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The San Diego County edition of *Prevention File* is published in cooperation with the County of San Diego Health and Human Services Agency, Alcohol and Drug Services (ADS). Please address all comments to HHSA, ADS, P.O. Box 85222, San Diego, CA 92186-5222; or call ADS at 619/692-5717.
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THE OFFICIAL NUMBERS MAY NOT SEEM STARTLING, but there are indications in San Diego County that the so-called "club drugs" used primarily by young people to fuel all-night partying are on the rise.

"The hard data are still quite small but we have seen some increases," said Michael Ann Haight, researcher with County Alcohol and Drug

hospital emergency rooms and from coroners. Statistics also are gathered from certain arrest reports provided by law enforcement.

Data on drugs tracked by CEWG showed that San Diego appears to be faring well. Statistics to track trends in heroin and cocaine use are considered stable, Haight said. In comparison with other areas, San Diego County has

DRUG USE TRENDS IN SAN DIEGO



Services, who works with the Community Epidemiology Work Group, a somewhat cumbersome name for an important group that keeps its collective ear to the ground and eye on the numbers for drug-use trends.

Known by its initials and pronounced "c-wig," the group collects data from 21 major metropolitan areas not only to chart current drug use

information, but also to spot emerging trends. The National Institute on Drug Abuse established CEWG in 1976, and San Diego County has been one of the metropolitan areas included in its data collection for the past 24 years. CEWG acts as an "early warning system" in alerting communities about drug-use trends, Haight said. The organization, for example, was the first to note the rise of the crack cocaine problem.

CEWG data come from several sources, including the Drug Abuse Warning Network, or DAWN, which provides information from

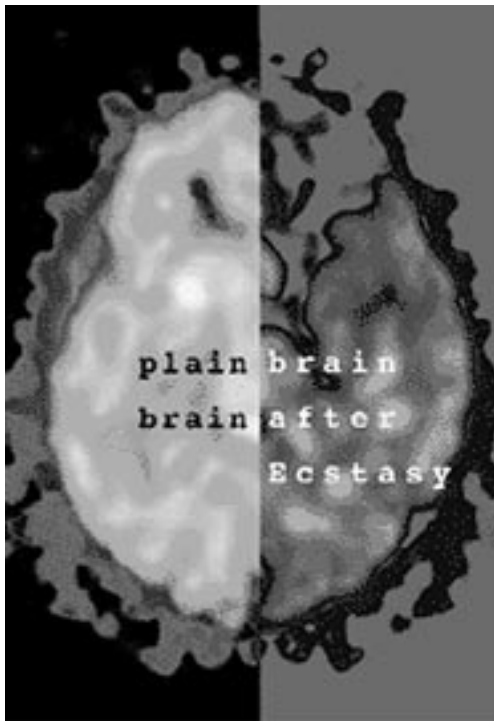
one of the fewest mentions of cocaine in terms of emergency room data; the only CEWG metro area with a lower number of cocaine mentions is Minneapolis. Heroin, however, is still present in more accidental overdoses than any other drug in San Diego County, a continuing reason for concern.

In discussing these numbers and comparisons with other big cities, Haight cautions that the population from which the data are collected might be considered a disenfranchised group.

The CEWG statistics, she said, are generally taken from "huge, publicly funded data sets and the people they capture may not have many resources. For instance, they wouldn't include numbers from people who seek treatment through their own physicians or through private treatment options or even through their pastors.

"What we don't know is what is going on with the more affluent population. There is a hidden population here that we can't look at."

Earlier this year NIDA issued a bulletin to communities in response to concerns about club-drug use.



A number of our nation's best monitoring mechanisms are detecting alarming increases in the popularity of club drugs.

"A number of our nation's best monitoring mechanisms are detecting alarming increases in the popularity of (club drugs)," it read.

"NIDA-supported research has shown that use of club drugs can cause serious health problems and, in some cases, even death. Used in combination with alcohol, these drugs can be even more dangerous. Thus, we are issuing this alert to aid communities in identifying and responding to this threat to the health and safety of their young people."

The NIDA warning adds another caveat about the club drugs.

"Uncertainties about the drug sources, pharmacological agents, chemicals used to manufacture them and possible contaminants make it difficult to determine toxicity, consequences, and symptoms that might be expected in a particular community."

For professionals in prevention, Haight said, this growing concern about club-drug use means "we cannot let up on any prevention messages."

She added that this caveat especially applies to prevention measures targeted toward use of marijuana, a substance she said is "definitely a gateway drug" that leads to use of other harmful substances.

