

CITY OF LONG BEACH

PUBLIC SAFETY ADVISORY COMMISSION

333 West Ocean Boulevard

· Long Beach, California 90802

April 7, 2006

PUBLIC SAFETY COMMITTEE City of Long Beach California

SUBJECT: Report Regarding the Problems Associated with Methamphetamine Use in

Long Beach and Related Crime

BACKGROUND

At its meeting of September 14, 2005, the City Council referred the matter of "how the City can fight the increasing problem of methamphetamine use in Long Beach and related crime" to the Public Safety Advisory Commission (PSAC). Subsequently, at its meeting of September 28, 2005, the PSAC began an extensive review of methamphetamine use in Long Beach and associated crime, with the goal of developing recommendations for the City Council. The following are lists of presentations and reports received and/or reviewed by PSAC in the intervening months:

Listing of Presentations to the Public Safety Advisory Commission

- Los Angeles County Deputy District Attorney
- Long Beach City Prosecutor
- Long Beach Police Department Narcotics Section
- Long Beach Department of Health and Human Services, Human and Social Services Bureau
- Long Beach Unified School District
- Members of Public At Large

Listing of Hard Copy Presentations Reviewed

- National Drug Threat Assessment 2005
- Long Beach Alcohol and Drug Rehabilitation Programs
- Drug and Alcohol Youth Program, CARE
- Proposition 36 Program
- Methamphetamine Trends/Statistics in the City of Long Beach
- Methamphetamine Legislation
- Methamphetamine Labs (trifold brochure)
- Children at Risk: Meth Labs in Our Community (trifold brochure)
- Addendum Supplement: National Association of Counties Report, January 2006
 Bill Hansell, President
- The Challenges of Treating Meth Abuse
- The Effect of Meth Abuse in the Hospital Emergency Room
- www.naco.org

DISCUSSION

The following provides summary highlights of the PSAC review:

Methamphetamine Overview

Popularity

- Due to the longer lasting effects of methamphetamine compared to cocaine, it is anticipated that methamphetamine use will continue to surpass cocaine as the preferred illegal drug for hard drug users.
- There is an apparent increase in emphasis by the Mexican drug trafficking organizations (DTOs) to distribute methamphetamine.

Purchase Cost

According to the DEA, in 2002, high-grade methamphetamine sold for \$13,000 to \$18,000 per pound.
 Low-grade methamphetamine sold for \$3,000 to \$7,000 per pound.
 Crystallized methamphetamine, referred to as "Ice," sold for up to \$30,000 per pound.

Production

- Production of methamphetamine involves ingredients found in common over-the-counter pharmaceuticals and is both dangerous and hazardous.
- DTO's controlling the U.S. methamphetamine trade have shifted their production of methamphetamine to superlabs in Mexico and outlying rural areas of California, specifically in Riverside/San Bernardino counties.
- Small, local labs usually produce only enough for personal use and a small number of buyers.

Clandestine Lab Arrest Statistics

- 2003: 25 individuals arrested for manufacturing of illegal substances in methamphetamine labs.
- 2004: 26 individuals arrested for manufacturing of illegal substances in methamphetamine labs.
- By mid-2005, 4 individuals arrested for manufacturing of illegal substances in methamphetamine labs.

Prosecutions

- 300 400 Misdemeanor Drug Cases per year.
- 388 Methamphetamine Cases per year.
- 35,000 total cases per year.

Distribution

- Mexican DTOs are the primary distributors of methamphetamine in California, establishing smugglers/distribution networks.
- In Long Beach, several local street gangs are suspected of selling methamphetamine.
- Mexican DTOs also supply powdered methamphetamine to Asian criminal groups (gangs), who convert it to "ice". They dominate the sale of "ice".
- California will remain one of the most active drug smuggling and production areas in the nation due to the state's major air, land and sea ports of entry.

Violence

Many methamphetamine users are involved in crimes such as robbery, burglary, auto burglary and financial crimes, especially identity theft, in order to support their drug habit.

Environment/Community Impact

- Local small-scale labs pose a dangerous risk of explosion, fire, toxic fumes and ground/water contamination posing a very serious threat to public safety and the environment.
- Hazardous Substances Control personnel reported taxpayer cost for cleanup at \$5.5 million.

Law Enforcement Action

- In January 2005, the number of arrests in the City of Long Beach for possession of methamphetamine surpassed the number of arrests for possession of cocaine. This trend continues.
- The Mexican DTOs controlling methamphetamine trade in the United States have shifted production to Mexico, reducing the risk of discovery.

