

A Call to Action

A Community Forum on Methamphetamine

Community Forum Convened by:

St. Mary Medical Center's Comprehensive AIDS Resource and Education (CARE) Program

Long Beach Department of Health and Human Services

Center for Behavioral Research and Services at California State University Long Beach

Tarzana Treatment Centers

The Gay and Lesbian Community Center of Greater Long Beach

March 2006
Long Beach, California

BACKGROUND

On Wednesday, March 22, 2006, the St. Mary Medical Center's Comprehensive AIDS Research and Education (CARE) Program, Long Beach Department of Health and Human Services, Center for Behavioral Research and Services at California State University Long Beach, Tarzana Treatment Centers, and The Gay and Lesbian Community Center of Greater Long Beach, convened a community forum to address the impact of methamphetamine in Long Beach. The community forum had the following objectives:

- To provide a forum for the discussion of community concerns surrounding methamphetamine use, with an emphasis on the impact to the gay community and its connection to HIV transmission.
- To increase community awareness surrounding the physiological, behavioral, and social issues related to methamphetamine use.
- To develop collaborative approaches aimed at decreasing the harm caused by methamphetamine use within the community of Long Beach.
- To provide recommendations to civic institutions and providers in addressing the consequences of methamphetamine use.

The community forum was attended by 200 community members, and was headed by a panel of experts on methamphetamine who are currently working in the fields of research, treatment, HIV/AIDS, as well as a recovering methamphetamine user (See *Attachment A* for biographies of the panelists).

The community forum was an unprecedented effort to bring together community members, law enforcement, policy makers, prevention experts, substance abuse and medical providers, in order to begin a coordinated community response to the methamphetamine problem in Long Beach. The community forum also focused on the linkage between methamphetamine use, Sexually Transmitted Diseases (STD), HIV/AIDS, and risky behaviors among men who have sex with men (MSM). This report highlights key issues and recommendations for stemming the debilitating impact of methamphetamine in Long Beach.

CRYSTAL METHAMPHETAMINE: AN EPIDEMIC ACROSS AMERICA

Methamphetamine use is a national drug epidemic that affects Americans from all walks of life; its usage is prevalent among men, women and teenagers of all racial, ethnic, and socioeconomic backgrounds. In 2005, the U.S. Attorney General, Alberto Gonzalez identified methamphetamine as a drug that poses a "unique and deadly threat" to the United States. According to the 2004 *National Drug Use and Health Report*, there are over 1.4 million Americans ages 12 and up who have used methamphetamine.(1) The

White House Office of National Drug Control Policy reports that about 5.3% (~18 million) of the U.S. population has used methamphetamine, and that about 12.8% of the combined high school and college age population group use methamphetamine.(2,3) methamphetamine use has become a serious social and public health epidemic throughout the entire nation due primarily to its affordability, manufacturing feasibility, and addictive properties.

METHAMPHETAMINE AND ITS HEALTH EFFECTS

The long-lasting stimulating properties of methamphetamine have made it into one of the most addictive illicit drugs around. The stimulating effects of methamphetamine last from 20 minutes to 12 hours. Unlike cocaine, which is a drug that is quickly metabolized and processed out of the body in a few hours, methamphetamine tends to remain in the body for up to 24 hours, creating a continuous release of Dopamine and Serotonin for longer periods of time.(4) The most common routes for methamphetamine administration include smoking, injection, inhalation, and oral intake.(5)

Besides the long lasting dopamine and serotonin euphoria experienced by methamphetamine users, methamphetamine also causes serious unwanted short-term and long-term physical, emotional, and psychological complications which include, elevated body temperatures, convulsions, paranoia, mood swings, anxiety, delusions, increased libido, memory loss, psychosis, loss of appetite, weight loss, hypertension, heart attack, stroke, brain damage, and death. Individuals attempting to abstain from methamphetamine use experience severe withdrawal symptoms including depression, anxiety, aggression, and psychosis; these unwanted psychological and physiological symptoms end up driving the need and desire to use again.(6,7)

According to the 2002 Drug Abuse Warning Network (DAWN) mortality data, the areas with the highest number of methamphetamine drug-related deaths were those in the West and Midwest, including Phoenix (132), San Diego (81), Las Vegas (72), Dallas (46), and San Francisco (38).(8) The National Institute on Drug Abuse reports that during 2003, there were about 42,538 emergency department visits related to methamphetamine and Amphetamines.(9) methamphetamine emergency room visits were mostly due to issues and symptoms related to dependence and its psychological effects.

