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August 30, 2024

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director

SUBJECT: **UNDERSTANDING METHAMPHETAMINE IN LOS ANGELES COUNTY (BOARD AGENDA OF JUNE 4, 2024, ITEM 18)**

This report is in response to the June 4, 2024 Board motion instructing the Director of the Department of Public Health (DPH), in collaboration with the Department of Mental Health (DMH) and the Los Angeles County Medical Examiner, and in consultation with community-based organizations, report back to the Board in 90 days on the methamphetamine mortality impact and trends over the last five years, services and resources available to prevent and treat methamphetamine use and addiction, as well as recommendations on what more could be done in LA County.

There are several overdose prevention strategies outlined in the [report back](#) to the Board of Supervisors motion titled [Confronting the Drug Overdose Epidemic](#) (Board agenda of July 26, 2022, Item 11) that specifically address methamphetamine use, methamphetamine use disorder treatment, and overdose prevention pertaining to methamphetamine. These will be reviewed briefly below, with additional details available in the most recent July 19, 2024 report back for this *Confronting the Drug Overdose Epidemic* motion.

**Methamphetamine Mortality Impact and Trends Over the Last Five Years**

LA County’s DPH Bureau of Substance Abuse Prevention and Control (DPH-SAPC) maintains a Data Reports and Briefs public website where surveillance data reports and a dashboard focused on methamphetamine in LA County can be found: (<http://publichealth.lacounty.gov/sapc/public/data-reports-and-briefs.htm>). The dashboard (<http://lacountydphsapc.inzastories.com/meth-landing>) lists information about availability of methamphetamine, the prevalence of methamphetamine use, poison control calls, emergency department visit and hospitalization, overdose mortality, and DPH-SAPC funded treatment admissions.

As is true in other jurisdictions in the United States, the County's overdose crisis since 2016 has been shaped by an increasing rate of overdoses involving fentanyl that often also involve methamphetamine. This is detailed in the September 2023 Friedman and Shover article in the academic journal *Addiction* entitled *Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021*.<sup>1</sup>

More current methamphetamine overdose mortality trends are described within the DPH-SAPC data report titled *Fentanyl Overdoses in Los Angeles County* (updated in July 2024).<sup>2</sup> Medical Examiner data from calendar years 2014-2023 are described including the count of overdose fatalities attributable to methamphetamine. The July 22, 2024 DPH News Release (<http://content.govdelivery.com/accounts/CALACOUNTY/bulletins/3a9acd7>) described the plateauing of fatal drug-related overdoses and poisonings from calendar years 2022 and 2023, and methamphetamine-related overdose fatalities have also plateaued and followed this trend. The continuum of interventions focused on prevention, harm reduction, and treatment approaches described below have helped LA County bend the curve on methamphetamine-related overdose fatalities. Table 1 below includes the counts of methamphetamine-related overdoses over the past five years:

**Table 1: Methamphetamine Overdose Fatalities in LA County by Year**

Year	Count of LA County Methamphetamine Overdose Fatalities
2019	822
2020	1,439
2021	1,723
2022	1,882
2023	1,869

Additional research characterizing methamphetamine-related overdose fatalities in LA County was published in the August 2023 academic *Journal of Substance Abuse Treatment* entitled *Longitudinal changes in co-involved drugs, comorbidities, and demographics of methamphetamine-related deaths in Los Angeles County*.<sup>3</sup> The trend of methamphetamine-related overdose fatalities that also involved opioids shifted from 16% of methamphetamine deaths in 2012 to 54% of methamphetamine deaths in 2021, indicating the growing impact of polysubstance use with respect to fatal overdoses and poisonings. Methamphetamine-related overdose fatalities have been increasingly affecting people experiencing homelessness; this rate tripled from 13% in 2012 to 35% in 2021. Additionally, the

<sup>1</sup> Friedman J, Shover CL. Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010-2021. *Addiction*. 2023 Dec;118(12):2477-2485. doi: 10.1111/add.16318. Epub 2023 Sep 13. PMID: 37705148. <http://pubmed.ncbi.nlm.nih.gov/37705148>

