

***CALIFORNIA'S METHAMPHETAMINE
PREVENTION PLAN: A COLLABORATIVE
APPROACH***

***REPORT TO THE LEGISLATURE
APRIL 2007***

Executive Summary

AB 1801 (Chapter 47, Statutes of 2006) authorized the Department of Alcohol and Drug Programs (ADP) to implement a Methamphetamine Prevention Campaign. AB 1808 (Chapter 75, Statutes of 2006) required ADP to submit to the Legislature a Methamphetamine Prevention Plan that identifies its prevention strategies and evaluates whether existing state and federal resources for substance abuse prevention can be redirected for methamphetamine-specific prevention.

Methamphetamine use has deeply impacted California's local communities, overburdening their public health and social services programs, as well as law enforcement agencies. But, abused substances such as methamphetamine emerge in cycles, a circumstance in the alcohol and drug (AOD) field which presents a pervasive and continuous need to respond to these emerging drugs. Prevention is the approach for the deterrence of substance use and abuse and a successful statewide prevention program can be implemented through the State's ongoing support. The following is ADP's Report.

SCOPE OF THE PROBLEM

The widespread clandestine, production, distribution and use of methamphetamine is having a devastating effect on urban, suburban and rural communities in California. Research from the University of California Los Angeles (UCLA) estimates that approximately 500,000 Californians currently use methamphetamine, and the drug accounts for nearly 34.3 percent of treatment admissions (77,793) in 2004-05¹, making methamphetamine the number one drug of choice among all publicly-funded treatment clients. Populations particularly at-risk for methamphetamine use are women of childbearing years (18-35), men who have sex with men (MSM), and youth (12-20). Further, the children of methamphetamine users suffer from neglect, abuse, and injuries caused by lab fires and explosions.

Clandestine methamphetamine labs also pose a significant danger in a variety of ways: 1) the chemicals used to produce methamphetamine contain highly flammable and explosive materials; and 2) toxic waste, a by-product of methamphetamine production, is introduced into the environment via streams, septic systems and surface water run-off. Consequently, the cost of methamphetamine use in terms of lab site clean-up, treatment, local law enforcement, and public health services is considerable.

PAST EFFORTS

Past efforts to deter methamphetamine's negative impacts in California have mainly been through law enforcement and regulatory measures to control crimes associated with its use, trafficking and production. The newest federal legislation targeting the illicit manufacture and distribution of methamphetamine is the Combat Methamphetamine Epidemic Act of 2005. This bill restricts where cold medicines containing pseudoephedrine or ephedrine may be displayed and the quantities of such medicines that may be purchased, requires photo identification when purchasing these products, and authorizes

funding for methamphetamine-related purposes, including law enforcement activities, programs for drug endangered children, and treatment for pregnant and parenting women. Funding for treatment for pregnant and parenting women has not yet been allocated. While these efforts have been effective in reducing methamphetamine labs, methamphetamine use and abuse is still on the rise, resulting in legal, medical, environmental and social problems in California.

GAPS AND NEEDS

The methamphetamine epidemic is a complex problem that is not easily solved through law enforcement and regulatory measures alone because it also impacts the State's health and social service systems, families, business, and communities. Because of the widespread effects in California, a collaborative, coordinated public education effort within these systems is necessary. An effective and comprehensive prevention program that influences personal attitudes and behaviors against methamphetamine use is an essential element. Currently, AOD prevention programs utilize researched-based prevention models and strategies, but methamphetamine-specific, research-based, prevention programs have not yet been developed. ADP is facilitating a collaborative approach to methamphetamine prevention that combines and applies research-based, best prevention practices, with the most current information available on methamphetamine.

THE CALIFORNIA METHAMPHETAMINE INITIATIVE (CMI): A COLLABORATIVE EVIDENCE-BASED APPROACH TO METHAMPHETAMINE USE PREVENTION AND TREATMENT

ADP implemented the CMI as part of the Administration's ongoing effort and commitment to prevent methamphetamine use and abuse. ADP's methamphetamine prevention plan focuses on at-risk populations: women of childbearing age, MSM, and youth, and includes the following components:

- Implementation of a Public Education Campaign
- Technical Assistance and Training
- Development and Publication of a Methamphetamine Practitioner's Reference Guide
- Implementation of the Governor's Prevention Advisory Council, Ad Hoc Committee on Methamphetamine *Findings and Recommendations*.