METHAMPHETAMINE, STD, HIV, AND SEXUAL RISK

The use of methamphetamine is one of several factors that have fueled increases in Sexually Transmitted Diseases (STDs) among men who have sex with men (MSM).(10) The transmission of these STDs (e.g. HIV, Syphilis, Hepatitis A and C, etc.) occur when individuals who are under the influence of methamphetamine engage in risky behaviors such as unprotected sex and the sharing of needles.(11,12) But risky behaviors are not isolated to MSM. The HEY-Man study conducted by the California Department of Health Services, Office of AIDS, determined that high-risk sexual behaviors such as

unprotected sex, anal sex, injection drug use, and multiple sexual encounters is also significantly associated with methamphetamine use among heterosexual men who have sex with women.(13) This forum emphasized the risky behaviors currently seen among men who have sex with men (MSM), because of the vast number of data available on this particular population group.

In February 2000, Long Beach and Los Angeles County saw a significant increase of early Syphilis morbidity among MSM; many of who were co-infected with HIV. The Health Department launched an effective targeted investigation into the initial Syphilis cases reported in February 2000 in order to identify additional cases linked to this outbreak. Epidemiological investigations associated the Syphilis outbreak in early 2000 with individuals engaging in high-risk behaviors, mainly MSM, many of whom also had a history of chemical dependency. The results also demonstrated that these MSM had a history of abusing alcohol, and injecting methamphetamine.

There are an estimated 5,546 individuals living with HIV/AIDS in the Long Beach area. The 2003 *Long Beach HIV/AIDS Care and Prevention Needs Assessment Report* estimated that one in three HIV positive individuals living in Long Beach engaged in high-risk behaviors.(14,15) In 2004, 95% of the Syphilis cases in Long Beach were among MSM, and about 67% of the cases were seen among those ages 30-44 years. About 48% of the cases were also co-infected with HIV, with 62% identifying as drug users, and 24% stating that they used methamphetamine. When compared with other substance user (e.g. those that use cocaine, alcohol, ecstasy, etc), methamphetamine users tended to express higher sexual behavior.(16,17)

METHAMPHETAMINE AND LAW ENFORCEMENT

According to the May 2001 *National Drug Intelligence Report*, methamphetamine is among the top two most significant drug threats to Southern California. San Diego, a county that has been extremely impacted by methamphetamine use, production and trafficking, has determined that over 75% of "paper crimes" (e.g. credit card fraud, identity theft, etc) seen within its county also involved methamphetamine.(18) Throughout Southern California, methamphetamine production and trafficking has been associated with criminal gang activities.(19,20) The 2000 *Arrestee Drug Abuse Monitoring Report (ADAM)* identified methamphetamine users as drug offenders with the highest number of arrests. The report also suggested that this factor might be influenced by the lack of access to treatment seen among this particular population. (21)

The manner in which communities respond to the methamphetamine epidemic will vary according to the type of impact methamphetamine has created in those communities. The methamphetamine Interagency Task Force established by the U.S. Attorney General in 1996, as well as the Substance Abuse and Mental Health Services Administration (SAMHSA), recommends that in areas where methamphetamine use is a serious and widespread problem, that law enforcement and the judicial system play an active role in developing contingencies that will coerce methamphetamine users into treatment (22,

23). The Methamphetamine Interagency Task Force sees substance abuse treatment as an effective approach for reducing methamphetamine use in the communities where the drug use is pervasive.

