

FINAL

Summary Report:
GPAC Ad Hoc Committee on
Methamphetamine
Findings and
Recommendations

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Prepared by:

GPAC Ad Hoc Committee on
Methamphetamine

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GPAC Ad Hoc Committee on Methamphetamine

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This report highlights the work of the Ad Hoc Committee on Methamphetamine (Committee) for the full membership of the Governor's Prevention Advisory Council (GPAC). This report documents the activities of the Committee over its five-month session, as well as its findings and recommendations to date. The findings and recommendations are *not* listed in order of importance. While every effort has been made to formally document the information presented in this report, it has not been possible in every case because some information came to light through committee meeting discussions and other communication rather than published works.

What We Did

The Committee had its first meeting on April 5, 2005, and established its responsibilities and scope. Namely, this Committee was charged with making recommendations to the GPAC on what the Council may want to do in responding to the methamphetamine (meth) crisis from a *prevention* perspective. Tamu Mitchell led the Committee and reviewed a background briefing paper addressing this issue, which she had prepared at Director Kathryn Jett's request. She then facilitated the group and developed an initial workplan.

Members volunteered to research various gaps in the Committee's current knowledge of the demographic profile of meth users in California and what other agencies are doing to address the meth problem. As part of this effort,

- user data was sought from a number of sources (arrests, California Healthy Kids Survey, hospital admissions and discharge, and treatment);
- each of the GPAC member agencies/departments received a questionnaire about the types of data they may have with regards to meth;
- other states and federal agencies were contacted about their programming;
- grantees throughout California receiving funds for drug prevention were queried about their meth-related activities; and,
- the business community and pharmacies' interests were asked about their reaction to restrictions on sales.

The Committee members reported back on their data collection progress at the next meeting, held on May 10, 2005. The members discussed the various interpretations of the findings and questioned whether they had enough information to make recommendations. They concluded that adequate data was available to support their understanding of the damage caused by meth, as well as the treatment profile. However, important questions remained, such as whom to address, and through what message and venue.

On May 20, 2005, Lee Chamberlain presented the activities and findings of the Committee, thus far, at a GPAC meeting.

At the June 28, 2005, meeting two guests were invited, via telephone, to help address questions regarding successful efforts in other states. Linda Thompson, Executive Director of the Greater Spokane Substance Abuse Council's Prevention Center, reported on Washington State's meth prevention efforts, which largely entail the coordination of meth action teams in the most impacted counties. Christi Cain, State Coordinator of the Kansas Meth Prevention Project, then discussed the meth prevention efforts in her state. These efforts are largely centered on the Meth Watch Program, which places precursor products where they can be strategically monitored and placing "Meth Watch" shelf tags where the products are sold to increase public awareness. Retailers may also impose purchase limits of pseudoephedrine to prevent high volume sales. This program is not only to create public awareness, but also to deter clandestine operators from precursor acquisition. The two issues that the Committee felt it needed to better understand involved legislation and funding.

The fourth and final Committee meeting was held on August 4, 2005, and members presented an update on legislation and funding for meth. After these reports were discussed among the Committee, it was decided that, while the issue of meth is broad enough to spend many more months researching, the Committee had enough information to make several initial recommendations to the GPAC. Those recommendations are presented in this summary report.

Committee Findings

1. The Committee found evidence that meth use continues to be a major problem.

The use of meth among Californians continues to present a multi-fold problem. Addiction is damaging and destroying the lives of a growing number of people in many different populations of the State's residents. Meth use has been shown to be highly correlated with increased HIV infection among gay and bisexual men. Illegal production of the drug presents a significant environmental problem with hazardous chemicals seeping into the ground and waste streams. Additionally, where "labs" are present, children are exposed to dangerous conditions, as well as abuse by individuals illegally producing meth.

For over two decades, meth abuse has been a significant health, social, and criminal justice problem in California. Although more people are seeking treatment for meth, the problem continues unabated. Researchers estimate that up to 500,000 Californians currently abuse meth; and California has the largest meth population in treatment in the U.S. representing 50,000 out of a national total of 137,000 meth admissions.

