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December 12, 2006

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

A handwritten signature in black ink, appearing to read "J. Fielding" with a flourish at the end.

SUBJECT: **METHAMPHETAMINE USE, PREVENTION, AND INTERVENTION IN
LOS ANGELES COUNTY**

On September 19, 2006, in response to a petition presented by the Act Now Against Meth Coalition, your Board instructed the Directors of Public Health's (DPH) Alcohol and Drug Program Administration (ADPA) and Office of AIDS Programs and Policy (OAPP), and the Department of Mental Health (DMH) to report back on a comprehensive strategy for methamphetamine use, prevention, and intervention. At the same time, the Board also instructed the Chief Administrative Office (CAO) to work with DPH, DMH, Public Social Services (DPSS), Sheriff's Department, and other County agencies, as appropriate, to assess all existing County contracts, services, and resources dedicated to addressing the County's methamphetamine epidemic and to incorporate this information into a comprehensive strategy.

This is to provide you a status report about actions taken in response to your recent motion on methamphetamine. It is also to provide you our plans for developing a comprehensive strategy to address methamphetamine use, prevention, and intervention, in collaboration with other County agencies.

Comprehensive Strategy

Preliminary data indicates that two populations that have experienced a dramatic increase in admissions for methamphetamine use were Latinas and men who have sex with men (MSM). The proportion of Latinas admitted to County funded treatment programs for methamphetamine use increased from 46% in 2001 to 77% in 2005. Methamphetamine use is also a serious problem among MSM and the lesbian, gay, bisexual, and transgender (LGBT) population because it reduces inhibitions and increases the likelihood of high-risk sexual activities.

A comprehensive strategy on methamphetamine use, prevention, and intervention is being developed by the DPH Methamphetamine Work Group, ADPA, OAPP, and DMH with the assistance of the University of California at Los Angeles' Integrated Substance Abuse Programs. Its focus will be on Latinas and people who

engage in high-risk sexual behavior, and we plan to develop this report by March 2007. We will convene focus groups to discuss the comprehensive strategy prior to submission to your Board.

The strategy will identify specific goals, objectives, and outcome measures for dealing with the epidemic; and include specific recommendations for better data collection, information exchange, and coordination of efforts by Los Angeles County agencies, community groups, and service providers. The objectives are to:

- Expand collaborative efforts to reduce the consequences of methamphetamine use.
- Reduce the negative impacts on vulnerable populations as a result of methamphetamine use.
- Reduce the health consequences associated with unsafe sexual activity by methamphetamine users.
- Improve treatment best practices and the delivery of critical services.

Actions Taken

Health Brief

Attachment 1 is an advance copy of the December 2006 issue of *L.A. Health*, published by our Office of Health Assessment and Epidemiology. It contains information about methamphetamine use, both nationally and in Los Angeles County. It also describes the implications of methamphetamine use and provides information about available resources for health professionals. It will be distributed to approximately 6,000 health care professionals to promote awareness about methamphetamine as a public health and mental health issue.

Social Marketing Campaign

The State is developing and implementing plans to conduct two State-wide campaigns on methamphetamine. The first is a six-month, tri-media (radio, TV, print) social marketing campaign scheduled to begin in January 2007. It is intended to be a prelude to a more extensive multi-year social marketing campaign targeting vulnerable populations. Social marketing campaigns have been identified as a very effective prevention strategy. We have requested that the State include us and our community partners in the development and implementation of the campaigns to ensure that target audiences are defined, and receive appropriate and effective messages.

Methamphetamine ListServ

We have developed and implemented the Methamphetamine ListServ to provide a forum for distribution of and access to information about methamphetamine. It enables interested parties to share and access communications, reference materials, and online and offline resources on methamphetamine.

Existing County Resources

Attachment 2 is information about County existing resources available to address methamphetamine use, developed by the Chief Administrative Office (CAO) at the Board's request. We will continue to work with the CAO and other departments to identify more effective utilization of existing resources to address this problem.

Methamphetamine Work Group Expansion

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As directed, we have expanded our Methamphetamine Work Group to include additional advocates against methamphetamine use, including community service agencies serving at-risk populations and additional representation from the DMH and Office of Education.