"In many ways, marijuana is an ignored drug," Haight said, "and all who are in this field know it is still the most commonly used illicit drug by adolescents."

There are other confounding factors within the CEWG data, Haight said. Because the county does not administer San Diego's methadone maintenance program for heroin, statistics from it are not included with CEWG numbers.

"If they were," Haight said, "the heroin numbers would be right up there."

She said she also is concerned about growing anecdotal reports of young people—especially in affluent North County areas—who are smoking heroin.

"They believe if they smoke it, it's not addictive," Haight said, "and they're dead wrong."

Recently, club drugs have received considerable

attention in San Diego media. According to the most recent CEWG report, there were 26 club-drug-related deaths in San Diego County in 2000, compared with 23 in 1999. Club drugs include such drugs as GHB, SOMA, MDMA (commonly known as ecstasy), Ketamine and Rohypnol (the so-called date-rape drug). NIDA also includes methamphetamine in its list of club drugs, but in San Diego county, meth use is so widespread and entrenched in the general population that, according to Haight, it does not qualify as a club drug.

MDMA is being closely monitored, CEWG recently reported, adding that 17 of its metropolitan areas reported that ecstasy use has become more widespread. Members also reported that ecstasy is now being used in a variety of settings, including house parties, and by different age groups.

In comparison with other cities tracked by CEWG, San Diego county's rates per 100,000 are about average in the club-drug category, with the exception of the numbers reported for meth. For that category, San Diego County ranks just behind San Francisco in reporting the highest rates. But it must be stressed again that, in San Diego County, meth is not a club drug, even if it sometimes is used at raves or other venues in combination with the traditional club drugs.

Given these statistics that show a small number of club-drug deaths, is concern about the use of the club drugs an overreaction?

"Absolutely not," said Haight. "These are not benign drugs. They are here, they are being used, and they are causing problems."

Much of this information comes from strong anecdotal reports, she said, of the proliferation of club drugs and their attendant medical problems. Reports are common, for example, of teens using MDMA and becoming overheated and dehydrated from dancing nonstop.

For additional information on CEWG visit its Website at www.drugabuse.gov/CEWG/CEWGHome.html or call Michael Ann Haight at 619/692-5717.

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! & A

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get your
FREE phone card

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! & A with the County of San Diego **OFFICE OF AIDS Coordination**

Do you see any disturbing new trends linking alcohol and other drugs and the spread of HIV?

A: There is a rise in the numbers of AIDS cases among Latinas, African American women and young men who have sex with men of all ethnicities. We must extrapolate from these numbers that individuals are either not engaging in safer sex practices or are reverting to unsafe sex. This, combined with the any type of substance abuse, is only going to exacerbate the transmission of HIV. Also, anecdotally we are hearing about an increase in unsafe sexual behavior accompanied by high-use rates of alcohol, methamphetamine, and club drugs, such as ecstasy, special K and GHB. And finally, a new phenomenon called "circuit parties" is a prime venue for heavy drug use, which has the possibility of exacerbating unsafe sexual practices. Because these circuit parties are attracting larger and larger numbers, this increasingly influences the community as a whole.

Do you think there is a false security, especially among younger people, that the AIDS epidemic is waning?

A: Part of the sense of false security is fueled by statistics. The number of AIDS cases has been going down since the mid-1990s, thanks to the newer medications that many people begin taking before they have a full-blown AIDS diagnosis. Those medications can work well enough so that the person doesn't acquire any of the AIDS-defining illnesses but he or she can still be spreading HIV. The Centers for Disease Control and Prevention has said that the number of new HIV infections has held steady at about 40,000 a year for about the last half-dozen years. But there is some evidence that the numbers may be higher and that rates are up in some cities, especially in the category of young men who have sex with other men.

What are other contributing factors that the public may be overlooking?

A: The extent to which drug use, especially injection drug use, is associated with heterosexual spread of HIV, and that is especially a factor in the very high rates of infection

AT THE END OF 2000 SAN DIEGO COUNTY HAD REPORTED 10,636 AIDS CASES since 1981. Because HIV, the precursor to AIDS, is not currently a reportable condition, not as much is known about the HIV-positive population. Recent data suggest that AIDS rates are leveling off in the white gay male community, but are rising in communities of color. The link between alcohol and drug use and contracting HIV through unprotected sex is well established through various research studies and anecdotal evidence. This interview with the Chief of the County of San Diego County Office of AIDS Coordination, Terry Cunningham, and OAC health planner Richard Burhenne, discusses HIV-prevention concerns, particularly as they relate to alcohol and other drug use.

in African Americans and, to a lesser extent, Latinos. African-American women are becoming infected by men who have acquired the virus through injection drug use or through sex with other men. Also, there is direct injection drug use (IDU) transmission through sharing of needles and other "works." For women, there can be their own drug use and the risk of heterosexual transmission, especially if coercion of some kind is involved. Many sex industry workers of both sexes are reporting that their clients are willing to pay higher prices for sex without condoms.

