

Position Paper on Methamphetamine in California

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What to Do About Methamphetamine?

While there is new national interest in “stopping the methamphetamine epidemic,” Californians must acknowledge that in California methamphetamine problems are endemic, not epidemic. As meth problems have grown in the Midwest and east coast the last five years, the Meth Caucus in Congress has developed a call to action and demand for resources that do not necessarily fit the needs of the west coast.

While California has been deeply touched by methamphetamine over the last twenty years, it has also been the source of much innovation in the areas of prevention, intervention, treatment and law enforcement. Further, California will likely remain at the epicenter of this phenomenon because the source of the majority of meth on the streets is smuggled across the Southwest border.

This paper summarizes what we know about meth problems in California and makes suggestions for how state and federal resources can best be used to prevent and reduce meth-related problems.

What is Unique – Or Not – About Meth?

Methamphetamine is a powerful Central Nervous System stimulant and is one of many substances of abuse on the alcohol and other drug continuum. Meth has several features in common with other substances:

- It is highly addictive; users need to use progressively more product to experience the original highs;
- Meth users switch to other drugs easily when meth is less available. Thus meth is used in combination with other drugs or alcohol, such as alcohol use as part of the meth-using cycle as a sleep aide, or meth in combination with club drugs or Viagra at rave or circuit parties. Given this feature, meth problem prevention must be carefully coordinated with alcohol and other drug prevention.

However, there are several unique features about meth that must also be considered in designing effective responses:

- Meth is very inexpensive compared to other illicit drugs; a gram of meth at \$40-50 is cheap compared to equal amounts of cocaine (\$60-120) or heroin (\$40 – 100);
- Meth metabolizes more slowly than cocaine, thus its stimulant effect lasts longer. This “poor man’s cocaine” high can last for up to 12 hours;
- Meth is easy to manufacture in home labs with ingredients that are readily available, although the process is dangerous, creates a toxic environment, and leaves considerable hazardous waste;
- Meth users tend to purchase meth from known dealers indoors as compared to the more random, stranger/dealer-public area combination associated with other illicit drugs;

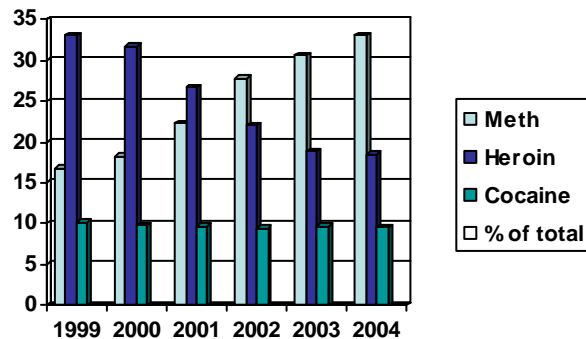
- Meth is especially associated with high risk sexual behavior;
- Meth users are more likely than other illicit drug users to have guns;
- Meth users experience more immediate medical and dental problems compared to alcohol and other drug users.

What Are Meth-Related Problems in California?

Meth is a many-headed monster, and there are several problem indicators that measure the impact of meth on families, neighborhoods and community systems. Key problems include, but are not limited to:

Addiction

In San Diego, meth got attention in 1997 when for the first time primary meth treatment admissions overtook alcohol admits in the public system of care. Today, meth represents about 75% of Prop36 admits, and more than half of admissions in general.



As seen in the chart above on California treatment admissions, meth has displaced heroin treatment, while cocaine admits have been relatively steady.

The dominance of meth admits in the public system reflects the criminal justice system needs for supervised treatment. As more meth arrests have occurred, especially with the advent of Proposition 36, meth has commanded more space in the treatment system. Meth users tend to be less educated, single and with little employment history. These features create many challenges for sustained recovery.

Meth-Related Crime

Meth-related crimes fall into two areas: 1) meth-specific crimes, such as manufacturing, distributing or possession of meth and 2) meth-fueled crimes, where meth use is associated with theft, assault, homicide and other general crimes. In San Diego, arrests for meth sales and possession have grown by 33% over the last ten years.