Dialogue with the Act Now Against Methamphetamine Coalition

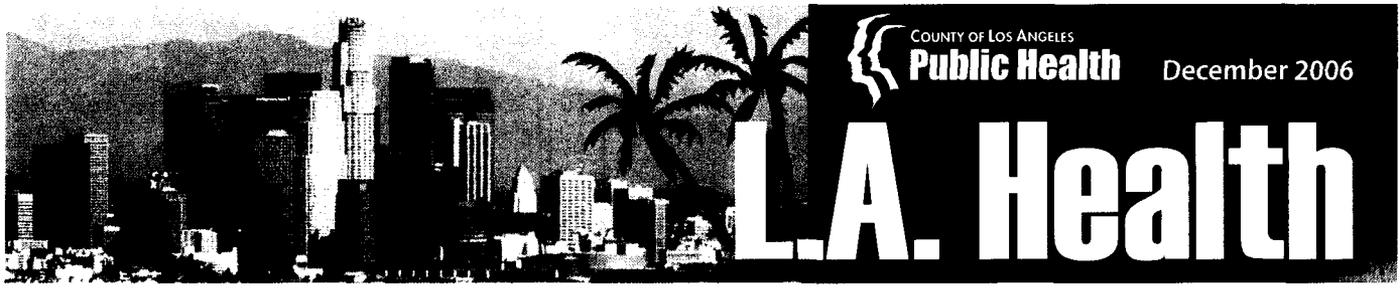
We met with the Act Now Against Methamphetamine Coalition to discuss opportunities for collaboration, including targeting operators and clients of venues where high-risk activities likely occur, educating health professions, and incorporating sexual risk assessments into substance abuse protocols.

I will continue to keep you informed about our work to develop a comprehensive strategy to address the methamphetamine epidemic. In the interim, if you have any questions or need additional information, please let me know.

JEF:dhd
PH:609:010/s

Attachments

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Department of Mental Health
Department of Public Social Services
Sheriff's Department