AVAILABLE RESOURCES

ADP provides substance abuse prevention funding through two funding sources: the Substance Abuse Prevention and Treatment Block Grant (SAPT) and the Safe and Drug-Free Schools and Communities (SDFSC) Program. Major SAPT funding for AOD prevention activities is limited, with the State spending approximately one dollar per individual in California on an annual basis for all AOD prevention activities. ADP allocates the SAPT prevention funding to counties that allows them to target their prevention services

based on the specific needs of their communities.

ADP received \$10 million in Fiscal Year 2006-07 (\$30 million over three years) to implement a statewide methamphetamine-specific prevention campaign, which includes an advertising and public relations component, beginning in April 2007. Additionally, Chapter 662, Statutes of 2006 (SB 1500 Speier) created the California Methamphetamine Abuse Prevention Account and allows the ADP to accept private donations and in-kind donations to implement a methamphetamine use and abuse prevention campaign.

CONCLUSION

ADP is facilitating a new, collaborative, multi-agency approach to combating methamphetamine. The 2006 Budget Act provided \$10 million to support these efforts, and the ADP will maximize resources through collaborative planning and implementation efforts. The substance abuse trends in California are not static. New and emerging issues continue to surface in the AOD field, affecting health and community services throughout the State. These issues cannot be effectively or efficiently addressed through localized efforts alone. It is important for the State to coordinate a collaborative approach which employs the best practices in law enforcement and public health. ADP will measure the success of the State-level campaign to prevent and reduce methamphetamine use in California to determine the value of such an approach.

I: SCOPE OF THE PROBLEM

Methamphetamine and amphetamine-related drugs are highly addictive stimulants that affect the limbic region and central nervous system. The limbic region, the reward center of the brain, controls drug craving, mood, and emotion, and when stimulated by methamphetamine, releases dopamine, which results in feelings of intense pleasure, excitement, increased alertness, highly-focused attention, suppressed appetite and elevated motivation, confidence, energy, and sexuality. Methamphetamine also closely resembles the action of adrenaline and its effects on the central nervous system to a greater extent than other amphetamine-related stimulants.² Chronic use leads to convulsions, anxiety, aggressive behavior, exhaustion, depression, lethargy, anhedonia (the inability to gain pleasure from normally pleasurable experiences), and a psychosis resembling paranoid schizophrenia.³ With its affects on the brain's limbic system, methamphetamine use can result in chronic addiction, characterized by relapse, persistent depression, and psychotic symptoms long after abstinence has been achieved.

Methamphetamine use in California began in the form of medically prescribed amphetamines used as appetite suppressants during the 1960s and early 1970s.⁴ Unlike naturally occurring substances such as cocaine and caffeine, methamphetamine is manufactured using over-the-counter cold and allergy tablets containing ephedrine or pseudoephedrine and other common household products and equipment. In 1989, a more powerful, smokeable, form of methamphetamine was created, using an ephedrine or pseudoephedrine reduction method. This manufacturing process resulted in a methamphetamine product that is two to ten times more potent than other manufacturing methods, producing increased effects of dependence and toxicity.⁵ This process, which easily converts the non-prescription cold medications into high quality methamphetamine, led to the set-up of small and large-scale clandestine labs, which resulted in the rapid increase in methamphetamine use and abuse.

Methamphetamine Trends in California

Methamphetamine use has created a persistent public safety and public health problem in California for over two decades. UCLA research estimates that approximately 500,000 Californians currently use methamphetamine. It is now the number one drug of choice for clients admitted to publicly-funded treatment programs in California, accounting for nearly 34.3 percent of treatment admissions (77,793) in 2004-05, having surpassed alcohol as the primary drug of abuse in 2001. Fifty-five percent of the Substance Abuse and Crime Prevention Act (SACPA) clients cite methamphetamine as their number one drug of choice.⁶

The National Survey on Drug Use and Health reports that 7.3 percent of Californians age 12 or over used methamphetamine at some time during their life. Methamphetamine use has affected the California workplace, with a significant rise in positive workplace drug test results between 1997 and 2004. Also, an analysis of cause of death data from the National Center of Health Statistics indicates that statewide methamphetamine-related deaths increased almost 88 percent between 1999 and 2003.

