevention, such as the Departments of Juvenile Justice, Correction, Health, and Education. "There is a critical need for improved coordination of these cross-agencies related to addiction treatment and prevention services so that there truly is one public system of services. There is also tremendous opportunity to provide access to services for individuals in these systems with important cost offsets. Studies have concluded that for every dollar invested in addictions treatment, we save seven dollars. Most of these savings are related to these other agencies, such as criminal justice costs and health care costs."

Mr. Daigle repeated Ken DeCerchio's statement that we are presently unable to treat many people in need of substance abuse treatment. He recommended that the Legislature continue to invest state dollars in services and support increased availability of Medicaid funding for addictions services. "Currently little Medicaid reimbursement applies to addiction services, though we know that a significant amount of Medicaid costs are directly related to addictions." He cited a study that concluded that at least one in five dollars Medicaid spends on hospital care relates to substance abuse and that Medicaid patients with substance abuse as a secondary diagnosis are hospitalized twice as long, and substance abuse complicates treatment for certain health care problems.

Mr. Daigle reminded Commissioners that they have a dual challenge in addressing both mental health and substance abuse and that a lot of overlap exists between these areas. "It is important that we do a better job of coordinating and integrating these services."

However, he said, there are also problems unique to each population. “I believe that for this Commission to be successful, you must address not only where mental health and substance abuse intersect but where their needs are distinct, as in the role of prevention. Though prevention is important in both areas, traditionally prevention has played a greater role in preventing substance abuse and addiction than mental disorders. A body of knowledge has been developed regarding science-based approaches to prevention. So I would hope that prevention is given significant time and attention in the Commission’s work.”

***(12:38 p.m.) Richard Dembo, Ph.D., Professor of Criminology, University of South Florida,** spoke about the challenges facing Florida alcohol and drug services for youths. He listed:

1. Weakly coordinated services
2. Strained infrastructures at managerial and service delivery levels
3. Low salaries and high staff turnover
4. Need for more early intervention and treatment resources
5. Need more rigorous evaluations of treatment integrity and outcome
6. Need to strengthen the service delivery system.

Dr. Dembo mentioned several interrelated activities in the service delivery continuum:

- Preliminary screening
- In-depth assessment
- Intervention
- Aftercare
- Long-term continuity of care

He pointed to some promising developments:

1. Central intake facilities (Juvenile Assessment Centers)
2. Preliminary screening and in-depth assessment
3. Service referral mechanisms
4. Intervention strategies (e.g., diversion, community-based)

Regarding Juvenile Assessment Centers (JACs), Dr. Dembo mentioned certain opportunities and challenges. JAC advantages include:

1. Opportunity to get comprehensive information on young and improve referrals, court dispositions, and program placements
2. Insight into troubled youth, service needs, and emerging problems
3. Focal point for intervention efforts
4. Implement and evaluate innovative service delivery strategies.

JAC challenges include:

1. Guarding against net-widening
2. Efforts needed to assure ongoing support of key agencies
3. Need to maintain strong infrastructure and quality services
4. JACs tend to be costly
5. Need to maintain original JAC vision.

Debra Winkelman, consumer, said she had sought treatment from the courts last year. The other side of mandatory treatment, she said, is people who don’t want treatment and “clog up the system,” keeping out those who do want help. Ms. Winkelman now receives

treatment at PAR and is able to take her child with her. “I learn something every day. I have a lot of gratitude. I’m grateful, for instance, to know what is wrong with me. I’m an addict. I know that I need to go to treatment, though I don’t always agree [with treatment professionals].”

Kathe Abels, mother of 17-year-old son in residential treatment at PAR, described how her son tried to kill himself before he started treatment. “I’m grateful for the current system, with all its flaws. My son is an addict for two reasons: his father killed himself five years ago, and the peer pressure of other kids that ‘drugs are cool.’” These factors left her son severely depressed, which led him to alcohol and drugs, to which he became addicted. “Because of PAR, this boy is my son again. Dr. Leshner is right about the huge circle of treatment. Every dollar spent on helping one child will influence many more kids.”