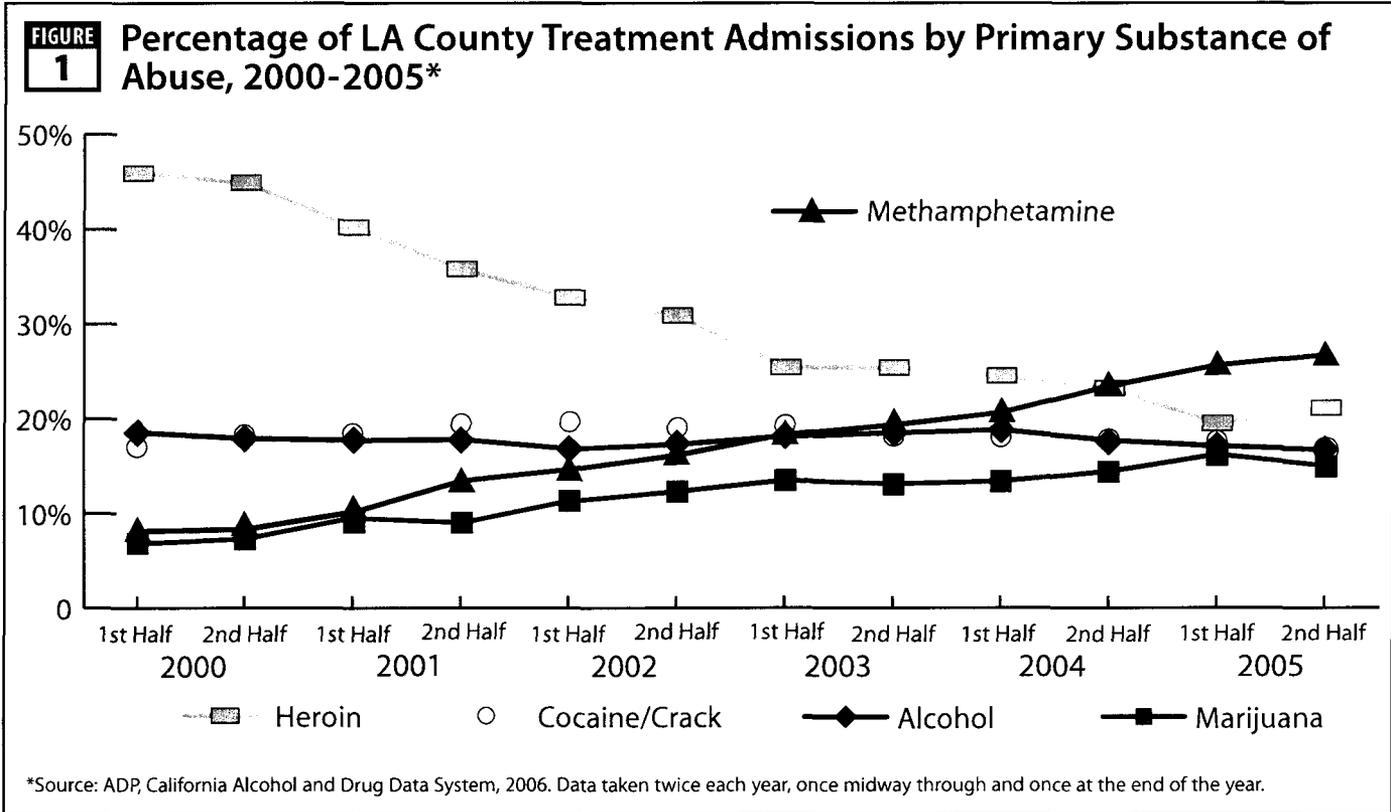
METHAMPHETAMINE USE IN LOS ANGELES COUNTY ADULTS

Introduction

Methamphetamine (“meth”) is a highly toxic and addictive illicit drug being used by growing numbers of adolescents and adults in the United States, with potentially devastating effects on individuals, families, and communities. Meth users smoke, snort, inject, ingest or anally insert the drug, which rapidly activates the central nervous system and produces a “high” that lasts 8-12 hours. An estimated 1.3 million adolescents and adults in the United States have used meth in the past year, including one half million who have used it in the past month.¹ Among meth users, the number of

people with meth abuse or dependence doubled from 2002 to 2004.¹

Meth use has rapidly emerged as the leading cause of admissions for substance abuse treatment in Los Angeles County (Figure 1). In 2005, meth accounted for nearly 30% of all treatment admissions, compared to only 10% in 2000. Meth has also become a leading drug problem for law enforcement agencies across the country, in urban, suburban, and rural areas alike. In California, arrests related to meth have increased 100% in the last 3 years.²



1. Substance Abuse and Mental Health Services Administration. (2006). Results from the 2005 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD.

2. The Meth Epidemic in America: Two Surveys of U.S. Counties: The Criminal Effect of Meth on Communities. The Impact of Meth on Children (July 5, 2006). National Association of Counties (NACo), Washington, D.C.

Estimates of Methamphetamine Use in LA County

Results of the 2005 Los Angeles County Health Survey (LACHS) indicate that 1.4% of all adults 18 years and older, or approximately 100,000 persons, reported using meth at least once in the past year. This estimate is higher than what was found in a national survey conducted in 2002-2004, in which an estimated 61,000 adults in Los Angeles County had used meth in the past year.³ However, given the margins of error of the two surveys, this difference is not statistically significant.

These results should be considered low estimates of meth use because those who use meth and other illicit drugs may be less likely than others to participate in health surveys or, if they participate, may be reluctant to report their drug use. In addition, the LACHS does not include persons who are homeless or incarcerated. In the second half of 2005, 22% of the primary meth treatment admissions in the county were homeless persons and 13% were referred by the court or criminal justice system.⁴

The LACHS found that 1.6% of all adult males and 1.2% of all adult females reported using meth in the past year. This 60 to 40 male-to-female ratio of users is consistent with the county's drug treatment admissions data.⁴ The data indicate a higher proportion of female admissions reporting meth use compared to other major drug use admissions, where males outnumbered females by a ratio of approximately 70 to 30.⁴

The prevalence of meth use was higher among those 18 to 29 years of age (3.1%) compared to those 30 and older (0.9%). The prevalence was also higher among men who identified as gay or bisexual (4.0%)⁵ compared to those who identified as heterosexual (1.3%). This finding is consistent with other studies that have found high rates of meth use among men who have sex with men, an important contributor to the ongoing HIV epidemic in this population because of its association with increased sexual risk behavior.⁶

The prevalence of meth use was similar among

those living below 200% of the federal poverty level (1.4%) compared to those with incomes above this level (1.3%). The prevalence was also similar for Whites (1.7%) and Latinos (1.4%) but could not be determined for African-Americans or Asians/Pacific Islanders because the number of survey respondents was too small.