Compared to 1992, clients entering treatment programs for methamphetamine abuse in 2004:

- Exhibited greater race/ethnic diversity (e.g., the number of Hispanics grew from 12 percent of methamphetamine admissions in 1992 to 37 percent in 2005).
- Were slightly older (the average age rose from 28 in 1992 to almost 32 in 2004).
- Were more likely to be under criminal justice supervision status (44 percent in 1992 vs. 70 percent in 2004).
- Were less likely to be injection drug users (30 percent in 1992 vs. 16 percent in 2004).

Methamphetamine use has a disproportionate impact on select populations, namely, women of childbearing age (18-35 years), and MSM. Methamphetamine use increases the risk for significant public health problems, particularly in MSM and intravenous drug users (IDU).

- Methamphetamine is the primary drug for women in California's treatment system and was identified as the primary drug of abuse by 41 percent of women compared to 30 percent of men.
- Current statistics from publicly-funded treatment in California demonstrate that methamphetamine is the primary drug of abuse for women ages 12-25 entering treatment in 53 of 58 counties, compared to 18 of 58 counties for men ages 12-25.
- Methamphetamine is also the primary drug of abuse for 53 percent of Asian Pacific Islander women, 48 percent of Latino women, and 46 percent of Caucasian women admitted to treatment. These women reported that they used methamphetamine to aid in weight loss, to combat depression, and to boost energy.⁷
- The high rate of methamphetamine use by women in California has negatively impacted their children and families, and the community resources that serve their needs.
- 25 percent of all methamphetamine abusers in California are injection drug users. Of these, nearly 70 percent are Hepatitis C positive.⁸ Considered a party drug for the MSM population; methamphetamine use impairs judgment and lowers inhibitions.
- Users engage in unsafe sexual practices, which may expose them to pathogens that cause sexually transmitted diseases. Such risky behavior contributes to the spread of HIV/AIDS, Hepatitis C, and other sexually transmitted diseases.⁹
- According to the California Society of Addiction Medicine, 30 to 50 percent of individuals who have been newly identified with the HIV virus use methamphetamine.

- A survey by the Centers for Disease Control and Prevention found that methamphetamine use was more common in men infected with HIV.
- Researchers from the University of California, San Diego, reported at an AIDS Conference that methamphetamine is the major driver of the HIV epidemic in the United States because its use heightens one's HIV risk through unsafe injection and sexual behaviors.

The Effects of Widespread Clandestine Methamphetamine Production

Clandestine labs have manufactured illicit drugs since the 1960s, but the problem has become much more widespread in the past 15 years, largely because of the growth in methamphetamine use.¹⁰ These labs impact California communities in a variety of ways because of the damage and harm they cause not only to individuals exposed to the toxic chemicals, but to California's environment. Methamphetamine laboratory fires and explosions have destroyed buildings and homes, injuring occupants and endangering neighboring residents and buildings. Clandestine drug lab operators commonly bury or burn the waste on or near the site, or dump the waste along the road or into streams, rivers or sewage systems. The chemical vapors produced during the "cooking" process permeate the walls and carpets of houses and buildings, making them uninhabitable. Clean-up of these sites requires specialized training and costs an average of \$2,000-\$4,000 per site.¹¹

In California, the environmental cost is severe. Based upon the number of labs seized, officials estimate that up to 2.8 million pounds of toxic by-products of methamphetamine production have been dumped in California. "Cooks" have increased their knowledge and sophistication for methamphetamine production, enabling them to produce higher amounts of drugs at a single site. Some labs are now able to produce 100 pounds or more of methamphetamine per production cycle.¹²