Are there other pressing problems in San Diego County relating to alcohol and other drug use and HIV-prevention measures?

A: There are only about 900 alcohol and other drug treatment beds in the county. Federal priorities require first preference be given to female injection drug users, second to other women of childbearing age, and third to other IDUs. The reality is that with so few beds, the odds that one will be available for a male injection drug user when he is able and willing to go are very, very small. Treatment facilities have the opportunity to choose between an alcoholic instead of an IDU, who is perceived to be a more difficult patient.

You mentioned "good interventions." What do you mean by that?

A: It means outreach to IDUs and others to make them aware of the facts and to bring them into a service network, and to provide condoms and safe-sex information, to provide safer injecting information, such as how to clean drug

paraphernalia or why it is dangerous to share your cotton. Then there is outreach to other populations that occurs in gathering places where there's safe-sex information that includes at least basics like "take care of yourself by staying sober and staying in control."

Are there particular challenges for the African American and Latino populations?

A: In the beginning HIV/AIDS was seen as mostly about white gay men. This population per-

There is a rise in the numbers of AIDS cases among Latinas, African American women and young men who have sex with men of all ethnicities.

ceived that the rest of the world was not going to take care of them so they learned to take care of themselves and they created their own programs, their own interventions, and their own prevention projects. Unfortunately, that and a lot of the

media in the early years gave other people the impression that AIDS was a white gay male disease and that it did not affect them. That perception continues to a large extent. Second, the behaviors involved in transmission, especially men having sex with men, are highly stigmatized. While there was a sizable white gay male community in many cities that could influence policy, the same was not true in the African American and Latino communities. Third, much of the early prevention work was done in white gay male communities and it has taken a long time to develop interventions that are specific to other communities. There continue to be efforts to increase outreach to African American and Latino communities. We need the participation of these communities to help us work with their organizations. We need to know what interventions are acceptable to them, what people will hear, what is the right message. The Office of

AIDS Coordination, in collaboration with the HIV Health Services Planning Council, have held community forums in the African American, Hispanic and Asian/Pacific Islander communities to garner this type of information.

Is lack of information about HIV/AIDS still a major problem?

A: We are looking at the need to begin doing AIDS 101 all over again. Many people simply do not have the basic facts. We cannot assume

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that because this disease has been around for 20 years that the community members have the information they need. This is compounded by stigma and denial. Individuals who are aware do not necessarily know where to go for help. They do not know where to go for services, they are afraid to be seen going in or out of certain places, and they do not know whom they can talk to in order to get more information. In the African American

community, we are seeing a renewed interest in the entire spectrum of AIDS. The churches are the leading institutions in the African American communities. They hold things together. They transmit tradition. The Concerned African-American Clergy and Laity organization is forming to address the issue in culturally sensitive and appropriate ways.

What specific policy issues regarding alcohol and drugs need to be addressed in furthering HIV prevention?

A: A great deal still needs to be accomplished in order to make the connection between substance abuse and the transmission of HIV. This will include a variety of approaches in the areas of media, marketing and policy work.

Sound Policies for Promoting Change: Reducing Underage Drinking

The primary aim of the initiative is to reduce the impact of underage drinking through community-driven, research-based prevention strategies.



AS IT ENTERS ITS SIXTH YEAR OF IMPLEMENTATION, THE UNDERAGE DRINKING INITIATIVE OF SAN DIEGO COUNTY IS "ALIVE, WELL, AND THRIVING," says one of the program's chief coordinators.

"Our most successful accomplishment is the high level of awareness that has been created and sustained among so many different groups to show the real human cost of underage drinking," said Bill Crane, presentation coordinator for the County's Alcohol and Drug Services, a component of the County Health and Human Services Agency.

The initiative, he added, "remains vibrant and it has so much potential."