The prevalence of meth use could not be determined for the Service Planning Areas (SPAs) because of insufficient sample size. However, data on substance abuse treatment admissions suggest that meth use may be a more severe problem in the Antelope Valley SPA, which accounted for 11% of the county's meth admissions in 2005 while accounting for only 3% of the county's overall adult population.⁷

Implications

The survey results indicate that a large number of adults in Los Angeles County have used methamphetamine in the past year. In addition, data on substance abuse treatment admissions indicate that the number of users in the county may be growing. However, the increase in treatment admissions may also reflect other factors, such as the impact of Proposition 36, which allows for alternative sentencing (i.e., drug treatment) for drug-related offenses.

Meth use can have severe physical and psychological consequences. Short-term effects can include euphoria, increases in attention, activity, heart rate, blood pressure, body temperature, and respiration, and decreases in fatigue and appetite. Adverse effects associated with prolonged use can include poor nutrition and weight loss, sleep deprivation, sinus problems, damage to teeth and gums ("meth mouth"), skin damage caused by repetitive scratching, psychotic behavior (hallucinations, delusions and paranoia), brain and other organ damage, stroke, and death. Chronic users develop a tolerance and require larger amounts of the drug to get high. Meth withdrawal symptoms can include depression, paranoia, aggressive behavior, and severe cravings for the drug.

Secondary consequences of meth use include

3. Data from SAMHSA's Office of Applied Studies using the NSDUH survey.
4. Rutkowski B. Patterns and Trends in Drug Abuse in Los Angeles County, California: A semi-annual update. Proceedings of the Community Epidemiology Work Group, Vol II, June 2006.
5. The estimate is statistically unstable (relative standard error $\geq 23\%$) and therefore should be viewed with caution.

6. Shoptaw S, Reback CJ, and Freese TE. Patient characteristics, HIV serostatus, and risk behaviors among gay and bisexual males seeking treatment for methamphetamine abuse and dependence in Los Angeles. *J Addict Dis.* 21(1): 91-105. 2002.
7. Rutkowski B. What's Up (or Down) in Los Angeles County: A Semi-Annual Drug Trend Update. Presented at the Community Epidemiology Work Group, Minneapolis, Minnesota, June 13-16, 2006.

violence, sexual risk behavior (leading to increased risk for transmission of HIV and other sexually transmitted infections), emergency department visits (particularly for burn injuries associated with making the drug), and involvement in criminal activity (often leading to incarceration). In 2003, 29% of booked male arrestees in Los Angeles County detention facilities had a positive urine test for meth.⁸

Although little is known about the economic impact of meth use, it is likely to be considerable. For example, results of a recent preliminary analysis indicate that meth use among California workers could cost businesses roughly \$6.9 billion.⁹ Other costs that have not been well-defined but are likely to be significant include the costs of associated criminal activity (e.g., the link between meth dealing and identity theft), costs to the legal and penal systems, social service costs to address the needs of children and families directly impacted by those using or manufacturing meth, and environmental costs of clean-up of identified meth labs.

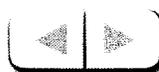
Unlike many other illicit drugs, meth is not found in nature but is easily and inexpensively manufactured in makeshift laboratories often located in private homes, apartments, garages, storage facilities, vacant buildings, and vehicles. For every pound of meth that is made, 5-6 pounds of highly toxic waste is generated. The environment is further polluted when this waste is dumped into sewer systems, streams and rivers, or on the ground. Furthermore, materials used in meth labs include common fertilizers and solvents that are highly explosive. These labs are often in or near private residences, and therefore are a great danger to children and adults who live in close proximity.

Public Health Response

The Los Angeles County Department of Public Health has established a Methamphetamine Work Group comprised of both internal and external experts and other local stakeholders. The Work Group will soon issue recommendations for addressing the problem of meth use in the county.