In December 2005, the California GPAC Ad Hoc Committee on methamphetamine completed their findings and recommendations for the Governor's Prevention Advisory Council, and one of the key findings was that "coordinated community-based approaches such as those occurring in San Diego, Washington, and Kansas, are producing promising outcomes".(24) These communities have implemented methamphetamine taskforces involving representatives from law enforcement, criminal justice, schools, universities, public health, social services, and the medical community in order to comprehensively address the problem of methamphetamine in their communities.

METHAMPHETAMINE IN LONG BEACH

Methamphetamine use has been a problem in Long Beach for over a decade; it is prevalent among all age groups, including high school and college age population groups. methamphetamine use in Long Beach is seen significantly among whites, the homeless population group, sex workers, and HIV positives. Methamphetamine users in Long Beach also have a significant higher arrest record.(25)

Some of the trends in methamphetamine use seen within the Long Beach Community appear to be reflective of those seen nationally. The high school and college age population groups in Long Beach, as well as the high-risk HIV positive population groups, are at extremely high risk for methamphetamine abuse and dependency.

FORUM RESULTS: COMMON THEMES

A panel of experts on methamphetamine who currently work in the fields of research, treatment, HIV/AIDS, and included a recovering methamphetamine user headed the forum. Forum participants included several substance abuse treatment providers, law enforcement, medical providers, mental health providers, and a large number of Long Beach residents. The forum was videotaped, and later broadcasted on the Long Beach Community Television Channel. The following is a summary of the common themes expressed by both panelist and participants:

- There is a need for funding and support to comprehensively address the prevention, education and treatment needs associated with methamphetamine.
- There is a need to increase and improve current prevention efforts that specifically target the high school and college age populations in the Long Beach area.
- Certain population groups have glamorized methamphetamine, and this glamorization needs to be dispelled.

- There is a need for social marketing campaigns that will address the issues of methamphetamine throughout the general community.
- Increase outreach, education and support for parents who may be affected by their children using methamphetamine.
- There is a need to address language barriers faced by linguistically isolated communities who are seeking care and treatment for methamphetamine.
- There is a need for alternative prevention and treatment approaches to 12-step programs.
- There is a need for support groups and long-term after-care programs to assist recovering methamphetamine users maintain sobriety.
- There is a need to improve the collaboration between national professional organizations to marshal support for methamphetamine programs and funding at the federal level.
- There is a need to provide more social events for gay men who do not use drugs and alcohol, frequent bars, and engage in promiscuous sex.
- There is a need to look into funding sources for gay focused substance abuse treatment. Most rehabilitation programs do not address issues that may be specific to gay men (e.g. stigma, HIV, etc).
- There is a need to improve collaboration with mental health services in order to provide comprehensive prevention and treatment services.
- There is a need to increase advocacy efforts at the state and national levels that would increase funding for prevention efforts.
- There is a need to educate parents about preventing methamphetamine use among their children and provide workshops on what to look for when a parent suspects methamphetamine use by their child.
- There is a need for support for those families affected by methamphetamine.
- There is a need for promotional, educational and prevention approaches targeting methamphetamine users in Long Beach.
- There is a need to address the growing number of smoke-shops in Long Beach and their impact in influencing youth in drug experimentation.

FORUM RESULTS: RECOMMENDATIONS

1. **Social marketing:** Initiate a community-wide social marketing campaign that will address the social and health issues associated with methamphetamine.
2. **Collaboration:** Improve interagency collaboration between the many public, civic, and private agencies involved in prevention, care, research, and treatment of methamphetamine.
3. **Funding and Advocacy:** Increase current funds available to address the problems associated with methamphetamine; this should also include extensive state and federal advocacy.
4. **Social Support:** Improve the community social support structures available for parents, students, methamphetamine users, and the gay community.
5. **Methamphetamine Taskforce:** Develop and foster a multidisciplinary coalition of prevention and treatment providers to facilitate an ongoing dialogue about identifying solutions that protect the public's health and quality of life from the methamphetamine epidemic.