<sup>2</sup> Data Report: Fentanyl Overdoses in Los Angeles County. Health Outcomes and Data Analytics Branch, Substance Abuse Prevention and Control, Los Angeles County Department of Public Health, July 2024. <http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Fentanyl-Overdoses-in-Los-Angeles-County.pdf>

<sup>3</sup> Shover CL, Friedman JR, Romero R, Buhr R, Chu B, Tang A, Medina JA, Wisk L, Lucas J, Goodman-Meza D. Longitudinal changes in co-involved drugs, comorbidities, and demographics of methamphetamine-related deaths in Los Angeles County. *J Subst Use Addict Treat*. 2023 Aug;151:209101. doi: 10.1016/j.josat.2023.209101. Epub 2023 Jun 12. PMID: 37315796; PMCID: PMC10623547. <http://www.ncbi.nlm.nih.gov/pmc/articles/pmid/37315796>

percentage of methamphetamine-related overdose fatalities in Black populations in the County increased over five-fold from 3% in 2021 to 17% in 2021.

To inform the health responses to methamphetamine in the County, DPH-SAPC published the results of the 2022 Community Needs Assessment focused on methamphetamine that describes the prevalence of methamphetamine use, age of initiation, and the accessibility of methamphetamine in LA County. These results can be found here: (<http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Methamphetamine-Use-and-Public-Perceptions-in-Los-Angeles-County.pdf>).

DPH-SAPC funded substance use treatment services for County residents who reported that methamphetamine was the primary substance for which they were seeking treatment was provided to 9,684 residents involving 15,791 treatment admissions during FY2022-2023. Methamphetamine was the most common substance for which people seek DPH-SAPC funded treatment, and 30% of all treatment admissions involved methamphetamine as their primary substance used. More information about the trends of DPH-SAPC funded substance use treatment services is available in DPH-SAPC's Annual Treatment Report located on its publicly available Data Reports and Briefs website (<http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Annual-Tx-Report-FY2223.pdf>).

Approximately 60% of people served through LA County's expanded network of harm reduction syringe services report using methamphetamine, and it is the most common drug used by County residents receiving harm reduction syringe services. DPH-SAPC's and the Los Angeles County Department of Health Services' (DHS) networks of harm reduction programs collectively conducted 79,186 service encounters, distributed 251,358 doses of naloxone, 37,850 fentanyl test strips, 1,242,661 sterile syringes, and 19,645 wound care kits between December 22, 2023 and July 26, 2024. These programs reported 10,377 overdose reversals and 192 referrals to specialty substance use treatment (consistent with most people who receive harm reduction services not being ready to participate in specialty treatment) with an additional 544 encounters involving telehealth-provided addiction medication through the LA County MAT Consultation Line service. Telehealth-delivered treatment is an important innovation to meet people where they are in a lower-threshold modality and can become a bridge to continuity services delivered in brick-and-mortar facilities. On these encounters, 85% percent were with people experiencing homelessness and the majority identified as Black or Latinx.

### **Services and Resources Available to Address Methamphetamine Use and Methamphetamine Use Disorder**

#### **Methamphetamine Prevention Efforts**

DPH-SAPC continues to provide a broad range of prevention services targeting youth, the general population, and persons who are at risk for methamphetamine abuse. It continues to subcontract with community-based organizations to provide evidence-based programs and other prevention interventions for high-risk individuals.

Starting in 2021, DPH-SAPC conducted a landscape analysis on methamphetamine to better understand the issue and assess the County's ability to respond to the epidemic

using upstream prevention strategies. This analysis included collecting existing data on methamphetamine-related health indicators, creating a methamphetamine prevention resource inventory, collecting community-level data on methamphetamine as part of the LA County Community Needs Assessment, and subsequently providing recommendations informed by this data. Informed by this analysis, DPH-SAPC also led efforts to identify effective prevention strategies and interventions to prevent methamphetamine use and prioritize vulnerable and under-resourced populations.