A recent survey by the National Association of Counties reveals that meth is the leading drug-related problem both nationally and in California. According to federal estimates, more than twelve million Americans have tried meth and 1.5 million are regular users. Police officers nationwide rank meth the number one drug they battle today. In a survey of 500 law enforcement agencies in 45 states released in July, 2005, by the National Association of Counties, 58 percent said meth is their biggest drug problem. Meth addicts

are pouring into prisons and recovery centers at an ever-increasing rate and the children of meth users are overwhelming the foster care system in many states.¹

2. The Committee found no evidence-validated meth-specific prevention approaches.

The risk and protective factor model developed by Hawkins and Catalano is currently recognized as a credible model for the design of programs to prevent alcohol, tobacco and other drugs (ATOD). There are several dozen nationally recognized model programs being implemented throughout the country that are based on this model and have been shown to prevent ATOD use. However, at the time of this report, the Committee has not been able to identify research-based programming that 1) is focused primarily on reducing demand for meth or 2) has shown significant results in reducing demand for meth.

While some other states, as well as communities within California, have created or proposed their own meth-specific educational tools for youth (e.g., websites, drug curricula, software development, mobile meth exhibits), best practice programming specific to meth has not been developed.

3. The Committee found that most meth efforts are focused on intervention, suppression, and treatment.

The Committee was charged with making recommendations to meet the goal of preventing meth abuse in California. Several prominent efforts were highlighted in the Background Briefing Paper submitted by the Community Prevention Institute in March, 2005. These efforts largely represent coordinated approaches designed to deter the manufacture and sale of meth, enforce penalties against those who continue to do so, and manage the victims and environments that have suffered as a result.

Common efforts to battle meth problems include:

- Reduce access to meth precursor products;
- Seize and clean-up meth labs;
- Coordinate the care for children exposed to meth activity;
- Increase penalties for meth users and distributors; and,
- Research the most effective treatment modalities for meth users of various demographic profiles.

In August, 2005, the Substance Abuse and Mental Health Services Administration awarded three-year funding to agencies in Kern, Mendocino, and San Mateo Counties to provide treatment for meth for adults residing in rural communities. Despite this recent funding, there is not sufficient treatment capacity in California.

4. The Committee found that coordinated community-based approaches such as those occurring in San Diego, Washington, and Kansas, are producing promising outcomes.

The San Diego County Methamphetamine Strike Force has: a) raised public awareness that meth is everyone's problem; b) leveraged resources through interagency cooperation; c) increased understanding of how to integrate health and enforcement strategies; and, d) attracted new, meth-specific resources to the San Diego region. The Strike Force has been acclaimed as a national model in addressing meth and other drug problems and has co-hosted, along with the United States Attorney General's Office, a national conference to assist other cities in the development of effective responses to meth problems.

Its goals include: a) increasing restrictions in the availability and sale of illegal drug precursors in retail stores; b) increasing cooperation and coordination between health services, prevention providers and law enforcement agencies; c) promoting responsible retail management and training; d) reducing cross-border distribution and access of meth precursors; e) reducing the prevalence of drug-related activity, in and around residential properties; and, f) reducing exposure of children to meth and crime.

Like many other communities struggling with meth-related problems, San Diego contends with the easy availability of meth, resulting from the abundance of the materials, chemicals, and recipes necessary for production. Yet the region has not experienced the dramatic increases evident in other communities. It is believed that the Strike Force has been vital in keeping escalating meth problems contained.

Washington State's Meth Workgroup notes that in many communities throughout the State, Meth Action Teams are forming with representation from public and environmental health departments, local research institutions, labor, justice, law enforcement, courts, child welfare, schools, businesses, public housing, local governments, substance abuse prevention and treatment providers, and community crime prevention groups. The purpose of these teams is to respond to meth impacts requiring an immediate community-level response. They also act as community advisory groups to inform state agencies (who also work collaboratively, as detailed below) of needed changes in policy and procedures to support community meth initiatives.