Proposition 36

- Is a sentencing alternative law
- Added three (3) new penal code sections.
- Provided funding for substance abuse treatment.
- Does not:
 - o Apply to covered crimes committed prior to July 1, 2001.
 - o Apply to all persons convicted of "nonviolent" drug crimes.
 - o Eliminate drug court or drug diversion programs.
 - o Apply to drug sellers, it applies to users only.
- If a Prop 36 defendant is convicted, he or she:
 - o Receives probation, not jail.
 - o Is required to participate in/complete an approved drug treatment program.
 - o Is subject to all other "standard" probation terms/conditions.
- Drug treatment:
 - Outpatient.
 - Half-way house.
 - o Narcotic replacement therapy.
 - o Drug education/prevention courses.
 - o Limited inpatient/residential treatment for "special" conditions.
- Besides drug treatment, court can impose one or more of the following:
 - o Vocational training.
 - o Family counseling.
 - Literacy training.
 - o Community service.

- Unanswered questions surrounding Prop 36:
 - o Is it effective?
 - o Does treatment work?
 - Why is there no special assessment for funding/
 - What is the cost of related crimes, when offenders are not incarcerated? (i.e., crime(s) to support habit?)
 - o Is money saved from Prop 36? ER costs?
- There are more methamphetamine related ER visits than any other drug.
 - o 47% top illicit drug.
 - o 73% increase over past five (5) years.
 - o 83% of patients are uninsured.
 - o 69% see need for programs.
- Treatment capacity as reported by health directors:
 - o 57% lack funding.
 - o 37% report sufficient capacity for treatment.
 - o 33% do not have sufficiently trained staff.
 - o 37% report different treatment protocols are required.

Legislation Update

A number of new laws have been enacted and pieces of legislation proposed to help address the growing list of problems related to methamphetamine use. Summaries of key examples are listed below:

FEDERAL

- S.103
 - A bill to respond to the illegal production, distribution and use of methamphetamine in the United States, and for other purposes.
 - Summary as of 01/24/05 Introduced. Combat Meth Act of 2005.
 - Authorizes funds to provide training to state and local prosecutors and law enforcement agents for investigation and prosecution of methamphetamine offenses for all communities.
 - Move cold medicines containing pseudoephedrine behind the counter.
 - Requires signature and identification for purchases.
 - Creates alternate procedures for stores without pharmacies and stores in rural areas.
 - Creates an airport exemption.
 - Sets national standard.
 - Effective date, within six months of enactment.
 - Creates a national methamphetamine treatment center.
 - Authorizes \$43 million for enforcement, training, and research into treatment.

- H.R.313
 - o Title: to provide grants to states to combat methamphetamine abuse.
- H.R.2335
 - Title: to amend the Public Health Service Act to provide for demonstration projects for the purpose of providing comprehensive services with respect to the problems of children who have been removed from environments in which methamphetamine is unlawfully manufactured, distributed or disbursed.

STATE

- AB275 (Baca)
 - Revises definition to include the manufacturing of the illegal controlled substance.
- AB1078 (Keene)
 - Would enact the "Methamphetamine Contaminated Property Cleanup Act of 2005" and define terms.

RECOMMENDATIONS

Per the request of the Long Beach City Council, it is the recommendation of the Public Safety Advisory Commission that the City of Long Beach combat the increasing problem of methamphetamine use within the following comprehensive framework:

- Prevention/Education
- Enforcement
- Intervention
- Treatment
- Rehabilitation

At this time, the Public Safety Advisory Commission stresses the urgency to the City Council for additional law officers and treatment counselors to align with the growing problem of methamphetamine use in Long Beach.

The following are the four PSAC recommendations:

- EXPLORE THE FEASIBILITY OF RESTRICTING OVER THE COUNTER SALES OF DRUGS CONTAINING EPHEDRINE OR PSEUDOEPHEDRINE - Legislation has been passed and is pending in both the California State Legislature and U.S. Congress as referenced in Legislation Update, Presentation Summarization section.
- 2. CONTINUE TO ASSESS THE EFFECTIVENESS OF PROGRAMS IN LONG BEACH AND IN OTHER COMMUNITIES ACROSS THE NATION TO COMBAT METH USE
 - A. At this time the PSAC is unable to determine the effectiveness of any of the programs in the community, due to their limited history, incomplete records and the lack of established program performance measurements.