DPH-SAPC created a high-profile, highly effective education and awareness media campaign prioritizing key populations at highest risk for methamphetamine use. DPH-SAPC's Meth Free LA County media campaign focused on at-risk populations through strategic placement of media and promotional events in highly impacted neighborhoods. The Meth Free LA County campaign ran two different iterations of the campaign:

- 2020: <http://publichealth.lacounty.gov/sapc/public/meth2020>
- 2021-2022: [www.methfreelacounty.org](http://www.methfreelacounty.org)

Since 2022, DPH-SAPC programs have participated in over 675 outreach events and delivered over 370 educational presentations to over 14,000 parents, students, and school faculty throughout Los Angeles County. Programs trained bar, night club, comedy club establishment owners and staff on the dangers of methamphetamine laced with fentanyl, including how to administer naloxone and provide drug test strips that detect fentanyl. Programs similarly provided trainings at food banks and for rideshare drivers. Interventions delivered to at-risk individuals include linkages to SAPC's Early Intervention Services Program for youth (ages 12-17) and young adults (ages 18-20) who are screened and determined to be at risk of developing a substance use disorder.

DPH Student Wellbeing Centers (WBC) have scheduled 146 classroom education sessions involving over 2,900 students addressing substance use and overdose prevention, including methamphetamine. The Peer Health Advocate Program at eight campuses chose to focus on Substance Abuse Prevention for their culminating projects resulting in a health fair, flyers, skits, and other peer-to-peer outreach.

#### Harm Reduction Services for People Who Use Methamphetamine

Harm reduction programs deliver essential services for people who use methamphetamine in Los Angeles County. People using syringe programs are five times more likely to participate in substance use treatment, three times more likely to reduce or stop injecting, and harm reduction syringe services programs reduce HIV and Hep C transmission rate by 50%. Overdose distribution programs in Los Angeles County prioritize ensuring that naloxone is distributed to people who use methamphetamine, given that over half of methamphetamine-related overdose fatalities in LA County also involve opioids. The expansion of harm reduction services described above has involved establishing drop-in spaces for people who use drugs. These overdose prevention and harm reduction programs are more extensively described in the most recent July 19, 2024 report back on the July 26, 2022 motion titled *Confronting The Drug Overdose Epidemic*.

Each LA County harm reduction syringe services provider maintains HIV and Hepatitis testing and linkage to care plans to ensure testing, prevention, and treatment options are

available to LA County residents served by these programs. These community-based organizations regularly convene with DPH's Division of HIV and STD Programs (DHSP) and Acute Communicable Disease Control (ACDC) viral hepatitis leadership to ensure alignment with best practices. DPH published a health alert titled *Local Outbreak of Hepatitis A among Persons Experiencing Homelessness and/or who use Illicit Drugs* on May 10, 2024 and disseminated information about viral hepatitis vaccination and transmission prevention to harm reduction and substance use treatment networks.

DMH provides naloxone and prevents overdose through directly operated clinics, and the DMH Homeless Outreach and Engagement (HOME) Team, the Skid Row Concierge Outreach Team, and Full-Service Partnership (FSP) programs. DMH's Homeless Outreach and Engagement (HOME) Team, the Men's Community Reentry Program (MCRP), and Full-Service Partnership (FSP) staff have responded to overdoses in the field among PEH clients; and non-DMH clients can receive naloxone and fentanyl and other test strips at the newly created drop-in center, headed by the Skid Row Concierge Outreach Team which provides overdose prevention education and supplies, housing navigation, and mental health services.

#### Treatment Services for People with Methamphetamine Use Disorder

DPH-SAPC leadership and UCLA faculty were directly involved with drafting the American Society of Addiction Medicine and American Academy of Addiction Psychiatry Clinical Practice Guideline on The Management of Stimulant Use Disorder,<sup>4</sup> emphasizing that contingency management is the treatment of choice for patients with methamphetamine use disorder, and describing medications that can be used off-label, outside of their US Food and Drug Administration labeled indication, to treat methamphetamine use disorder.