At the State level, a coordinating Committee of state agencies meets on a regular basis to share information and discuss strategies. The workgroup recognizes that, in order for collaboration to be effective, the collaborating partners must have access to reliable, cross-system impact data for trend analysis and evaluation, and training and technical assistance that includes all agencies and programs that come into contact with individuals, children, or families impacted by meth. There must also be a clear commitment to develop and implement joint responses to meth incidents and services. To facilitate a greater understanding of roles and responsibilities, the workgroup further recommends that when multiple state agencies collaborate, they develop a written Memorandum of Understanding (MOU) that details a strategic management approach.

The MOU should identify a process for establishing and modifying cross-system solutions, specify the role of each consortium agency, and commit each agency to carry out specific responsibilities.

The Kansas Methamphetamine Prevention Project (KMPP) is a comprehensive, coordinated effort to provide community members with the education, resources, tools, and strategies that involves a border county initiative, education and training, services for drug-endangered children, mini-grant funding, retail strategies, rural activities, youth activities, conferences and workshops. The KMPP trainings provide strategies for community, rural, and retail prevention. Along with trainings, community groups receive a meth kit, including a CD with youth games and activities, brochures, planning documents, Powerpoint presentations, sample press releases, local statistics, and a retailer video. The KMPP goals are: 1) to increase the capacity of key institutions to assist local communities in addressing meth problems; 2) to reduce the supply of meth by reducing the availability of products used in its manufacture; 3) to reduce the demand for meth by providing opportunities for youth education and community awareness about the dangers of meth; and, 4) to increase awareness about meth in Kansas. The KMPP engages a number of partner agencies, including the Kansas Regional Prevention Centers, the Kansas National Guard, the Kansas Farm Bureau, and the University of Kansas, to name a few.

The KMPP presented on its success at the 2005 *Community Anti-Drug Coalitions of America* Leadership Conference. Kansas boasts a reduction in theft of meth precursor materials, including anhydrous ammonia; a reduction in the perceived availability of meth by youth, as well as a reduction in meth usage by youth; an increase in arrests and public safety; improved collaboration; and increased public awareness and media coverage. The KMPP claims that local communities will respond when provided adequate support and that they are capable of implementing community-wide environmental interventions at a reasonable cost when state systems are properly aligned to support their efforts. Law enforcement and other governmental agencies cannot solve this problem for communities, but need to be key partners. A centralized point of access for resources is helpful and having ready-to-use materials for the communities aided in their success. Small amounts of start-up funds can encourage community involvement. Efforts that support community adaptation to fit their local context are most successful. Success was additionally credited to using the existing infrastructure and proven model programs.ⁱⁱ Twelve states with significant rural populations have implemented Meth Watch Programs, based on the success of this program in Kansas.

5. The Committee found evidence that some demographic groups are disproportionately impacted by meth. It also found up-to-date data on all of the socio-demographic profiles of users to be lacking. Specifically, non-anecdotal data on college-age urban and suburban individuals has been difficult to acquire.

“Rural communities are especially vulnerable to the effects of meth, but they often lack the resources to address the problem...When devising policies and programs targeted to meth abuse, lawmakers should keep in mind that rural locales face unique challenges,

such as: misconceptions about rural drug abuse; limited funds to fight drug abuse; and limited access to effective drug treatment programs.”ⁱⁱⁱ Additionally, rural youth are much more likely than their urban counterparts to engage in amphetamine use of any kind and methamphetamine specifically.^{iv} Youth ages 12 to 14 who live in small towns are 104 percent more likely to use the drug than young people living in larger cities. Meth is thought to be especially attractive to people in rural communities because labs can be set up in abandoned barns, plus the drug is inexpensive.^v

It is reported that in Los Angeles and San Francisco, meth (a.k.a. crystal) use in the gay community has been at a widespread epidemic level for some time, and this trend is now reaching other major metropolitan areas throughout the country, with devastating consequences. Advocates in New York have published recommendations to curb this problem, which is greatly exacerbating existing health concerns in the gay community. Their studies confirm that, as in California, meth users include gay men of all ages, HIV statuses, races, and ethnicities.^{vi} “Its rapidly rising popularity among gay men primarily stems from its unique impact on sexual desire and sexual stamina. Crystal intensifies sexual pleasure and reduces sexual inhibitions.”^{vii}

Provisional data from the Department of Health Services (DHS), Sexually Transmitted Disease (STD) Control Branch, includes the following findings:

- Meth is the most commonly reported drug used among syphilis patients (excluding alcohol and marijuana).
- The percent of syphilis patients using meth has significantly increased from 12% in 2002 to 23% in 2005 (as of 6/2005).
- Overall, similar proportions of men who have sex with men, male heterosexuals, and female gonorrhea cases reported using meth in the past twelve months.

