

Community Action Plan

Prevention of HIV Transmission among
Methamphetamine Users



June 2006

Prepared by the Sonoma County Department of Health Services Prevention and Planning Division in partnership with members of the community, the Prevention and Planning Group and locally-based providers and community organizations who provide support and prevention services to the communities of Sonoma County.

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I. Introduction

The Sonoma County HIV Prevention Planning Group (PPG) completed a needs assessment and planning process in June 2006 to address prevention of HIV infection among individuals using methamphetamine in Sonoma County. Support for the planning process was made possible with one-time funding from the California Department of Health Services Office of AIDS for enhancing programs to better reach specific target populations relevant to local epidemiologic data.

The needs assessment brought together a wide range of data, both qualitative and quantitative, including archival data collection, focus groups, key informant interviews, a literature search and an exploration of promising programs. This *Community Action Plan* identifies specific goals to address the problem of HIV transmission among methamphetamine users in Sonoma County, and will be used to guide future HIV prevention program planning for this high-risk population.

II. Methodology

The recommendations presented in this report were developed through a process of information gathering and review from multiple sources in order to provide the PPG with sufficient quantitative and qualitative information to identify goals most relevant to Sonoma County, most likely to have a positive effect on reducing HIV-risk among methamphetamine users, and most feasible to implement based on the planning principles (see Section VI). The PPG reviewed information from a variety of sources:

Archival prevalence and risk factor data

Focus groups

Key informant interviews

Review of selected programs for methamphetamine prevention and treatment

Review of literature

PPG working group meetings

Archival Data Collection: An extensive data report (see Attachment A) was developed with national and local statistics about methamphetamine use, including information on its effects, users, treatment, and criminal justice impacts. The purposes of the data report, *Methamphetamine-Related Problems in Sonoma County*, researched and written by Diane Reed, MPH, were twofold:

1. To depict the scope and character of methamphetamine use and methamphetamine-related problems in Sonoma County, particularly within an HIV prevention context.
2. To analyze and interpret the magnitude of methamphetamine-HIV-related problems within Sonoma County and identify at-risk and underserved populations.

Provider Focus Groups: Two provider focus groups were conducted in February 2006 to gain increased understanding about how methamphetamine use is affecting people's lives (with a focus on MSM), how it affects risk behavior, and what kinds of supports are needed to help people who want to stop using methamphetamines. There were a total of 13 focus group participants, representing the Department of Health Services, Alcohol and Other Drug Services (AODS); Drug Abuse Alternatives Center; Athena House, Project Hope (Sonoma County Division of Mental Health), Center for HIV Prevention and Care, Kaiser Permanente, West County Health Centers, and Face to Face. (Refer to Attachment B for focus group questions and a summary of findings).

Key Informant Interviews: During March and April 2006 a series of key informant interviews took place throughout Sonoma County. There were a total of 14 key informant interviews – 12 former users and two current users. Key informants were asked questions to provide the users' perspective on methamphetamine use: when, why and how they started; what effects methamphetamine had on their lives and on their risk behavior; why and how they stopped using methamphetamine, if they did; and other lifestyle issues. (Refer to Attachment C for key informant questions and a summary of findings).

Research on Current Practices for Methamphetamine Prevention and Treatment: A search for best practices in prevention and treatment was conducted including Internet research of current programs (Attachment D) and a literature search of published articles (Attachment E).

PPG Working Group Meetings: Between December 2005 and June 2006 the Prevention and Planning Group (PPG) met 5 times to review the information and findings to date and to give input and direction to the development of the Community Action Plan. The working group developed the planning principles and recommended the emphasis and priority focus areas for the Community Action Plan.

III. Methamphetamine and HIV: Defining the Problem

Methamphetamine is a highly addictive and dangerous drug. Methamphetamine, a derivative of amphetamine, is a powerfully addictive stimulant that is twice as toxic as other amphetamines and has longer lasting effects. Widely used as a recreational drug, methamphetamine has several forms that can be smoked, snorted, injected, or ingested. Users experience highly desirable and self-reinforcing neurological and physical effects that often lead to bingeing for several days at a time. Addiction occurs quickly and can result in increasingly heavy use with devastating effects on both physical and mental health (see below).

Methamphetamine use creates a host of adverse physical and mental health consequences. Health consequences associated with methamphetamine use include weight loss, tooth decay, cardiovascular problems, stroke, convulsions and prenatal complications. Chronic methamphetamine use can result in episodes of violent behavior, anxiety, paranoia, short-term memory loss, depression and brain damage. When use is stopped, abusers experience depression, anxiety, fatigue, paranoia, aggression, and an intense craving for the drug.

One of the most striking effects of methamphetamine use is the change in the physical appearance of users. Because methamphetamine causes the blood vessels to constrict, it cuts off the steady flow of blood to all parts of the body. Heavy usage can weaken and destroy these vessels, causing tissues to become prone to damage and inhibiting the body's ability to repair itself. Acne appears, sores take longer to heal, and the skin loses its luster and elasticity. Some users are covered in small sores, the result of obsessive skin picking brought on by the hallucination of having bugs crawling beneath the skin, a disorder known as formication.¹

Evidence of brain injury from methamphetamine use can be persistent and appears to be permanent in some individuals. These include distractibility, impaired attention, memory,

¹ National Public Broadcasting System, Frontline: The meth epidemic: how meth destroys the body (2006), <http://www.pbs.org/wgbh/pages/frontline/meth/body/#1> (accessed on 7/2/2006).

concentration skills, slowed reaction times, poor decision-making and judgment. Thought disorders (paranoia, hallucinations and psychosis) often require psychiatric care and antipsychotic medications. Particularly when cognitive and emotional impairment are found together, treatment often requires 6-12 months to be effective.²

Use of methamphetamine is associated with risky sexual and drug use practices likely to transmit HIV. For some time, methamphetamine use has been associated with increased unprotected sexual activity, injection needle-sharing, and the risk of contracting and spreading sexually transmitted diseases.³ Studies show that methamphetamine use doubles the risk of acquiring STDs, including HIV. Methamphetamine use is thought to be one of several factors contributing to an increase in syphilis cases among men having sex with men (MSM).⁴

In recent years, considerable attention has focused on methamphetamine use and HIV infection rates due to the rise of methamphetamine use in the gay communities of urban centers.⁵ Research suggests that MSM use methamphetamine for a variety of reasons – to self-medicate, to reduce depression, to relieve social and personal inhibitions, to alleviate shame, to increase self-esteem, and to enhance sexual pleasure.⁶

The growing incidence of HIV among heterosexuals, especially among females, Latinos, and African Americans, suggests the potential for methamphetamine to become a factor in heterosexual transmission of HIV as well. A recent study of methamphetamine-using heterosexual males found significantly higher rates of sexual risk behaviors among recent methamphetamine users compared with men who had never used methamphetamine.⁷

Given the serious risks of HIV transmission among users of methamphetamine, the PPG posed the following questions, in order to develop an effective plan of action to decrease risk of HIV transmission in Sonoma County:

- 1) What do we know about methamphetamine availability in Sonoma County?
- 2) What are the key characteristics of methamphetamine use and users in Sonoma County?
- 3) What are the impacts of methamphetamine use on HIV transmission?

IV. Summary of Needs Assessment Key Findings

For each of the questions posed during the planning process, this section provides a brief summary of key findings distilled from the range of data sources reviewed during the needs assessment. More detailed data summary documents are included as Attachments to this document.

² California Society of Addictive Medicine, *Recommendations to Improve California's Response to Methamphetamine*. Prepared by Timmen L. Cermak. MD.

³ Molitor F. et al. Association of methamphetamine use during sex with risky sexual behaviors and HIV infections among non-injection drug users. *West J Med*. 1998 (Feb; 168(2): 93-7.

⁴ Mitchell, SJ, et al. Methamphetamine use, sexual behavior, and sexually transmitted diseases among men who have sex with men seen in an STD clinic, San Francisco 2002-2003. [Abstract 1357] 2004 National STD Prevention Conference, Philadelphia. 2004.

⁵ Levounis, P. and Ruggiero, J.S. (2006) Outpatient Management of Crystal Methamphetamine Dependence Among Gay and Bisexual Men: How Can it Be Done? *Primary Psychiatry*,13(2): 75-80.

⁶ Association of State and Territorial Health Officials (2005, August). "Breaking the glass: public health strategies to confront the evolving epidemics of HIV and STD transmission and methamphetamine use among men who have sex with men."

⁷ Krawczyk, C.S., et al. (2006). Methamphetamine use and HIV risk behaviors among heterosexual men – preliminary results from five Northern California counties, December 2002 – November 2003. *MMWR*, 55(10): 273-277.

Question 1: What do we know about methamphetamine availability in Sonoma County?

Methamphetamine is readily available in Sonoma County. Most methamphetamine is imported from Mexico. According to local law enforcement sources, the production and distribution of methamphetamine in Sonoma County increased with the arrival of Mexican organized crime families in the early- to mid-1990s. Santa Rosa is a distribution “hub” for Northern California. Local labs are producing only one to two ounces of methamphetamine at a time and currently represent only a minor fraction of the local supply.⁸

Compared with some other illicit drugs, methamphetamine is relatively inexpensive. The value of methamphetamine varies according to its purity, the region in which it is sold, the source of the drug (whether it was made locally or imported) and its availability. In Sonoma County, a bag (or gram) of methamphetamine costs about \$40-\$50, in contrast to \$60-\$120 for an equivalent amount of cocaine.⁹

Methamphetamine use has become normalized in the Sonoma County party scene. Methamphetamine is no longer considered a drug for low-income users. Focus group participants report that the social environment for MSM in Sonoma County has become more conducive to methamphetamine use and that it is increasingly part of the mainstream MSM party culture in the county. Access to methamphetamine is perceived to be easier because the drug is now a normalized part of the party scene. Most key informant former users report obtaining their drugs from friends or sex partners.

Question 2: What are the key characteristics of methamphetamine use and users in Sonoma County?

Methamphetamine is used by a wide spectrum of people in Sonoma County. Once used predominantly by white working class males and MSM, methamphetamine use now crosses all genders, ages, and socioeconomic strata. In 2004, treatment admissions with methamphetamine as a primary drug of abuse in Sonoma County were: 63% male, 37% female; 74% white, 19% Latino, 7% other; and 75% ages 20-30, 21% in 40's.¹⁰ HIV providers described the age range of users as 30 – 49, adding that among their clients, many identified their first time of use as much younger than 30.¹¹

Experimentation with methamphetamine starts young. In 2004, over half of clients (51%) in treatment for methamphetamine report starting to use the drug before age 18 (72% before they were 21). About 20% report starting to use in their 20's.¹² The majority of youth in treatment for methamphetamine addiction report smoking the drug – the practice increased nearly 25% between 2000 and 2004, while other methods (inhaling and injecting) have declined.¹³ Most key informants reported starting to use methamphetamine with partying and with some degree of peer pressure.

Publicly funded substance abuse treatment rates for methamphetamine in Sonoma County exceed state and national rates. The Sonoma County rate of primary

⁸ *Sonoma County Methamphetamine Profile: Report to the Board of Supervisors*, July 2006.

⁹ *Sonoma County Methamphetamine Profile: Report to the Board of Supervisors*, July 2006.

¹⁰ California Department of Alcohol and Drug Programs, Office of Applied Research and Analysis.

¹¹ Attachment B: Focus Group Questions and Summary of Findings.

¹² California Department of Alcohol and Drug Programs, Office of Applied Research and Analysis.

¹³ Hammond, L. Epidemiology of HIV/AIDS in Sonoma County. Annual Report. Sonoma County Department of Health Services, Public Health Division, June 30, 2005.

methamphetamine treatment admissions in 2003 (548/100,000 population aged 12 or older)¹⁴ was 2 times higher than the California rate (212/100,000) and over nine times higher than the national rate (56/100,000).¹⁵ Methamphetamine is the second most common primary drug of abuse – following alcohol – among those admitted for treatment in Sonoma County. Adult treatment admissions for methamphetamine have increased by 85%, from 1,155 in 2000 to 2,132 in 2004, accounting for one-third of treatment clients over 18. About half of adult treatment admissions report methamphetamine use as a primary, secondary, or tertiary drug problem.

Higher rates of methamphetamine use are reported among those at risk of HIV transmission. Data on the prevalence of methamphetamine use do not exist for the general population of Sonoma County, but according to the 2004 National Survey on Drug Use and Health (NSDUH), 1.2% of Californians reported using methamphetamine in the past 12 months and 0.6% reported methamphetamine use in the past month. Recent data from Sonoma County Counseling and Testing Clinics indicate that rates of methamphetamine use among those who seek HIV tests may be significantly higher. Clinic data for January through June 2006 show that 32% of heterosexual women, 34% of heterosexual men, and 23% of MSM tested for HIV report having used methamphetamine in the past two years.¹⁶ Among the MSM tested for HIV during this period, 40% of self-identified heterosexuals, 37% of bisexuals, and 13% of gay men reported using methamphetamine in the past two years.

Methamphetamine is used for multiple and complex reasons.

It is used as a stimulant to boost sexual performance, relieve depression and isolation, and increase energy. Adolescent females use methamphetamine to control their weight. Methamphetamine is used to alleviate emotional and/or psychological pain, heighten physical and mental performance and endurance, and stay awake to work extra shifts or get through school.

“People use methamphetamine everywhere, any time, on demand ... they use it to keep working. They use it prior to work, to function. It is their cup of coffee.”

Focus group of Sonoma County AOD service providers

Behaviors resulting from methamphetamine use depend on where the user is in the cycle of drug use. Eventually methamphetamine addiction takes over all aspects of a user’s life resulting in compromised physical and emotional health. Long-time users exhibit poor decision-making and lack of concentration skills. Signals or reasons to suspect methamphetamine use include: difficulty keeping appointments or making plans beyond immediate needs; evasive and hard to engage or make contact with; rapid speech; nervous behavior; and poor impulse control.¹⁷

Question 3: What are the impacts of methamphetamine use on HIV transmission?

Methamphetamine use increases the probability of high-risk sexual activity and sexually transmitted disease, including HIV.^{18,19}

¹⁴ California Department of Alcohol and Drug Problems, CADDs; Department of Finance, Population Estimates.

¹⁵ SAMHSA Office of Applied Studies (2006). The DASIS Report, Trends in Methamphetamine/Amphetamine Admissions to Treatment: 1993-2003, Issue 9.

¹⁶ California Department of Health Services Office of AIDS, HIV Counseling and Testing Data for Sonoma County, January – June 2006.

¹⁷ Attachment B: Focus Group Questions and Summary of Findings.

¹⁸ Molitor, F. et al. (1998). Association of methamphetamine use during sex with risky sexual behaviors and HIV infection among non-injection drug users. *Western Journal of Medicine*, 168:93-97.

¹⁹ Mansergh, G. et al. (2001). The Circuit Party Men’s Health Survey: findings and implications for gay and bisexual men. *American Journal of Public Health*, 91:953-958.

Injection needle-sharing and risky sexual behaviors (multiple sexual partners, decreased use of condoms) put some methamphetamine users at high risk for hepatitis C, HIV and other sexually transmitted disease (STDs). Studies show that methamphetamine use doubles or triples the probability of engaging in high-risk sexual activities and acquiring sexually transmitted diseases, including HIV.^{20,21} Data collected at Sonoma County HIV testing clinics show that both MSM and heterosexual male methamphetamine users were much more likely to never use barrier protection with male partners than non-methamphetamine users.²² Current and former methamphetamine user key informants also reported an obsession with sex and a lack of concern about condom use while high on methamphetamine.²³

Methamphetamine use by HIV-positive individuals can impede HIV treatment and care. Effects of methamphetamine for HIV-positive users include: declines in immune system functioning due to lack of sleep and prolonged activities; reduced adherence to HIV medications; and unpredictable effectiveness of HIV medications due to combination with methamphetamine.²⁴ HIV treatment providers indicated that they are seeing an increase in co-occurring substance abuse, HIV and mental health issues. They further indicated that it is hard to keep clients on medications when they are using methamphetamine.²⁵

V. Best and Promising Practices for Reducing HIV Transmission Among Methamphetamine Users

This section provides an overview of the principles and approaches identified in the literature for promising practices in prevention and treatment, which are not necessarily evidence-based practices (see Attachment D - Summary of Promising and Best Practices and Attachment E - Literature Review). Much of the research is focused on MSM because this group is very high risk for HIV. There is far less research on strategies that may be effective in reaching other populations. In addition, it became clear that to mount a successful HIV prevention program for methamphetamine users, it is essential to address methamphetamine prevention and treatment. Three main categories of interventions were noted in the literature: social marketing and public awareness campaigns, outpatient and other drug (AOD) treatment and support services, and residential treatment.

Social Marketing and Public Awareness Campaigns

- Most of the social awareness campaigns, many initiated by HIV action groups, also promote harm reduction, trying to help users make the best choices. These campaigns take a variety of approaches, including:
 - ◆ Hard-hitting messages about the dangers of methamphetamine, seeking to shift the social norm away from meth as “THE” party drug,
 - ◆ Distinguishing between condemning the drug and condemning the user,
 - ◆ Offering information, support and resources so that people can make the best personal decision.

²⁰ Molitor, F. et al. (1998). Association of methamphetamine use during sex with risky sexual behaviors and HIV infection among non-injection drug users. *Western Journal of Medicine*, 168:93-97.

²¹ Mansergh, G. et al. (2001). The Circuit Party Men’s Health Survey: findings and implications for gay and bisexual men. *American Journal of Public Health*, 91:953-958.

²² California Department of Health Services Office of AIDS, MSM Counseling and Testing Clients, Sonoma County 2003-2004.

²³ Attachment C: Key Informant Questions and Summary of Findings.

²⁴ Ellis, RJ, et al. (2003). Increase human immunodeficiency virus loads in active methamphetamine users are explained by reduced effectiveness of antiretroviral therapy. *Journal of Infectious Disease*; 188(12): 1820.

²⁵ Attachment B: Focus Group Questions and Summary of Findings.

- Best practices cited in the literature suggest that programs should:
 - ◆ Build on the extent to which HIV community members already communicate about methamphetamine.
 - ◆ Involve participants and others in the community in taking part in the prevention or harm reduction activity.²⁶

Outpatient AOD Treatment and Support Services

- It is important to identify goals that are tailored to each individual's level of methamphetamine use. Client buy-in is crucial. Not all methamphetamine users share the same experience of their use: mode of use, frequency of use, and quantity used can affect the user differently.²⁷
- Many national and local programs adopt harm reduction as the leading method for outpatient treatment. While some programs allow methamphetamine users to choose between two tracks – abstinence or harm reduction – most specifically target harm reduction alone. They provide information to enhance safety in a non-judgmental way.
- AOD treatment providers are an important avenue for patient education and delivering prevention messages.²⁸ Addiction treatment of patients who suffer from methamphetamine dependence requires specific expertise in both biomedical and psychosocial realms. Clinicians should create an environment where gay and bisexual men can openly discuss issues of drug use, sexuality, and identity. State-of-the-art addiction treatment for methamphetamine should be provided. Co-occurring psychiatric disorders should be treated. Staff should be trained in the medical and cultural aspects of methamphetamine use in the gay community. Clinicians should network and collaborate with other agencies and colleagues.²⁹ One of the most important things to remember is to ask patients about their thinking and their memory to assure monitoring of cognitive symptoms.³⁰
- The most studied methamphetamine treatment program is the Matrix Model, a 4-month, manualized, intensive outpatient abstinence-based program that combines cognitive-behavioral therapy, family education, 12-Step participation, urine monitoring and positive reinforcers.³¹
- Advancing HIV Prevention: New Strategies for a Changing Epidemic, a CDC initiative aimed at reducing barriers to early diagnosis of HIV and increasing access to quality medical care, treatment, and ongoing prevention services for HIV-infected persons, identified the following best practices:
 - 1) Help people with HIV and their partners reduce risk behavior and maintain behavior change.
 - 2) Have providers deliver routine prevention messages and STD screening for persons who are HIV positive.

²⁶ FOCUS, A Guide to AIDS Research and Counseling: January 2005, v20, n1; p.6. *Harnessing the Power of Social Networks to Reduce HIV Risk*

²⁷ Fontaine, Yves-Michel, M.A., Ed. M Gay men who use crystal meth in California, Substance Use, Counseling and Education (GMHC)

²⁸ Levounis, Petros MD, MA and Ruggiero, Joseph S., PhD Primary Psychiatry (Feb 2006). Outpatient Management of Crystal Meth Dependence among Gay and Bisexual Men, How can it be Done?

²⁹ Ibid.

³⁰ Letendre, Scott. MD. *Methamphetamine, HIV, and the Human Brain*. MD PRN Notebook Volume 10 Number 3 (Sept 2005)

³¹ Cermak, Timmen L. MD California Society of Addictive Medicine, Recommendations to Improve California's Response to Methamphetamine

- 3) For those who have difficulty initiating and sustaining safer behaviors (e.g., adopting consistent condom use during insertive anal intercourse), providing more intensive interventions such as individualized support and counseling through prevention case management or multi-session behavioral interventions.³²
- Support groups are available in some communities that help clients obtain the tools to support change, to connect with each other, to bring people out of isolation and take charge of their lives. Many programs employ peer advocates. There are also groups and websites for family and friends of methamphetamine addicts.

Residential Treatment

Residential treatment programs should address many of the same issues as outpatient programs: cognitive issues, working with clients on an individual basis at their level of readiness, providing support in a supervised but not rigidly controlled environment. To work with the gay community, it is often preferable to have programs specifically for the GLBT target population.

VI. Guiding Principles for Community Action Plan

The PPG developed a set of guiding principles based on community values and grounded in the varied research conducted for the needs assessment.

The Community Action Plan is guided by the following principles developed by the PPG.