DPH-SAPC has expanded the network of treatment providers who offer Contingency Management (CM) through the Medi-Cal benefit, which began on May 4, 2023. The State has currently authorized CM services to be delivered at 44 sites, operated by 21 provider agencies, throughout the County. Another 21 provider sites in LA County are in the process of completing training and lab registration. From inception through June 2024, 1484 patients have been served, with 98% of the urine drug tests showing no stimulant use. Patients enrolled in contingency management stay in treatment for longer than those that don't, and report improved quality of life. More information about the Medi-Cal funded CM program is available via this webpage: <http://publichealth.lacounty.gov/sapc/providers/programs-and-initiatives/contingency-management.htm>.

DHS' Mobile Services launched a grant-funded CM program in 2024. The project is located at a community-based site in North Hollywood and provides incentives for patients who abstain from stimulants. In addition to providing financial incentives to participants weekly, the program also includes a support group. DHS has already piloted CM at ambulatory and emergency department-based programs with grant funding.

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<sup>4</sup> Clinical Guideline Committee (CGC) Members; ASAM Team; AAAP Team; IRETA Team. The ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder. *J Addict Med*. 2024 May-Jun 01;18(1S Suppl 1):1-56. doi: 10.1097/ADM.0000000000001299. PMID: 38669101; PMCID: PMC11105801. <http://www.asam.org/quality-care/clinical-guidelines/stimulant-use-disorders>

DHS' Harm Reduction Division launched a grant-funded CM pilot that focuses on keeping people housed. Since then, the program has expanded to four The People Concern housing sites including: Kensington Campus in Lancaster and The Lamp Lodge, The Village, and 6th Street Place on Skid Row. The CM Pilot program has maintained an average caseload of about 30 participants at a time and has seen 60 unique clients, many of which have re-enrolled in the 12-week program. Staff reported several categories of success among clients including job readiness, interest in MAT treatment, attendance of wellness group classes (including mental health and financial wellness sessions), family reunification and more which have overall contributed to housing retention among participants.

DMH has updated its medication parameters, DPH-SAPC has published an addiction medication information notice, and DHS maintains an expected practice each of which advance the use of medications to treat methamphetamine use disorder. Each department provides training for their department's respective clinical workforces on the use of these medications. To ensure that DPH-SAPC contracted treatment provider agencies provide medication services to patients, including off-label medications for methamphetamine use disorder, DPH-SAPC is applying MHSOAC (Mental Health Services Oversight and Accountability Commission) dollars and opioid settlement dollars toward a MAT prescriber cost-sharing effort where we are financially supporting the hiring of seventy MAT prescribers throughout the DPH-SAPC funded specialty SUD system.

To ensure the accessibility of methamphetamine services for people who use the stimulant, DPH-SAPC and DPH-DHSP ensured that the March 2023 HIV Workforce Summit included discussion of addiction medications and serving people who use drugs. This was followed by a discussion later that fall with DPH-DHSP HIV providers reviewing the ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder.

The UCLA Center for Behavioral and Addiction Medicine (CBAM) in the Department of Family Medicine has partnered with DPH-SAPC and the University of Texas Southwestern Clinical Trials Network Big South/West Node to deliver a Case-Based Learning Collaborative on Stimulants. A DPH-SAPC presenter delivered the November 2023, Case Based Learning Treating Stimulant Use Disorder in Primary Care session involving Los Angeles County community health centers and HIV service providers.

DHS, DMH and DPH are collaborating on the Interim Housing Outreach Program (IHOP) which will expand to operate in all eight Service Planning Areas (SPAs) and provide onsite services to individuals with physical and behavioral health needs including linkage, support for interim housing stability, facilitating transitions to permanent housing, and providing onsite harm reduction interventions (e.g., distribution of naloxone and fentanyl test strips) and methamphetamine-related informational/educational sessions (individuals and group) that includes residents with co-occurring disorders who use methamphetamine.

### **Additional Recommendations for Addressing Methamphetamine in LA County**

LA County continues to require multi-sector expansion of prevention, harm reduction, and treatment services in substance use, mental health, hospital, community health center, carceral, housing, street medicine, and social services sectors. Harm reduction has benefited from expansion through AB 109, Care First Community Investment funds, and

Opioid Settlement Investments. DPH and DHS are fortunate to have been successfully awarded time-limited Substance Abuse Mental Health Services Administration and Centers for Disease Control and Prevention grant funding, but for these programs to grow at the pace needed, departments will need to identify stable and sufficient resources to sustain this essential work. Departments will continue to work with CEO-LAIR to advocate for federal- and State-level funding and legislative proposals to ensure resources for behavioral health workforce development, harm reduction, and treatment services remain sustainable across the County.