A growing number of women are becoming addicted to meth. Many begin using this drug because of its energy-boosting power, initially enabling busy women to accomplish the multiple demands of working, raising a family, caring for a household, etc. “There’s no comparable drug that we’ve ever seen as long as I’ve been in substance abuse that appeals to women as much as meth does,” said B.J. Van Roosendaal, spokeswoman for the Utah State Division of Substance Abuse. She believes that fueling this appeal is meth’s easy accessibility and low cost^{viii} and others cite meth’s quality as an appetite suppressant, which makes it easier for women who use it to lose weight.^{ix} Patrick Fleming, head of the Salt Lake County Division of Substance Abuse Services, says that they now see more women with addictions to meth than to alcohol.^x

While children rarely *intend* to engage in meth use, they nonetheless suffer greatly from exposure to this substance and the dangerous conditions it breeds when their parents manufacture, use and distribute meth. In the State of Washington, residential meth lab clean-up crews estimate they find evidence that children are, or have been, at the lab site in at least 35 percent of the drug labs they are called to investigate.^{xi} Exposure to meth and the toxic substances used to make it pose serious physical and mental health risks to children. Problems include the trauma of separating children from their parents, respiratory illnesses, neurological damage, burns, and death. In Oregon, over the last two

years, virtually every case where the State permanently took children away from their parents involved meth.^{xiii} Additionally, ten percent of users indicate that they were introduced to meth by their parents or other family members.^{xiii}

Demographically, in State Fiscal Year 2003-04 (the most recent data), there were 72,959 admissions to treatment in California with a primary diagnosis of meth. This constituted 30.9 percent of all treatment admissions that the Department of Alcohol and Drug Programs recorded. Of meth treatment clients, 64.5 percent were male, 14.4 percent were less than 21 years of age, 49.0 percent were White (comparable to the general California population), 23.8 percent Hispanic (somewhat less than the 32.1 percent of California's population), 17.0 percent African-American (much more than the 6.6 percent of California's population), 2.7 percent Asian-Pacific Islanders (much less than the 12.2 percent of California's population), and 3.4 percent were Native American (much more than the 0.6 percent of California's population)^{xiv}.

6. The Committee found that within California, prevention activities are inconsistent, often community-specific, and, with a few exceptions, are not part of a state system or state plan.

A number of communities throughout California are implementing model prevention programs that focus generally on ATOD with the hope that their meth crises will be alleviated. There is some research to support this approach, in that meth users rarely begin their use early in adolescence; rather marijuana and alcohol use tend to precede meth use, as evidenced by the age of adolescents seeking treatment in Los Angeles and their drugs of addiction^{xv}.

Other communities have fashioned their own meth prevention programs or have added a special meth emphasis to the model programs they are implementing.

Without a concerted approach to evaluate these efforts, it is unknown whether they are effective. It is possible that, with the uniquely addictive qualities of meth, a unique prevention approach is required. The following are examples of prevention activities:

Activities described from a sample of Drug-Free Communities grantees in California:
Community education and awareness -

- Model and promising prevention programs to universal, selective, and indicated populations and their families
- Retailer education
- Hospitality industry training
- Media awareness campaigns
- Encourage residents to identify and report meth activity
- No meth-specific activities because local data shows it is not a compelling problem

Activities described from a sample of DHS, Maternal Child and Adolescent Health, staff throughout California:

- Chemical company closures have led to a decline in some lab activity
- Universal home visitation for first-time parents
- Intensive case management for multi-need families
- Video production featuring recovering addicts
- Work with physicians to integrate substance abuse screening in prenatal care
- Case manage teen parents