- Effective prevention efforts require involvement, collaboration and partnering among all stakeholders.
- The Community Action Plan focuses on addressing the immediate risk factors while taking a longer view in addressing societal norms and acceptance of drug use.
- Community members are involved in all phases of the Community Action Plan development and implementation process.
- Community Action Plan goals and strategies are guided by qualitative and quantitative research methods including documented evidence of promising practices.
- The Community Action Plan promotes harm reduction, is non-judgmental and supportive of people making individual choices.
- The Community Action Plan mobilizes and leverages current and potential resources and assets.

VII. Recommended Goals and Strategies

Based on the needs assessment, community input, research and best practices, the PPG identified the following prevention goals and strategies to address the problem of HIV transmission among methamphetamine users in Sonoma County. Two of the goals focus specifically on supporting MSM to reduce risk behavior, while the remaining 3 apply more broadly to the capacity and infrastructure of the prevention and treatment system in Sonoma County.

³² Letendre, Scott. MD. *Methamphetamine, HIV, and the Human Brain*. MD PRN Notebook Volume 10 Number 3 (Sept 2005)

Goal 1: Mobilize and support men who have sex with men (MSM) to reject methamphetamine use.

Strategies

- Expand existing social marketing campaigns to include methamphetamine users and those at risk for methamphetamine use.
- Utilize social networks to further the prevention message, e.g. Popular Opinion Leader program.
- Determine efficacy of expanding coordinated outreach, health education, and prevention activities at mainstream and high-risk party venues to reduce the desirability of methamphetamine.
- Collaborate with business associates in social and commercial settings to encourage rejection of harmful drug use.
- Make methamphetamine prevention and education efforts part of a broader effort that targets all forms of drug use.

Goal 2: Support MSM methamphetamine users to adopt harm reduction behaviors.

Strategies

- Establish harm reduction support groups.
- Develop 1:1 peer-based support services.
- Develop a "resource pathway" to basic needs and health care services.

Goal 3 : Increase the capacity of the local prevention system to intervene at earlier points and in community-based settings with individuals using methamphetamine or who are at risk for using methamphetamine.

Strategies

- Ensure that prevention work is linked to existing alcohol and other drug services (AODS) resources by assessing the current AODS treatment capacity to determine strengths and gaps.
- Increase information sharing and collaboration among agencies, e.g., involve treatment providers, educators and law enforcement officers.
- Expand access to support services for HIV-positive methamphetamine users.
- Develop a provider training tool kit with information on how to best serve clients who are using methamphetamine including assessment for use and referrals for treatment.
- Enhance referrals to AOD treatment through the primary care system.

Goal 4: Reduce availability of methamphetamine in the community.

Strategies

- Identify and implement environmental prevention strategies to reduce methamphetamine availability in social and commercial settings.
- Mobilize the community to build support for reducing access to methamphetamine in the community.
- Promote community organizing to address community and social norms.

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- Create a strong public awareness component of the risks and harm associated with methamphetamine use.
- Promote multidisciplinary approaches and partnerships among prevention, education, treatment, and law enforcement agencies at the county level.

Goal 5: Pursue resources to implement the Community Action Plan.

Strategies

- Identify resources necessary to implement the Community Action Plan recommendations.
- Research government, State, and County funding to support implementation of Community Action Plan.
- Research which corporations and foundations would be appropriate partners in Sonoma County's methamphetamine prevention efforts.
- Educate the public and policymakers about the effectiveness and cost benefits of treatment.

VIII. Resources

The following list includes local, state and national resources that were identified during this planning process. A number of services are available for methamphetamine prevention and treatment, locally, state and throughout the country and on-line. The ongoing focus of this work will include building on the resources identified in this planning process.

<i>Agencies</i>	<i>Contact Information</i>	<i>Description</i>	<i>Notes/Opportunities</i>
Sonoma County			
Public Health Clinical Services – Chanate Clinic	3420 Chanate Road Santa Rosa, CA 95404 707-565-4820	Sexually Transmitted Infection (STI) Counseling Testing and Treatment	Collaboration Education and Outreach
The Sonoma County Department of Health Services/Prevention and Planning Division	475 Aviation Blvd., Suite 210 Santa Rosa, CA 95403 Barbara Graves, Director 707 - 565 6629	Countywide task force is being convened to focus on methamphetamine issues. SIS.net could include or link to methamphetamine sites	Policy recommendation may be forthcoming.
County of Sonoma Mental Health Services Psychiatric Emergency Service	3322 Chanate Road Santa Rosa, CA 95404 707-576-8181 1-800-746-8181	Provides round-the-clock telephone and in-person response to urgent emotional problems. No appointment necessary. The clinic offers crisis counseling, treatment, and screening for hospitalization.	
The Center for HIV Prevention and Care	499 Humboldt Street Suite 104, Santa Rosa, CA 95404 707-565-7400	Provides brief individual, couple, family and group counseling for patients of the Center and their family members.	
West County Health Centers	Russian River Health Center 16312 Third St. P.O. Box 1449 Guerneville, CA 95446 707-869-2961	Serves the populations of West Sonoma County and provides comprehensive medical care for people living with HIV. Provides individual/couples counseling for persons with HIV/AIDS. Also offers support groups.	Previously had a successful harm reduction program for MSM and methamphetamine prevention – could be re-started.

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<i>Agencies</i>	<i>Contact Information</i>	<i>Description</i>	<i>Notes/Opportunities</i>
	Occidental Area Health Center 3802 Main Street P.O. Box 100 Occidental, CA 95465 707-874-2444	Serves the populations of West Sonoma County and provides comprehensive medical care for people living with HIV.	
Kaiser Permanente Santa Rosa	401 Bicentennial Way Santa Rosa, CA 95407 707-571-4778	Treatment of chemical dependency. Kaiser's traditional treatment program is an Intensive Outpatient Program that consists of two phases: Early Recovery Program (8 weeks) and Long Term Recovery Program. After the Early Recovery Program a patient can choose to participate in our Long Term Program, which is where the patient participates in a weekly therapy group for up to 16 months. Kaiser also has a Codependency Program, which consists of weekly one-hour educational classes for 5 weeks; and then members can join a codependency-counseling group.	Kaiser is incorporating more motivational interviewing and Harm Reduction into the services; these services are offered through individual counseling.
Petaluma Health Center	1301 South Point Blvd. Suite A Petaluma, CA 94954 707-763-7005 www.phcd.org	Comprehensive family medical practice staffed by physicians and providers experienced in HIV care	

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<i>Agencies</i>	<i>Contact Information</i>	<i>Description</i>	<i>Notes/Opportunities</i>
Drug Abuse Alternatives Center (DAAC)	2403 Professional Dr. Santa Rosa, CA 95403 707-544-3295 ext. 326	Special Services for people with HIV and substance abuse issues. Also provides outreach, HIV and chemical dependency counseling and referral, detox and maintenance services, outpatient drug-free individual and group counseling, residential treatment, perinatal drug programs, and HIV/HCV testing and counseling.	Residential program prioritizes HIV+.
		1:1 chemical dependency counseling for HIV+ (& affected) clients who use meth and/or other substances and who are MSM and other.	
		Syringe Exchange Program currently provides limited 1:1 services that are received well in the community.	Could be expanded.
Face to Face Sonoma County AIDS Network	873 Second Street Santa Rosa, CA 95404 707/544-1581	Provide direct access to 500+ HIV clients and supporters. Established outreach program to MSM's in entire county.	Peer program- does not include substance prevention but could or program could be shared with DAAC staff
	16350 Third Street PO Box 257 Guerneville CA 95446 707 869 -7390 www.f2f.org	Ability to identify clients at risk as polytag-using MSM's and HIV's. Established support with GLBT community for community "buy-in."	
Orenda Center	1430 Neotomas Avenue, Santa Rosa, CA 95404 707- 565-7450 www. sonoma-county.org/health/aods/index.html	Residential detoxification and 31-day program for men and women, long-term program for men, and outpatient counseling. Provides programs focusing on alcohol and other drug related problems through residential and detox programs, as well as non-residential counseling, community	Staff sensitive to HIV issues.

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<i>Agencies</i>	<i>Contact Information</i>	<i>Description</i>	<i>Notes/Opportunities</i>
		prevention and education services. Groups in the evenings.	
Crystal Methamphetamine Anonymous Petaluma	Alano Club 221 Water Street Petaluma, CA	12-Step program specifically for methamphetamine users. Meets on Sundays at 1:30 pm,	
HIV Complementary Therapy Center	707-869-8258 P.O. Box 5856, Santa Rosa, CA 95402	The HIV Complementary Therapy Center offers massage therapy, support groups, an information table and hot meals for drop-ins affected by HIV/AIDS disease.	
Family Wellness Medical Center	707-829-5455 J. Yusuf Q. Erskine D.O. 1141 Gravenstein Hwy. South, Sebastopol, CA 95472 www.dr.erskine.com	Dr. Yusuf Erskine provides comprehension healthcare for people living with HIV. Individual treatment plans are designed to enhance wellness.	
Veteran's Administration Santa Rosa Clinic	3315 Chanate Road, Suite 1E Santa Rosa, CA 95404 707-570-3855	Medical and psychiatric care is available for veterans with HIV. Care coordination with San Francisco VA facility.	
Food for Thought	6550 Railroad Avenue Forestville, CA 95436 707-887- 1647FoodFairy@aol.com	Food for Thought is a supplemental food bank that helps ensure that the nutritional needs of Sonoma County Residents with disabling HIV/AIDS are met.	
<i>Programs and Services</i>			
Narcotics Anonymous (NA)	P.O. Box 1365 Santa Rosa, CA 95402 www.norcalna.org 707-575-7837	12-step meetings. Referrals to meetings in Santa Rosa.	
ALCOHOLICS Anonymous	Santa Rosa 707-544-1300	Referrals to local meeting times and	

Community Action Plan

Agencies	Contact Information	Description	Notes/Opportunities
(AA)	Petaluma 707-762-5122 Alcoholic Anonymous OCN (Spanish) 707-545-7417	locations.	
Sonoma County Hepatitis/HIV/AIDS Risk Reduction Project (SHARRP)	707-527-5227 (Hotline for site locations and times)	Anonymous Services. S.H.A.R.R.P. will supply a clean syringe for each retrieved used one. Education, risk reduction materials, HIV and HCV is also available.	
Santa Rosa Treatment Program (SRTP)	1901 Cleveland Avenue Suite B Santa Rosa CA 95401 (707) 576-0818	Substance abuse treatment services Outpatient services: Substance abuse treatment, detoxification, Methadone Maintenance, Methadone Detoxification	
Bay Area			
New Leaf Services	1390 Market Street, Suite 800, San Francisco, CA 94102 (415) 626 7000 <i>www.newleafservices.org</i>	Nonprofit multi-purpose counseling center for the lesbian, gay, bisexual and transgender (GLBT) communities of San Francisco and the surrounding Bay Area.	
Stonewall Project	3180 18th Street, Suite 202, San Francisco, CA (415) 502-1999 <i>tweaker.org</i>	The Stonewall Project offers individual and group harm reduction counseling to bi, gay & queer men who have questions or concern about their use of crystal methamphetamine.	
AIDS Project East Bay	499 5th Street, (3rd floor) Suite 306 Oakland, California 94607 (510) 663- 7979	AIDS Project East Bay (APEB) is a community based organization, dedicated to preventing the spread of HIV and supporting individuals infected with the virus through	

<i>Agencies</i>	<i>Contact Information</i>	<i>Description</i>	<i>Notes/Opportunities</i>
		<p>programs targeted at some of the most vulnerable and marginalized individuals in Alameda County. APEB ensures that individuals and communities beyond the reach of other agencies receive professional services of the highest standard.</p>	
<p>Walden House</p>	<p>520 Townsend St. San Francisco, CA 94103 415-934-3408 <i>admissions@waldenhouse.org</i></p>	<p>The not-for-profit Walden House provides a full-continuum health care system specializing in all aspects of addiction services including detoxification, comprehensive medical care and mental health services. Clients receive legal, educational and vocational services as fundamental parts of their treatment. Walden House promotes a culturally sensitive treatment environment, which is designed to foster the open communication, self-help and empowerment of each person within the context of the greater community.</p>	
<p>AIDS Health Project</p>	<p>1930 Market Street San Francisco, CA 94102 415-476-3902</p>	<p>The mission of the UCSF AIDS Health Project is to provide culturally sensitive counseling and education to stop the spread of HIV infection, and to help people face the emotional, psychological and social challenges of living with HIV disease.</p>	
<i>Regional Resources</i>			
<p>Van Ness Recovery House</p>	<p>1919 North Beachwood Drive, Los Angeles, CA 90068 Phone: (323) 463 4266 <i>vnrh@aol.com</i></p>	<p>Services to meet the critical and expanding needs of the Gay, Lesbian, and Transgender community for alcohol and drug addiction recovery.</p>	

<i>Agencies</i>	<i>Contact Information</i>	<i>Description</i>	<i>Notes/Opportunities</i>
Harm Reduction Coalition	Mailing Address: 1440 Broadway, Suite 510, Oakland, CA 94612 Phone: (510) 444 6969 Fax: (510) 444 6977 www.harmreduction.org	The Harm Reduction Coalition (HRC) is committed to reducing drug-related harm among individuals and communities by initiating and promoting local, regional, and national harm-reduction education, interventions, and community organizing. HRC fosters alternative models to conventional health and human services and drug treatment; challenges traditional client/provider relationships; and provides resources, educational materials, and support to health professionals and drug users in their communities to address drug-related harm. The Harm Reduction Coalition believes in every individual's right to health and well being as well as in their competency to protect and help themselves, their loved ones, and their communities.	
Alternatives, Inc	2526 Hyperion Ave., #4, Los Angeles, CA 90027 Phone: (323) 671 1600 Fax: (323) 671 1605 www.alternativesinc.com	Alternatives is dedicated to providing drug and alcohol rehabilitation, mental health, and dual diagnosis treatment services to Lesbian, Gay, Bisexual, and Transgender adults. The program's primary purpose is to assist the patient in achieving a positive sense of self and improved quality of life. Alternatives provides detox, residential, inpatient services as well as a variety of outpatient services, family program and aftercare.	

Community Action Plan

<i>Web site</i>	<i>Description</i>	<i>Notes/Opportunities</i>
<i>www.crystalneon.org</i>	This website contains information for gay and bisexual men who use methamphetamine. They in no way promote or encourage the use of this controlled substance. Instead, they seek to help individuals minimize the harms associated with use of methamphetamine.	
<i>www.Tweaker.Org</i>	Website operated by The Stonewall Project. The website offers: Information. Support. Resources. To help gay and bisexual men better understand crystal and how it affects physical, mental and sexual health.	
<i>www.utahtweaker.org</i>	The site provides information whether someone is thinking of using, currently using, or are a former user, to help make the best personal decision. The Utah AIDS Foundation sponsors the site. It provides information about the basics of crystal methamphetamine, what to consider if one is thinking of using, does not want to quit, may need help quitting, trying to stay sober, including referrals and statistics.	
<i>www.crystalbreaks.org</i>	<p>Chicago Crystal Meth Task Force. The mission of the workgroup is to raise awareness of the links between substance use, HIV/STD infection, and HIV treatment and to coordinate innovative, collaborative responses within the gay/bi community. The workgroup is affiliated with the MSM HIV/STD Task Force and welcomes participation from anyone with a professional, personal or community interest in substance use and HIV among gay/bi men.</p> <p>The Chicago Department of Public Health, the AIDS Foundation of Chicago, and all the members of the Chicago Task Force on LGBT Substance Use and Abuse wish to thank the Seattle Gay Men, Drug Use and HIV Workgroup and its affiliated members for granting permission to adapt this document for the gay community in Chicago.</p>	
<i>www.KnowCrystal.org</i>	Website to educate people about methamphetamine. Provides information about who uses and why; the effects; risks and staying safe; treatment; information for friends and family; information in Spanish.	

IX. Attachments

Attachment A DHS Prevention and Planning Division (P&P)..... **A-1**

Data Report, Methamphetamine Related Problems in Sonoma County, Diane F. Reed, MPH

Attachment B.....**B-1**

Focus Group Questions and Summary of Findings

Attachment C.....**C-1**

Key Informant Questions and Summary of Findings

Attachment D.....**D-1**

Summary of Promising and Best Practices

Attachment E.....**E-1**

Literature Review

Methamphetamine-Related Problems
In Sonoma County

Submitted by:
Diane F. Reed, MPH

August 14, 2006

Attachment A – Data Report, Methamphetamine Related Problems in Sonoma County

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1. Introduction

The World Health Organization (WHO) reports that amphetamine and methamphetamine are among the most widely abused illegal drugs in the world, second only to marijuana. According to WHO, over 35 million individuals regularly abuse these drugs.

Methamphetamine has become a common drug of abuse in many regions of the United States. In 2004, 1.4 million Americans aged 12 or older had used methamphetamine in the past year, and 600,000 had used it in the past month. The number of past month methamphetamine users who met the criteria for illicit drug dependence or abuse in the past 12 months rose from 164,000 in 2002 to 346,000 (59.3%) in 2004.¹

Once a primarily working class drug, methamphetamine users today cross all boundaries of race, socioeconomic status, sexual orientation, gender, age, and locality. The public impacts of methamphetamine addiction include increased levels of crime and violence, child endangerment, environmental degradation, and serious negative health consequences. The use, abuse, distribution, and consequences of methamphetamine are taking a considerable toll on public resources across a wide spectrum of service systems in Sonoma County, including health care, criminal justice, alcohol and other drug (AOD) treatment, child welfare, mental health, and prevention.

This report provides a variety of indicator data using secondary/archival (e.g. already available) data. The purpose of this report is twofold:

- To depict the scope and character of methamphetamine use and methamphetamine-related problems in Sonoma County.
- To analyze and interpret the magnitude of methamphetamine-related problems within Sonoma County and identify at-risk and underserved populations.

2. Overview and Availability of Methamphetamine in Sonoma County

Methamphetamine is a highly addictive and dangerous drug.

Methamphetamine, a derivative of amphetamine, is a powerfully addictive central nervous system stimulant that is twice as toxic as other amphetamines and has longer lasting effects.² Readily available and widely used as a recreational drug, methamphetamine can be produced easily and inexpensively, and has a high potential for chronic abuse. This drug has

... the stimulant effects of methamphetamine on the frontal area of the brain ... initially produces positive reactions, release of inhibitions and heightened affect ... but as the drug dissipates, the user experiences depression and fatigue ... Over time, the episodic stimulation and suppression of brain chemistry requires the use of more methamphetamine for the user to return to a normal feeling state. This cycle leads to physiological and psychological addiction.

Western Canadian Summit on Methamphetamine: Bringing Together Practitioners, Policy Makers and Researchers. Consensus Panel Report, April, 2005.

several forms that can be smoked, snorted, injected, or ingested. Methamphetamine produces a high that can last up to 8 hours or more, followed by a state of high agitation that, in some individuals, can lead to violent behavior. Users experience highly desirable and self-reinforcing neurological and

¹ SAMHSA (2005, September 16). Methamphetamine use, abuse, and dependence: 2002, 2003, and 2004. The NSDUH Report. National Survey on Drug Use and Health.

² Mack, R.B. (1990). The iceman cometh and killeth: smokable methamphetamine. *North Carolina Medical Journal*, 51(6): 276-278.

physical effects that can lead to a pattern of bingeing lasting for several days.³ Because methamphetamine remains in the brain longer, stimulant and toxic effects are prolonged. Methamphetamine has a high addiction potential – estimated by the National Institute on Drug Abuse at 47% at first use and rising to 60% with a second use. Addiction can occur quickly and result in increasingly heavy use with devastating effects on both physical and mental health.

Classified as a psychostimulant, methamphetamine differs from other drugs in its class, such as cocaine and other amphetamines, in several important ways. In contrast to cocaine, for example, which is quickly removed and nearly completely metabolized in the body, the effects of methamphetamine last much longer and the drug remains unchanged in the body for very long periods of time (Table 1).

Table 1. Differences Between Methamphetamine and Cocaine	
Methamphetamine	Cocaine
Man-made	Plant-derived
Smoking produces a high lasting 8-24 hours	Smoking produces a high lasting 20-30 minutes
50% of the drug is removed from the body within 12 hours	50% of the drug is removed from the body in 1 hour
Limited medical use	Used as local anesthetic in some surgical procedures
Source: NIDA Research Report Series – Methamphetamine Abuse and Addiction. See http://www.nida.nih.gov/ResearchReports/methamph/methamph4.html	

Compared with some other illicit drugs, methamphetamine is relatively inexpensive. The value of methamphetamine varies according to its purity, the region in which it is sold, the source of the drug (whether it was made locally or imported), and its availability. In Sonoma County, a bag (or gram)⁴ of methamphetamine costs about \$40-\$50, in contrast to \$60-\$120 for an equivalent amount of cocaine. One gram produces a two-hour “high” while daylong use may require 5-7 grams.

Methamphetamine is easily made with ingredients found in over-the-counter cold remedies (e.g., pseudoephedrine) along with other chemicals commonly found at the hardware store, such as iodine, ammonia, paint thinner, and lithium from batteries. A clandestine lab can be set up in a kitchen, bathroom, or garage and detailed instructions about how to manufacture the drug – a relatively simple, but toxic and dangerous process – can be found on the Internet. A modest investment of about \$150 can yield up to \$10,000 worth of methamphetamine.

As a “cheap high,” methamphetamine gives a user in the initial stages of use energy to keep working, especially at manual jobs or work that requires long periods of wakefulness, such as truck-driving or shift-work. It is an appetite suppressant. Along with a long euphoric high, users may become anxious, paranoid, and violent. Methamphetamine addiction requires more and larger doses as it progresses. Long-term methamphetamine abuse can result in dependence and methamphetamine psychosis. Health consequences associated with methamphetamine use include weight loss, tooth decay, cardiovascular problems, stroke, convulsions and prenatal complications. Chronic methamphetamine abuse can result in episodes of violent behavior, anxiety, paranoia, short-term

³ Western Canadian Summit on *Methamphetamine: Bringing Together Practitioners, Policy Makers and Researchers*. Consensus Panel Report, April, 2005.