Children of methamphetamine users who are exposed to its production are also at-risk of being endangered and neglected. Methamphetamine "cooks", who are also parents, set-up small labs and expose their children to harm and injury from inhaling, absorbing or ingesting toxins from the chemicals used to produce the drug. These small lab operators are often less skilled, using more primitive equipment and facilities, which increase the risk for fires and explosions. According to the U.S. Drug Enforcement Administration (DEA), while large-scale "super-labs" set-up by Mexican organized crime account for up to 80 percent of all methamphetamine produced, small-scale labs cause many of the fires resulting from mixing toxic and flammable chemicals. These small scale labs are also responsible for uncontrolled hazardous waste dumping, and child endangerment.¹³ Moreover, many small-lab operators are also methamphetamine users themselves, and their drug dependency leads them to neglect their children's welfare. Children found at clandestine laboratory sites are provided additional medical and social services unique to that type of abuse and neglect. In 2002, over 300 children were found and removed from homes containing methamphetamine labs.¹⁴

II: PAST EFFORTS

Efforts to deter methamphetamine's negative impacts in California have mainly been through law enforcement and regulatory measures to control crimes associated with its use, trafficking, and production. Methamphetamine accounts for approximately 96 percent of all clandestine drug laboratory seizures in the United States, with California leading the nation as the State with the highest methamphetamine production level. Hundreds of clandestine methamphetamine labs are seized in California each year and the large "super labs" in California, capable of producing more than 100 pounds of methamphetamine per cycle, are responsible for the production of most of the methamphetamine trafficked illegally in the nation.¹⁵ As of January 2007, there have been 324 methamphetamine lab seizures in Calendar Year (CY) 2006.¹⁶ While these efforts resulted in reducing the number of labs in California, both domestic and U.S.-Mexico border seizures have increased in three of the last four years. The surge in domestic lab seizures suggests that these regulatory efforts are not sufficient in deterring production, sale, use and abuse.

With the exception of alcohol, targeting a specific substance for prevention has been unprecedented. The clandestine nature, and facility in which methamphetamine is produced, and its highly addictive characteristics, however, has necessitated a more specified, designated approach.

The federal government initiated a comprehensive chemical control plan with the Chemical Diversion and Trafficking Act of 1988, which established the chemical regulation framework in place today. The Comprehensive Methamphetamine Control Act of 1996 (MCA) addressed three major areas in combating the negative impacts of methamphetamine; namely, strengthening law enforcement initiatives, tightening regulatory powers, particularly those addressing the precursor chemicals used to produce methamphetamine, and mandating research and education initiatives. The Act narrowed the exemption for sales of certain drug products containing methamphetamine and amphetamine precursor chemicals by regulating retail sales of 24 grams or more, required monthly reporting by "mail order" firms that sell methamphetamine and amphetamine precursor chemicals, and added iodine and hydrochloric gas to the list of chemicals. The Methamphetamine Anti-Proliferation Act (MAPA), signed into law on October 17, 2005,¹⁷ amended the MCA of 1996 by reducing the retail sale recordkeeping and reporting threshold quantity of nonexempt pseudoephedrine and phenylpropanolamine products to nine grams in a single transaction with a maximum three-gram package size.

The newest federal legislation targeting the illicit manufacture and distribution of methamphetamine is the Combat Methamphetamine Epidemic Act of 2005. This bill restricts where cold medicines containing pseudoephedrine or ephedrine may be displayed and the quantities of such medicines that may be purchased, requires photo identification when purchasing these products, and authorizes funding for methamphetamine-related purposes, including law enforcement activities, programs for drug endangered children, and treatment for pregnant and parenting women. Funding for treatment for pregnant and parenting women has not yet been allocated.¹⁸

III. GAPS AND NEEDS

The methamphetamine epidemic is a complex problem that is not easily solved through law enforcement and regulatory measures alone because it impacts not only law enforcement and other regulatory bodies, but also the State's health and social service systems. Children are also impacted, which potentially perpetuates the cycle of negative affects that methamphetamine creates. Because of the variety of individuals, systems, and resources methamphetamine impacts, a collaborative and coordinated public education campaign to combat its negative effects should be implemented in order to achieve successful results.