Activities described from DHS, Office of AIDS:

- Research
- Social marketing campaigns
- Contingency management
- Harm reduction treatment (debated, given the highly addictive nature of meth)
- Developing a list of effective/promising programs
- Training and technical assistance for providers
- Policy development, aligned with emerging national policy

Activities described from DHS, Division of Communicable Disease Control, STD Control Branch:

- Coordinated outreach, health education, testing, and prevention activities at mainstream and high-risk party venues
- Policy research
- Interviews with supply-side and treatment-side experts (it was noted that getting time with key supply-side experts was difficult)
- Emphasis on evaluation of current approaches to inform future decisions

7. The Committee found that legislative action can be an effective component of a comprehensive strategy to reduce meth.

Much of the State’s supply of meth is now being produced in super labs in Mexico and transported across the U.S.-Mexico border. In fact, as much as 80 percent of the meth available in the U.S. is thought to come from organized crime rings producing huge quantities of the drug in California or Mexico; presumably these crime rings would not be significantly deterred by restrictions on sales of cold pills.^{xvi} However, California is home to a larger number of bathtub labs producing significant quantities of the drug. To secure precursor chemicals to make meth, individuals are stealing large quantities of pseudoephedrine-based cold remedies from retail pharmacies throughout the State.

Several states, including Oklahoma, Missouri and Oregon, have adopted laws that seek to make it more difficult to access critical meth precursor pseudoephedrine-based products. Strategies include limiting the quantities of these drugs that can be purchased, locking certain forms of the product in retail settings so that they must be dispensed by authorized personnel, and requiring purchasers to produce identification and sign a log that makes it

possible for law enforcement to identify individuals accessing large quantities of pseudoephedrine. These states report that new laws have had a significant effect on meth production.

Oklahoma led the country with the passage of HB 2176, which went into effect on April 7, 2004. This meth legislation is the strictest in the nation, affecting the placement and access of pseudoephedrine. This substance, commonly found in over-the-counter cold remedies, may only be sold by licensed pharmacists in Oklahoma. Additionally, “its sale requires that a photo identification and signature are provided and restricts the amount of pseudoephedrine a person can acquire to 9 grams within a 30-day period, except upon a valid prescription”. The number of meth labs has dropped sharply since the restriction became law and the State has saved millions of dollars in police and court costs.^{xvii} Within months after the law took effect, raids on meth labs were down 80%.^{xviii} Mark Woodward, press aide for the Oklahoma Bureau of Narcotics, now reports a ninety percent drop in lab seizures since the legislation was enacted.^{xix}

The Oregonian found striking correlations between government actions and meth abuse. In two periods--1995-96 and 1998-99--federal authorities interrupted the flow of chemicals to drug cartels. Each time, crime and addiction fell in tandem as the price of the drug rose. *The Oregonian* discovered these previously overlooked successes by examining millions of reports on arrests, emergency room admissions, drug treatment, and the price and potency of meth seized by drug agents. During the 1990’s, the number of patients in Oregon, Washington and California admitted for meth abuse soared. But during the two periods in which federal authorities restricted access to the chemicals needed to make meth, clinics saw their meth caseloads sharply decline.^{xx} Additional peer-reviewed papers substantiate *The Oregonian’s* assertions.^{xxi, xxii}

Two bills that sought to limit access to pseudoephedrine in retail settings in California, SB 152 (Speier) and AB 283 (Koretz) failed in the 2005 legislative session in the face of pharmaceutical industry opposition. While the retail industry recognizes the connection between theft of pseudoephedrine products and illegal production of meth, it is concerned about inconveniencing consumers. It is valuable to note that most of the cold remedies in question are currently being reformulated to use active ingredients other than pseudoephedrine.

The Committee found that there is relevant pending federal legislation. S.103 (Feinstein) would build on the Meth Control Act of 1996. It would control access to pseudoephedrine-based products in retail settings, as well as make funding available for law enforcement, research, drug treatment and other services for meth abusers.