⁴ A gram is roughly the size of a packet of sugar. A hit or line or dose of methamphetamine is generally about ½ gram.

memory loss, depression and brain damage. When use is stopped abusers experience depression, anxiety, fatigue, paranoia, aggression, and an intense craving for the drug.

Methamphetamine is readily available in Sonoma County.

Methamphetamine can be easily manufactured in clandestine laboratories in just a few hours using commonly available chemicals. According to local law enforcement sources, the production and distribution of methamphetamine in Sonoma County increased with the arrival of Mexican organized crime families in the early to mid-1990s. At that time, the easy availability of precursor chemicals made it feasible to manufacture methamphetamine locally. As local production increased, the price of methamphetamine dropped to about \$4,000 a pound – today, by comparison, a pound of powdered methamphetamine costs about \$7,000. In 1997, the organizations responded to the flooded market by cutting back on availability – although methamphetamine could still be purchased in quantity and Sonoma County remained an active distribution center. Local production was curtailed by the late 1990's, as new federal restrictions began to reduce the local availability of precursor chemicals (Figure 1), and continued to decline significantly, reflecting statewide – as well as national – trends (Table 2). According to the U.S. Drug Enforcement Administration, the decrease in the number of methamphetamine labs seized in California corresponds to an increase in Mexican labs just south of the border.⁵

Figure 1. Key Federal Legislation

1996 Comprehensive Methamphetamine Control Act

Broadened restrictions on listed chemicals used in methamphetamine production, increased penalties for trafficking, and expanded controls of products containing ephedrine and pseudoephedrine.

2000 Methamphetamine Anti-Proliferation Act

Strengthens sentencing guidelines, provides training, further controls distribution of chemicals used in methamphetamine production, expands prevention efforts.

2006 Patriot Act Renewal

In part, requires retailers to keep many cold medicines containing pseudoephedrine behind the counter and consumers to show ID and sign a log.

Today, most of the methamphetamine available in Sonoma County is produced in Mexican “super labs” and brought across the border to Los Angeles, through San Jose or Fresno, to Santa Rosa. Santa Rosa is a distribution “hub” for Northern California, particularly Lake and Mendocino counties. Distribution occurs through a network of established families and cartels, primarily Latino. Polydrug distribution systems (i.e. dealers selling methamphetamine, cocaine, and heroin) are on the rise. In the past several months, undercover agents with the Sonoma County Narcotics Task Force have purchased large quantities of methamphetamine, currently selling for \$8,000-\$9,000 a pound.

As local labs produce only one to two ounces of methamphetamine at a time, they currently represent only a minor fraction of the local supply. Since 2003, the Sheriff's Department has raided 14 methamphetamine labs – about 4-5 annually. These seizures occur primarily in rural parts of the county where it is easier to conceal small drug labs operating out of homes.

⁵ DEA Briefs & Background, Drugs and Drug Abuse, State Factsheets, California 2005. Online at <http://www.dea.gov/pubs/states/california.html>

	Methamphetamine lab seizures*	All methamphetamine lab incidents**
1999	2,090	2,579
2000	1,631	2,198
2001	1,331	1,883
2002	1,130	1,743
2003	709	1,287
2004	474	764
*Does not include meth-related dumpsites and chemical/glassware seizures		
**Includes all methamphetamine lab incidents, including labs, dumpsites, or chemical and glassware seizures.		
Source: U.S. Drug Enforcement Administration, National Clandestine Laboratory Database		

3. Prevalence of Methamphetamine Use in Sonoma County

General Population Estimates

The 2004 National Survey on Drug Use and Health (NSDUH) reported that 1.4 million Americans aged 12 or older (representing 0.6% of the population) had used methamphetamine in the past year, and 600,000 (representing 0.2% of the population) had used it in the past month.⁶ (By comparison, 1.0% of this sample reported cocaine use within the past month). The rate of methamphetamine use in California is twice as high: 1.2% of Californians in the NSDUH survey reported using methamphetamine in the past 12 months, and 0.6% reported methamphetamine use in the past month. Extrapolating from the California rates, over 4,900 Sonoma County residents aged 12 or older are likely to have used methamphetamine in the past year, and about 2,400 residents⁷ are likely to have used methamphetamine in the last 30 days (Table 3).

Data from the 2004 national survey also show that overall, past 30-day use of methamphetamine by males and females 12 and older is fairly similar (0.3% and 0.2%, respectively). Past 30-day use is highest among 18-25 year olds (0.6%), followed by 26-34 year olds (0.4%), youth aged 12-17 (0.2%), and those 35 and older (0.1%). Since the study does not provide state-level demographic breakdowns, extrapolating from national rates to the county level is not feasible, given the significantly higher rates of methamphetamine use in California documented by the NSDUH survey.

⁶ Office of Applied Studies. Results from the 2004 National Survey on Drug Use and Health (NSDUH), Detailed Tables. See <http://oas.samhsa.gov/nsduh/2k4nsduh/2k4tabs/Sect1peTabs1to66.htm#tab1.1a>; California Department of Finance, Population Projections, Demographic Research Unit.

⁷ Prevalence estimates based on data from the California Department of Finance, Population Projections, Demographic Research Unit.

Table 3. Estimated Prevalence of Methamphetamine Use, Sonoma County, Based on State Rates of Use, 2004				
	Lifetime	Past year	Past month	<i>Addicted*</i>
% 12+ who use methamphetamine	7.3 %	1.2 %	0.6%	1,460
Estimated # in Sonoma County **	29,966	4,926	2,463	
*In 2004, 59.3% of past month methamphetamine users met the definition for drug dependence (NSDUH).				
** Based on estimated 2004 county population for ages 12+ of 410,494.				
Sources: 2004 National Survey on Drug Use and Health (NSDUH), Detailed Tables. See http://oas.samhsa.gov/nsduh/2k4nsduh/2k4tabs/Sect1peTabs1to66.htm#tab1.1a ; California Department of Finance, Population Projections, Demographic Research Unit				

Despite the lack of methamphetamine-specific information for the general population in Sonoma County, prevalence data is available for some groups, including high school students, those testing for HIV at public testing sites, and those in publicly-funded alcohol and other drug (AOD) treatment programs.

High school students

Data from high school surveys are believed to under-represent substance use among the general youth population because they do not capture behaviors of youth that have dropped out of school. Nonetheless, the 2004 California Healthy Kids Survey shows that although methamphetamine is used much less frequently than alcohol or marijuana, 4% of Sonoma County 9th graders (or 123 out of 3,079 surveyed) and 6% of 11th graders (150 out of 2,499) report having used methamphetamine one or more times. This compares to state rates of 3% for 9th graders and 8% for 11th graders (Table 4).⁸

The 2004 California Healthy Kids Survey also found that 37% of students in “non-traditional” high schools (i.e. court and continuation schools) reported having used methamphetamine one or more times, and 24% reported using the drug four or more times. Twelve percent of non-traditional high school students reported having used methamphetamine in the past 30 days (Table 4).

Past 30-day use – which is considered a proxy for current use – is about twice as high among Sonoma County students (2% each for 9th and 11th graders) as it is nationally, but lower than statewide rates (3% of 9th graders and 5% of 11th graders) (Table 4).⁹

NOTE: By comparison and to provide a context, 31% of Sonoma County 9th graders and 48% of 11th graders report having at least one full drink in the last 30 days, and 16% of 9th graders and 28% of 11th graders report using marijuana in the last month.¹⁰

⁸ California Healthy Kids Survey, Sonoma County Technical Report, Fall 2003-Spring 2004.

⁹ Austin, GA and Skager, R (2004). Results of the 2003-2004 California Student Survey for Comparison to Local CHKS Results.

¹⁰ California Healthy Kids Survey, Sonoma County Technical Report, Fall 2003-Spring 2004.

Table 4. Methamphetamine Use Among Traditional and Non-Traditional High School Students, Sonoma County, 2004			
	<i>Traditional High School</i>		<i>Non-traditional High School</i>
	Sonoma County	California	
Lifetime use			
9 th graders	4%	3%	37%
11 th graders	6%	8%	
Past 30 days			
9 th graders	2%	3%	12%
11 th graders	2%	5%	
Source: 2004 California Healthy Kids Survey, Sonoma County			

HIV testing population

Recent data from Sonoma County Counseling and Testing Clinics indicate that rates of methamphetamine use among those who seek HIV tests at publicly funded clinics are significantly higher than estimates of use in the general population. Clinic data for January 2004 through June 2006 show that 24.6% of heterosexual women, 27.9% of heterosexual men, and 19% of men who have sex with men (MSM) tested for HIV report having used methamphetamine in the past two years.¹¹

Alcohol and other drug (AOD) treatment population

The Sonoma County rate of treatment admissions where methamphetamine was reported as the primary drug problem in 2003 (548/100,000 population aged 12 or older)¹² was 2½ times higher than the California rate (212/100,000) and over nine times higher than the national rate (56/100,000).¹³ (*CAVEAT:* Since 80% of AOD treatment system admissions are criminal justice referrals, these data cannot be used as an indicator of methamphetamine use in the general population.)

Nonetheless, nearly one-third (n=2,132) of 6,741 adults (18+) admitted to a publicly supported Sonoma County AOD treatment program in 2004 reported methamphetamine as their primary substance abuse problem.¹⁴ An additional 810 clients reported abusing methamphetamine as their secondary drug of choice, and 237 reported methamphetamine as their third drug of choice bringing the total percentage of methamphetamine-involved individuals to 47% of all those in treatment in 2004.

¹¹ California Department of Health Services Office of AIDS, HIV Counseling and Testing Data for Sonoma County, January 2004–June 2006.

¹² California Department of Alcohol and Drug Programs, Office of Applied Research and Analysis; Department of Finance, Population Estimates.

¹³ SAMHSA Office of Applied Studies (2006). The DASIS Report, Trends in Methamphetamine/Amphetamine Admissions to Treatment: 1993-2003, Issue 9.

¹⁴ Unless otherwise cited, data in this section were obtained from the California Department of Alcohol and Drug Programs, Office of Applied Research and Analysis.

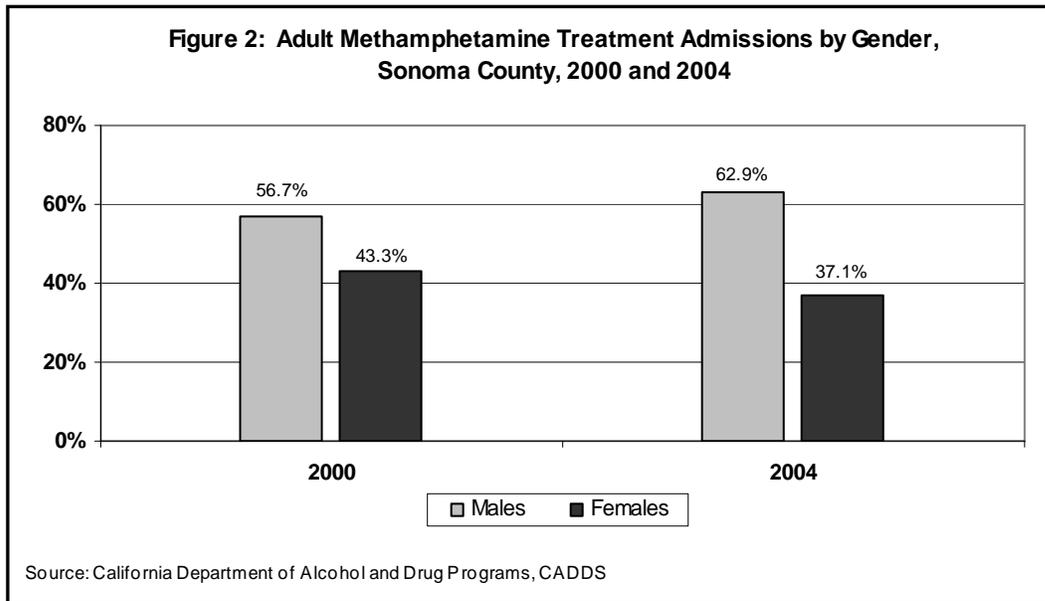
Patterns of methamphetamine use in Sonoma County

Methamphetamine is used for multiple and complex reasons. It is used as a stimulant to boost sexual performance, relieve depression and isolation, and increase energy. Adolescent females use methamphetamine to control their weight. Methamphetamine is used to alleviate emotional and/or psychological pain, heighten physical and mental performance and endurance, and stay awake to work extra shifts or get through school. Some individuals use it as a recreational drug and seem to avoid addiction.

Once used predominantly by white working class males, and men who have sex with men (MSM), the demographics of those entering AOD treatment and those who seek HIV tests suggest that the use of methamphetamine spans all genders, ages, and socioeconomic strata. (*CAVEAT*: Since 80% of AOD treatment system admissions are criminal justice referrals, these data cannot be used as an indicator of methamphetamine use in the general population.)

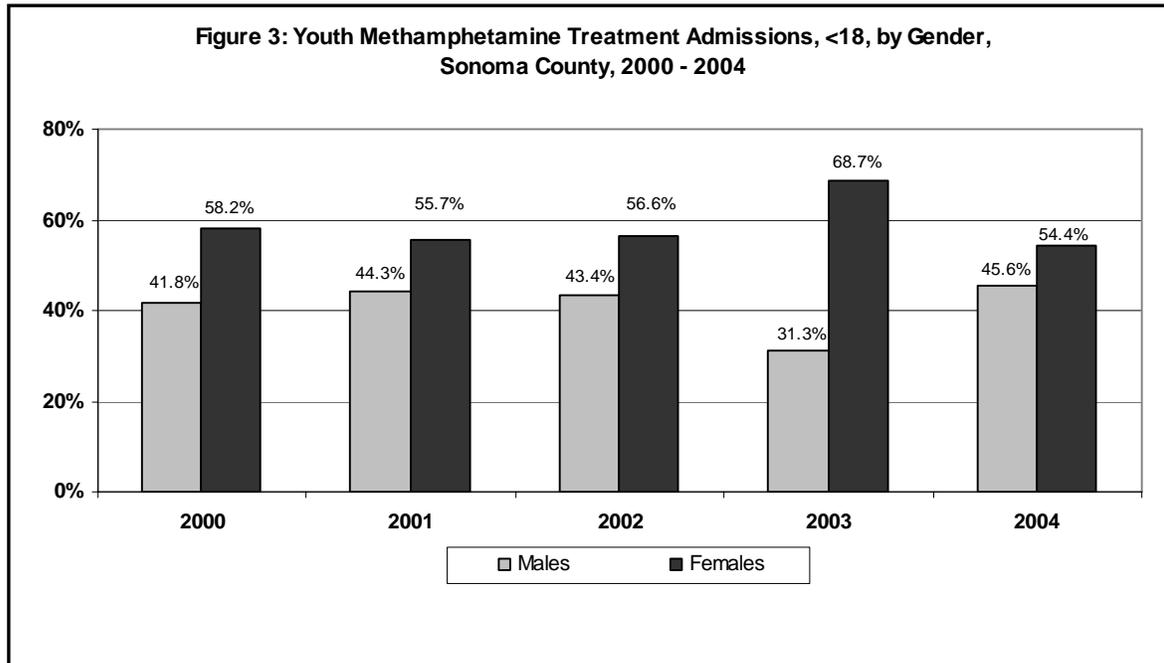
AOD treatment population

Unlike other illicit drugs, AOD treatment data suggest that methamphetamine is used fairly equally by women and men. A higher percentage of females – who are generally underrepresented in treatment programs – enter treatment for methamphetamine compared with other drugs. Among AOD treatment clients with methamphetamine as a primary drug of abuse, the percentage of males has increased from 56.7% in 2000 to 62.9% in 2004. The percentage of females in treatment for methamphetamine has dropped from 43.3% in 2000 to 37.1% in 2004 (Figure 2).



By contrast, methamphetamine-using female youth (under 18) in treatment consistently outnumber their male counterparts (Figure 3). In 2004, female youth accounted for 54.4% of the youth treatment population whose primary drug of choice was methamphetamine, while males made up 45.6%.¹⁵

¹⁵ California Department of Alcohol and Drug Programs, Office of Applied Research and Analysis.



The racial/ethnic composition of the adult methamphetamine population in Sonoma County AOD treatment programs has shifted. The percentage of white clients with a primary methamphetamine addiction declined from 80.4% in 2000 to 74.1% in 2004 while, at the same time, the percentage of Latino methamphetamine addicts rose from 11.9% in 2000 to 19.1% in 2004. Other groups (African American, American Indian, Asian/Pacific Islanders) with many fewer clients in treatment, have remained relatively unchanged.

Similar trends are seen in the youth AOD treatment population as well. The percentage of white youth in treatment with a primary methamphetamine addiction declined from 69.9% in 2000 to 56.7% in 2004, while the percentage of Latino methamphetamine addicts rose from 24.2% to 36.7% in the same time period.

On average, individuals in their twenties and thirties make up about three-quarters of adult clients in treatment for methamphetamine abuse. Over the past five years, however, methamphetamine abusing treatment clients have become slightly older. The percentage of clients in their 20s remained constant, however those in their 30s steadily declined from 42.6% in 2000 to 32.6% in 2004. During the same time period, clients in their 40s increased from 14.3% to 20.7%.

HIV testing population

In the HIV testing population, the highest percentages of both women and men heterosexual methamphetamine users are in their 30s and 40s (Table 5). More than one out of every five of those under 21 reported methamphetamine use.

	<i>Heterosexual women</i>		<i>Heterosexual men</i>		<i>MSM</i>	
	Tested	Methamphetamine users %(n)	Tested	Methamphetamine users %(n)	Tested	Methamphetamine users %(n)
Total	2,933	24.6 (722)	6,475	27.9 (1,805)	1,159	19.0 (220)
<21	654	21.6 (141)	1,143	23.4 (267)	127	22.0 (28)
21-30	962	22.5 (216)	2,373	25.7 (610)	392	19.1 (75)
31-40	518	34.2 (177)	1,330	36.3 (483)	246	24.8 (61)
41-50	513	30.6 (157)	947	34.8 (330)	219	18.3 (40)
50+	248	10.5 (26)	610	17.0 (104)	148	9.5 (14)
Unknown	38	5	72	11	27	2

Source: California Department of Health Services Office of AIDS, HIV Counseling and Testing Data for Sonoma County, January 2004-June 2006

Both heterosexual and MSM American Indians report the highest percentages of methamphetamine use of all racial/ethnic groups. Methamphetamine use reported by heterosexual white men and women, is 35.7% and 27.8%, respectively (Table 6). (This group accounts for the highest numbers of those tested.)

	<i>Heterosexual women</i>		<i>Heterosexual men</i>		<i>MSM</i>	
	Tested	Methamphetamine users %(n)	Tested	Methamphetamine users %(n)	Tested	Methamphetamine users %(n)
Total	2,933	24.6 (722)	6,475	27.9 (1,805)	1,159	19.0 (220)
African Amer.	128	18.8 (24)	326	25.5 (83)	35	17.1 (6)
Amer. Indian	84	47.6 (40)	132	39.4 (52)	8	62.5 (5)
Asian/PI	76	11.8 (9)	111	19.8 (22)	33	9.1 (3)
Latino	620	15.2 (94)	2,542	19.0 (482)	282	19.1 (54)
White	1,940	27.8 (540)	3,185	35.7 (1,137)	763	19.1 (146)
Other/Unk	85	(15)	179	(29)	38	(6)

Source: California Department of Health Services Office of AIDS, HIV Counseling and Testing Data for Sonoma County, January 2004-June 2006

4. Methamphetamine-related problems in Sonoma County

In addition to numerous public health concerns associated with methamphetamine, its use and abuse has increased the burden on hospitals and emergency rooms, mental health services, AOD treatment, the criminal justice system, and the environment.

HIV/AIDS

As of June 30, 2005, at least 1,161 individuals were living with HIV disease in Sonoma County, although public health officials estimate that a higher number of persons (from 1,833 up to 2,900) are likely to be living with the disease in the county. Of the 1,161 HIV/AIDS cases, 91% (1,055) are male. Of those, 89% report having sex with a man as their primary exposure.

Recent data collected by Sonoma County Testing and Counseling Clinics show that 19% of men who have sex with men (MSM) who were tested for HIV between January 2004 and June 2006 report having used methamphetamine in the past two years.¹⁶ Among the MSM tested for HIV during this period, 32% of self-identified heterosexuals, 29% of bisexuals, and 10% of gay men reported using methamphetamine in the past two years.

A great deal of attention has been focused on methamphetamine use and HIV infection rates largely because the use of methamphetamine, unlike many other drugs, can quickly spiral out of control. Particularly strong connections have been found between men who have sex with men, methamphetamine use, and HIV. MSM use methamphetamine in a variety of ways – to self-medicate, reduce depression, relieve social and personal inhibitions, alleviate shame, increase self-esteem, and enhance sexual pleasure.¹⁷

Methamphetamine use is related to increased numbers of sexual partners, decreased use of condoms, and an increased likelihood of being HIV-infected or having an STD. Research has found that methamphetamine use doubles or triples the probability of engaging in high-risk sexual activities and acquiring sexually transmitted diseases, including HIV.^{18,19} A recent San Francisco study found the incidence of HIV among 290 MSM amphetamine users to be three times higher – 6.3% per year – compared with 2.1% per year among 2,701 MSM non-meth users.²⁰ A new study now demonstrates that methamphetamine also increases the spread of the HIV-infected users by allowing more of the virus to invade the immune system.²¹

In addition to a wide array of adverse health consequences, the combination of methamphetamine use and HIV can be particularly destabilizing and may result in:

- Loss of judgment related to safe sex;
- Decreased adherence to HIV medications; and
- Unpredictable results when methamphetamine is combined with other medications, including decreased effectiveness of antiretroviral therapy for individuals already HIV-infected.²²

¹⁶ California Department of Health Services Office of AIDS, HIV Counseling and Testing Data for Sonoma County, January 2004–June 2006.