In terms of other crimes, local law enforcement often has to guess at meth's involvement. Several studies or queries suggest areas of concern:

- In San Diego, a study by the San Diego Association of Governments (SANDAG) shows that injuries and death in domestic violence cases are more likely when meth is involved compared to alcohol.
- A query of San Diego prosecutors and investigators revealed that the group believes that 75% of identity theft, check forgery and fraud are fueled by meth use. These cases are often investigated by either narcotics or by the fraud

unit. A data run on cases where both charges were filed revealed a 30% increase in such cases between 2001 and 2004.

- A set of three focus groups with former meth users in San Diego treatment programs revealed common, almost universal experience with trading identity papers for methamphetamine directly with dealers, along with a sophisticated, tiered, organized crime system to exploit the personal information.

Child Endangerment

Children are called meth's "innocent victims" as children raised in meth environments often show a cluster of negative outcomes: poor nutrition, little history of medical or dental care, developmental delays, increased risk to sexual exploitation, physical and emotional abuse and neglect. One third of labs in San Diego have children present, and 10 percent of these children, on average, test positive from passive exposure to meth.

Meth's influence in Child Protective Services caseloads in California counties was estimated to range from 62 to 95 percent according to the six counties that responded to a survey from the Senate Select Committee on Methamphetamine.

Across the country, the development of multi-disciplinary teams, called Drug Endangered Children (DEC) teams, composed of prosecutors, law enforcement, social workers and doctors, now respond to the needs of these children by screening for medical and developmental issues, and by providing safe placement. In San Diego, in Fiscal Year 04-05, 380 children were rescued from meth-infested homes by DEC teams.

Health Problems for the User

Numerous health effects surround the chronic meth user: extreme dental problems, rapid or irregular heart rate and early mortality both due to physical health challenges and to drug trade homicides. In San Diego, the Medical Examiner tracked death in several categories, such as overdose, suicide and homicide, but also for acute and chronic disease where meth is a contributing factor. Brain studies show deficit areas in the brain that control depression, anxiety and memory. Method of use affects health status; intravenous drug use increases risk of HIV and Hepatitis C transmission.

Of special note is the influence of meth in driving HIV transmission rates. Meth is widely used in the circuit parties among gay men; the prolonged sexual activity, combined with failure to use safe sex practices, has been an important driver of new HIV cases.

Violence

Meth is one of many substances that contribute to violence, such as domestic violence, assault and homicide. SANDAG conducted a study which showed that half of women in jail were recently victimized by domestic violence, and another 30% had lifetime experience. Meth users were more likely to report experience with physical, emotional, verbal and nonverbal abuse, and were nearly 50% more likely to experience a black eye and receive medical treatment. After declines in homicide, San Diego saw a jump in homicide rates in 2004, and meth was involved in a majority of these cases.

Toxic Waste

The meth manufacturing process yields significant toxic waste. Every pound of meth creates six to seven pounds of toxic waste. An active cooking lab is very volatile, but the aftermath causes damage to the environment as well. A new California law, AB 1078, which became effective in January 2006, requires local public health agencies to post notice of contamination in buildings, and hold property owners accountable for the clean up costs, which average about \$3,000, though the range can be large depending on the size of the lab. As noted above, labs are less numerous in California than in the past, though even small numbers of labs create toxic waste.

What Effective Strategies Can Be Used?

At state and local levels, officials and public agencies are now asking the question: what to do about meth? California has convened a Senate Select Committee on Methamphetamine that is considering many options for action.

Local communities continue to bear the negative consequences of meth problems. Local law enforcement, child welfare, criminal justice and health agencies carry the largest burden. This paper discusses the role for local state and federal supports to reduce the impact of meth in California – a battle that is largely fought at the local level.

One important principle about strategies is that we're unable to do everything. Consequently, we need to choose carefully because there are limited resources. This reality check is even more important as budget cuts are made to both health and safety programs. Thus California must focus on effective use of evidence-based strategies, and must seek excellent coordination between state and local efforts.

Another distinguishing feature about meth is that it is still largely an adult problem. Adolescent use is very low compared to alcohol and marijuana, and teens that use meth almost always come from a meth-using problem family environment. In contrast, alcohol and marijuana use among teens is widespread, and teens who get caught in the grip of addiction may reflect a variety of backgrounds.