8. The Committee found that minimal funding is directed towards meth-specific prevention initiatives.

California has been battling the manufacture of meth and its associated problems for over fifteen years. To date, funding has been concentrated on intervention and interdiction efforts rather than prevention. The Substance Abuse and Crime Prevention Act, also

known as Proposition 36, was passed by California voters on November 7, 2000. This initiative, which allows first and second time non-violent, simple drug possession offenders the opportunity to receive substance abuse treatment instead of incarceration, allocates \$120 million annually through State Fiscal Year 2005-06 to pay for treatment services.

In Federal Fiscal Year (FFY) 2004, California received \$50,238,677 in Edward J. Byrne Memorial Block Grant funding, \$41,476,000 of which was allocated to the Anti-Drug Abuse Enforcement Program, and \$9.5 million in State General Funds were allocated to six county Sheriff's Offices under the California Multi-Jurisdictional Methamphetamine Enforcement Teams Program.

According to the National Clandestine Lab Seizures System, 572 meth labs were seized in California between July 1, 2004, and June 30, 2005, and a total of 23,665.5 grams of meth were seized by law enforcement agencies throughout the State.

In 2004, the Office of Community Oriented Policing Services (COPS) awarded nearly \$54 million to fight the nation's escalating meth problem. This funding supports enforcement, training, and lab cleanup activities nationwide, but is concentrated in areas with the greatest need for assistance in combating meth production, distribution, and use. Only two California law enforcement agencies received funding under this program: the Department of Justice (\$2,968,432, a small portion of which is set aside for prevention efforts) and the Riverside County Sheriff's Department (\$197,895).

The COPS office reports that although they do not have any open solicitations for FFY 2005, awards under the Methamphetamine Grant Program will be released to the states. Unfortunately, these funds are earmarked to agencies selected by the Congressional Office, and are not open to competitive bid.

Research, to date, has been unable to uncover any federal funding opportunities to directly target meth that could be utilized in California's quest for prevention activities to combat this illicit drug and its waste byproducts.

Committee Recommendations

1. Redefine current Committee to an implementation oversight workgroup.

It is proposed that this workgroup will take on the following major responsibilities:

- Conduct an assessment of the resources that are necessary to implement the Committee's recommendations;
- Surveillance of meth information on an ongoing basis;
- Identify a state agency (or agencies) to assume primary oversight responsibility for tracking meth action, team results, trends, etc.;
- Inform GPAC agencies of meth-related legislation;

- Advocate for appropriate policy changes;
- Continue data collection and analysis (treatment data, law enforcement, etc); and,
- Prepare an annual report on meth use in California.

A major role of the oversight workgroup would be to monitor meth-related legislation and make recommendations to the GPAC on policy stances (e.g., S.103 and AB 283), including those that would increase the amount of resources to provide effective prevention and treatment activities.

California should support legislation that would make funding available for prevention efforts targeting communities at high risk for meth use. The GPAC should also encourage the passage of legislation in California to control access to the precursor chemicals that are used in meth production and urge the Governor to work with the pharmaceutical industry, law enforcement, and community groups to develop that legislation.

2. Develop a Meth Action Team approach to mobilize coordinated, concerted effort at the local level.

It is proposed that there will be three major activities associated with this recommendation:

- Develop a Meth Action Team handbook (a guide to developing, implementing, managing and evaluating a Meth Action Team);
- Implement Meth Action Teams in California’s high need counties; and,
- Oversee Committee coordination of an annual Research Forum (State Conference).

The Committee, focusing on prevention, recommends that the GPAC follow the models of San Diego’s Methamphetamine Strike Force and Washington’s Meth Action Teams.

The GPAC should encourage that each county form a coalition focused on meth abuse in their county. These teams should be composed of representatives from local state and federal representatives from public and environment health departments, law enforcement, judiciary, education, research institutions, labor, community crime prevention groups, businesses, public housing and special interest groups. Working together, these community members can identify areas of meth abuse in their county, assess and develop action plans to reduce and stop abuse among their residents.

Interagency cooperation through this collaborative effort allows resources to be identified among the agencies and leveraged to support the action plans. Resource short-falls can be offset by obtaining grants as a coalition and instituted within the community in a much more effective manner.

