

Treatment: Frequently Asked Questions

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What is NIMBY?

NIMBY is an acronym for “Not In My Back Yard.” As nearly as can be determined, it was a phrase coined in the late '70s or early '80s and used by community residents to object to placement in their neighborhoods businesses or services ranging from gas stations to alcohol outlets to treatment centers. Not coincidentally, at that time the family home was becoming the chief financial investment for most families. Although NIMBY is a generic term applied both to citizens who resist needed services proposed close to their homes and decision-makers who listen only to them, there are NIMBY issues that are specific to alcoholism and other drug treatment programs.

In the '70s, people who lived near residential treatment programs for alcoholics were quite familiar with alcoholics and their treatment programs. They were comfortable with the fact that these programs were good neighbors. But the emerging element of drug addiction and its attendant criminality shook people's confidence, fueling community resistance. The same programs were now treating both alcoholics and addicts, and even though those living close to the programs knew that these programs remained good neighbors, fear of this new element spread among the greater community.

Recently, sober living residences began proliferating. There are no state requirements for licensure or certification for these residences, so they have run largely unregulated. Because they are housed in single-family homes or apartment units, they are not required to have a special use permit, which is required of any facility with more than six beds. Because they are not subject to public oversight, some have been neighborhood problems. Their neighbors paint them with the same brush as the licensed and certified treatment programs, which adds to community resistance to new treatment programs.

Aren't most of the people who go to alcohol and drug treatment programs a problem for neighborhoods?

Not once they're in the programs. In fact, neighbors of residential treatment programs are usually quick to stress what good neighbors those programs are. Many neighbors report that, should a problem occur, the treatment program can and will take care of it as soon as it is reported — a power they don't have with neighbors of barking dogs, loud music or other nuisances.

Although the behavior of those who are actively drinking or using drugs can be problematic, participants in licensed and certified residential treatment programs are clean and sober. If they weren't, they would be immediately discharged. Licensed programs have the authority (which they are quick to exercise) not only to discharge immediately any non-compliant participant, but also to transport them out of the neighborhood.

However, residents of sober living residences are renters, not program participants. Therefore, the program has no regulatory authority to discharge immediately any problem resident. Eviction can take as long as three months.

If I have a treatment program near my house, won't my property values decrease?

Based upon reports of those living adjacent to treatment facilities, there is no evidence that property values have decreased for homes located adjacent to or near a licensed and certified substance abuse residential treatment program. In fact, they appear to fare as well as or better than those in the surrounding areas. Many neighbors of such programs state that they feel

their property values are secure, since the treatment programs upgrade their facilities, often assist in maintenance of their neighbors' homes and contribute to neighborhood safety. Escondido Mayor Lori Holt Pfeiler, for example, says that she and other City Council members consider the residential treatment programs in their city to be valued community assets. Not only does the city strongly support their activities, it also gives them additional funding to redevelop of properties that have not been well maintained in order to expand existing treatment programs, thus stabilizing and often raising the property values in those areas.

Why do we need to increase the number of services for alcohol and drug addicts?

The San Diego County-contracted system of alcoholism and other drug addiction treatment programs has been straining at the seams for several years. There are currently 875 county-contracted residential beds in substance abuse treatment centers for adults, and 96 beds for adolescents. These beds already have waiting lists, some ranging into months. The July 1, 2001, implementation of Proposition 36 required an additional 350 adult beds. Funds are available for new services but, except in a few cases, NIMBYism blocks establishment of new or expanded services.

Over the past decade, managed care has steadily reduced benefit coverage for substance abuse treatment in private healthcare insurance. Because of this, many private-sector hospital substance abuse providers closed their treatment programs, since there was no reimbursement for them. Bit by bit, the county-contracted system of providers has become the principal substance abuse service delivery system for both the private and public sectors. It has nearly become the only game in town.

Why do these facilities have to be in my back yard? Why can't we put them in the hinterlands where they won't bother anybody?

The disease of addiction is an "equal opportunity" disease. It affects people across the board, regardless of income, gender, age or race. The incidence and prevalence of alcoholism and other drug addictions doesn't vary significantly from community to community. So it stands to reason that communities should bear the responsibility of providing services more equally than they currently do.

Why don't we just legalize drugs so we don't have to worry about where to put all these people when they get arrested?

The number one drug problem in this country is caused by beverage alcohol, which is legal. Among other drugs, there are two basic classifications, legal and illegal. Pharmaceuticals, the legal drugs, are generally only available through prescription. Even so, many of the more addictive prescription drugs, such as Valium, Xanax and Vicodin, are high on the list of pervasively abused substances. Additionally, many addicted to such drugs illegally obtain them through theft, forgery or other criminal means.

Studies have clearly linked substance use and abuse to availability. Therefore, legalizing street drugs such as heroin, cocaine and methamphetamines would dramatically increase their availability to those who would be inclined to use such drugs but are not willing to become criminals to purchase them.

Those with the disease of addiction eventually need intervention and treatment. Whether alcoholics or addicts commit crimes to obtain their addictive substances, or whether the influence of those substances contributes to criminal activity, are moot points. Addicts will still need treatment in order to become productive members of society, regardless of whether or not they are arrested first.

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