San Diego has convened problem solving on meth for almost ten years – arguably a community with the longest track record in this regard. Several principles for local action have evolved from this experience:

- **Coordination between law enforcement and health sectors is critical.** Community oriented policing measures can be effective, and work best with the active engagement of prevention professionals. For example, a precursor chemical education campaign effectively changed retail practices regarding compliance with state law on ephedrine sales. In another example, training for property owners and landlords on environmental design and management techniques dramatically decreased criminal activity around apartment buildings once dominated by meth problems. This partnership uses the best of the uniformed presence, along with the organizing and policy skills of prevention.
- **Similarly, coordination between criminal justice and treatment fields is essential.** Experiences in mandated treatment in both Drug Court and Proposition 36 demonstrate that close coordination between treatment, probation and the courts yields positive treatment outcomes. Best practices for

meth addiction are being articulated by the field, and policymakers need to listen and support effective practice and increased access to treatment.

- **Media advocacy keeps meth problem solving on the public agenda.** Meth is a story with many features, so active work to create and stimulate news coverage keeps the various aspects of the meth problem solving story on the public agenda. Simple public service announcements generally contain part of the message (meth is bad) without local flavor or without a meaningful call to action.

In fact, there is not one single action or message that can solve meth problems in a paid or public service campaign. The myriad of closely connected strategic actions can only be covered in the news media: headline stories, features, and editorials in mainstream and specialty media outlets. A carefully planned and executed media advocacy campaign is essential.

- **Policy approaches, rather than education, will have more impact over time.** Policy, at institutional and government levels, have shown direct reductions in targeted behavior. Last year Oklahoma law required stores to move ephedrine behind the counters at pharmacies and demonstrated an 80% reduction in labs; this policy recently became a national standard with the signing of the Patriot Act, and we can expect lab seizure rates to continue to drop.



Another example of neighborhood policy lies in the area of property manager and landlord training. In San Diego the Institute for Public Strategies is working to establish community standards on the use of proven strategies to help landlords avoid drug problems in apartment complexes. After training on lease addendums, environmental design, lighting and other tools, police calls for service show dramatic reductions at these housing complexes, as shown in the above chart.

There is debate about the unintended consequences of tightly managing ephedrine in this country, as the void leaves an opportunity for Mexican drug

cartel dominance in the meth trade. Given the environmental dangers and other consequences of meth labs, we need to actively manage both national and international production of ephedrine at the same time in order to maximize benefits and minimize potential negative byproducts.

- **Continuous multi-system data collection should drive priorities.** For two reasons, communities at every scale should avoid jumping on the meth bandwagon unless their data offer compelling reasons to do so. First, data helps define the problems and allows for targeted solutions. Second, meth's relative problem status varies. The attached chart on meth lab seizures is only one indicator, but a great variance among the 58 California counties is evident.
- **Avoid the "single bullet".** It is clear that meth is a complicated drug with wide-ranging impacts. Thus it is equally clear that a single, isolated strategy will not result in measurable progress. Experience in San Diego in the late 1980's revealed that such fragmented work resulted in a revolving door and re-entry into either jail or treatment systems, without measurable decreases in problem levels.

Roles for the State

Given that the battle and action is mainly located at the local level with local public agencies in the lead, what can the state do? There are many useful ways that the state can support local action to reduce meth problems:

- **Provide resources for local work.** For example, the state and federal law enforcement agencies exchange resources with local departments in terms of training and funding to tackle meth interdiction. This support should be maintained, and similar kinds of support can be provided to the health side. Training and intervention funding is provided for treatment and prevention in general, but specific resources to manage meth coordinated problem solving can be given.
- **Demand proven or promising approaches.** Little research specific to meth prevention has been done, but models can be adapted that fit the nature of meth problems. In San Diego, The Border Project, a National Registry of Effective Prevention Programs (NREPP) model program, has been adapted to use public policy development, organizing and media advocacy within a comprehensive approach that incorporates public safety and treatment.
- **Fund research on best practices with meth.** As discussed above, meth is unique in that the problem user is on average in their thirties. We need to know more about how communities can effectively reduce meth problem levels. We need to know how to effectively provide HIV care and meth treatment at the same time for gay men. We also need long term research on the effects of meth exposure on children, and on how to minimize these effects.
- **Data should drive this process,** which is very much at risk of political influence. Rather than relying only on the "squeaky wheel" political process, meth problem solving needs to be driven by data. The state can encourage data sharing between the various health, justice and law enforcement agencies, and the state could expand its surveillance responsibility to include more specific meth indicator tracking. For example, San Diego is now the only

city in the country to support the former Arrestee Drug Abuse Monitoring (ADAM) program. ADAM uses a randomized survey with arrestees at time of booking to collect and analyze drug trends. This information is extremely useful to San Diego, but other urban centers need this quality information. Unfortunately the National Institute of Justice discontinued the funding for this program which had operated since 1985 in Sacramento, Los Angeles, San Jose and San Francisco.