Structure of the Meth Action Teams should follow the Methamphetamine Strike Force model: General Membership, Coordinating Committee, Information and Education Team, Media Action Team, and Hotline/Website Committee.

- The Coordinating Committee provides overall coordination and guidance for the Strike Force.
- The Information and Education Team examines data, identifies areas of further inquiry, coordinates training and an annual Research Forum (State Conference), and conducts focus groups to gather information “from the street” used in identifying emerging needs and responsive approaches to prevention, intervention and treatment.
- The Media Action Team coordinates the media effort by creating newsworthy events and other opportunities for media coverage about meth problems and solutions.
- The Hotline/Website Committee provides hotline operations and manages the Website for the Strike Force. This Website has its own domain name and is registered with major search engines.
- An additional subcommittee may be established to address special areas that need increased attention or have special programs implemented, such as Weed and Seed or Drug Courts.

The General Membership should strive to achieve a representation of all communities affected by meth use in their counties, including different ethnicities, ages, heterosexual men and women and gay and bisexual men. They should strive to develop thorough analyses of the similarities and differences in meth distribution and consumption in various communities, and develop control, prevention and treatment efforts appropriate for each community. They should also seek to quantify the breadth and scope of their local meth problem and sequelae, and identify the total resources needed to reduce the problem as a whole, rather than limit their planning to resources which are currently available.

3. Identify evidence-validated meth-specific prevention approaches and/or work with meth specialists in developing these approaches.

The Committee recommends to the GPAC that funds be dedicated to the research and evaluation of prevention programming aimed at reducing the *demand* for meth. Existing model programs that address ATOD generally, as well as community programs that have been created specifically to address meth use, should be evaluated to determine their effectiveness in preventing the use of meth. Once these findings are produced, California will be in a better position to make decisions about the programming that it will endorse to prevent meth use.

In order to accomplish this recommendation, the following activities are proposed:

- Identify existing promising approaches and rigorously evaluate them;

- Analyze data from participants exposed to evidence-validated programs to determine whether the prevention of meth use is significant;
- Determine the extent to which locales with stringent supply reduction efforts also experience significant demand reduction; and,
- Monitor the evaluation outcomes of meth prevention demonstration projects (e.g., Montana Meth Project) to determine their appropriateness for replication.

This research and evaluation effort will be costly because of the expertise and time required, and yet until the effectiveness of current and proposed meth prevention approaches is known, valuable resources may be wasted on approaches that simply do not work – or even more devastating, on approaches that have unintended negative consequences.

4. Develop effective survey assessments of young adults (18-25) and disproportionately impacted populations: rural communities; gay men/men who have sex with men; women; children of meth users; runaways; sex workers; and those with unusually demanding jobs/responsibilities.

Motivations for meth use can vary widely, and the best prevention efforts will be based on understanding underlying patterns in those motivations for specified groups, if, in fact, patterns exist. Preventing hopelessness versus preventing stress and anxiety will likely take different approaches.

Among gay men and men who have sex with men, some very disturbing patterns have emerged that put these men at an elevated risk for contracting Hepatitis C and HIV when they also engage in meth use. Prevention strategies for men who have sex with men (whether or not they have a gay identity) should take into account the motivations of the users. In addition to enhancing sex, it is also known for enhancing workouts, stemming depression, increasing energy, promoting weight loss, and reducing loneliness. Strategies should also be tailored to the settings in which meth use is most prevalent, including bars, clubs, parties, bathhouses, motels, and gyms.

Recommendations for prevention from the National Alliance of State and Territorial AIDS Directors and the National Coalition of STD Directors include: Assist the Center for Disease Control and other partners in assessing local and state-based surveillance and program development technical assistance needs; encourage partnerships between health departments and commercial sex venues, as well as internet service providers to address the use of crystal meth and to reduce its harmful effects; and utilize the Prevention Training Centers and AIDS Education Training Centers to develop and improve education on the role of crystal meth.^{xxiii}