The program grew out of 15 recommendations presented to the

County Board of Supervisors by the Policy Panel on Youth Access to Alcohol, a blue-ribbon team that convened in 1994 to study the multifaceted aspects of the problem. Two years later, the Board adopted steps to be taken countywide to institutionalize the recommendations as an initiative and it has continued to reaffirm its support in the years since.

The primary aim of the initiative is to reduce the impact of underage drinking through community-driven, research-based prevention strategies. A major tenet of the initiative is that sound public policy can be used to effect positive social change. It says that kids don't learn to drink on their own; their environment, including the adults within it, teaches them.

Crane and others credit the initiative's comprehensive structure of local and regional collaborations as central to the successes of the program (see page 7).

"We've got some great partnerships," Crane said. "And we receive lots of support not only from the county but also from police departments, schools and other agencies. There's a sense of accomplishment that we are really getting the job done."

Ray DiCiccio, executive director of the Policy Panel, agrees.

"The Underage Drinking Initiative is unique because it has truly become comprehensive in its support from the county and the development of regional structures that facilitate it," he said. "It is a great community organizing effort because it develops consensus. These different community groups are not fighting; they're working together."

The Underage Drinking Initiative has been the basis for several high-profile regional programs

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that have shown measurable success. These multi-agency undertakings include the Border Project, which has helped stem the tide of teenagers crossing from San Diego into Tijuana to drink; Operation Safeguard, a countywide law-enforcement crackdown on alcohol sales to minors; the Community Collegiate Alcohol Prevention Project, aimed at curtailing high-risk drinking on San Diego college campuses; and the recent successful effort to compel the San Diego City Council to place the issue of banning alcohol on all city beaches before voters during an election next March.

Looking at some of the initiative's efforts, Crane cites enforcement of existing laws on alcohol sales to minors as an undertaking "that has probably had more of a positive effect than anything we have done." One of the most successful strategies to achieve this has been the intensified use by law enforcement of minors to act as decoys in trying to buy alcohol.

"When the random minor decoy program started, it was found that about one in three outlets would sell to a minor," he said. "Now when these operations are done, it's less than 10 percent." Effective results also have come from concentrated enforcement of the so-called "shoulder-tap" law, whereby minors ask adults to purchase alcohol for them.

DiCiccio also lauds the results from increased enforcement of existing laws. When the Underage Drinking Initiative first got under way, he says, there was concern from some quarters about the involvement of law enforcement.

"I think there was some fear that law enforcement would try to take over, that we'd just end up trying to incarcerate the problem of kids drinking, and that hasn't happened" he said. He, as well as Crane, attributes increased public awareness of the underage drinking problem as the primary reason law enforcement has community support to step up its efforts.

Media advocacy to develop support of efforts to reduce underage drinking is a key feature of programs associated with the initiative. Community collaboratives, especially, have been active in conveying the human and taxpayer consequences of alcohol use by kids. The groups also focus on developing young people as effective spokespersons to convey the initiative's messages.

"Solid youth-leadership skills are being developed through the initiative," said Crane. "Young people are putting together their own awareness and prevention programs, and their collective voices carry a lot of weight."

In a recent report to the County's Alcohol and Drug Services, Carl Bergstrom of Magus Consulting said the Underage Drinking Initiative had "extremely positive ratings." His assessment described San Diego County as "unique in its delivery of services through a network of loosely knit but coordinated community collaboratives and countywide programs."

Bergstrom said the initiative's groups have used strategic planning sessions and developed work plans based on those plans, stating, "they have based their decisions on available data indicating that their efforts can achieve lasting environmental change."

Asked to describe what aspects of the Underage Drinking Initiative have, to date, been disappointing, Crane referred to what he called "the continued opposition of some retailers."

"Some retailers continue to want to focus on what they see as just a problem of a 'few' kids causing problems," he said. "They overlook the magnitude of the problem. This (underage drinking) is a serious community problem that requires serious community effort."

DiCiccio, of the Policy Panel, mentions his disappointment that economic issues surrounding alcohol use by minors have, as yet, not been effectively addressed.

"We have not gotten off the ground here," he said, noting that such topics as the cost of alcohol, taxes and fees were areas discussed in the original 15 recommendations of the Policy Panel. He attributes the lack of progress in this arena to what he said is a prevailing anti-tax sentiment among the population as a whole, coupled with "the tremendous amount of money the liquor industry spends to reframe the issue."

As prepared by Bergstrom, an assessment of the Underage Drinking Initiative in its first five years is encouraging:

"The maturing of the newer collaboratives, the strengthening of the youth component, and a greater sense of partnership among the collaboratives and the countywide programs are emerging as positive factors," the review says.