- **Continue to support training and technical assistance** on meth problem solving to communities which need help.
- **Continue convening at the state level for coordination, synergy and maximum leverage of resources.** Convening multiple disciplines at the highest level for leadership, data sharing and priority setting has proven effective in other states battling meth and will continue to serve California as well.
- **Seek fair share funding allocation from federal agencies.** Competitive processes based on problem data levels should be the primary standard for grant allocations.
- **Seek federal activity to improve regulation and international agreements on import and documentation of ephedrine products.** Again, meth's unique feature as a synthetic drug that depends on this essential ingredient means that more effort to control ephedrine is really needed. If international companies even kept records of sales and shipments, interdiction efforts would be strengthened.

What the State Should Avoid

Meth is an especially vicious drug that has captures public and political attention. This poses risks for several unintended consequences.

- For example, we should avoid the "flavor of the month club" which can reduce meth use only at the expense of diverting meth use to alcohol or other drug use.
- We also need to avoid a public relations-driven window dressing approach, which may scare or capture attention without providing for the real follow-up on the ground. An example is found in the Meth Montana Project. All the field and research experience would suggest that this hard-hitting campaign may have mixed results. These kinds of messages have been demonstrated to undercut or trivialize for those that see the message as unbelievable, and entice risk-seekers towards the drug. We should watch closely to see the outcome of this extremely well-funded media campaign, as it will likely provide valuable lessons for all of the states.
- We should also avoid cutting allocations to counties in any way that reduces local county capacity to prevent and treat meth problems. As stated above, meth users haven't "replaced" heroin users in treatment, they have "displaced" them. The high visibility and public concern regarding meth gives users priority to scarce treatment resources, especially residential services.

In summary, California is poised to demonstrate effective practice to the rest of the country that is catching up in terms of meth problem levels. California treatment providers have been effectively helping persons with meth problems for more than a decade. California is invested in a treatment system and criminal justice diversion system that has proven cost effectiveness. And California has on-the-ground experience in changing local system and neighborhood standards that reduce meth-related problems and effectively intervene. With appropriate policy and research investment, we truly can make a difference; the rest of the country is watching, so let's take the right steps now.

Seizures By County

Report run on: February 10, 2006 2:08 PM

CY 2005 Meth Clan Lab Incidents in CALIF.

State: CA

Total: 433

County	Seizure Type Chem/Glass/Equipment	Dumpsite	Laboratory	
ALAMEDA	0	0	13	13
BUTTE	2	4	15	21
CONTRA COSTA	1	0	4	5
DEL NORTE	0	0	2	2
FRESNO	1	11	5	17
HUMBOLDT	0	0	2	2
KERN	0	2	6	8
KINGS	0	0	1	1
LAKE	1	0	2	3
LASSEN	0	0	1	1
LOS ANGELES	2	1	25	28
MADERA	2	3	1	6
MARIN	0	0	1	1
MERCED	0	68	9	77
MONTEREY	0	0	4	4
ORANGE	5	0	10	15
RIVERSIDE	3	4	22	29
SACRAMENTO	0	0	8	8
SAN BENITO	0	0	1	1
SAN BERNARDINO	6	9	40	55
SAN DIEGO	5	0	14	19
SAN JOAQUIN	4	4	7	15
SAN LUIS OBISPO	0	0	1	1
SAN MATEO	0	1	0	1
SANTA CLARA	0	1	10	11
SANTA CRUZ	0	0	1	1
SHASTA	0	1	2	3
SISKIYOU	0	0	1	1
SOLANO	0	0	3	3
SONOMA	0	0	1	1
STANISLAUS	5	20	22	47
SUTTER	2	0	10	12
TULARE	0	6	2	8
VENTURA	0	0	2	2
YUBA	2	1	8	11
	41	136	256	

Total: 433

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