8. National Institute of Justice 2004. *Drug and Alcohol Use and Related Matters Among Arrestees, 2003*. Washington, DC: DOJ.

9. Brecht ML 2005. *Methamphetamine Use in the Workplace. Report to the California Department of Alcohol and Drug Programs, UCLA Integrated Substance Abuse Programs. Funded by California Department of Alcohol and Drug Programs Contract #04-00124.*



on the web



MethResources.gov is the federal government's comprehensive directory of information and programs related to methamphetamine.
<http://www.methresources.gov/>

National Institute on Drug Abuse (NIDA) ensures the rapid and effective transfer of scientific data on drug abuse and addiction to policy makers, drug abuse practitioners, other health care practitioners, and the general public.
<http://www.nida.nih.gov/>

The California Alcohol and Drug Programs provides leadership and policy coordination for the planning, development, implementation, and evaluation of a comprehensive statewide system of alcohol and other drug (AOD) prevention, treatment and recovery services.
<http://www.adp.cahwnet.gov/>

UCLA Integrated Substance Abuse Program (ISAP) coordinates substance abuse research and treatment under authority of the Jane & Terry Semel Institute for Neuroscience and Human Behavior.
<http://www.uclaisap.org/>

Los Angeles County Alcohol and Drug Program Administration (ADPA) administers the county's alcohol and drug programs through contracts with over 300 community-based agencies. These agencies provide a wide array of prevention, intervention, treatment and recovery services for Los Angeles County residents.
<http://lapublichealth.org/adpa>

Partnership for a Drug-Free America provides general methamphetamine information, as well as resources, multimedia presentations and family stories.
http://www.drugfree.org/portal/drug_guide/methamphetamine

Prevention Online includes general information and statistics and provides access to methamphetamine related publications.
<http://ncadi.samhsa.gov>

Methamphetamine Treatment Project (MTP) specifically studies the treatment of meth dependence.
<http://www.methamphetamine.org/>



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These recommendations will include measures to expand education to the general public and specific high-risk populations (e.g., men who have sex with men) on the dangers of meth use as well as other prevention strategies. Ongoing and expanding education efforts will also target substance abuse service providers to ensure that evolving behavioral interventions and other treatment strategies are available.

associated health and economic impacts will be important for highlighting the need for continued resources for law enforcement to stem local meth production as well as its importation. Policies that restrict consumer access to the ingredients used to manufacture meth (e.g., pseudoephedrine) will also be important for reducing local production and the environmental hazards associated with local meth labs.

Better tracking of the meth epidemic and its

The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The most recent survey was conducted in 2005 for the Los Angeles County Department of Public Health by Field Research Corporation and was supported by grants from First 5 LA, the California Department of Health Services, and the Public Health Response and Bioterrorism Preparedness federal grant.

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For additional information about the L.A. County Health Survey, visit: www.lapublichealth.org/ha

COUNTY OF LOS ANGELES
RESOURCES TO ADDRESS THE METHAMPHETAMINE EPIDEMIC

Attachment 2

Department		Estimate of Funds Spent Annually	Notes	Source of Funds			Funding Restrictions	Services provided directly or through contracts?	Estimated # of people directly served through this program
				Feds	State	NCC		How many contractors?	
DCFS	Treatment	\$3,200,000	A	100%			Services are only for families who have a child/children in placement 15 months or less and are not eligible for funding under another source	MOU with DPH	Funding provides for a maximum of 3,869 assessments and approximately 96 residential beds and 99 outpatient slots
DCFS		\$1,400,000		Title IV-B 75%	Title IV-B 17.5%	Title IV-B 7.5%	Title IV-B Restrictions	One contracted vendor for D/A Testing	Approximately 1,700 to 2,000 clients testing monthly
MH	10% Prevention/ 90% Intervention	\$100,000,000	B	60%	25%	15%	*Funding is restricted to serving those individuals with a primary mental illness. Funding may dictate specific population to be served i.e., Medical, Medicare Calworks, HIV/AIDS etc.	Directly and thru 130 contractors	40% of those persons served within the County mental health system of care are estimated to have COD.
DPSS	Intervention	\$7,588,500.00	A,C			X	Existing NCC Expenditure. Restrictions Condition of aid-If the individual declares or is observed a drug or substance abuse related behavior they must be referred to assessment.	DPSS has an MOU with DPH who subcontracts with 62 providers and 88 treatment centers	For FY 05/06-11,370 people were assessed and 8,122 received treatment
DPSS	Intervention	\$18,500,000	A,D		X		Funds must be spent during the FY in which they are allocated. Funds come from State Allocation intended for CalWORKs participants to overcome employment barriers.	DPSS has an MOU with DPH. DPH contracts out with various local providers.	Approximate 450 to 500 participants per month.