Recommendations for prevention from the New York-based Lesbian, Gay, Bisexual, and Transgender (LGBT) Task Force on Crystal Meth, Syphilis and HIV echo those above, noting that special attention needs to be given to supporting community education campaigns and community leadership by community-based organizations indigenous to communities of color, whose credibility among people of color is important to raising

awareness and developing direct prevention and group support efforts focusing on crystal meth. This New York-based LGBT Task Force highlights that “the crystal epidemic is fundamentally a community problem, and LGBT organizations have a responsibility to lead the community toward solutions.” Specifically, LGBT organizations and grassroots activists should lead a community dialogue on rethinking community norms on drug use and sexuality, clarifying community and individual values regarding what is acceptable and unacceptable behavior. The New York-based LGBT Task Force further recommends that LGBT community leaders enter into dialogue with the owners and managers of commercial and other business establishments that rely heavily on gay patronage, such as gay bars and gay-oriented commercial sex establishments, to clarify the role and responsibility of such establishments to avoid facilitating or condoning substance abuse and other high-risk behaviors on their premises.^{xxiv}

It was noted in Finding #6, above, that the DHS STD Control Branch coordinated interviews with the supply side and treatment side experts. These interviews led to four recommendations which in turn helped inform recommendations of the National Coalition of STD Directors and which were presented as testimony to the Center for Disease Control/Health Resources and Services Administration Advisory Committee on HIV and STD Prevention and Treatment. These recommendations are:

- Provide sufficient treatment slots;
- Evaluate and adapt current prevention campaigns, such as San Francisco's "Crystal Mess," rather than invest substantial funds in new campaigns;
- Evaluate and possibly expand contingency management programs, which are cost-effective; and,
- Convene a round-table of law enforcement and supply-side experts.

The Prevention Training Center and AIDS Education Training Center here in California is an important resource.

It is of critical importance to understand the context of the behavior and to respectfully approach the problem if it is to be alleviated and prevented for subsequent group members. Effectively querying various groups that we either know little about in regards to their meth use and motivations (e.g., college-age young people) or that we know are disproportionately suffering from meth use (e.g., rural communities; gay men/men who have sex with men; women; children of meth users; runaways; sex workers; and those with unusually demanding jobs/responsibilities) will improve our ability to develop, implement and evaluate effective meth prevention efforts.

This Committee, therefore, recommends the development of effective survey assessments for these populations. Proposed activities for this recommendation include the following:

- Work with higher education and institutions serving populations disproportionately impacted by meth use to ensure inclusion of meth use questions on existing assessments or to develop new assessments;

- Implement a series of focus groups with young adults and other vulnerable populations – rural communities; gay men/men who have sex with men; women; children of meth users; runaways; sex workers; and those with unusually demanding jobs/responsibilities – on meth use, motivations to use or avoid use, distribution, supply chains, and prevalence among their peers; and,
- Analysis and reporting of this data in the annual report to be prepared by the work group proposed in Recommendation #1.

5. Pursue funds to implement these initiatives.

As detailed in the findings section, there are few identifiable government funding sources to draw on to enact meth *prevention* efforts. It is this Committee’s recommendation that the Governor’s Office petition Congress to open more funding opportunities to California agencies and law enforcement under the current Methamphetamine Initiative, or to seek alternative funding opportunities at the federal level.

An alternative to reliance on governmental funding in the State of Montana is private giving, where the Tom and Stacey Ceibel Foundation have donated \$5.6 million for a meth prevention demonstration project that began on August 30, 2005. Based entirely on a media campaign that will make the Montana Meth Project the largest purchaser of media in Montana, this project seeks to evaluate the power of media to prevent the use of meth. (Please see www.montanameth.org and www.notevenonce.com.) Following Montana’s lead, this Committee recommends that private industry and foundations should be solicited to invest in the meth prevention efforts of California.

To accomplish these funding objectives, the following activities are proposed:

- Visit key legislative representatives at the State and federal level to discuss the need and opportunity for meth prevention activities in California;
- Research which corporations and foundations would be appropriate partners in California’s meth prevention efforts;
- Receive guidance from other states that have experienced successful meth prevention funding; and,
- Submit compelling proposals to implement research-based, comprehensive meth prevention efforts that will be evaluated for the effectiveness and potential replicability.

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