There is also a need to ensure that coordination efforts remain sustainable and sufficiently resourced. There are a number of existing efforts including community-based collaborations that prioritize a coordinated response to methamphetamine. For example, DPH-SAPC convenes the LA County Methamphetamine Task Force which convenes quarterly and runs monthly Methamphetamine Treatment Committee and Methamphetamine Prevention Committee meetings. These meetings involve a broad cross-section of County and community-based partners working on methamphetamine prevention, harm reduction, and treatment. Additionally, the LA County Harm Reduction Steering Committee (HRSC), jointly led by DPH-SAPC and DHS' Harm Reduction Division, involve a broad coalition of community-based organizations that support implementation of harm reduction services to support people who use drugs (PWUD), engage in sex work (PESW), have justice system involvement, and are experiencing homelessness (PEH) to inform future programming. DPH, DMH, DHS, and several LA County-contracted community-based organizations regularly participate in the Skid Row Overdose Prevention Committee focused on overdose prevention and response involving methamphetamine in Skid Row.

To build on these efforts, last fall the Board of Supervisors passed the [Better Reaching the 95%](#) motion which required designated LA County Departments in consultation with relevant community stakeholders to describe and implement strategies to better engage individuals, including young people, impacted by substance use. Several strategies listed in DPH's August 20, 2024 report include programs impacting methamphetamine use, including expanding the accessibility and reach of substance use services across the full care continuum specifically including evidence-based practices that treat methamphetamine use disorder.

The housing and poverty crisis driving homelessness in LA County has had a disproportionate impact on people who use methamphetamine. Ensuring an expanded continuum of harm reduction housing and recovery housing will be important to meeting community needs. Toward these ends, and as described in the most recent July 19, 2024 [report](#) on the Board's *motion*, [Confronting the Drug Overdose Epidemic](#), DPH is in the process of adding 266 Recovery Bridge Housing (RBH) and 45 Recovery Housing (RH) beds through the State's Behavioral Health Bridge Housing (BHBH) funding and local opioid settlement funding. DMH received funding through the new BHBH program and will use the funding to enhance its current non-congregate interim housing and expand to new sites across the County for PEH with serious mental illness and/or co-occurring SUDs (including methamphetamine use disorder).

The need for harm reduction expansion, referenced above, involves establishing additional drop-in spaces co-located with health, mental health, and social services. DHS-HRD and

DPH-SAPC have been working collaboratively with community-based organizations, LA City Council District 1 and Supervisorial District 1 office to mobilize around overdose prevention and harm reduction services in MacArthur Park. Additionally, DHS, DMH, and DPH continue to advance the establishment of the Crocker Campus Project, a portion of which would establish a Harm Reduction Health Hub in Skid Row at 5th and Crocker Street which will offer case management, intoxication/ inebriation support/post-overdose care, behavioral health services, and health interventions. Across the street from this hub, DMH plans to utilize a portion of this funding to create approximately 200 interim housing beds and 50 triage beds in Skid Row as part of the Crocker Campus Project. The Crocker Campus Project is designed to be the cornerstone of implementing the recommendations from the Skid Row Action Plan, and ensuring there is capital and operational funding to ensure this project launches and is sustained will be important to addressing the extraordinary overdose mortality, of which methamphetamine is a major driver, in the Skid Row neighborhood.

In addition, to expand the visibility of methamphetamine and its impact on public health, The Wall Las Memorias Project, in collaboration with UCLA Department of Family Medicine and DPH-SAPC, are preparing a one-day symposium focused on methamphetamine policy, prevention, harm reduction, and treatment dissemination involving a broad coalition of community partners.

## **CONCLUSION**

The Departments working on methamphetamine projects will continue to collaborate with community based organizational partners on implementation of the projects described herein.

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cc: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Health Services  
Mental Health