COUNTY OF LOS ANGELES
RESOURCES TO ADDRESS THE METHAMPHETAMINE EPIDEMIC

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Department		Estimate of Funds Spent Annually	Notes	Source of Funds			Funding Restrictions	Services provided directly or through contracts?	Estimated # of people directly served through this program
				Feds	State	NCC		How many contractors?	
PH	Prevention	\$ 3,913,062		x		x	Funding source may dictate specific population, area, or use; e.g., Latinos, media campaign, South Los Angeles, etc.	57	Not available. Prevention programs target communities and do not provide services to individuals.
PH	Intervention/Treatment	\$ 42,502,218		x	x	x	Funding source may dictate specific population to serve, e.g.. Drug/Medi-Cal recipients, Proposition 36 clients, General Relief/CalWORKs clients, etc.	196	47,721
PH	Prevention	\$205,000	E	X			All funding for OAPP prevention programs must focus on HIV prevention	Through APLA	1. Group Sessions for MSM Crystal Meth Users. 2. Group Sessions for Social Affiliates of Meth Users. 3. Community Level Intervention (forums)
PH	Intervention	\$2,587,900	F	X			All funding for OAPP Care programs must be provided to HIV positive Individuals	Services provided directly through 10 contractors	Annually, 687 Clients receive Substance Abuse Services through Day Treatment, Detoxification, Residential Rehabilitation and Transitional Living Services.
PH	Intervention/Research	\$225,000		X			All funding for OAPP Care programs must be provided to HIV positive Individuals	PI: Van Ness Recovery House Prevention Division. Partners: UCLA/OAPP	One of four national grantees for a research intervention targeting out of treatment, meth using MSM

**COUNTY OF LOS ANGELES
RESOURCES TO ADDRESS THE METHAMPHETAMINE EPIDEMIC**

Attachment 2

Department	Estimate of Funds Spent Annually	Notes	Source of Funds			Funding Restrictions	Services provided directly or through contracts?	Estimated # of people directly served through this program
			Feds	State	NCC		How many contractors?	
PH	Prevention	\$80,000		X		All funding for OAPP prevention programs must focus on HIV prevention	Through CA Drug Consultants	MSM Crystal Meth Users. Outreach: 61, Services: 20, Group: 40
PH	Prevention	\$150,000	X			All funding for OAPP prevention programs must focus on HIV prevention	Through LAGLC	MSM, MSM/W Crystal Meth Users. Outreach: 144, Open Group: 96, Closed Group: 40, ILI: 75
PH	Prevention	\$100,000	X			All funding for OAPP prevention programs must focus on HIV prevention	Through CSULB	Project Respect, MSM Crystal Meth Users. Outreach: 300, Services: 96, ILI: 48
PH	Prevention	\$220,000	X			All funding for OAPP prevention programs must focus on HIV prevention	Through VNPDP	Evidence-based Behavioral Therapy. MSM Meth Users: 48

Total Resources \$151,383,180

- A Not included in the Total Resources shown, because these are Included in PH-ADPA funding. DCFS and DPSS subcontracts with PH-ADPA to provide substance abuse services.

- B Funds spent annually on primary mental health services for persons with Co-Occurring Substance abuse (COD)

- C Funds spent annually on primary mental health services for persons with Co-Occurring Substance abuse (COD)

- D MSARP Information applies to all Alcohol/Drug problems and not specifically to Methamphetamine use.

- E 2005-2006 Existing Program: \$145,000 Augmentation (pending Board approval) for additional: \$60,000

- F Two funding sources: Ryan White Title I: \$2,070,743. CSAT- Center for Substance Abuse Treatment (SAMHSA): \$517,157.