"Meanwhile, the Policy Panel on Youth Access to Alcohol continues to assess the changing nature of underage drinking problems throughout the urban and rural areas of San Diego County and serves as a clearinghouse for new approaches to reducing those problems. The Underage Drinking Initiative stands as a unique set of research-based measures being brought to bear throughout the county on a well-defined set of measurable targets."

If successes of the past five years have primarily been found in reducing youth access to alcohol by commercial means, DiCiccio says he sees the initiative's programs in the future emphasizing the social means by which kids obtain alcohol.

"This area—how kids get alcohol at home parties, parents who buy booze for kids, all of those matters—may well become the defining issue to see whether parents and adults can effectively address the overall problem," he said.

For additional information on the Underage Drinking Initiative or to learn how to get involved call Bill Crane at the County of San Diego's Alcohol and Drug Services at 619/692-5717.



THE WORD "COLLABORATIVE," ACCORDING TO THE MERRIAM-WEBSTER DICTIONARY, may be

used as either a noun or as an adjective. To be involved in one means "to work jointly with others or together, especially in an intellectual endeavor." It may also mean "to cooperate with an agency or instrumentality with which one is not immediately connected."

groups drawn to the county's prevention collaboratives is that the problems arising from alcohol and other drug use are not limited to any one segment of a community. "These are problems that belong to the community as a whole," said Crane, "and the solution needs to be cross-threaded." Today, the county Health and Human Services Agency has 10 separate contracts for community-based alcohol and other drug prevention collaboratives

initiative to combat underage drinking. One of the "super collaboratives" is South Bay Partnership, which began in 1997 as a coalition of three groups representing National City, Chula Vista and Imperial Beach.

"This has been a successful blanket approach to prevention," said Dana Richardson, who serves as director of the partnership. He also is community services manager for Paradise Valley Hospital, which is

PREVENTION COLLABORATIVES: Strength in Numbers

For the County of San Diego, collaboratives have taken on an additional meaning in its ongoing efforts to prevent substance abuse: They provide a forum for which interested, and often disparate, groups of citizens can solidly and effectively voice their collective interest in furthering prevention goals. Collaboratives became "the buzz word" in the mid-1990s, says Bill Crane, prevention coordinator for the County's Alcohol and Drug Services. The concept soon spread to California from its initial stronghold on the East Coast and in the Midwest.

"It became clear to policy planners that there were large groups of citizens that had not been involved before, like businesspeople, health professionals, law enforcement and religious leaders," Crane said. "But they were very interested in becoming involved and were looking for a way to do it." In the last few years, the county's efforts in creating prevention collaboratives have gained national attention in the alcohol and other drug field. "To the extent that we work with collaborations, no one is quite like San Diego County," he said.

The underlying assumption of a community collaborative is that sound environmental policy can positively alter the quality of life. Collaboratives, Crane said, "ask, 'What has science told us that can be done?'"

A common acknowledgement among the

that cover all regions of the county. The annual budget for these collaboratives is in excess of \$2.7 million.

Within each collaborative there may be several more prevention projects operating under its umbrella. The funded collaborative will help to guide the development of the other groups and assist them in advancing prevention goals, Crane said.

He added that the county has final approval of a collaborative's plan, and each group is expected to work together to advance the county's

the designated fiscal agent for the collaborative.

It has not been too difficult to get the diverse groups within the partnership to agree, Richardson said.

"We go by consensus and everyone is given an equal voice," he said. "Sometimes it does seem like there are a lot of chiefs and not any Indians, but I think it's an asset to bring that level of passion to an issue."

Richardson noted that the partnership has been very effective in the area of protesting applications for liquor licenses. As an example, he cited last

Houston, We Have a Website!

Now You Can Get Meth Information Online

The County of San Diego Methamphetamine-Strike Force has a refreshed Website at www.no2meth.org. It is a valuable, one-stop shopping site for accurate information on meth, resources for getting help, and reporting meth-related crime. For example, the "Stop Meth Crime" section provides both a toll-free hotline number (1-877-NO-2-METH) and an e-mail report that allow anonymous reporting of criminal activities. The Website and hotline numbers also can be used to locate treatment services throughout the county.

The Methamphetamine Strike Force, which was initiated by County Supervisor Dianne Jacob and is cochaired by county Health and Human Services director Rodger G. Lum, PhD, and undersheriff Jack Drown, recently celebrated its fifth anniversary. Membership includes almost 70 organizations dedicated to reducing the problems in the San Diego region associated with meth use and production. Its makeup includes local, state, and federal representatives from public health, law enforcement, judiciary, education, treatment, prevention and intervention agencies.