- B. There are alternative resources to assist Long Beach in the design and implementation of a citywide program for the education and prevention of methamphetamine use. The PSAC is recommending that the resources listed below be considered immediately:
 - 1) Federal funding and/or grants available through the following entities for an education and prevention program:
 - o Consumer Healthcare Products Association, CHPA,
 - o Partnership for a Drug Free America,
 - o American Academy of Pediatrics,
 - U.S. Department of Health and Human Services Administration, SAMHSA
 - 2) As an example, the CHPA provides resources for the implementation MethWatch, a multi-faceted program with the mission of enabling local and state governments to develop public-private partnerships between law enforcement, state officials and the retail community, preventing the sale and use of methamphetamine. Such a program could encompass:
 - o Mock methamphetamine labs created/utilized for presentation,
 - o Educational information distributed at schools.
 - o Facts about methamphetamine shown a movie theaters,
 - MethWatch signs posted at city limits,
 - Neighborhood Watch meetings to educate the community about meth,
 - o Production of public service announcements,
 - Display boards for community events.

CHPA additionally provides training, technical assistance, retail support and education.

- C. MONITOR HOW THE INCREASE IN METH USE IS BEING ADDRESSED BY OUR CRIMINAL JUSTICE SYSTEM WITHIN THE CONTEXT OF PROPOSITION 36
 - Of 51,000 offenders, 72% entered treatment.
 - Weaknesses of program identified: It provides outpatient treatment only and funding are both a challenge and concern.
 - Long Beach Prosecutors currently addressing the problems
 - o Referenced in Proposition 36, Presentation Summarization section.
- D. EXPLORE AND ENCOURAGE INNOVATIVE MEASURES THAT THE POLICE DEPARTMENT CAN IMPLEMENT TO ADDRESS METH USE AND RELATED CRIMES
 - Appropriate city funding needs to be obtained and allocated to increase the number of law enforcement officers, as well as intervention/treatment/rehabilitation personnel.

 Support City Council in obtaining alternative resources to assist Long Beach in the design and implementation of a citywide program for the education and prevention of methamphetamine use.

In conclusion, The Public Safety Advisory Commission urges the City Council to adopt the above highlighted recommendations and stands ready to provide additional assistance on this matter as the Council may direct.

Respectfully submitted,

DAVID KEAN

CHAIR, PUBLIC SAFETY ADVISORY COMMISSION

COMPREHENSIVE FRAMEWORK FOR COMBATING METH USE

Prevention / Education

Enforcement

Intervention

Treatment

Rehabilitation

law enforcement officers and treatment counselors to address the The PSAC stresses to the City Council the urgency for additional growing problem of methamphetamine use in Long Beach.

1. Explore the feasibility of restricting over the counter sales of drugs containing ephedrine or pseudoephedrine.

- S. 103 provisions were folded into the Patriot Act and passed the Congress in the Spring of 2006.
- Law to become effective in the Fall of 2006 (6 mos. After enactment).

2. Continue to assess the effectiveness of programs in Long Beach and other communities across the nation to combat meth use.

- incomplete records and the lack of established performance the programs in the community, due to their limited history, PSAC was unable to determine the effectiveness of any of measurements.
- PSAC recommends that the City explore using the following resources;
- Federal funding and/or grants from the following for education & prevention programs:
- Consumer Healthcare Products Assn. CHPA
- Partnership for a Drug Free America
 - American Academy of Pediatrics
- U.S. Dept of Health & Human Services

EXAMPLE – the CHPA's MethWatch –

- state governments to develop public-private partnerships between A multi-faceted program with the mission of enabling local and law enforcement, state officials and the retail community, preventing the sale and use of methamphetamine.
- Mock meth labs for presentation, public education uses
- Educational materials distributed at schools
- Facts about meth shown at movie theaters
- MethWatch signs posted at city limits, or throughout the city
- Including education about meth in Neighborhood Watch meetings
- Public service announcements
- Display boards for community events

system within the context of Proposition 36. 3. Monitor how the increase in meth use is being addressed by our criminal justice

- 4. Explore and encourage innovative measures that the police department can implement to address meth use and related crimes.
- increase the number of law enforcement officers, as City funding needs to be obtained and allocated to well as intervention, treatment, and rehabilitation personnel.
- resources to assist Long Beach in the design & implementation of a citywide program for the Support City Council in obtaining alternative education and prevention of meth use.

,		

A Community Forum on Methamphetamine A Call to Action

March 22, 2006

The City of Long Beach Department of Health and Human Services The Gay and Lesbian Community Center of Greater Long Beach Center for Behavioral Research and Services St. Mary Medical Center's CARE Program Tarzana Treatment Centers

Background

Main objectives:

- Community awareness and discussion of concerns about meth use, with emphasis on its impact to the gay community and connection to HIV transmission
- Collaborative approaches to decrease harm caused by meth
- addressing stakeholders key consequences of meth use ţ Recommendations

Planning and Implementation:

- Organized by providers with direct experience with individuals who use meth
- Over 200 attendees with an expert panel of researchers, providers, and a recovering meth user

Methamphetamine Issues & Concerns

- Methamphetamine use is a social and public health epidemic.
- It is a highly addictive drug that causes serious health effects.
- an increase in sexually transmitted diseases The wide use of methamphetamine has fueled (STDs) such as HIV and syphilis.