¹⁷ While the focus of this report is on methamphetamine, additional AOD data are included here as well to provide broader context and perspective about the role of alcohol and other drugs that also contribute to making poor decisions about safe sex. For example, among the 879 MSM tested for HIV in Sonoma County clinics, 2003-2004, 69% reported using alcohol, 35% used marijuana, 13% methamphetamine, and 12% used cocaine.

¹⁸ Molitor, F. et al. (1998). Association of methamphetamine use during sex with risky sexual behaviors and HIV infection among non-injection drug users. *Western Journal of Medicine*, 168:93-97.

¹⁹ Mansergh, G. et al. (2001). The Circuit Party Men's Health Survey: findings and implications for gay and bisexual men. *American Journal of Public Health*, 91:953-958.

²⁰ Buchadz, K. et al. (2005). Amphetamine use is associated with increased HIV incidence among men who have sex with men in San Francisco. *AIDS*, 19(13): 1423-4.

²¹ University of Buffalo, News Release. Meth Promotes Spread of Virus in HIV-infected Users. August 10, 2006. To be published in online version of the *Journal of Neuroimmune Pharmacology*. See <http://www.buffalo.edu/news/fast-execute.cgi/article-page.html?article=81030009>

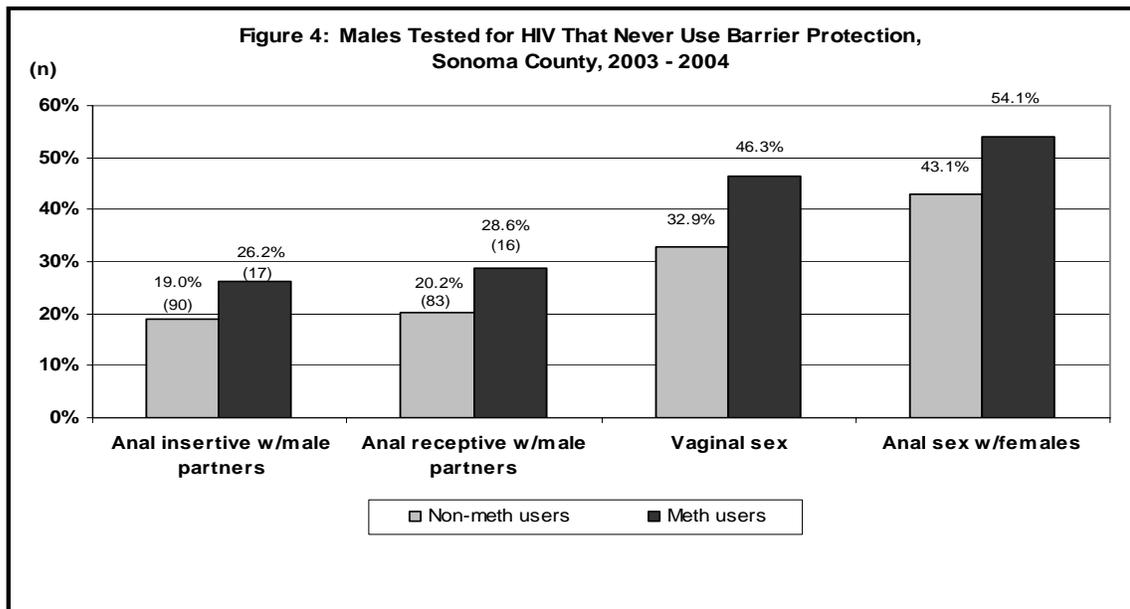
²² Ellis, RJ, et al. (2003). Increase human immunodeficiency virus loads in active methamphetamine users are explained by reduced effectiveness of antiretroviral therapy. *Journal of Infectious Disease*; 188(12): 1820.

Heterosexual populations have been much less studied than MSM. One on-going Bay Area study has released preliminary data of HIV, STDs, and associated risk behaviors among 1,011 heterosexual men aged 18-35 years residing in low-income communities of Alameda, Contra Costa, San Francisco, San Joaquin, and San Mateo counties.²³ In those areas, recent methamphetamine users were statistically significantly more likely than men who had never used methamphetamine to:

- Be sexually active with a female partner (93.1% vs. 72.2%)
- Have multiple female partners (56.9% vs. 26.3%),
- Have a casual or anonymous female partner (64.8% vs. 44.4%),
- Have anal intercourse with a casual or anonymous female partner (29.6% vs. 11.9%),
- Have a female partner who injected drugs (11.1% vs. 1.7%), or
- Have ever received money or drugs for sex from a male or female partner (15.5% vs. 3.5%).

From January 2004 through June 2006, Sonoma County public testing clinics conducted 6,475 tests for heterosexual men and 2,933 for women living in Sonoma County, reflecting the concern that many groups have about their possible exposure to the virus. Of those tested, 27.9% of the heterosexual men and 24.6% of the women reported using methamphetamine within the last two years.²⁴ The growing number of HIV cases among heterosexuals, especially among females, Latinos, and African Americans in California as well as in Sonoma County, suggest the potential for methamphetamine to become a factor in heterosexual transmission of HIV.

Evidence of the link between methamphetamine use and high-risk sexual behavior is found in data collected by Sonoma County HIV public testing clinics. Figure 4 shows that both MSM and heterosexual male methamphetamine users were much more likely *never* to use barrier protection with male partners than non-methamphetamine users. In addition, higher percentages of both heterosexual methamphetamine users and non-methamphetamine users reported *never* using barrier protection with female partners.



²³ Krawczyk, C.S., et al. (2006, March 17). Methamphetamine use and HIV risk behaviors among heterosexual men – preliminary results from five Northern California counties, December 2002-November 2003. *MMWR*, 55(10): 273-277.

²⁴ California Department of Health Services Office of AIDS, HIV Counseling and Testing Data for Sonoma County, January 2004–June 2006.

Other communicable diseases

Injection needle-sharing and high-risk sexual behaviors, including multiple sexual partners and unprotected sexual activity, put some methamphetamine users at risk for hepatitis C, HIV, and other sexually transmitted diseases (STDs).²⁵ Methamphetamine use is one of several factors that may be contributing to increases nationally in sexually transmitted diseases (STDs) among men who have sex with men (MSM). In addition to complications from the STDs, is the increased risk of Hepatitis C and HIV transmission.

Recent methamphetamine-specific research conducted in San Francisco found:

- MSM who used methamphetamine and Viagra together were 6.1 times more likely to be diagnosed with syphilis than those who did not use either drug.²⁶
- Of 1,263 MSM attending a public STD clinic in San Francisco, 17.4% had used methamphetamine in the four weeks before their last visit. Those who used methamphetamine were 2.2 times as likely to be infected with HIV, 4.1 times as likely to be diagnosed with syphilis, 1.9 times more likely to have chlamydia, and 1.7 times as likely to test positive for gonorrhea as non-users.²⁷

Preliminary data from a previously mentioned on-going study of methamphetamine use and HIV risk behaviors among heterosexual men in five Bay Area counties suggest further attention should be given to the association between methamphetamine use and STD/HIV infection among heterosexuals.²⁸ A gonorrhea outbreak in 2004 in six central California counties found considerable methamphetamine use among female (28%) and heterosexual male (38%) patients in contrast to 8% of MSM patients.²⁹

It is generally accepted that only one in four cases of diagnosed STDs are actually reported.³⁰ In Sonoma County, the increase in primary and secondary syphilis cases has largely occurred among males, following statewide trends where syphilis outbreaks have occurred among MSM. Males were involved in all of the 12 reported syphilis cases reported in 2003, the 7 reported in 2004, and the 12 in 2005 in Sonoma County.³¹ Ten of the 12 syphilis cases reported in 2005 were MSM³² however data were not collected among patients about alcohol or other drug use.

Hospitalization

In 2004, nearly 7% (n=3,026) of all hospitalizations³³ in Sonoma County hospitals had alcohol or other drugs (AOD) as a principal or other diagnosis. Methamphetamine hospitalizations reported as

²⁵ Molitor F. et al. Association of methamphetamine use during sex with risky sexual behaviors and HIV infections among non-injection drug users. *West J Med.* 1998 (Feb; 168(2): 93-7.

²⁶ Wong, WC, et al. (2005). Risk factors for early syphilis among men who have sex with men seen in an STD clinic, San Francisco 2002-2003. *Sexually Transmitted Diseases*, 32: 458-63.

²⁷ Mitchell, SJ, et al. Methamphetamine use, sexual behavior, and sexually transmitted diseases among men who have sex with men seen in an STD clinic, San Francisco 2002-2003. [Abstract 1357] 2004 National STD Prevention Conference, Philadelphia. 2004.

²⁸ Krawczyk, C.S., et al. (2006, March 17). Methamphetamine use and HIV risk behaviors among heterosexual men – preliminary results from five Northern California counties, December 2002-November 2003. *MMWR*, 55(10): 273-277.

²⁹ Reported in Krawczyk, C.S., et al. (2006, March 17). Methamphetamine use and HIV risk behaviors among heterosexual men – preliminary results from five Northern California counties, December 2002-November 2003. *MMWR*, 55(10): 273-277.

³⁰ Hammond, L. "Epidemiology of HIV/AIDS in Sonoma County. Annual Report," June 30, 2005.

³¹ Hammond, L. "Sexually Transmitted Diseases in Sonoma County. 2004 Annual Report." March 2005.

³² Personal communication, L. Hammond, Epidemiologist, Sonoma County Department of Health Services, January 24, 2006.

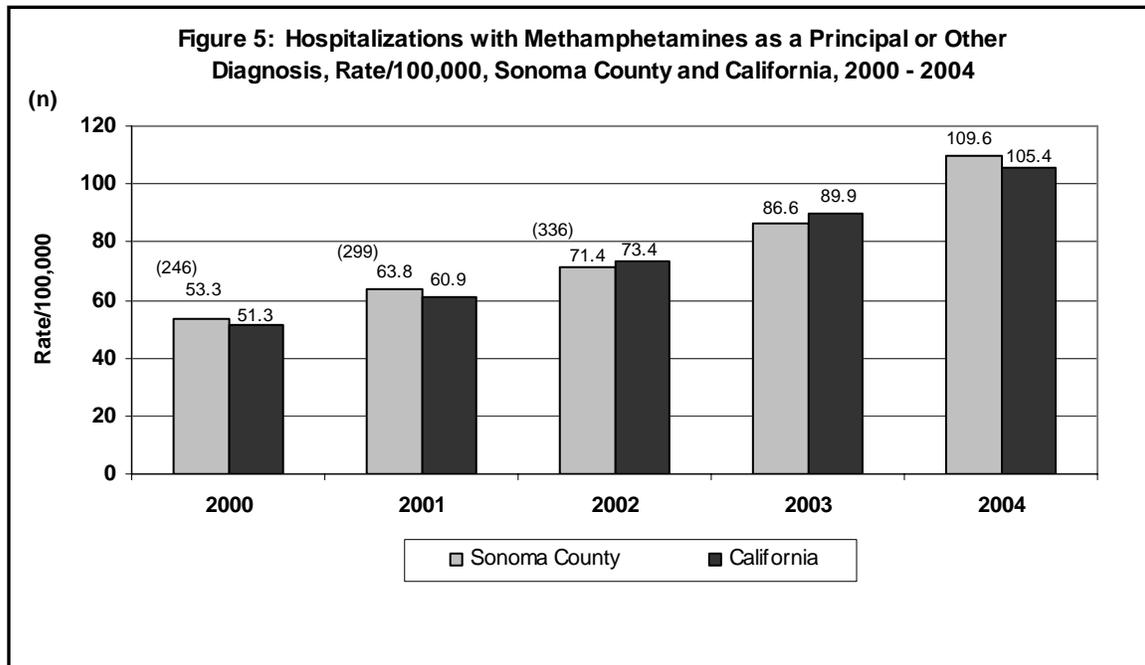
³³ Office of Statewide Health Planning and Development, Patient Discharge Data 2000-2004.

a principal or other diagnosis³⁴ accounted for 16.9% (n=526) of all AOD hospitalizations.³⁵ Hospitalization where methamphetamine is the principal cause of admission is rare. From 2000-2004, there were 22 such hospital admissions in Sonoma County hospitals (about 5 annually) (Table 7).

	2000	2001	2002	2003	2004
As principal diagnosis	2	3	8	5	4
As other diagnosis	244	296	328	405	522
Total principal or other diagnosis	246	299	336	410	526

Source: Office of Statewide Health Planning and Development, Patient Discharge Data

In 2004, methamphetamine reported as a principal (n=4) or other diagnosis (n=522) accounted for 25% of all drug-related hospitalizations (excluding alcohol). From 2000 to 2004, methamphetamine-related hospitalizations reported as a principal or other diagnosis increased steadily at both county and statewide levels (Figure 5).



³⁴ *Principal diagnosis* is the condition, problem, or other reason established to be the *chief cause* of the admission to the hospital. *Other diagnoses* (up to 24) are conditions that co-exist at the time of admission, develop subsequently during the hospital stay, or affect the treatment received and/or the length of the stay.

³⁵ Diagnosis codes determined to be 100% attributable to methamphetamine were identified by the National Institute on Drug Abuse. See <http://www.nida.nih.gov/EconomicCosts/AppendixA.html> for methodology used. Data on hospitalizations obtained from the California Office of Statewide Health Planning and Development, Patient Discharge Data.

Emergency room use

During the first six months of 2005, methamphetamine was reported as a principal diagnosis in 52 Sonoma County hospital emergency room visits and as an "other" diagnosis in 265 visits.³⁶ According to national data collected by the Drug Abuse Warning Network, the most common reasons for methamphetamine-related ER visits are overdose (28%), unexpected reaction (23%), wanting to detoxify (22%), and chronic effects (22%).³⁷

Birth Outcomes

Methamphetamine use during pregnancy may result in prenatal complications, low birthweight, higher rates of premature delivery, altered neonatal behavioral patterns, and may be linked to congenital deformities.³⁸ Sonoma County specific data are not available, however a national study found that 5% of women living in areas "known to have methamphetamine problems" used methamphetamine at some point during their pregnancies.³⁹ Applying this finding to Sonoma County suggests that about 270 (5%) pregnant women who gave birth in 2003 may have used methamphetamine while pregnant.

From 2000-2004, methamphetamine was identified as the primary drug of abuse for 247 adult women (18+) and 15 young women (<18) who were pregnant at admission to Sonoma County AOD treatment programs. Methamphetamine-using pregnant women represented 60% of all adult pregnant women and 27% of all pregnant teens in treatment during that five-year period.⁴⁰

Mortality

From 2001-2005, 85 methamphetamine-related deaths (with methamphetamine listed as a primary cause or secondary factor) occurred in Sonoma County – about 17 per year.⁴¹ The majority was white (78%), followed by Latino (16.5%), African American and American Indian (2.4% each), and Asian/Pacific Islander (1.2%). Nearly 60% of methamphetamine-related deaths occurred among those 30-39 (24.7%) and 40-49 (34.1%). Young adults 20-29 accounted for 15.3% of deaths and older adults 50-59 made up 17.6%. Six teens (7.1%) died from methamphetamine-related causes.

Mental health

Mental Health staff estimate that 60% of clients using County mental health outpatient programs have substance abuse problems, with a large portion reporting methamphetamine as their primary drug of choice. An estimated 10% of admissions to the Sutter Psychiatric Inpatient Unit are the direct result of a methamphetamine-induced psychosis - over 100 admissions annually.⁴² An additional estimated 25% of admissions identify methamphetamine use or abuse as a factor contributing to their need for acute inpatient care.

³⁶ Office of Statewide Health Planning and Development, Patient Discharge Data.

³⁷ DAWN Emergency Department Mentions by Episode Characteristics: 2002, from Maxwell, JC (2004). Patterns of Club Drug Use in the U.S. 2004. Online at: <http://www.utexas.edu/research/cswr/gcattc/Trends/ClubDrug-2004-web.pdf>

³⁸ National Institute on Drug Abuse (1998, reprinted 2002). Methamphetamine Abuse and Addiction. NIH Publication No. 02-4210. See online at: <http://www.nida.nih.gov/PDF/RRMetham.pdf>

³⁹ Arria, AM, et al. Methamphetamine and other substance use during pregnancy: Preliminary estimates from the Infant Development, Environment, and Lifestyle (IDEAL) study." *Maternal and Child Health Journal* Online First, 1-10 January, 2006. See online at: <http://www.cesar.umd.edu/cesar/cesarfax/vol15/15-07.pdf>

⁴⁰ California Department of Alcohol and Drug Programs, CADDs.

⁴¹ Sonoma County Public Health Division, Department of Health Services.

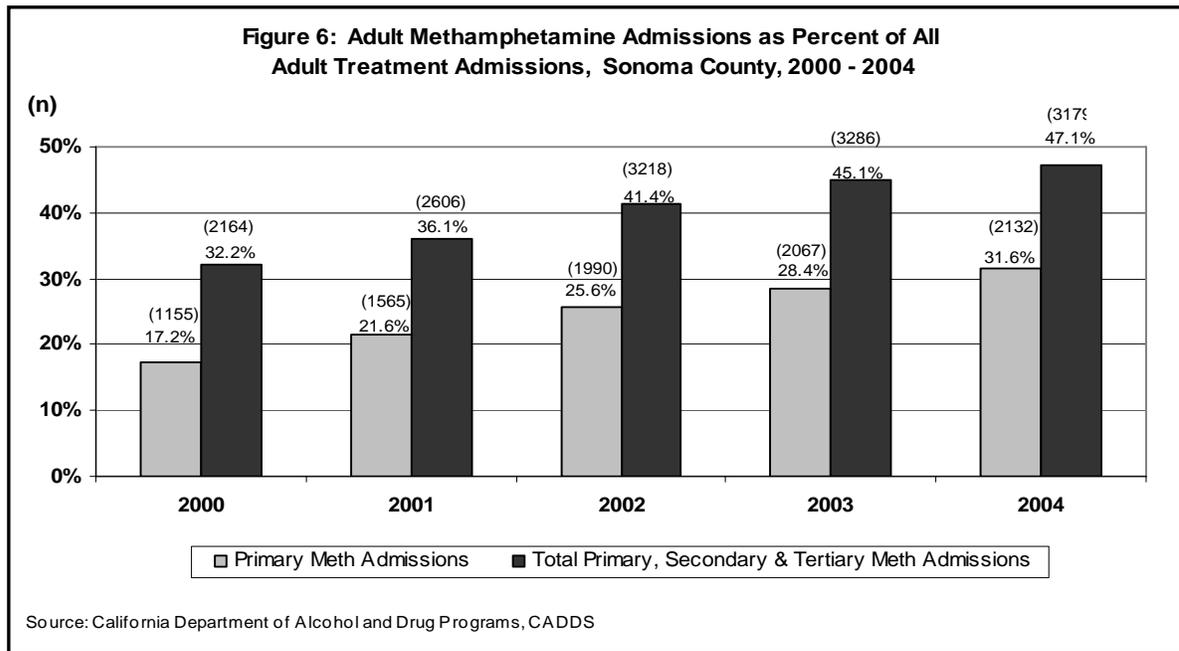
⁴² Personal communication, Art Ewart, Sonoma County Mental Health.

Approximately half of the clients in the County's Forensic Assertive Community Treatment Team program report regular use of methamphetamine. Anecdotal reports from Sonoma County psychiatrists and other treating staff reflect an increase in the number of otherwise healthy young adults who, secondary to methamphetamine use, develop an intractable psychotic condition that is characterized by frequent psychiatric inpatient admissions, episodic arrests, alienation from friends and family, and a life of victimization on the streets. In the last year, three female mental health clients in their early 20's, fitting this profile, committed suicide.⁴³

Alcohol and Other Drug (AOD) Treatment

Adults

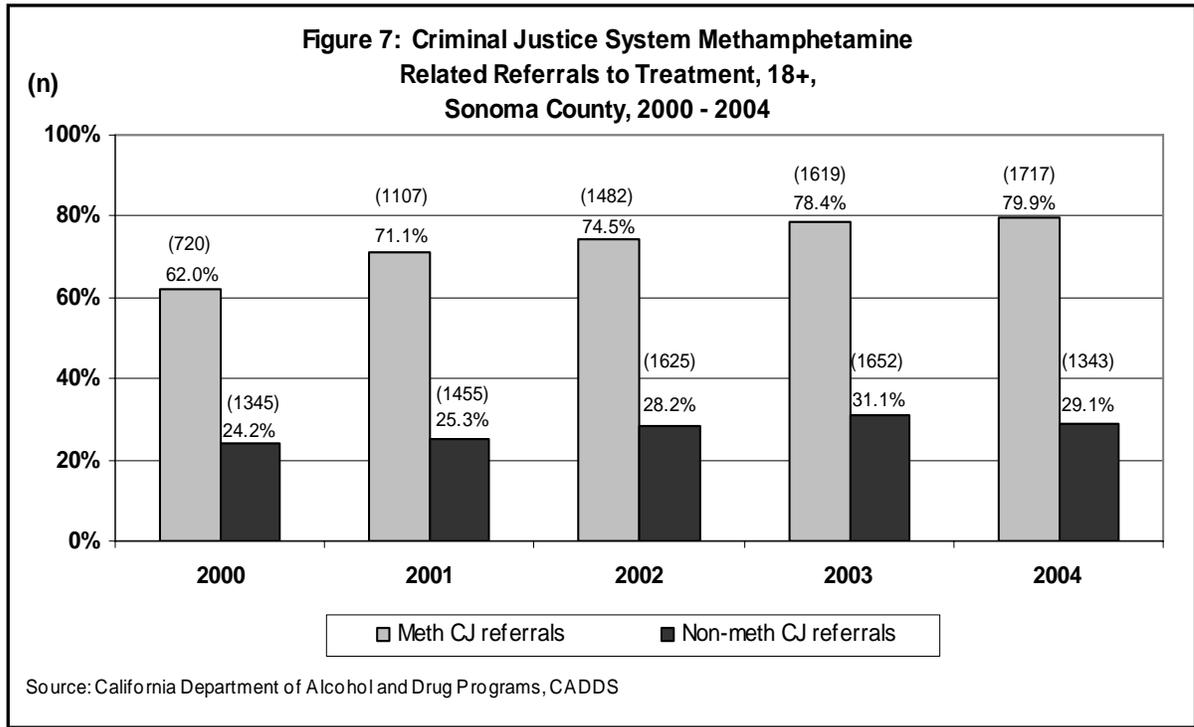
Methamphetamine is the second most common primary drug of abuse – following alcohol – among those admitted for AOD treatment in Sonoma County. Adult treatment admissions for methamphetamine have increased by 85%, from 1,155 in 2000 to 2,132 in 2004, accounting for one-third of treatment clients over 18. About half of adult treatment admissions report methamphetamine as a primary, secondary, or tertiary drug problem (Figure 6).



