

the consumer/survivor movement, is the executive director of the California Network of Mental Health Clients (CNMHC). She cites a CNMHC report that notes that 83 percent of the 2000 court-ordered, involuntary druggings in the state of New York were in New York City. In New York state, 51 percent of the clients are white, making up 29 percent of the commitments. Although 24 percent of the population of New York City is black, African Americans make up 42 percent of the commitments there.

The criteria used is not the "serious violent behavior" that was used to sell Kendra's Law to the public. Rather, in 95 percent of the cases, "repeat appearances in hospitals" is the standard used to force people to take drugs under IOC.

"IOC, as it's used in New York," Zinman concludes, "has been used to sweep homeless people up off the streets of New York City. It's a chamber of commerce tool, not a mental health tool. It has been racially targeted. It cost the state \$140,000,000, half of it for administrative, judicial, investigative infrastructure."

After all that expense, where are the services? "All the research proved is what the people need are the services," she said. "The Bellevue Study and Rand Report [on IOC] pointed out it was the existence of the services that made the difference."

Indeed, it is the requirement for services in California's AB 1421 that may make it completely unworkable on a county level. Kendra's Law, Zinman explained, didn't require services be available. But AB 1421 requires that counties must not reduce any voluntary programs if they institute the easier forced drugging system in AB 1421.

Also, housing and community support services are required locally before AB

1421 can be chosen, as well as access to substance abuse services, psychological counseling, vocational rehabilitation, and veteran's services. This lessens the likelihood that county boards of supervisors will "opt into" the AB 1421 system in the current budget crisis. Counties can't take any money for this program from any voluntary services, nor can they decrease any current services that are voluntary.

CARES (Coalition Advocating for Rights, Empowerment, and Services) was formed four years ago "to guard against the expansion of forced mental health treatment and to work for increased access to and development of effective, voluntary community mental health services."

CARES details many obstacles to instituting AB 1421, including open discussion, citizen planning, and citizen review provisions with public hearings to assure voluntary services would not be adversely affected. Even if housing and services become available, the county must show that these services are also available voluntarily. Effective counsel must be made available at every stage of the forced treatment process, according to the law, with additional expenses for evaluations, contempt of court orders, court monitoring of 60-day affidavits of need for the program, etc. Training and education for additional personnel would add an extra expense.

A December 2002 Newsletter on the CNMHC website titled "AB 1421 Fight Goes to the Counties" noted: "Although the CNMHC and allies were able to stall initiatives to expand forced treatment for four years, ultimately we could not stop this well-funded, highly promoted, and media-supported effort. However, there is no state-mandated patient commitment program and the LPS laws have not been changed. The battle now goes to the local — county —

level. And the CNMHC and its allies will be there to fight this regressive idea from becoming a reality in any county."

Also, AB 1421 sunsets in five years.

At present, Los Angeles County is the only county to implement AB 1421, Zinman reports. However, the Los Angeles system targets individuals who have been adjudicated incompetent to stand trial in misdemeanor cases and hence would go to a state hospital anyway. The point of intake would be Los Angeles County's Mental Health Court.

The guinea pigs in this AB 1421 "experiment" have criminal charges against them, and so are already forcibly confined. Those with mental disabilities are picked up more often for poverty-related crimes (trespass, petty theft). But how can those already locked up be "voluntarily" offered all the services that AB 1421 is required to provide along with its toxic tranquilizer treatment? Zinman's group may sue L.A. County to stop the charade.

Len Thomson, author of AB 1421, who is now on the Yolo County Board of Supervisors, is likely to press for forced treatment in her county as well.

What about the spectacle of "Needles on Wheels" — court-mandated psychiatric techs and police coming to your house to force you to take meds? Thanks to the mental health megalith, millions of consumers are hooked on these "medications" that can cause tardive dyskinesia and diabetes. Overuse of these drugs creates vast profits for the huge pharmaceutical industry.

"Take your pill or take a ride to the psych ward," is actually a reality today in California where the court has ordered such a procedure, even where AB 1421 has not been approved. Zinman suspects such humiliating and coercive intrusions are going on more widely under IOC in North Carolina and Wisconsin, two of the 40 other states that have passed the IOC law.

Even those who claim financial benefits for court-ordered IOC (by replacing costly hospital stays with cheaper, court-mandated drugging at home), such as the American Association of Community Psychiatrists, also note very real problems such as "distorting effects on patient-clinician relationships," the vulnerability of people in poverty to misuses of IOC, unclear findings on whether violent behavior is reduced and "treatment" is adhered to, and danger of its being used as an inappropriate substitute for real services.

Voluntary services, Zinman says, are what make the difference. Studies of a trial IOC program at Bellevue Hospital in New York City in 1995 and a broader Rand Corporation study showed that it was the availability of services, not the coercion, that drew clients to the program.

AB 34, a California law expanding voluntary services, has provided housing, counseling, support, and medication voluntarily. A May 2002 report to the state legislature found that the days spent in a psychiatric hospital dropped 65.5 percent for those enrolled in the program, and jail time dropped 81.5 percent. Homelessness dropped 71.9 percent. And 83 percent of those served voluntarily stayed in the program. Authorities calculated a savings to the public of \$23 million in reduced hospitalization, homelessness, and jail costs.

Zinman summed up: "Given the budget crisis, the idea that any county would divert funds from current programs that are working for an approach that is unproven and could be damaging would be criminal and illegal. AB 1421 isn't meant to force people to take housing, counseling, services or jobs; it's there to force drugs on people."

To learn more about AB 1421, check out www.cnmhc.org, the website of the California Network of Mental Health Clients.