Methamphetamine in Long Beach

- Methamphetamine use in Long Beach has been a problem for over a decade.
- Methamphetamine use is prevalent among the high school and college age population, the homeless, sex workers, and men who have sex with men.
- Trends in population groups and use appear to be similar to those seen in other communities.

Selected Testimonies

- "Crystal meth ruined my son's life and our entire family is in pain because of it."
- aware of how bad meth is. The glamorization "We need to make the whole community of meth needs to be dispelled."
- "Different providers need to come together to address crystal. We can't do it alone."
- "We need to address issues specific to gay men, like HIV and stigma."

Forum Results: Recommendations

- that will address the social and health issues associated Social Marketing: initiate a community wide campaign with meth use.
- between public, civic, and private agencies involved in Collaboration: improve interagency collaboration prevention, care, research and treatment.
- Funding and Advocacy: increase resources dedicated to addressing meth at the federal and state levels.
- parents, students, meth users, and the gay community. Social Support: improve social support structures for
- facilitate ongoing dialogue about solutions that protect Task Force: Develop and foster a multidisciplinary coalition of prevention and treatment providers to the public's health from the meth epidemic.

References

Substance Abuse and Mental Health Services Administration. (2005, September 16). Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004. *National Survey on Drug Use and Health*. Retrieved on April 22, 2006 from, http://www.oas.samhsa.gov. Office of National Drug Control Policy. (2003, November). Methamphetamine. Retrieved on April 22, 2006 from, http://whitehousedrugpolicy.gov/publications/ factsht/methamph/index.html.

κi

က

4

Ŋ.

Office of National Drug Control Policy. (n.d.). Drug Facts: Methamphetamine. Retrieved on April 22, 2006 from, http://www.whitehousedrugpolicy.gov/drugfact/ methamphetamine/index.html lyo, M., Sekine, Y., & Mori, N. (2004). Neuromechanism of developing Methamphetamine psychosis: A neuroimaging study. *Annals of the New York Academy of Scienc*es, 1025, 288-295.

Center for Disease Control and Prevention. (2005). HIV/AIDS Fact Sheet: HIV/AIDS among men who have sex with men. Retrieved on April 22, 2006 from, http://www.cdc.gov/hiv/pubs/facts/msm.pdf

References (Cont.)

Hutin, Y. J. F., Sabin, K. M., Hutwagner, L. C., Schaben, L., Shipp, G. M., Lord, D. M., et al. (2000). Multiple modes of hepatitis A virus transmission among Methamphetamine users. American Journal of Epidemiology, 152(2), 186-192.

Ö.

Nyamathi, A. M., Dixon, E. L., Robbins, W., Smith, C., Wiley, D., Leake, B., et al. (2002). Risk factors for hepatitis C virus infection among homeless adults. Journal of General Internal Medicine, 17, 134-143.

and HIV risk behaviors among heterosexual men - Preliminary results from five northern Centers for Disease Control and Prevention. (2006, March 17). Methamphetamine use California counties, December 2001-November 2003. Morbidity and Mortality Weekly http://www.cdc.gov/mwr/preview/mmwrhtml/mm5510a2.htm?s_cid=mm5510a2_e Report, 55(10), 273-277. Retrieved on April 22, 2006 from,

 ∞

Prevention Needs Assessment Report - 2003. New York: Partnership for Community Partnership for Community Health, Inc. (2003). Long Beach HIV/AIDS Care and

References (Cont.)

- AIDS Project Los Angeles. (2005, Summer). The Methamphetamine-sex connection among gay males: A review of the literature. Connections, 2-3. 10.
- Reback, C. J., & Grella, C. E. (1999). HIV risk behaviors of gay and bisexual male methamphetamine users contacted through street outreach. *Journal of Drug Issues*, 29, 155-166. --
- Incarceration vs. Treatment: Drug courts help substance abusing offenders. SAMHSA Substance Abuse and Mental Health Services Administration. (2006, March/April) News, 14(2), 2-4. 12
- Recommendations. Retrieved on April 22, 2006 from, http://www.adp.cahwnet.gov/prevention/pdf/Rpt_Methamphetamine_Findings_and_Rec GPAC Ad Hoc Committee on Methamphetamine. (2005, December). Final Summary Report: GPAC Ad Hoc Committee on Methamphetamine Findings and ommendations pdf

13

Fisher, D. G., & Reynolds, G. L. (2006, March) Amphetamine Use in Long Beach, California. Community Forum Presentation held on March 22, 2006 at St. Mary Medical Center, Long Beach.

4.