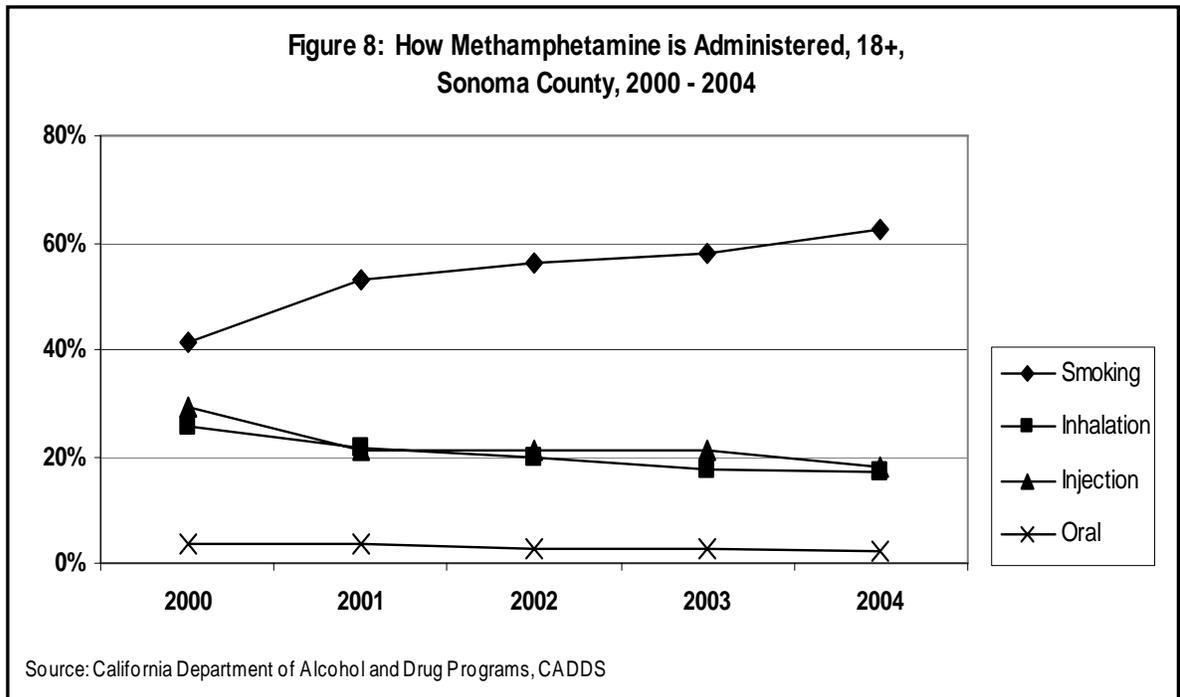
Criminal justice referrals to treatment for methamphetamine abuse rose in Sonoma County from 62% in 2000 to 79.9% in 2004, compared to non-methamphetamine AOD referrals, which remained relatively flat during the same years (24.2% in 2000 to 29.2% in 2004) (Figure 7).⁴⁴

⁴³ Personal communication, Art Ewart, Sonoma County Mental Health.

⁴⁴ California Department of Alcohol and Drug Programs, CADDSS.



The majority of treatment clients report smoking methamphetamine – a practice that has increased from 41% in 2000 to 62% in 2004, while other methods (inhaling and injecting) have declined (Figure 8). The practice of inhaling methamphetamine decreased from 25.8% in 2000 to 17.1% in 2004. Clients who inject methamphetamine dropped from 29.2% in 2000 to 18.2% in 2004.



IV drug use has declined among adult methamphetamine using treatment clients. In 2004, 22.6% of methamphetamine using clients reported using needles in the past year (to administer any drug), compared to 31.9% in 2000.

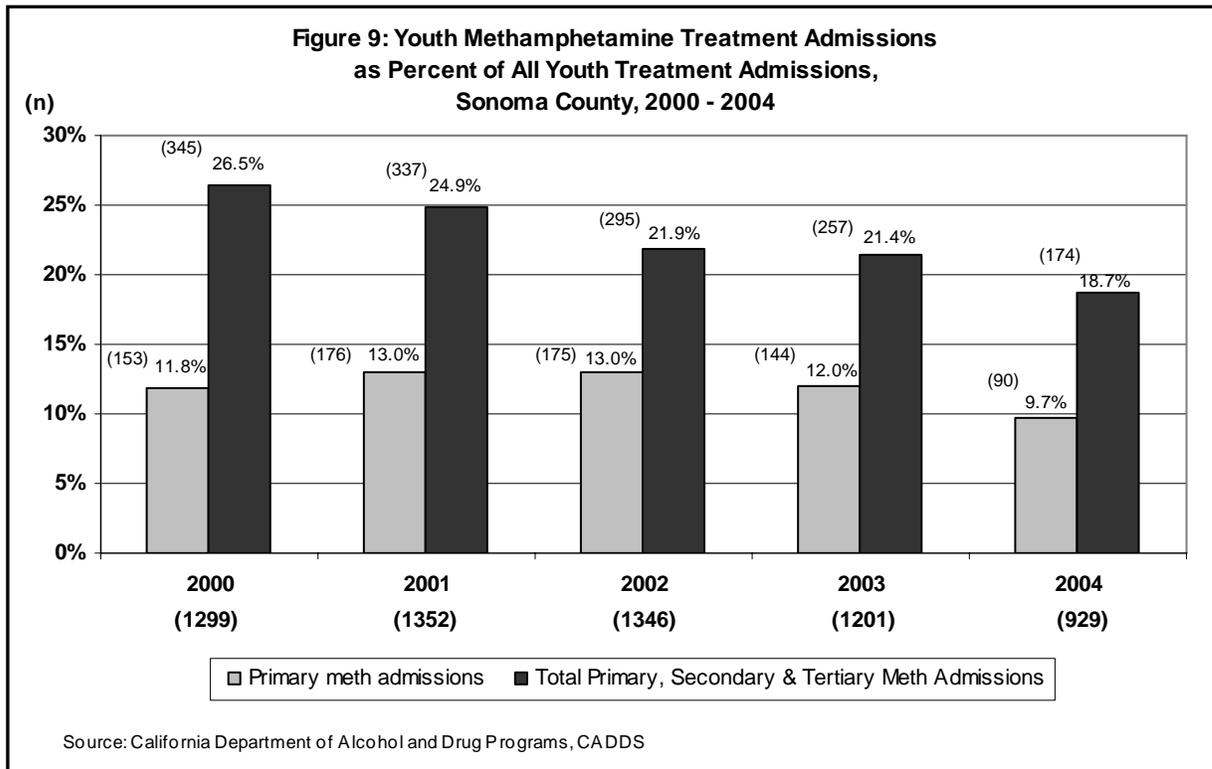
The age at which adult methamphetamine abusing treatment clients first used methamphetamine has remained relatively unchanged from 2000-2004. On average:

- About 53% of clients report first using methamphetamine before they were 18.
- About 70% report first using methamphetamine before they were 21.
- About 20% began using methamphetamine in their 20's.

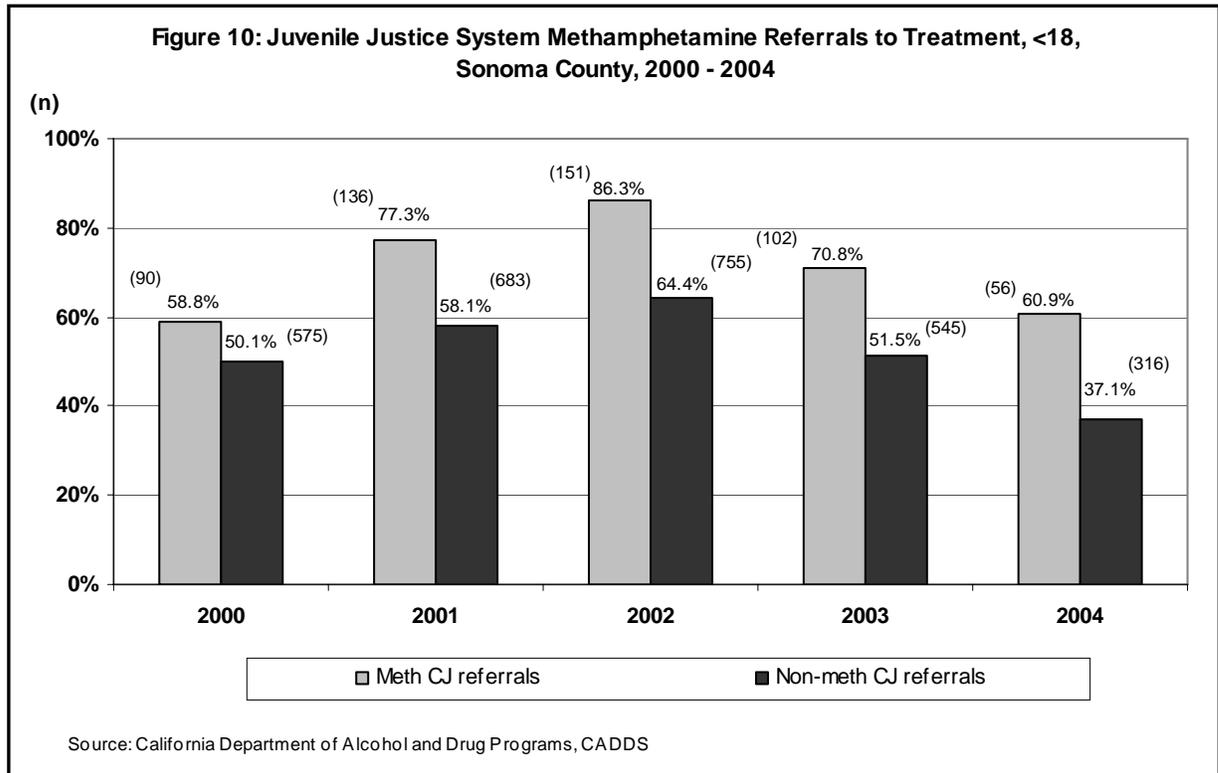
Approximately 40% of methamphetamine abusing clients had never been in treatment before, while about half had one or two previous experiences in a treatment program. Fewer than 10% had previously been in 3-5 treatment programs, and about 2% had been in treatment 6-9 times previously. An average of 16 clients in each year reported having been in at least 9 prior treatment programs.

Youth

Sonoma County youth (<18) reporting methamphetamine as their primary drug problem declined from 11.8% of all youth treatment admissions in 2000 to 9.7% in 2004 (Figure 9).



Like their adult counterparts, the percentage of young methamphetamine users referred to treatment by the justice system has been consistently higher than for youth using other drugs (Figure 10). In 2004, 60.9% of juvenile methamphetamine users were referred to treatment by the juvenile justice system, compared to 37.1% of other drug users.



However, unlike adult methamphetamine abusers in treatment, the 5-year trend among youth admissions referred by the juvenile justice system peaked in 2002 and then declined over the next two years.

The majority of youth in treatment report smoking methamphetamine – a practice that has increased from 63.4% in 2000 to 78.9% in 2004, while other methods (inhaling and injecting) have declined (Figure 11).

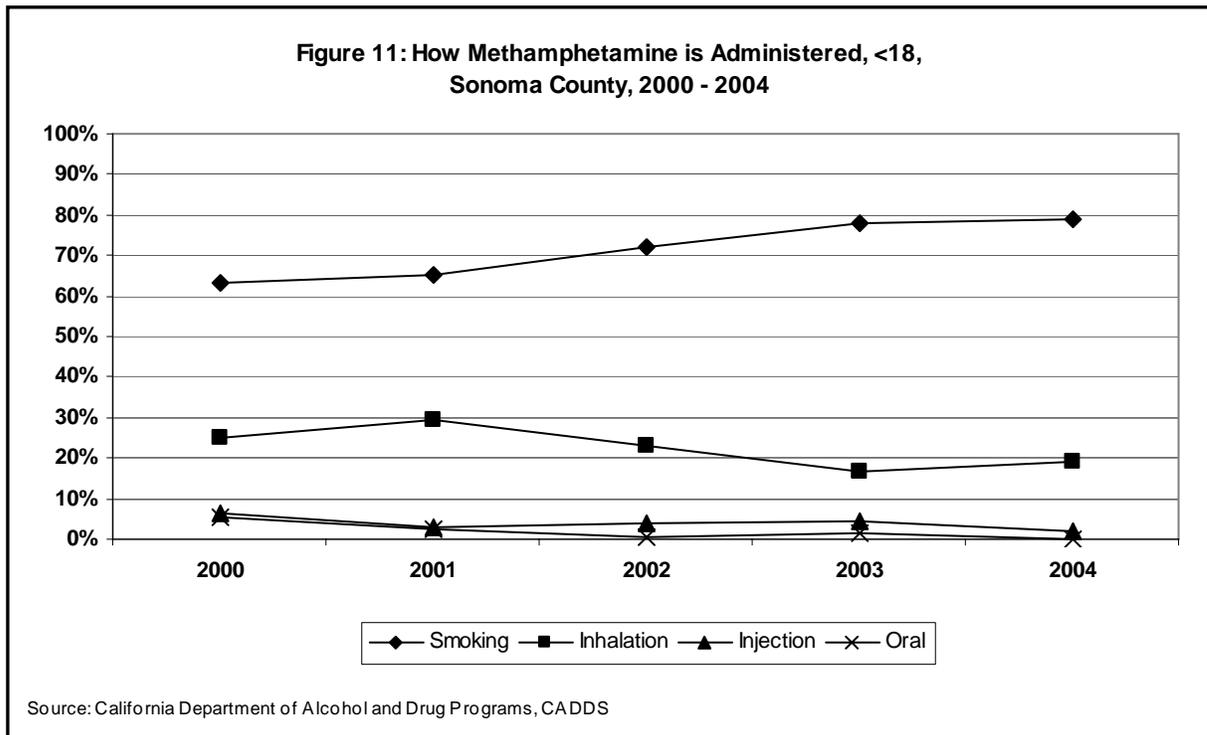
Although the practice of injecting methamphetamine is used by only a small percentage of youth in treatment, eight methamphetamine-using clients, representing nearly one in 10 youth in treatment, report using needles in 2004 (for any drug).

The percentage of methamphetamine-using youth who reported being in treatment for the first time decreased from 59.5% in 2000 to 42.2% in 2004 while methamphetamine using youth reporting up to two other treatment experiences increased from 37.9% in 2000 to 48.9% in 2004. As few as four methamphetamine using clients (in 2000) and as high as 29 clients (in 2002) reported being in treatment programs three or more times.

Child Welfare

Parental and caregiver methamphetamine use has become a significant contributor to child abuse and neglect. Methamphetamine use affects the parent's ability to appropriately care for children and is associated with argumentative, assaultive, and threatening behaviors. Children living around methamphetamine labs or with a methamphetamine-using caregiver may be malnourished, neglected, abused or abandoned, and multiple health and safety risks, including:⁴⁵

- Inhaling, absorbing, or ingesting toxic chemicals, drugs, or contaminated foods that can cause nausea, chest pain, eye and tissue irritation, chemical burns, and death;
- Fires and explosions;
- Abuse and neglect; and
- A hazardous lifestyle, including the presence of firearms, code violations, poor ventilation, and booby traps.



Home methamphetamine labs increase children's exposure to potentially hazardous chemicals used in the manufacturing process. Children may also be exposed to the drug itself, which is sometimes hidden in baby bottles, milk cartons, and mason jars making them easily accessible to very young

⁴⁵ Office of National Drug Control Policy. Drug Endangered Children. Online at: http://www.whitehousedrugpolicy.gov/enforce/dr_endangered_child.html

children.⁴⁶ Local law enforcement officials report cases where children are used to facilitate the movement and sale of methamphetamine.⁴⁷

Nationally, children were present at about 14% of methamphetamine lab-related incidents from 2000 to 2003. Of the more than 14,000 incidents in 2003 alone, over 3,400 children were affected, including children who lived at the labs but were not present at the time of the seizure and children who were visiting the site. Nearly 1,300 involved children were exposed to toxic chemicals, over 700 children were removed from the home to protective custody, 44 children were injured, and 3 were killed.⁴⁸

Children living with parental substance abuse issues often need services for many years. Local anecdotal data suggest that family reunification rates are lower with parents or caregivers that use methamphetamine than with users of other drugs and that methamphetamine users seem less interested in making the changes necessary to reunify their families.⁴⁹ Foster parents who provide care for these children are challenged daily with physical care needs and the emotional scarring that these children bring with them. For older children, their neglect and abuse often causes behavior problems that are difficult to manage, resulting in multiple placements or placement in group homes.

The State-mandated child welfare data collection system does not currently allow the Sonoma County Human Services Department, Family, Youth and Children's Services to capture data on alcohol and other drug involvement among families in the child welfare system. However, in reviewing cases over a recent 6-month period, child welfare officials estimate about one-half of parents in the system have some significant involvement with methamphetamine.

Criminal justice

Methamphetamine use is a significant contributor to crime and violence. Crimes related to methamphetamine include: drug-specific crimes such as manufacturing, distributing, or possession of methamphetamine, and crimes where methamphetamine use is associated with theft, assault, and homicide. Sonoma County law enforcement officials report a direct correlation between methamphetamine use and property crimes such as mail fraud, burglary, shoplifting, and theft, including identity theft.

"Dangerous drug arrests"⁵⁰ - which include methamphetamine - accounted for 24% (1,102) of all adult felony arrests (4,569) made in Sonoma County during 2004. In the past five years, dangerous drug arrests, which have remained fairly level, have accounted for approximately 44% of adult (18+) and up to half of juvenile (<18) non-alcohol drug arrests. From 2002-2004, felony dangerous drug (including methamphetamine) arrests among youth have accounted for 32% to 39% (or about 24 annually) of all felony drug bookings at Juvenile Hall.⁵¹

⁴⁶ Personal communication, K. Halloran, Program Planning Analyst, Family, Youth & Children's Division, Sonoma County Human Services Department.

⁴⁷ Personal communication, Chris Bertoli, Narcotics Task Force, Sonoma County Sheriffs Department.

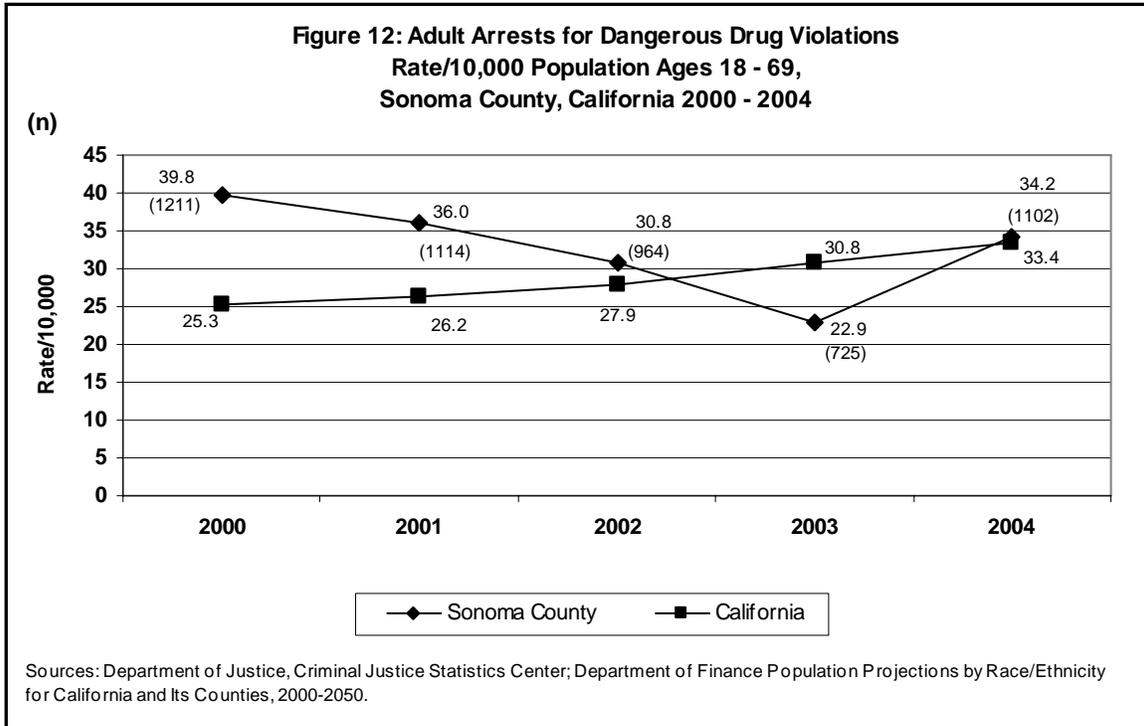
⁴⁸ Source: El Paso Intelligence Center.

⁴⁹ Personal communication, K. Halloran, Program Planning Analyst, Family, Youth & Children's Division, Sonoma County Human Services Department.

⁵⁰ The felony arrest category "dangerous drugs" offenses include possession, possession for sale, sale, and the use of minors in the sale of such drug categories as barbiturates, amphetamines, methamphetamines, PCP, preludein, quaaludes, ritalin and generally manufactured or prescription drugs.

⁵¹ Sonoma County Probation Department.

The per capita rate of adult dangerous drug arrests in Sonoma County has declined from 2000 to 2004, in contrast to a steady increase in statewide rates. Nevertheless, the Sonoma County rate has generally remained higher than the state rate – with the exception of a dip in 2003 (Figure 12).