An effective prevention program that influences personal attitudes and behaviors against methamphetamine use is essential. Currently, alcohol and other drug (AOD) prevention programs utilize researched-based prevention models and strategies, but methamphetamine-specific, research-based prevention programs have not yet been developed. This has been observed by many other States' findings on methamphetamine prevention practices and recognized in the *Findings and Recommendations* by the Governor's Prevention Advisory Council (GPAC) Ad Hoc Committee on Methamphetamine, stating:

“The Committee found that most methamphetamine efforts are focused on intervention, suppression and treatment,” and, furthermore, “the Committee has not been able to identify research-based programming that focused primarily on reducing demand for methamphetamine, or that has shown significant results in reducing demand for methamphetamine use.”¹⁹

For this reason, ADP has facilitated an approach to methamphetamine prevention that combines and applies research-based best prevention practices and the most current information available on methamphetamine.

Adaptation is very important for methamphetamine prevention because there are unique populations defined by age, ethnic, rural/urban location, gender, and sexual behaviors that are at high-risk of methamphetamine use. These population attributes are related to how and why individuals resort to methamphetamine use, and adapting programs to meet the specific needs of these different populations is important. Given that it is important to provide strategies to reduce the probability of use and societal costs, it is important that we engage in youth-oriented prevention activities. For these reasons, ADP's methamphetamine approach focuses on at-risk populations such as women of childbearing age, MSM, and youth at this time.

The California Methamphetamine Initiative: A Collaborative Approach to the Challenges of the Methamphetamine Problem in California

The negative effects of any specific AOD abuse, including methamphetamine, cannot be resolved through a single strategy. In response to an overwhelming need for a methamphetamine-specific prevention plan, ADP implemented the California Methamphetamine Initiative (CMI) as part of the Department's ongoing effort and commitment to prevent methamphetamine use and abuse. The CMI is a collaborative effort designed to intervene in the methamphetamine crisis by creating a new statewide systems framework within which health, social, and criminal justice entities at state and local levels, from both public and private sectors, can create effective long-term policies and programs. Using the strategy of a public-private partnership and public health model, CMI seeks to gather lessons learned, identify evidence-based strategies, unify community assets, and target these resources in ways that will be most effective in building communities' abilities to stay safe and healthy. Because methamphetamine is unusually insidious in terms of health impacts, community building, capacity, and coordination of resources is central to the CMI's efforts. Projects under the CMI include four major components:

GPAC Implementation Committee on Methamphetamine Prevention

Under the auspices of GPAC, the Committee is implementing the first recommendations from the 2006 original Report. The Committee is putting together a "How To" manual for local communities to implement collaborative methamphetamine prevention efforts. The manual includes current information on public health services and offers alternatives for methamphetamine deterrence in local communities.

Implementation of a Public Education Campaign

ADP recently began implementing its public education campaign, a media-based prevention program designed to influence individual attitudes, values, and behaviors, to reduce and deter methamphetamine use and abuse. This effort begins with the sponsorship of a series of ads produced by the Partnership for a Drug-Free America (PDFA), and continues with a three-year public education campaign and outreach effort designed and developed specifically for California. Advertisements and grassroots and community outreach activities will target three specific populations: a) women of childbearing age, b) MSM, and c) youth. Through public service announcements (PSAs), personal stories, speaking engagements and targeted outreach, the campaign will raise awareness about this dangerous and highly addictive drug with the objective of reducing overall demand and use.

Media prevention campaigns are effective. Evidence collected over a 25-year period from the National Institute on Drug Abuse (NIDA) demonstrates the direct correlation between drug use behavior and users' perception of risk; that is, users are less likely to experiment with drugs they view as high-risk. Messages developed by the PDFA, for example, have been an important tool in reducing youth drug use by 19 percent since 2001. Similarly, the

California 5 a Day-Power Play!, a Department of Health Services program aimed to increase the consumption of fruits and vegetables by children, increased such consumption by 14 percent, based on a combination of school and community interventions. California's landmark anti-tobacco media campaign, the longest-running, most comprehensive and best-funded anti-smoking effort in the nation, resulted in a decreased consumption of tobacco products by more than 64 percent. Per capita, cigarette consumption dropped more than 60 percent - nearly twice the level of smoking reduction accomplished in any other State.