For comments or questions about the meth Website, contact Ron Yardley, County Alcohol and Drug Services, at 619/692-5717.

year's successful effort to block four applications for gas station mini-marts that were pending in one area of National City. This year one of the four was approved "but it was approved with a lot of restrictions that we had requested," Richardson said. He also notes the partnership's role in attracting sizeable numbers of youth volunteers. "We give them a lot of tangible activities to work on," he said.

In terms of improving the collaborative framework, Richardson said he would like to see county prevention collaboratives work "to engage the recovery community in our efforts."

"I think they could be some of our most valuable assets for prevention and environmental change," he said. Across the county, Mary Ann Dunwell is communications director of El Cajon-based CASA, Communities Against Substance Abuse. The prevention collaborative for the sprawling East County, CASA works with more than a dozen community groups interested in drug and alcohol prevention.

"We have really built capacity toward prevention," she said.

She is enthusiastic about the media advocacy opportunities provided by the collaborative concept. "The media advocacy aspect is really a beautiful thing," Dunwell said. "From a media standpoint, you really can get a bigger bang for your buck in working with the collaboratives. You have the opportunity to get one big, powerful message across. There may be 10 collaboratives in San Diego, but there is only one TV market. Why compete with yourselves when you can join together to get a stronger message across?"

CASA and other county collaboratives often work with their counterparts around the region. As an example, Dunwell explained that next year CASA will team up with Palavra Tree, the Mid-City area collaborative, to combat underage drinking issues surrounding the marketing of *Cinco de Mayo* to Latino youths.

"It's not hard to get everyone to work together," she said and cited two successful, high-profile activities as examples—Operation Safeguard, which involved a concentrated countywide enforcement of laws against underage drinking, and the collective efforts to compel a public vote regarding banning alcohol on San Diego beaches. "One of our strengths is showing the facets of various issues that affect everyone, to

create ownership of these issues," Dunwell said. "I may be in East County but I go to the beach, too."

Looking back over the last several years at the county's achievements with collaboratives, Crane says the concept's greatest strength has been its success in heightening awareness of substance-abuse problems and their attendant prevention issues.

Collaboratives have been less successful at creating change than hoped, he adds. "With so many different groups involved," he said, "strategies can get watered down. Still, it is quite an achievement to speak to an issue with such a solid community voice."

GET INVOLVED IN PREVENTION

Contact the alcohol and other drug-prevention collaborative in your region to learn ways to get involved with community-prevention efforts.

East County:

Communities Against Substance Abuse (CASA)
140 West Park Avenue #216
El Cajon, CA 92020
619/442-2727

Central:

Collaboration for Economic and Social Change
Palavra Tree
1212 South 43rd Street
San Diego, CA 92113
619/263-7768

Institute for Health Advocacy

Project Vitality: Hillcrest and East Village
148 East 30th Street, Suite B
National City, CA 91950
619/474-8844

Mid-City for Youth

Social Advocates for Youth
4284 41st Street
San Diego, CA 92104
619/283-1612

South Bay:

South Bay Partnership
Paradise Valley Hospital
2400 East Fourth Street
National City, CA 91950
619/470-4364

North City/Beaches:

North of Eight Collaboration
Social Advocates For Youth, Inc.
4284 41st Street
San Diego, CA 92105
619/283-9624

North Inland:

North Inland Community Prevention Project
12780 Warhorse Street
San Diego, CA 92129-2220
619/484-9684

Ramona/Julian Healthcare Advisory Council

North Rural Regional Recovery Center
323 Hunter Street
Ramona, CA 92065
760/788-6246

North Coastal:

San Dieguito Alliance for Drug-Free Youth
4691 Cypress Glen
San Diego, CA 92130
619/755-6598

Tri-Cities Collaborative

Vista Community Clinic
1000 Vale Terrace
Vista, CA 92084
760/631-5000

No Foolin'—Mark Your Calendars

SUBSTANCE ABUSE VII IS SET FOR APRIL 1-2, 2002, at the Town and Country Hotel & Convention Center in Mission Valley. The new partner for the Summit is higher education and the theme for the meeting is Forging Community Partnerships with Higher Education. Additional details will be available in the Winter edition of *Prevention File*. For information, call the County's Alcohol and Drug Services at 619/692-5717 or visit the Summit Website at www.substanceabusesummit.com.