In 2004, a total of 1,102 adults 18 and older were arrested on felony dangerous drug violations in Sonoma County. Over three-fourths of those arrested were male. Whites account for two-thirds of those arrested, followed by Latinos (26.7%), African Americans (4.2%), and “other” (2.3%). Those in their 30s and 40s made up nearly three-fifths (56.6%) of those arrested, while younger adults ages 18-29 accounted for 38% (Table 8).

Total	1,102
Male	75.5%
Female	24.5%
White	66.9%
Latino	26.7%
African American	4.2%
Other	2.3%
Age	
18-24	23.9%
25-29	14.1%
30-39	30.1%
40-49	26.5%
50-59	5.2%
60+	.2%
Source: Department of Justice, Criminal Justice Statistics Center, Criminal Justice Profile	

In 2005, adult bookings into Sonoma County jail totaled 19,300. Nearly half (48%) of these were for alcohol and other drug crimes – which does not include other crime categories that are likely influenced by AOD use or abuse. While specific data on methamphetamine-related crimes and arrests per se are not available, a history of methamphetamine use prior to arrest is reported by a significant number of inmates. In April 2006, the jail medical provider conducted a random review of the medical charts of 402 inmates, and found that 60% (240 cases) had self-disclosed using methamphetamine.⁵²

From 2002 to 2004, felony dangerous drug (including methamphetamine) arrests among youth accounted for 32% to 39% (about 24 annually) of all felony drug bookings at Juvenile Hall.⁵³

Probation

The Probation Department currently supervises approximately 2,800 adult offenders. Initially, most adult offenders participate in an intensive drug-testing program. Then, over time, probationers who demonstrate abstinence are tested less frequently. From January 1 through June 12, 2006, of 4,637 drug tests administered, 766 (16.5%) tested positive for illegal substances or alcohol. Of those, 166 (3.6%) tested positive for methamphetamine.⁵⁴

⁵² Personal communication Sean McDermott, Sonoma County Sheriff's Department.

⁵³ Sonoma County Probation Department.

⁵⁴ Sonoma County Probation Department.

The Probation Department also supervises 733 minors whose jurisdictional status ranges from informal probation to wards of the Court. In a recent 13-month period, 5.6% (168 out of 3,000) drug tests of juvenile probationers were positive for methamphetamine. At Sierra Youth Center, the Department's residential treatment program, four out of eleven girls currently acknowledge an addiction to methamphetamine.⁵⁵

Environmental Safety

Chemical waste and debris from methamphetamine production can pose a serious environmental threat. The chemicals used in making methamphetamine include lye, red phosphorus, hydriodic acid, and iodine. Some of the chemicals have independent toxicity; in combination, many have serious toxic and explosive effects.

For every pound methamphetamine produced, five to six pounds of toxic waste byproducts are generated⁵⁶ which are often dumped into the ground near a laboratory, contaminating the local water. Significant levels of contamination may be found throughout residential properties where methamphetamine production has occurred. If the contamination is not remediated the public may be harmed by remaining materials and residues. Depending on the extent of contamination, adjacent buildings may be impacted. The drug can contaminate dwellings and adjacent buildings, get into paint, carpets, heating and air conditioning ducts, furniture, clothes, and other personal belongs.

Cleaning up a laboratory is expensive, dangerous, and time consuming. In 2001, clean-up costs for over 2,000 methamphetamine labs and dumpsites in California totaled nearly \$5.5 million or an average of \$2,450 per lab.⁵⁷

The Methamphetamine Contaminated Property Cleanup Act became law in January 2006. Under the law the local Health Officer is responsible for assessing the contamination risk associated with seized methamphetamine labs, monitoring remediation, and notifying the public of health risks.

⁵⁵ Sonoma County Probation Department.

⁵⁶ National Drug Intelligence Center. *California Northern and Eastern Districts Drug Threat Assessment*. January 2001. Online: <http://www.usdoj.gov/ndic/pubs/653/meth.htm#Production>

⁵⁷ National Drug Intelligence Center. *California Drug Threat Assessment Update*, May 2002. Online: <http://www.usdoj.gov/ndic/pubs1/1113/meth.htm>

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Attachment B – Focus Group Questions and Summary of Findings

Focus Group Questions

<i>AODS Providers</i>	<i>HIV Providers</i>
<p>Methamphetamine Use in Sonoma County</p> <ol style="list-style-type: none"> 1. As you think about speed users in the community, help us to better understand who they are. 2. Tell us about your male clients who have sex with men or sex with both men and women, who use methamphetamine? 3. In recent years, has the pattern of methamphetamine use changed? If yes, how has it changed? <p>Methamphetamine Use and Health</p> <p>What are the ...</p> <ol style="list-style-type: none"> 4. Conditions that drive the use of methamphetamine? 5. Conditions under which people “do” speed? 6. Signals that lead you to ask about methamphetamine use? <p>Treatment Options/Success Rates</p> <ol style="list-style-type: none"> 7. What motivates clients to seek treatment? 8. What are the local treatment resources that you use for referral? 9. What is your agency’s philosophy about harm reduction specific to methamphetamine users? <ol style="list-style-type: none"> a) What does it take to get someone off of methamphetamine? b) What has made a difference for those who have stopped using? 10. What can you tell us about relapses for methamphetamine users? 	<p>Methamphetamine Use in Sonoma County</p> <ol style="list-style-type: none"> 1. What percentage of your caseload are male clients who have sex with men or sex with both men and women and use methamphetamine? 2. Tell us about your patients who use methamphetamine? 3. Are there unique classifications of these methamphetamine users? 4. How is methamphetamine affecting these clients’ lives? <p>Methamphetamine Use and Health</p> <ol style="list-style-type: none"> 5. What are the signals that lead you to ask clients whether they use methamphetamine? 6. How does methamphetamine use affect treatment protocols? 7. Are you seeing increased dual diagnosis with substance users? <p>Treatment Options</p> <ol style="list-style-type: none"> 8. What are the local treatment resources that you use for referral? 9. What is the philosophy of your agency about harm reduction specific to methamphetamine users? 10. Do you incorporate harm reduction strategies into your services?

Attachment B – Focus Group AOD Service Providers

Summary Report

The first of two focus groups was held on February 9, 2006 at the Treatment Accountability for Safer Communities (TASC) office in Santa Rosa. The intention of the focus groups is to learn from professionals and experts how methamphetamine is affecting people's lives, how it affects risk behaviors, and what kinds of support are needed to help people who want to stop using methamphetamine.

There were six participants: four women and two men, representing the Department of Health Services, AODS, Drug Abuse Alternatives Center (DAAC), and Athena House. These AODS treatment professionals offered expertise in both methamphetamine addiction and direct knowledge of individuals who access treatment services.

The following summary includes direct quotes, and individual perceptions of participants. Preliminary recommendations for actions to address this issue are listed at the conclusion of the summary.

As you think about speed users in the community, help us to better understand who they are.

Summary: The profile of the methamphetamine user in Sonoma County has changed with an increase in the use. Methamphetamine users cross cultures, genders and socio economic groups.

Changing Environment

- The environment of users has changed. It used to be that people with money used cocaine and those with less money used methamphetamine. Now there is more methamphetamine use in Sonoma County and less cocaine use.
- The quality of methamphetamine, especially crystal methamphetamine is better; it is not crank /crack that only addicts use.
- Sonoma County has seen an increase in organized crime
- Methamphetamine moved from a low life drug to more mainstream.

Methamphetamine Users

- "They are both white men and white women representing a cross section of society. Speed use spans the spectrum of ethnic groups and socio economic groups. Approximately fifty percent are male and fifty percent are female."
- "Methamphetamine users are white guys who get in trouble with the law. The primary addiction is to methamphetamine. Criminal behavior is secondary."
- "Treatment providers, at public sites see low income, methamphetamine clients involved in criminal behavior."
- "There are more treatment services in Sonoma County than other counties our size. They serve very few gay methamphetamine users. The gay methamphetamine users are mostly in urban areas. It is a really tiny population who seek treatment for our area."
- "A person can maintain social use when drinking or smoking. Methamphetamine can very rapidly become addictive. Middle class drug users say they would rather use coke. If they use methamphetamine they quickly become part of this population."

Trends

- From the late 1970's to early 1990's coke and speed were party drugs. The trend in 2000 and beyond is the addition of more young women (adolescents) with body image issues who use methamphetamine to control their weight.
- The Mexican mafia and super labs are more prevalent in Sonoma County. The Mexican mules transport the drug but may not be addicts. Because of this they are not seen in treatment after arrest.
- Sonoma County may be an anomaly regarding drug use because of the number and influence of small methamphetamine labs in northern California.
- "Methamphetamine use is abundant. "Methamphetamine is the drug that brought them to treatment."
- "A high number identify meth as the drug of choice (41%). At Turning Point the percentage is higher (90%) as well as at Athena House (80%)."
- California Healthy Kids Survey (CHKS) in Sonoma County indicates alcohol and marijuana are the drugs of choice. "But youth who are in treatment facilities are there for methamphetamine use."
- "The Latino men admit to using alcohol or marijuana as the drug of choice but will not say that methamphetamine is the drug of choice."

Tell us about your male clients, who have sex with men or sex with both men and women, who use methamphetamine? How do you define a 'user'?

Summary: There is not one definition that describes methamphetamine users. Although there is a recognizable set of characteristics that providers have identified as indicators of possible methamphetamine use. Specific characteristics of users reflect where an individual is on the continuum of use.

- For some people access to methamphetamine is easier because the drug is now in the party scene.

What are the unique characteristics of methamphetamine users?

- There is multi generational tendency for methamphetamine use. Multigenerational use is seen among crime families or in families who may be predisposed to alcohol.
- "There are women who have been abused in relationships, or are hypersexual due to abuse. The women have sex because the men want the sex. For women its survival sex. The men have the sex because they are obsessed with sex."
- "Poor body image, low self esteem, depression, low energy, poor concentration. Methamphetamine seems like a perfect remedy to issues of low self-esteem."

How is methamphetamine affecting their lives?

- "Using methamphetamine is not like drinking alcohol or using marijuana. The grip is so quick. Methamphetamine addiction is very similar to nicotine addiction. A person can do long periods of social marijuana and alcohol. For methamphetamine and cigarettes the addiction is more rapid."
- The term recreational methamphetamine users, does not resonate with providers. "Gay men who believe methamphetamine is a party drug and only use socially are in denial. It is very rare

- to find people who use intermittently.” ‘ Denial’, considered one of the major symptoms of the disease, must be confronted before the “addict” can begin to “recover.”
- Methamphetamine use often leads to addiction. Particular concern was voiced for adolescents in high school and in college.
 - There is a high risk of STD’s when having sex on methamphetamine.
 - “Poor impulse control, similar to alcoholics, but with crack there is so much more out of control behavior. “ It is not like with heroin.”
 - Methamphetamine use is very toxic, and results in teeth and bone decay. Young women experience advanced aging.
 - For women, body image issues can drive the use of methamphetamine. They take methamphetamine to get things done. to stay skinny, to keep the men or they have sex because they are under the influence of methamphetamine.
 - Methamphetamine use causes damage to the brain. Symptoms include mini strokes, ruptured blood vessels and scarring. Over time there is permanent damage from methamphetamine use.
 - The affect of use is mental illness, e.g. methamphetamine psychosis. The younger the use begins impacts normal brain development and can result in traumatic brain damage.
 - “The user may have a job or money, but with unlimited access to methamphetamine the drug eventually takes over, affecting the job and the social contacts.”

In recent years, has the pattern of methamphetamine use changed? If yes, how has it changed?

Summary: The pattern of use has changed. It has become much more normalized. The quality of the drug has improved, with a purer form more readily available.

- The way some learn about methamphetamine is through the criminal justice system.
- Now, methamphetamine use has been normalized.
- In the 1970’s – 1990’s methamphetamine was part of the party scene. In the early 1990’s white heterosexuals used methamphetamine. “Ten or twelve years ago, methamphetamine was crack for white males. It used to be thought of as white man’s crack used by low lifers and bikers. Then organized crime got involved and the super labs started. In the early 90’s the quality improved and the use was more widespread.”
- “The ice version moved from Japan to Hawaii across the Pacific, and was used interchangeably with crystal. But Ice was not just coming from Japan. There were labs in the Midwest, Valley, Central and South America, and Hawaii.”
- “Ice is smoke able too. It is all about the purity. The more smoke able it is the more people want to do it that way.”

Methamphetamine Use and Health

What are the conditions that drive the use of methamphetamine?

Summary: Multiple factors drive the use: life situations, poverty, sexual episodes, sexual needs and drives, social events, recreational use, internalized homophobia, and self medicating to avoid withdrawal.

- Methamphetamine use affects sexual inhibitions. People may have sex for drugs, for survival, or have sex on methamphetamine in situations where they would not otherwise have sex.
- "Methamphetamine is very euphoric and reinforces the use."
- Meth is used to avoid withdrawal and the way they feel without methamphetamine. "The pain of staying clean is greater than the pain of starting the pattern again. Coming down is so horrible that they get loaded to avoid withdrawal."

What are the conditions under which people "do" speed?

Summary: There are a number of conditions under which methamphetamine is used. The response is dependent on where an individual is on the continuum of use.

- The AOD providers do not see week end users who use at major social events, during a weekend of sex and fun. That group is in a great deal of denial of how hooked they are. The parties are longer or more frequent over time. They do not get seen because they do not get caught.
- "People use methamphetamine everywhere, any time on demand. They use prior to work, to function, they use to keep working. It is their cup of coffee. Once you use, you are dependent. You use it because its time, you are coming down and you need to use it."
- "There are recreational users, and users for sexual episodes. "
- "If you can afford it, you get into less trouble. With resources, there is more of a cushion, and more support. "

What are the signals or signs that lead you to ask patients whether they use methamphetamines?

Summary: There are recognizable characteristics, both physical and behavioral, that signal a methamphetamine user. Users may appear unhealthy, they seem agitated and unable to focus.

Physical Signs

- Dilated pupils, burned lips, bloody nose, powder around the nose, poor teeth or no teeth, hair that is straw like, greasy and damaged.
- Gaunt, underweight and malnourished.
- Scratches and scabs are on the body. Needle marks. Make up is used to cover scaring.
- Sweating and a chemical like body odor especially coming from the feet. The body is trying to eliminate phosphorus.

Characteristics of Behavior

- Nervous tics, moving jaws, head movement. Tremors: severe stages are like the late stage of Parkinson's disease.
- Inability to complete tasks; difficulty concentrating; no focus but lots of movement; rapid speech, stream of consciousness conversation; unable to complete sentences.
- Scratching and picking at their faces and arms.
- Rapid mood changes.
- There are many doctor visits.

Treatment Options/Success Rates

What motivates clients to seek treatment?

Summary: Clients seek treatment because it is mandated or there are negative social consequences for not seeking treatment. Physical consequences of methamphetamine use do not drive clients to seek treatment.

- Clients can be forced into treatment by court referrals or mandates. They may be pressured by family, friends or medical and other service providers.
- The physical responses of the body do not drive people to treatment. People seek treatment because of the negative social consequences not the negative physical consequences.
- "The physical rise and fall is much more dramatic with methamphetamine. The bottom is similar to other AOD bottoms, but the fall is quicker and faster."
- "Some people get incarcerated to get off methamphetamine."

What are the local treatment issues, challenges and resources?

Changing Demographics and Treatment Issues

- "HIV referrals go to the top of the list for treatment."
- Ten years ago, Latinos were not part of the drug culture. At Casa Calmecca it used to be mostly alcohol referrals for this population. Now this has changed.
- There is a relatively new shift of more Latinos in detox. Now there is more speed use and gang activity. There is more of a criminal culture among Latinos that is very similar to the MSM referrals.

Barriers and Challenges to Accessing Resources

- Barriers are lack of money and/or lack of insurance coverage for treatment and support.
- There is not enough capacity. There are very few community beds. The available beds are funded by the criminal justice system.
- Access is still an issue with private programs. Insurance will cover detox but not treatment. There is a lack of coverage and/or the coverage is not long enough to complete recovery.
- "There are language and cultural barriers to accessing the services. We have anecdotal information that Latino users, specifically users of speed are more prevalent than we see in treatment."
- Faith-based treatment providers may not be appropriate referrals for HIV+ MSM. "Some people think their HIV status prevents them from being accepted at faith based services."
- "Migrant workers use methamphetamine to keep working. Undocumented workers do not access treatment."

Identified Local Resources

- Face to Face, Sonoma County AIDS Network
- Orenda Center

- Casa Calmecca (residential treatment for Latinos)
- Treatment Accountability for Safer Communities Program (TASC) - Department of Health Services
- Turning Point Residential Treatment Program (accepts MSM and HIV/AIDS patients).
- Drug Abuse Alternative Centers (DAAC)
- The Center for HIV Prevention and Care

What is the philosophy of your agency about harm reduction specific to methamphetamine users?

Summary: Breaking the cycle of addiction is a slow and lengthy process. Connection to services and positive reinforcement are critical components to effective interventions and include harm reduction strategies.

- One provider stated that “The intention is to get them off and have them stay off. We accept people into our program as long as they have used that day.”
- “It is huge for a county agency to take a harm reduction point of view. Most of the other programming is predicated on abstinence within the county.”
- “Over time you see the necessity of harm reduction in relation to violence or sexual acting out or within social networks.”
- The harm reduction component is that they are in medical care. “For us, they do not lose the voucher, they get medical treatment, and they see the therapist and the dentist. They are taking care of basic needs.”

What does it take to get someone off of methamphetamine?

- There is a longer pretreatment phase and length of treatment phase for methamphetamine users vs. other substance abuse users.
- Frontloaded long-term treatment, including the use of antidepressants.
- Clinically what happens in groups may be different, especially with methamphetamine users. “To get a user from needle use to smoking methamphetamine is a wrung down on the harm reduction ladder and is addressed in the individual treatment plan.”

What has made a difference for those who have stopped using?

- Connection to a continuum of health care services; seeks treatment as part of health care services; linkages with the community and sense of family.
- “Everybody is different. People need reinforcement of positive aspects of recovery and getting life affirming rewards as opposed to the lure of addiction.”
- “If they are depressed, they will relapse. They will benefit from antidepressant medications and time to let their brains stabilize. They can get it in treatment and then when they work they stop taking the antidepressants, because they are expensive. Once they stop using the antidepressants the cycle of addiction can begin again.”
- “Transitional housing has made a difference.

What can you tell us about relapses for methamphetamine users?

Summary: Relapses occur with methamphetamine users for a variety of reasons. The most often noted reason is because treatment is not long enough and does not provide the time needed for a client to stabilize and heal.

- Treatment of methamphetamine users is intended to interrupt compulsive use. A user cannot just attend meetings, or outpatient services. They need time away from the dope for the brain to heal. Because of this they need to be apart of an intensive outpatient program.
- "The brain takes twelve to eighteen months to break the addiction. We kick them out of treatment half way before the time it takes to heal. We let go of them too soon. Maybe that adds to the relapse rate. We need a medical model; treatment and medication for two to five years or relapse is inevitable. The relapse rate is because we do not use a medical model."
- "When measuring hypertension/high blood pressure they do well. There is a high success rate and we accept it. This is not the approach with drug treatment. We look at drug treatment as an event."
- "There is no funding to retain the client over a long period of time."

Recommendations for Addressing Methamphetamine Use

The following recommendations were made by the AODS providers during the focus group.

Treatment Strategies

- "Hold onto the one on one client relation. Do not lose the clients."
- Provide more treatment over a longer time period.
- Increase and strengthen communication and collaboration between mental health services and alcohol and drug treatment providers.

Social Marketing Campaign

- Develop a marketing campaign about the devastating impact of methamphetamine on the developing brain.
- Target youth and questioning men who may or may not identify as gay, to understand the impact of use on brain development. Education with pictures and with words about what occurs in the brain to hold on to the client who is considering stopping methamphetamine use.
- Social marketing works for tobacco. Have youth develop and deliver the messages.
- Starting younger with the message is better, even as early as grammar school. Promote the message that "Methamphetamine may seem like fun but it will be awful later."
- "We need to reach the transition aged youth before they come to AOD. It is a lifetime of issues/problems, where methamphetamine is concerned."

Advocacy

- During a conference held in September 2005 in Sonoma County, UCLA presented drug addiction as a chronic illness similar to diabetes. Drug addiction requires a lifetime of treatment.
- We need to educate funding sources that treating methamphetamine use is not an event but requires a longer commitment of time and treatment.

- "There is still advocacy work to do, to educate policy makers that addiction is a medical treatment issue."

Attachment B – Focus Group HIV Service Providers

Summary Report

The second of two focus groups was held on February 9, 2006 held on February 22, 2006 at the Sonoma County Prevention and Planning Division in Santa Rosa.

There were a total of seven participants: five women and two men, representing Project Hope, the HIV Clinic, Kaiser Permanente, Drug Abuse Alternatives Center, West County Health Centers and Face to Face.

The following summary includes direct quotes, and individual perceptions of participants. Preliminary recommendations for actions to address this issue are listed at the conclusion of the summary.

Methamphetamine Use in Sonoma County

1. What percentage of your caseload are male clients who have sex with men or sex with both men and women and use methamphetamine?

- Roughly one third of the total clients served at the HIV Clinic, at DAAC, and Face-to-Face are recent or active users of methamphetamine.
- West County Health Centers reviewed data on one hundred and sixty four patients (164). They found that thirty-two (32) or approximately 20% of those disclosed to staff that they are current or past methamphetamine users.
- Kaiser Permanente, the only non-publicly funded participant agency in the focus group, indicated that their current caseload does not reflect a large methamphetamine use. The group questioned whether Kaiser as a work related benefit to many has any bearing on the small caseload of meth users.

2. Tell us about your patients who use methamphetamine?

Summary: Participants stressed that there is not one definition or profile that fits all of their clients who use meth. Behaviors resulting from methamphetamine use are dependent on where a user is in the cycle of drug use.