Media components will include television and radio spots, newspaper and magazine ads and articles, on-air radio scripts, theatre spots, billboards, posters, brochures, tip-sheets, and bus boards. To target those individuals who access the Internet and digital forms of information, a dedicated website, on-line pod casting, Internet banner ads, cellular phone text messaging, music CDs and video DVDs, are also included. Working more broadly with families, schools, and communities, ADP utilizes ways that researchers have discovered help people gain the skills and approaches to stop problem behaviors before they occur. Messages will use drama, intensity, novelty, and emotion, depending on the target population. For youth 16-25, for example, public education will emphasize a robust Internet presence. This population prefers to access their news and information on-line and through cell phones, rather than through TV, radio, or newspapers. Such media messages will focus on abstinence and effects of methamphetamine use. Messages that spark discussions and encourage ongoing dialogue with family members will be targeted towards children under the age of 16.

Evaluation is a critical element in measuring the prevention campaign's effectiveness. Treatment data, emergency room admissions, such as the Drug Abuse Warning Network (DAWN) Report, provider data, survey data and other data elements, as needed, will be utilized as significant indicators of effectiveness for the campaign.

Technical Assistance and Training

The CMI will provide technical assistance and training to participating programs, providers and community-based organizations to assist in the coordination of their efforts to reduce the use and production of methamphetamine, while addressing treatment and other societal impacts. The CMI will address the variety of treatment services currently available such as case management, counseling, intervention, and prevention. It will identify service disparities, demographics, and capacity-building of public health and social services programs, while encouraging the application of evidenced-based practices and the continuum of care model approach. The CMI will also focus on providing connections with the AOD treatment system to expand access to clinically-appropriate treatment and other support services for an individual's particular stage of treatment, recovery, and maintenance, as well as community services for their families. Finally, the CMI will also address ways to measure outcomes in order to evaluate and assess effects of a program.

Development and Publication of a Methamphetamine Practitioner's Reference Guide

ADP has developed the Methamphetamine Practitioner's Reference Guide for methamphetamine treatment providers, counselors, educators, and other interested parties that includes information on evidence-based practices for treating methamphetamine-addicted clients. Information in this publication includes best practices for methamphetamine treatment for a variety of populations, assessment criteria, and other statistical information.

IV: AVAILABLE RESOURCES

Currently, ADP receives prevention funding through two funding sources - the Substance Abuse Prevention and Treatment Block Grant (SAPT) and the Safe and Drug-Free Schools and Communities (SDFSC) Act. SAPT is a formula grant. The amount of the grant awarded to each State is determined by a statutory formula prescribed in Title 42, United States Code, Section 300x-33. Title 42 U.S.C. Sections 300x-22 and 300x-24(b), require States to expend amounts from each SAPT Block Grant award for certain set-asides. For the purposes of this Report, the specific SAPT set-aside is a minimum of 20 percent for Primary Prevention to some individuals not identified as needing treatment for substance abuse, as defined in 45 CFR 96.125. This amount is approximately \$45 million dollars for Fiscal Year (FY) 2006-07. Counties can utilize their SAPT allocations to implement best practices to meet the particular needs of their communities. SAPT Block grant funds could be redirected for statewide methamphetamine prevention purposes, but this would require reductions to county allocations.

The SDFSC Act is the Federal government's primary vehicle for reducing drug, alcohol and tobacco use, and violence, through education and prevention activities in the nation's schools and their communities. It is a formula grant program, administered by the U.S. Department of Education, Office of Elementary and Secondary Education. Funds are provided to State and local educational agencies, as well as to Governors for a wide range of school and community-based education and prevention activities in order to create a safe and drug-free learning environment that supports student academic achievement.

Annually, 80 percent is distributed to the Department of Education (CDE). In California, ADP administers the remaining 20 percent of these funds. This 20 percent must be directed to local communities through a competitive bid process, wherein individual counties submit a proposal outlining their plan for the SDFSC prevention dollars.