CONCLUSION

Methamphetamine use is a social and public health epidemic whose impact can be decreased through interagency collaboration, prevention and treatment. Law enforcement has made great strides towards improving this epidemic by reducing the sources and transportation channels of methamphetamine, but the problem of methamphetamine use and addiction remains to be one that only treatment can improve.(22,23,24)

Methamphetamine use in Long Beach has been a problem for more than a decade. Methamphetamine use has been linked to an increase in Sexually Transmitted Diseases, and its use is prevalent among high-school and college age students, the homeless, high risk HIV positive men who have sex with other men, heterosexual men, and sex workers. The problem of methamphetamine use in Long Beach can be better addressed by developing an effective social marketing campaign, improving interagency collaboration, increasing funding and advocacy efforts, improving the available social support structures, and creating a taskforce that will address the issue on an ongoing basis.

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ATTACHMENT A

BIOGRAPHIES OF METHAMPHETAMINE FORUM PANELISTS

Matt Seyden- A journalist who has worked at NBC, CBS, and Paramount Pictures, including work on two Emmy-award winning shows. Originally from Savannah, Georgia, Matt is an openly gay resident of Long beach, and a recovering methamphetamine user.

Sherry Larkins, Ph.D- Dr. Sherry Larkins has worked for Friends Research Institute and UCLA's Integrated Substance Abuse Programs since 1998. She is currently the Project Director for a study investigating the diffusion of HIV and other STD among methamphetamine -using men who have sex with men (MSM) and men who have sex with men and women (MSM/W). Prior to her current position, she was the Director of Friends La Brea, a study funded by the Center for Substance Abuse Treatment, exploring behavioral treatment interventions for gay and bisexual male stimulant and alcohol abusers. She has been involved in substance abuse research for over nine years, and completed her doctorate in sociology at Rutgers University in 1999. Dr. Larkins's research interests include stimulant abuse, substance abuse treatment for marginalized populations, sexual risk behaviors associated with substance use, and qualitative methodologies.

Rebecca Kuhn, M.D.- An internist and HIV specialist working at the Bikerstaff Pediatric Family Clinic. Dr. Kuhn worked at St. Mary Medical Center's Comprehensive AIDS Resource and Education (CARE) Clinic for six years, and has spent time in South Africa and surrounding areas as a consultant on HIV/AIDS issues. Dr. Kuhn is involved with Global Life Works, a non-profit agency committed to bridging diverse communities in the HIV/AIDS epidemic.

Dennis Fisher, Ph.D.- The Director of the Center for Behavioral Research and Services at the California State University, Long Beach. Dr. Fisher has investigated methamphetamine use in Long Beach from its club drug studies to its Gay RESPECT program which addresses the challenges of methamphetamine use in a gay cultural context specific to Long Beach. Dr. Fisher is on the editorial board of the *AIDS and Behavior* journal, and a member of the Long Beach Comprehensive HIV Planning Group. Dr. Fisher was the founding Associate Editor of *Psychology of Addictive Behaviors*, and was the Evaluation Director for the Western Center for Drug-Free Schools and Communities in Los Alamitos, CA. Dr. Fisher as the Evaluation Supervisor for the Bureau of Drug Abuse for the State of Ohio, and field representative for the drug abuse division of the Joint Commission on Accreditation of Hospitals.

Monica Weil, Psy.D.- The Director of the Long Beach Services for Tarzana Treatment Centers, as well as Director of Community Assessment Services for Tarzana Treatment Centers. Dr. Weil has a private practice in Sherman Oaks, and is currently on the Board of Substance Dependency Programs at Los Angeles Pierce College, and is involved in outreach programs for the Department of Children and Family Services, Department of

Social Services, Parole and Probation in conjunction with Los Angeles Drug Court and Proposition 36. Dr. Weil has directed and implemented numerous treatment programs including Meadows in Wickenburg, AZ, St. Joseph's Hospital in Burbank, CA; North Hollywood Medical Center, and Balboa Treatment Center in Encino, CA.