Participants discussed the profile of their HIV patients who use methamphetamine.

Age Range

- Some participants said the most common age group is 40-49. Others reported a younger user, from ages 30-45.

Socio Economic Profile

- Clients are less likely to be employed.
- Fewer clients have access to health care services. Most of the patients are on Medi Cal, Medicare or are uninsured.
- West County Health Center reported that data from thirty-two patients who fit the profile, forty four percent (44%) are below the federal poverty level. A small percentage (6%) has private health insurance.

- One participant stated that 94% of their MSM patients use methamphetamine.

Location of Users

- West Sonoma County and Lake County are where the primary concentrations of methamphetamine users can be found.
- In Sonoma County, Hwy101 is considered a divider for users. West of Hwy.101 is where methamphetamine is purchased and used, and east of Hwy.101 is where those same users live and work. Participants added that the division is real in the minds of users, who say, “as long as I don’t go to Guerneville to use I’m still ok.” They do not disclose meth use because they are still functional. *Important to note is that the perceptions of where they use in the county helps the users to convince themselves that they are not further along in their methamphetamine use.
- “Some offered another perspective, saying that they know of users who are of limited income or at the far end of substance abuse, who live and use east of the Hwy101 divide.”

Characteristics of Behavior

- Behaviors resulting from methamphetamine use are dependent on where a user is in the cycle of drug use. They can be highly functional, employed, stable and able to maintain a schedule. Or....
- “Users of methamphetamine do not keep medical appointments, they are hard to grab and hard to find. They move fast.”
- “Stability of day-to-day life does not exist. The focus is on immediate survival and what is happening now. Planning and the future are not part of their reality. They are depressed and anxious.” People begin using methamphetamine to self medicate.
- A lot of making up of stories happens when a client is a methamphetamine user. “There are lots of secrets. Things just do not add up. That is the moment the caseworker or provider suspects methamphetamine use.”
- People may not tell the caseworker of their use.
- Stability for clients is experienced at both ends of the continuum of use. In the early stages a client is more functional. At the end of the spectrum the stability comes from so many outside support services such as medical, counseling, case workers etc.
- Ones that are seen by providers are at the extreme end of the use cycle. Their use is maybe spiraling out of control and they are in need of support services.

3. Are there classifications of these methamphetamine users?

Summary: It is difficult to classify methamphetamine users. Different characteristics are found along the continuum of meth use.

- Along the continuum of methamphetamine use there are different characteristics. There is not a generalization that fits for a ‘methamphetamine user’. There is the businessman who uses on weekend at one end of the spectrum and a homeless person with no teeth, nervous tics and personality changes at the other end. Each stage in the cycle of use has specific characteristics.
- It is difficult to generalize except to describe them as MSM who are thirty to forty five years old. They are white and probably at risk for methamphetamine use. Important to note is that current users state the first time they used they were far younger than the profile age range of 35-49.

- There is a high methamphetamine use of people in their 20's but they represent a smaller group of the HIV population.
- Unique to methamphetamine users are clients who do not make regular appointments, have sleep problems, are evasive or do not want to spend a lot of time with a provider. (One participant commented that any stimulant use would fit those characteristics).
- "Clients with a partner seem to stay at a level of stability for a longer time than someone who is alone."
- One participant posed the question: "Are people with learning disabilities susceptible to addiction because it helps them slow down?"
- "I am constantly surprised at how pervasive methamphetamine use is, at how many patients are doing fine with life and say that they use when they party."

4. How is methamphetamine affecting these clients' lives?

Summary: Providers identified a tight knit community among meth users, though users may become isolated from the broader community. A number of characteristics were identified among methamphetamine use including high-risk sexual activity, anger, fear, suspicion, anxiety and paranoia.

Community of Users

- Users form a tight knit community where they find support one another in their use. The ritual bonds them together but also pushes people away. There are competing emotional issues layered into the using culture. There is shame and guilt about being gay and being poor. The methamphetamine can create belonging and also isolate and make them not belong.
- "If someone snorts it means something, if they inject it means something else. There is pride within each group, and it divides between the groups."
- Methamphetamine use is part of the subculture but more in the closet and less discussed.

Characteristics of Behavior

- They are angry. Rage pushes people away as a result of use and they are isolated, so they use more.
- "Methamphetamine opens the door to act out behaviors that are not ok in this society. Methamphetamine is a way to act out anger/rage. Sex is not just for the pleasure but also as a way to act out anger."
- Methamphetamine use makes them fearful and hesitant to make contact with people. They are anxious, more paranoid, less trusting and more suspicious. The use of methamphetamine can begin an emotional spiral downwards.
- Depression can affect their mental health and/or the mental health drives the methamphetamine use. It is cyclical. In the cycle of self-abuse, the drug is a part of that self-abuse. "Drug is the lover and they feel good in the honeymoon period. Then they come down and experience punishment. It is a relationship and a cycle of abuse."
- "They seem to feel out of control but compelled to continue use for the temporary bliss. Their troubles fade temporarily."
- They live in the moment, "what am I going to do in the next ten minutes?" They deal with life as it comes.

- From a provider's perspective, it is difficult to connect or communicate with them. Users feel shame of use. They are concerned of being judged by a provider.

How Use Affects the Lives of Users

- "Methamphetamine is self-medication and moves clients away from bad feelings. It is being used as a healing drug. People use it because it temporarily works until it stops working and then they are in trouble."
- Drug use can help them manage an unmanageable situation – when the drugs get taken away, the situation gets worse.
- "The fatigue is so bad. The methamphetamine gets them through the day."
- "The methamphetamine use offers personal power on many levels. To use is a decision you can make for yourself. It is very complex and very individualized. There is the outlaw, bad boy, rebel thing. It is a way to claim your place when all other things are taken away like being HIV+. You can be a victim of your use and have physical power and dominance; it lowers your inhibitions if you cannot feel shame or sorrow. The methamphetamine allows you to feel the emotions. "
- "Among the homeless population, methamphetamine is used to escape reality."
- Relapses occur due to lack of trust and paranoia.
- For those diagnosed with attention deficit, it slows them down and helps them to better function.
- For the MSM HIV positive client, alcohol is part of the norm of behavior.

Impact of Use

- The impact of use includes high-risk sexual behavior, risk of STDs and risks to personal safety.
- Anhedonia – the ability to experience pleasure is diminished. You are unable to experience joy in everyday life.
- "Users are developmentally stuck at the age they were when they started using because of the serotonin endorphins rush. Maybe there are some that have not gotten stuck developmentally and those stay functional longer, but the ones that are at the further end of the drug use spectrum and are dually diagnosed clients, with mental health issues and methamphetamine may be developmentally stuck from their use."
- Studies with homeless schizophrenics show that they are attracted to methamphetamine as self-medication. They do not realize the impact of using and that it becomes harmful.
- "When there is a methamphetamine run, people are coming and going. A landlord may know something is going on. A person can lose services if they are a user (i.e. HUD voucher). Case managers do not report the use to the housing services but a person may be identified if a neighbor complains. This creates a need for more secrets."

Health

5. What are the signals that lead you to ask clients whether they use methamphetamine?

Summary: Providers identified unexplained changes in health status, unexplained weight loss, changes in living situations, or increased involvement with the criminal justice system as signals to question whether there is methamphetamine use. Behavioral signals include nervousness, or inability to follow through with normal tasks.

Situational Changes

- Financial hardship where previously they were stable.
- Changing addresses and moving more often.

Characteristics of Behavior

- Missing doctor appointments.
- "They cannot do things they should be able to do, for instance they are unable to fill out forms."
- They show cognitive difficulties when trying to explain something, they are jittery and fast speaking.
- There is recidivism – problems with the law.
- "The everyday things do not make them happy anymore. They talk of being depressed. They may complain of being bipolar to avoid confronting their addiction. They seem out of touch with reality, very self-centered and very demanding.

Health Related Issues

- "Lots of junk food, lots of sugar, loss of appetite."
- Repeated staff infections and abscesses. Dental problems.
- Unexplained weight loss.
- Many men use Viagra without methamphetamine but the request raises the question as to whether they are methamphetamine users.
- People become dependent on other prescription drugs to help with coming off of methamphetamine.

6. How does methamphetamine use affect treatment protocols?

Summary: Methamphetamine use makes it more difficult to adhere to other treatment plans.

- One provider said that there is not one policy for all situations. The treatment protocol is an individualized discussion between the physician and the patient.
- "It is hard to keep them on medications when they are using methamphetamine."
- Norvir can increase methamphetamine in the blood, resulting in a higher potential for overdose. Opiates increase the level of methamphetamine.
- Methamphetamine use shifts the focus of the treatment for people with mental illness. The mental illness cannot be treated until the substance use is addressed.
- Natural consequences of methamphetamine use need to occur before a user is ready to deal with the addiction.

7. Are you seeing increased dual diagnosis with substance users?

Summary: It is common to see other health related issues in early methamphetamine use. The providers say the further along someone is on the continuum of methamphetamine use, the more likely methamphetamine use becomes one of several health related issues.

- "We are seeing triple diagnosis of substance abuse, HIV and mental health issues."

- “We see co infections of Hepatitis C Virus and HIV among injection drug users.”
- With methamphetamine use, providers have to question whether they are sure that they have the ‘right’ mental health diagnosis.
- “I am surprised that the combination of methadone and homeless and HIV is not higher. There is a steady increase but some have not identified.”
- “We see organic brain injury.”

Treatment Options

8. What are the local treatment resources that you use for referral?

Summary: In Sonoma County there is strong collaboration among the network of agencies and providers for people seeking treatment.

For those who are seeking treatment there are limited residential services and inadequate funding for treatment. Sonoma County used to have a harm reduction support group for those who were seeking support. There is little or nothing available, in a structured way, for people before they reach the stage where they or their services providers begin to think of treatment as necessary.

- Participants noted that in Sonoma County there is good collaboration among agencies that make referrals. “The tight network and informal system works well with a small population.” The process may begin at Face to Face with benefits counseling.
- Face to Face and DAAC both assist agencies to make appropriate placements for residential services.
- Some residential houses will allow you to come back if you use.

Barriers and Challenges to Treatment

- The barriers to treatment most often identified are the costs and the lack of residential treatment services.
- There are limited services available for those who are considering treatment.
- There used to be a harm reduction group for methamphetamine users that were not ready for abstinence but were questioning use.
- Important to note is that some local resources may not be appropriate for certain of the clients. MSM are not referred to the faith-based services unless they personally choose to use the service.

Specific Local Resources

- County Mental Health Services refers to Orenda Center, St Helena and Step Up.
- Community Support Network, Opportunity House, a transitional living house.
- Unhooked, Narcotics Anonymous, and Rational Recovery.
- Needle Exchange, Lomi Psychotherapy Clinic, Homeless Shelters, United Against Sexual Assault of Sonoma County (UASA), and Chrysalis (counseling services for women).
- Interlink Self-Help Center of Sonoma County.
- Kaiser has a chemical dependency program for Kaiser patients including a specialist in the psychiatric department and support groups.
- Parole can be supportive and helpful

9. What is the philosophy of your agency about harm reduction specific to methamphetamine users?

Summary: Participants voiced support for harm reduction strategies with methamphetamine users. They described the importance of meeting clients where they are in the continuum of use, of building relationships and providing support in a non-judgmental manner.

- “We encourage harm reduction. Where possible, we meet people where they are.”
- “We rely on referrals from Bertha Jean. Bertha Jean keeps communication open; she will meet them where they are.”
- “There is communication across agencies supported by the multi-disciplinary team of doctors, pharmacists, and mental health providers. Mental health is part of the HIV team. There is open communication. Going the distance is a theme.”
- “The Mental Health Department is very open to harm reduction.”
- “The relationship with the individual comes before anything else. We ask the question of the client: what do you want and need to meet your goals?”
- “Face to Face has a harm reduction approach. The major boundary would be if behavior is threatening to others.”

10. Do you incorporate harm reduction strategies into your services?

Summary: All participants said they incorporate harm reductions strategies to support and encourage clients to reduce their use and to keep them in treatment.

- “It sounds like you go to them if necessary, know your patients and what they need. You know how to corral them.”
- “We treat everyone the same. The conversations are non judgmental.”
- “We have been prescribing more syringes lately.”
- “We are flexible when people drop by without appointments.”
- “People can come to our agency if they use. We keep people in care if they are using.”
- “We provide one on one support to keep their appointments, even if they are still using. It takes a lot of work but it is worth it to keep them supported.”
- “We validate the person and let them know they are as valuable as the next guy. They receive support from the group that they are OK where they are.”

Other Issues

Is there anything we have not covered or missed in these questions?

- The work with adolescents on brain development at the Amen Clinic in Fairfield is a potential resource.
- “This is the first generation of kids becoming adults who cannot contribute to society due to methamphetamine use.”
- “Women who use think they look good because they are thin. They are delusional of the other issues related to meth use.”

Recommendations for Addressing Methamphetamine Use

The following recommendations/strategies were made by the HIV providers during the focus group.

Data Collection

- It is important to look further to understand the methamphetamine users in the County, to consider other ethnicities and women who may be at risk. There are always outliers to any generalization. It is a logical place to start with MSM but may not represent the bulk of methamphetamine cases.
- One participant suggested mapping the patterns of use in the county, of those who smoke and those who inject. This may determine that the use is more equally spread out throughout Sonoma County.
- A provider suggested that the best approach to uncovering methamphetamine use should be to treat all patients the same and not to focus on demographics.

Intervention Strategies

- "We need a focused harm reduction program working with MSM HIV positive who are not ready for an abstinence-based program, like Stonewall Project in San Francisco and the Santa Cruz youth program."
- Sonoma County needs a harm reduction support group for methamphetamine users that are not ready for abstinence but are questioning their use. There are harm reduction programs in other Bay Area counties, in San Francisco and in Santa Cruz for users who are not ready for recovery but are seeking support.
- Look to the risk continuum of drug addiction. "It may be worth initiating a harm reduction conversation to test the territory. "
- "There is a perception that DAAC is a 12-step abstinence program even though there has been a shift with the needle exchange and the methadone program. It is important that the active user knows about this shift."
- A recommendation was made that County Mental Health Services hire a counselor like Bertha Jean at Face to Face to make referrals.

Collaboration

- Increase and strengthen communication and collaboration between mental health services and alcohol and other drug treatment providers could be strengthened.
- "Law enforcement needs to be at the table and involved with these conversations."

Attachment C – Key Informant Questions and Summary of Findings

<i>Former Users</i>	<i>Current Users</i>
<p>First Time Methamphetamine Use</p> <ol style="list-style-type: none"> 1. Can you tell me about the first time you ever tried speed? 2. Thinking about your life in general when you started using speed: How did you get it? What did you know about speed at the time? Why did you decide to give it a try? <p>When you were using Methamphetamine</p> <ol style="list-style-type: none"> 3. What did you enjoy about using speed? 4. Can you describe the situations when you typically used speed? 5. What are the different speed scenes with gay/bi men in Sonoma County? <p>Speed and Sex</p> <ol style="list-style-type: none"> 6. When you were having sex while high, were you concerned about knowing your partner's HIV status? 7. How concerned were you, when using methamphetamine, with protecting yourself or your partner from HIV infection or transmission? <p>Health Care and Health Information</p> <ol style="list-style-type: none"> 8. Where do you go to for health care? How comfortable are you talking about methamphetamine to your health care provider? Where else do you get your health information? <p>Communication and Education</p> <ol style="list-style-type: none"> 9. The Sonoma County Health Department is working with a wide variety of community groups to try to figure out the best way to help gay men who are using speed take care of themselves, and in particular, to avoid HIV transmission or infection? What suggestions do 	<p>First Time Methamphetamine Use</p> <ol style="list-style-type: none"> 1. Can you tell me about the first time you ever tried speed? 2. Thinking about your life in general when you started using speed. How would you describe your relationships at the time? Were you using other substances at the time? <p>When using Methamphetamine</p> <ol style="list-style-type: none"> 3. What do you enjoy about using speed? 4. Can you describe the situations when you typically use speed? 5. What are the different speed scenes with gay/bi men in Sonoma County? <p>Speed and Sex</p> <ol style="list-style-type: none"> 6. When you are having sex while high, were you concerned about knowing your partner's HIV status? 7. How concerned are you, when using methamphetamine, with protecting yourself or your partner from HIV infection or transmission? <p>Health Care and Health Information</p> <ol style="list-style-type: none"> 8. Where do you go to for health care? How comfortable are you talking about methamphetamine to your health care provider? Where else do you get your health information? Communication and Education 9. The Sonoma County Health Department is working with a wide variety of community groups to try to figure out the best way to help gay men who are using speed take care of themselves, and in particular, to avoid HIV transmission or infection? What suggestions do

<i>Former Users</i>	<i>Current Users</i>
<p>you have for their focus? What support would be helpful in preventing HIV transmission or infection?</p> <p>Ending Use of Speed</p> <p>10. Why did you quit using?</p> <p>11. What desire if any did you have to stop using methamphetamine, what steps did you take?</p> <p>12. Did you try any kind of drug or alcohol treatment?</p> <p>13. Is there anything else you want to tell us about methamphetamine?</p>	<p>you have for their focus? What support would be helpful in preventing HIV transmission or infection?</p> <p>Ending Use of Speed</p> <p>10. What would you do to make it safer for you to use?</p> <p>11. What desire if any do you have to stop using methamphetamine, what steps have you taken?</p> <p>12. Have you tried any kind of drug or alcohol treatment?</p> <p>13. Is there anything else you want to tell us about methamphetamine?</p>

DHS – Prevention and Planning

Summary Report Key Informant Interviews

The Prevention and Planning Division is developing a Community Action Plan to prevent HIV infection among individuals using methamphetamines in Sonoma County. As part of the planning process, in March 2006, Sean Kelson interviewed thirteen key informants to learn from users and former users how methamphetamine is affecting their lives, how it affects risk behaviors, and what kinds of support are needed to help those who want to stop using methamphetamine. One former user mailed in a response to the questions which is included in the summary.

The following is an overview summary and a sampling of individual comments organized by question. The complete report is available at the Prevention and Planning Division.

Key Informant Interviews – Current Users

I. Number of People Interviewed: 2

II. Demographics

#	Gender	User	Age Range	Region
1	Male	Casual	40-49	Central
2	Male	Casual	40-49	West

III. Summary of Findings

#	<i>Over all Key Themes / Key Findings</i> (What were the most often stated responses: Most interviewees said; Some said; A few said)
1	Both speak with their MD's about meth use.
2	Both a bit scared by initial use, but became heavier users later on in life.
3	Both say West County scene seedy and dangerous
4	Both not that impressed with initial experience, but started up again years later.

First Time Methamphetamine Use

#	Year	Source	Other Substances	Comments
1	1982	Sex partner	None	In 20's experimenting
2	1985	Sex partner	Occasional pot	In 20's experimenting/coming out

#	<i>Key Themes / Key Findings – First Time Meth Use</i>
1	Both did it as part of getting laid.
2	Both not that impressed with initial experience, but started up again years later.
3	Both said West County gay drug scene very seedy and dangerous. Lots of stealing.
4	Both said that the cops know who dealers are, but don't go after them (both mentioned major dealer who lives near Sheriff's office in Monte Rio).
5	Use revolved around sex in beginning for both.
6	Both feel safer being sexually passive.

When you were using Methamphetamine

#	<i>Time Usually High</i>	<i>Source</i>	<i>Ways Speed Is Used</i>	<i>Comments</i>
1	1-2 days	Local dealer (straight couple)	Sex or for cleaning	Intensely sexually addicted hit off of him
2	2 days	Out of town dealer	Solely for functionality	For sex initially, now w/disabling HIV and no one to help, strictly for getting things done.

#	<i>Key Themes / Key Findings – When Using Meth</i>
1	Use revolved around sex in beginning for both, only for one in the present.
2	Both use it to get things done.
3	West County users dangerous, flakey, thieves.

Speed and Sex

#	<i>Concerned About Status</i>	<i>About HIV Infection</i>	<i>Why You Disclosed</i>	<i>Protections Used</i>
1	Yes	Yes, unusually concerned	Before Sex – they should know	Sexually passive/no anal
2	No	No, feels safer because sexually passive	If relationship potential	None

#	Key Themes / Key Findings – Sex and Speed
1	One uncommonly mindful about not sharing needles, infection.
2	One very usual in not using protection, discussing status (usual based on former user comments, and hearsay).
3	Both feel safer being sexually passive.

Health Care and Health Information

#	Source Of Health Care	Willing To Discuss Usage	Source Of Health Information	Comments
1	MD	Yes	MD & Internet	Newly comfortable speaking with MD about use because MD said its OK.
2	MD	Yes	MD, friends	Would not have a MD who he couldn't be open with.

#	Key Themes / Key Findings - Health Care and Health Information
1	Both with disabling HIV and getting medical attention.
2	Both discuss meth use with their doctor.

Communication and Education

	Focus of Prevention message	Strategies	Challenges
	Education/harm reduction	1 on 1 and group education re: harm reduction when using needles, etc. Expand upon needle exchange venue, offer more there.	How do we get access to these folks?
	Education/re-socialization	Public Awareness Media Campaigns Maybe have something where people are able to be high and dispense information.	The trick is getting it to the users.

<i># Key Themes / Key Findings - Communication and Education</i>	
1	Both suggest harm reduction.
2	Both think folks need to be better educated about sharing needles.

Ending Use of Speed

<i>#</i>	<i>Length of time to quit</i>	<i>Number of relapses</i>	<i>Other treatments</i>	<i>Comments</i>
1	Has taken breaks, never made commitment to quit.		Just brief jail time	Has felt it is bad and stupid, but seems the sexual and spiritual satisfaction, or mythology around that trumps the negative attitudes towards it.
2	Quit a while, cold turkey after going to jail and while being drug tested, then started up as a self-described occasional user for "functioning" purposes.			Says he wouldn't get out of bed much w/o drug. Looking forward to moving away from users, and to quit using.