SDFSC programs must be based on the following Federal Department of Education "Principles of Effectiveness":

Objective data to identify needs:

- An established set of performance measures;
- Scientifically-based research;
- An analysis of risk and protective factors; and
- Meaningful and ongoing participation of parents.

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For Federal FY 2006, California's share of the SDFSC formula grant was \$41,539,958. CDE received \$33,231,966 and ADP received \$8,307,992 in SDFSC funds. However, in January 2005, the President proposed elimination of the State Grants Program, which includes all SDFSC funding. The funding was restored, but at a reduced amount. ADP's allocation for 2006 was reduced by \$2.2 million. In 2006, the President recommended elimination of all SDFSC funds from the 2007 federal budget. As of March 2007, the federal budget is pending approval. ADP anticipates releasing another round of funding for local grant programs in 2007, assuming that funding is available.

The California Friday Night Live Partnership (CFNLP) contract supports Friday Night Live (FNL) programs operated in 56 of California's 58 counties. The contract is for \$2,686,000, funded by 90 percent SDFSC and 10 percent SAPT. The contract also provides statewide technical assistance, training and program support services, to 28 FNL mentoring counties at \$33,500 per county. A one-time augmentation of \$710,000 is for a Methamphetamine Prevention Initiative project that will be awarded to 10 FNL programs through a competitive Request for Application process. The programs will be implemented over an 18-month period, beginning on or around April 1, 2007.

ADP will receive \$10 million in FY 2006-07 (\$30 million over three years) to implement a statewide methamphetamine-specific prevention campaign, which includes an advertising and public relations component, beginning in April 2007. In addition, the Governor funded \$26 million to implement additional Methamphetamine Strike Force Teams, individual teams specifically targeting clandestine labs throughout California. The Governor's Office of Emergency Services also provides funding for multi-jurisdictional task forces. Programs such as the Anti-Drug Abuse (ADA) Program and the Marijuana Suppression Program (MSP) have been awarded a collective \$24.7 million in Justice Assistance Grant Funding. The ADA is a street enforcement program and the funds are used for combating drug sales, manufacturing and distribution by enhancing interagency coordination and intelligence, and facilitating multi-jurisdictional investigations. The MSP supports the sheriff's departments in counties that have experienced a problem with the illegal cultivation of marijuana.

The California Multi-Jurisdictional Methamphetamine Task Force (CalMMET), which targets methamphetamine manufacturers and traffickers, has been awarded \$29.2 million dollars in State General Funds (SGF).

SB 1500 (Speier) provides that ADP develop and implement a methamphetamine-specific public education campaign utilizing market research and best practices, and authorizes ADP to accept contributions for that specific purpose. Currently, ADP is investigating the best strategies for pursuing and maximizing available opportunities for private funding and community partnerships that can complement public funding for methamphetamine use prevention activities.

V: CONCLUSION

The rise of methamphetamine use and its related negative effects in California communities have taken a toll on State resources and public health and social service systems. Research has shown that methamphetamine use in California has grown, and there are high rates of production, use, abuse, and treatment admissions in our state. A collaborative multi-agency, approach is needed to address California's competing methamphetamine demands.

In order to address these competing demands, ADP is facilitating a comprehensive state and local initiative (the CMI) to combat methamphetamine use and deter its negative consequences. This Initiative includes several statewide elements, such as a public education campaign, the creation of a treatment guide for methamphetamine treatment providers, and the development of a guide for local communities to implement collaborative methamphetamine prevention efforts.

Recently, the State increased its investment in methamphetamine prevention through the specific funding of these efforts, primarily through the funding of a comprehensive public education campaign and increased complementary law enforcement efforts targeted specifically to methamphetamine prevention.

Substance abuse trends in California, such as the methamphetamine epidemic, are not static. New and emerging issues continue to surface in the AOD field, affecting public health, public safety and community services throughout the State. ADP intends to continue facilitating its State-level collaborative Initiative to address the ever-growing, complex, methamphetamine problem in California.

NOTES

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18. Pub. L. 104-237, signed October 3, 1996.
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