<i># Key Themes / Key Findings - Ending Use of Speed</i>	
1	Both conflicted about not using and the reasons they use.

DHS – Prevention and Planning

Key Informant Interviews – Former Users

- I. Number of People Interviewed – 11
 Number of Interviews Received by Mail – 1

II. Demographics

#	Gender	User	Age Range	Region
1	M	Former	30-39	Central
2	M	Former	30-39	Central
3	M	Former	40-49	West
4	M	Former	20-29	Central
5	M	Former Dealer	40-49	Central
6	M	Former	14-19	Central
7	M	Former	50-59	West
8	M	Former	60-69	West
9	M	Former	40-49	West
10	M	Former	30-39	West
11	M	Former	50-59	West
12	M	Former	40-49	West

III. Summary of Findings

#	<i>Over all Key Themes / Key Findings</i> (What were the most often stated responses: Most interviewees said; Some said; A few said)
1	Most used for at least two days at a time
2	Most were not self motivated to use condoms
3	Most got medical treatment for emergency only, or no healthcare at all while using
4	None were comfortable discussing use with doctor while using

5	Most quit the day they decided to, and didn't taper off
6	Most quit cold turkey on their own

First Time Methamphetamine Use

#	Year	Source	Other Substances	Comments
1	1988	High School friend	Coke	Partying in High School
2	1994	Co-worker	None	"Makes you horny" working
3	1982	Sex Partner	Marijuana, Hallucinogens	For sex – working
4	1992	High School friend	Marijuana, Alcohol	Partying – working/school
5	1988	Housemate	Moderate Alcohol	Partying – working/school
6	2006	Unknown Dealer	Daily Marijuana, Moderate Alcohol	Rebellion (pot and alcohol OK w/family, speed BAD!)
7	1987	Sex Partner	Coke, Alcohol	Partying/get away from family on weekends - working
8	1964	Sex Partner	Psychedelics, Marijuana, Moderate Alcohol, amphetamines	Partying in 60's
9	1977?	Friend	Moderate Alcohol, Marijuana	Partying in 70's
10	1995	Relative	Marijuana, Coke, Crank	Partying post High School
11	1983	Friend	Daily Marijuana	Working
12	1993	Friend	Marijuana, some cocaine	To share intimacy, Curious

#	Key Themes / Key Findings – First Time Meth Use
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1	Most beginning use associated with partying
2	Most working
3	Most with good friend/family relationships
4	Most tried as a result of peer pressure
5	All but one using other substances
6	Most knew little or nothing about drugs

When you were using Methamphetamine

#	<i>Time Usually High</i>	<i>Source</i>	<i>Ways Speed Is Used</i>	<i>Comments</i>
1	Daily	Dealer/ friend	Everyday	1 st thing in a.m., energy to do things
2	Daily	Dealer/ friend	Everyday	Never turned it down, occasional crashing
3	3-4 days	Dealer/ friend	Social/sexual	Alert
4	4-8 days	Dealer/ friend/sex buds	Loneliness – to function	Sex, energy to do things
5	Daily	Dealer	1 st to party, then daily	From partying to chronic use and thieving
6	1-3 days	Random street dealers	Distraction	High School kid doing it for rebellion, because it was available
7	1-2 days	Sex buddies	Sex /partying	Sex aid
8	2-3 days	Dealer/ friend/sex buddies	Sex	Getting laid easier, more outgoing, less picky
9	1 day	Dealer/ friend	Distraction	More social, out of shell
10	daily	Relatives/ boss	Distraction	Distracted loner, not having sex while high
11	12+ hrs	Friends/ sex buddies	Distraction/working	Used mostly for working, led to addiction
12	1 night	Dealer who lived outside Sonoma County	Social user, adjunct to sex	Wonderful sex, increased intimacy

#	<i>Key Themes / Key Findings – When Using Meth</i>
1	Some used it for partying, then as a daily habit
2	Most got it from a dealer/friend
3	Some got it from sex buddies
4	Most all used it while having sex, and were sex obsessed on it
5.	Most used for at least two days at a time

Speed and Sex

#	<i>Concerned About Status</i>	<i>About HIV Infection</i>	<i>Why You Disclosed</i>	<i>Protections Used</i>	<i>Comments</i>
1	No	Somewhat	Didn't know status	Condoms	Didn't care when high
2	No	Somewhat	Didn't know status	Condoms	Self motivated
3	Fairly	No	Didn't know status	Condoms	Only if partner insisted
4	No	No	Never	None	Straight scene,
5	No	No	Didn't know status	Token condom on then off	Straight scene
6	Celibate while using			Always use condoms, but never had sex while high	High School kid, low key sexually
7	Yes	No	Sero sorter	Condom if partner insisted	Never self motivated to be safe
8	Very	No	Potential ongoing 1 on 1	Nothing	Sero sorter
9	Not Very	Not very	Don't remember	Nothing	Mental holiday
10	No sex while using		Never did	Nothing	Avoided sex when using

<i>#</i>	<i>Concerned About Status</i>	<i>About HIV Infection</i>	<i>Why You Disclosed</i>	<i>Protections Used</i>	<i>Comments</i>
11	Somewhat	Very	Didn't know	Condoms	Constant mindset and plan for safety.
12	Somewhat	Very	Sero sorter Most guys upfront about status	Did not like condoms	

<i>#</i>	<i>Key Themes / Key Findings – Sex and Speed</i>
1.	Most used condoms some of the time.
2.	Most who didn't know their status are positive.
3.	Most were not self motivated to use condoms
4.	Most had little or no concern about status.
5.	Most did not reveal status (most didn't know or don't remember).

Health Care and Health Information

<i>#</i>	<i>Source Of Health Care</i>	<i>Willing To Discuss Usage</i>	<i>Source Of Health Information</i>	<i>Comments</i>
1	MD	No	MD & Face to Face	MD knew, patient lied.
2	MD	No	MD & Face to Face	Pretended before, now clean, easy to talk to Dr.
3	MD	No	MDs, publications, lectures	Very well educated
4	MD when possible if free	No	Nowhere	In past only for ER, now if free
5	MD	No	Past nowhere, now classes, publications	Now if for free, in past, only saw Dr. For emergencies

6	None	NA	Internet	Only see doc for emergencies
7	MD	No	Past none, now publications, health center	Was turned off by HIV DR
8	MD	No	Work	Medical professional for 30 yrs
9	None	No	Bar flyers, local papers	Only saw docs for emergencies
10	MD	No	Then none, now, MD, friends, publications	Nothing while using
11	MD	No	Magazines, local papers, friends	Too paranoid while using
12	MD	No	Medical providers, internet, a dealer in SF	Initially doctor seemed judgmental. Was more forthcoming at HIV Center.

#	<i>Key Themes / Key Findings - Health Care and Health Information</i>
1	None were comfortable discussing use with doctor while using
2	Most got medical treatment for emergency only, or no healthcare at all while using
3	Most see MD now
4	Most get health info from publications now

Communication and Education

#	Focus of Prevention message	Strategies
1	Meth kills	More intense images, in your face anti drug campaign
2	Safe support groups	Aggressive bar campaigns
3	We are here to help	Peer support/messages crafted for sex phone lines. Use folks that have been there.
4	Its free and confidential	More confidentiality and free services

5	Education appearing on streets	In your face/streets/bus stops- not just gay papers, bring it to them
6	Street outreach	Free condoms to teenagers on streets - Information offered in high schools is just written off
7	There Is bouncing back from speed	Designated reminder in sex groups
8	HIV negative men	Safe forums for discussion, nonjudgmental, thoughtful caring community effort. Like man to man stuff.
9	Recognizing when judgment is impaired	More bar flyers, condom distribution, pamphlets with resources, posters in bathrooms and other high risk places
10	What you need: peer support, condoms	Street smart folks w/personal experience connecting with users. Support their strengths and desires, don't focus on weaknesses
11	Peer support, condom use	More peer outreach, condom distribution, free stuff, education
12	Get tested regularly. Do not use with guys who are not in your serostatus.	If you use, learn about supplementing with 5HTP Limit Viagra intake. When high you lose sense of priority and sense of proportion

#	<i>Key Themes / Key Findings - Communication and Education</i>
1	A few suggest peer support
2	A few suggest more condom distribution
3	A few use the word safe, inferring that what is out there is not so safe: support groups where one might be "given permission" to relapse, or encouraged to use by other participants. More confidential testing, the results are confidential, but the process is rather public. Support group where negative guys can safely discuss playing unsafely.

Ending Use of Speed

#	<i>Length of time to quit</i>	<i>Number of relapses</i>	<i>Process Used</i>	<i>Comments</i>
1	1 day (once decided)	1	Cold turkey	Wanted to quit from beginning

2	1 month	2	Cold turkey	Family approval important
3	A few months	3	Cold turkey & organic cleansing program	MD assisted natural program
4	1 day (once jailed)	0	Cold turkey & resident programs	Orinda Center worked, not pleased with other program
5	1 day (once jailed)	0	Cold turkey & resident programs	Orinda Center worked, not pleased with Turning Point
6	1 day (once decided)	0	Cold turkey	Only used for 2 months
7	1 day (once decided)	1	Cold turkey	Major, conscious life restructure
8	1 day (once decided)	1	Cold turkey	Moving/lack of supply instigated quitting
9	1 day (once decided)	A few "minor"	Cold turkey	Claims to be ex user, sounds like he still uses occasionally
10	2 years	1	Cold turkey	Most difficult cutting out family
11	1 day (once heart failed)	0	Cold turkey	Quitting instigated by heart failure
12	6 months from call to DAAC	2	Tapered off	Learned the value of activity replacement. Recommend regular therapy to anyone quitting.

#	Key Themes / Key Findings - Ending Use of Speed
1	Most quit the day they decided to, and didn't taper off
2	Most quit cold turkey on their own
3	The two that were jailed and went into residential programs found Orinda Center Program to work, and other program they'd tried a failure
4	Most severed ties with users, and totally changed friends and environment (all except for the teenage user)
5	Most said weeding out users and new environment the key to staying clean.

Attachment D - Summary of Promising and Best Practices

Below is a summary of a review of Best and Promising Practices from a literature review, phone interviews and Internet search. The summary is divided into three sections:

- I. Outpatient and support services
- II. Social marketing and public awareness campaigns
- III. Residential treatment.

The summary includes agency name, contact information, mission and a short description of their practices related to HIV prevention among crystal methamphetamine users. Some agencies appear in more than one section.

Summary of Findings

I. Outpatient and Support Services

Promising practices – We are not reviewing evidence-based practices. These are interventions that have been studied that are generally held to be working models – in the HIV prevention community these are the ‘go to’ services.

New Leaf Services

Mailing Address: 1390 Market Street, Suite 800, San Francisco, CA 94102

Client Services: 103 Hayes Street (near Market Street)

www.newleafservices.org

Phone: (415) 626 7000

Fax: (415) 626 5916

TDD: (415) 252 8376

Mission

New Leaf Services For Our Community exists to help lesbian, gay, bisexual, transgender, queer and questioning individuals and families of all ages lead healthy and connected lives. We provide professional mental health, substance abuse, and social support services to strengthen our diverse community.

Services

Intensive outpatient program of a four-hour commitment per week, including one individual counseling and two group counseling sessions are available. Some psychiatric services are offered for patients with dual-diagnosis. New Leaf Services staff provides coordination of services for people with case managers or in court-mandated programs.

This program currently serves 110 clients, of whom a high percentage are methamphetamine users, although methamphetamine may not be a client’s primary drug. Some funding is received from the San Francisco Department of Public Health (DPH) and offer services on a sliding fee scale based on income. (*Note: Information gathered through phone contact with staff*)

Promising Practices

Clients may choose one of two tracks, abstinence or harm reduction, in the spirit of meeting individuals’ varying levels of need. There is a subgroup of clients who abstain from methamphetamine and use harm reduction to address other substance issues. Having intensive outpatient services available throughout the week offers people a choice.

The Stonewall Project

Mailing Address: 3180 18th Street, Suite 202, San Francisco, CA
Phone: (415) 502-1999
tweaker.org

Mission

The Stonewall Project offers individual and group harm reduction counseling to bi, gay and queer men who have questions or concern about their use of crystal methamphetamine.

Services

Counseling is one-on-one, once a week. Groups of about ten people meet twice a week. They use peer counseling and the counselors are paid, usually licensed social workers or psychotherapists. Staff includes a director, one administrator and seven counselors a. They currently serve 85 clients. Services are free. They receive funds from the San Francisco Department of Public Health (DPH).
(Note: Information gathered through phone contact with staff)

Promising Practices

They use a harm-reduction model, in which clients set up their own goals, which is abstinence for many of them. They provide information to enhance safety. Intake is showing up during drop-in hour every day. The only requirement is a TB test.

AIDS Project LA

11 South Kingsley Drive, Los Angeles, CA 90005
(213) 201 1600 Main line
<http://www.apla.org/>

Mission

AIDS Project Los Angeles is dedicated to: improving the lives of people affected by HIV disease; reducing the incidence of HIV infection; and advocating for fair and effective HIV-related public policy.

APLA's crystal methamphetamine program aims to reduce the risk of HIV infection and the social isolation caused by the use of the drug. The program creates and coordinates free community forums and two different sets of trainings for crystal users and their friends and sexual partners.

Promising Practices

The first set of crystal methamphetamine program trainings is a series of harm reduction strategy and informational sessions with users who are concerned about the negative impact of methamphetamine use in their lives and are not currently in substance abuse treatment. The second set of trainings is a series of multi-session workshops in motivational interviewing strategies for concerned friends/lovers of crystal users.

APLA also offers a group called "Crystal Clear Social Affiliates Support Group" for people related to someone using crystal methamphetamine. The group meets weekly for two-hour sessions. There is also a group called "Party Wise" for people who like to party but are concerned about some of the negative effects. It is non-judgmental, non-12-step, non-recovery model, which uses harm reduction techniques and strategies for gay and bisexual men using crystal methamphetamine, in order to help them navigate the party lifestyle to help keep them able to party for years to come.

Gay Men Health Crisis

The Tisch Building

119 West 24th Street, 8th floor
GMHC Hotline (800) 243-7692
Substance Use Counseling and Education (S.U.C.E.) information line:
Phone: (212) 367 1354
www.gmhc.org/programs/suce.html

Mission

Gay Men's Health Crisis (GMHC) is a not-for-profit, volunteer-supported and community-based organization committed to national leadership in the fight against AIDS. Our mission is to reduce the spread of HIV disease, help people with HIV maintain and improve their health and independence, and keep the prevention, treatment and cure of HIV an urgent national and local priority. In fulfilling this mission, we will remain true to our heritage by fighting homophobia and affirming the individual dignity of all gay men and lesbians.

Services

GMHC offers an array of programs and services to thousands of men, women, and children every year. Listed among these services are the GMHC Hotline, drop in counseling services, peer counselors, short term counseling and 10 week support groups. All services are confidential and free of charge.

Promising Practices

GMHC offers short-term counseling to support clients by examining the impact crystal is having on lives, to assess an individual's sexual decision making, and to develop solutions that are comfortable for each individual. Ten-week groups are offered to help a client obtain tools that support change.

Knowledge is power. The more people know about HIV, AIDS, and other sexually transmitted infections the more equipped they are to prevent becoming infected, maintain health and wellness, and take advantage of all the support services available.

Alternatives, Inc

2526 Hyperion Ave., #4, Los Angeles, CA 90027
Phone: (323) 671 1600
Fax: (323) 671 1605
www.alternativesinc.com

Mission

Alternatives is dedicated to providing drug and alcohol rehabilitation, mental health, and dual diagnosis treatment services to Lesbian, Gay, Bisexual, and Transgender adults. The program's primary purpose is to assist the patient in achieving a positive sense of self and improved quality of life.

Services

Alternatives provides detox, residential, inpatient services as well as a variety of outpatient services, family program and aftercare.

Promising Practices

Alternatives has been a leader in the treatment of crystal methamphetamine and has actively addressed the crisis through community-based forums. Emotional, mental, and addictive disorders are primary diseases from which people can and do recover. Recovery is possible in an atmosphere, which is free from judgment, fear, and discrimination; and where the individual needs of the patient are paramount. Each person, supported by others, can discover, accept, and utilize a lifelong recovery program. Alternatives recognizes the true definition of family to include family of choice and

family of origin.

Being Alive Los Angeles

Mailing Address: 621 North San Vicente Boulevard
West Hollywood, CA 90069
Phone. 310-289-2551
Fax. 310-289-9866
<http://www.beingalivela.org>

Mission

Being Alive is an organization operated by and for people living with HIV/AIDS. They understand the pain and the fear, how easy it is to hide, how difficult it can be to come to terms with this disease and reach out. Being Alive is the means they have created to help connect with each other, bring others out of isolation, and take charge of their lives, their care and their destiny.

Promising Practices

Being Alive operate a program called "Get Off Now," interactive groups for positive and bi guys that they are in the process of evaluating. Those affected by the crystal epidemic joined forces and supported each other to raise awareness in the community about the dangers of crystal use, and to make it "un cool."

Their web site includes numerous resources for treatment and support.

Crystal Methamphetamine Anonymous

www.crystalmethamphetamine.org

Mission

Crystal Methamphetamine Anonymous is a 12-step fellowship for those in recovery from addiction to crystal methamphetamine.

Services

There are no dues or fees for membership. Membership is open to anyone with a desire to stop using crystal methamphetamine. CMA is 12-Step program specifically for crystal methamphetamine users that follows most AA procedures. The organization has a web site with meetings listed throughout the world, as well as information for families and friends, for the public and for members.

Promising Practices

The following quote is found on the web site: Words to live for..."The truth will set you free, but first it will piss you off." – *Recovery from addiction to crystal methamphetamine is possible! We hope that you will find the support, information, and resources that a personal plan of recovery requires.*

Our experience has shown that daily attendance at twelve-step meetings combined with working the steps with a sponsor can lead you to a life free of active addiction. The local group meetings are the center and heart of the CMA Fellowship.

For the Family and Friends of Addicts - Methamphetamine addiction not only affects the user, but also the friends and family. Our purpose is to help the addict to get and stay clean. We encourage the addict's loved ones to explore the links on the "Families and Friends" page and to seek help local to them.

Santa Cruz AIDS Project Drop-In Center

Mailing Address: 412 Front Street, Santa Cruz, CA
Phone: (831) 457 1163
www.scapsite.org

Mission

The Drop-In Center is a community based resource for persons at risk or infected with HIV, and all those who are affected by the HIV epidemic. The Drop-In Center reaches out to individuals at the highest risk for HIV and those who have the least access to resources. Its programs are based on the harm-reduction model: a client-centered public health approach proven most effective in reducing sexual and drug related harm.

The goal of the Drop-In Center is to slow the spread of HIV. Toward this end, it supports individuals themselves in reducing risk by addressing specific needs and goals identified by the individual. The Drop-In Center believes in each individual's civil as well as health care rights, and that all human beings should be treated with dignity.

Promising Practices

In addition to their needle exchange program, the Drop-In Center provides a youth services time, providing special space, time and activities that allow at-risk or HIV positive youth to learn about harm reduction in an age-appropriate matter.

Harm Reduction Coalition

Mailing Address: 1440 Broadway, Suite 510, Oakland, CA 94612
Phone: (510) 444 6969
Fax: (510) 444 6977
www.harmreduction.org

Mission

The Harm Reduction Coalition (HRC) is committed to reducing drug-related harm among individuals and communities by initiating and promoting local, regional, and national harm-reduction education, interventions, and community organizing. HRC fosters alternative models to conventional health and human services and drug treatment; challenges traditional client/provider relationships; and provides resources, educational materials, and support to health professionals and drug users in their communities to address drug-related harm. The Harm Reduction Coalition believes in every individual's right to health and well being as well as in their competency to protect and help themselves, their loved ones, and their communities.

Promising Practices

The HRC has programs including the Overdose Project, the Harm Reduction Training Institute and the African American Capacity Building Initiative. Their training institute has held various trainings specifically on crystal methamphetamine, including "Understanding Crystal Methamphetamine: Lessons from the Field," "Crystal Methamphetamine Users and Those Who are Involved with Them," "Crystal Methamphetamine and Gay Men: A Harm Reduction Approach." They also presented a one-day training about crystal methamphetamine to the New York State Department of Health AIDS Institute.

They started peer advocacy for gay and bisexual men currently or previously using crystal methamphetamine, not just IDU focused.

For the People

P.O. Box 429, Felton, CA 95018
Phone: (831) 425 4564
<http://www.orgsites.com/ca/forthepeople/>

Promising Practices

For the People conduct street outreach, workshops in juvenile detention facilities, group homes, schools and churches where kids in our programs are co-presenters. Additionally, they provide strength-based trainings for the staff of agencies.

They also conduct support groups for family and friends of methamphetamine addicts, once a week in Felton, California, once a week in Santa Cruz at Barrios Unidos. Their web site also provides substantial social marketing and public awareness about crystal methamphetamine.

II. Social Marketing & Public Awareness Campaigns***The Stonewall Project***

See above in Outpatient
www.tweaker.org

Promising Practices

The Stonewall Project operates tweaker.org, a web site whose message is: "We recognize that people use crystal methamphetamine. We're not here to condemn it. We're not here to promote it. Instead we offer: Information. Support. Resources. To help gay and bisexual men better understand crystal and how it affects physical, mental and sexual health.

www.utahtweaker.com

Mission

The resources on UtahTweaker.com exist to give people the opportunity to learn more about crystal methamphetamine use.

Promising Practices

The site provides information whether someone is thinking of using, currently using, or are a former user, to help make the best personal decision. The Utah AIDS Foundation sponsors the site. It provides information about the basics of crystal methamphetamine, what to consider if one is thinking of using, does not want to quit, may need help quitting, trying to stay sober, including referrals and statistics. One of the links is the Crystal Methamphetamine Anonymous, which has offers a support group in Petaluma.

The Chicago Crystal Methamphetamine Task Force

AIDS Foundation of Chicago and Chicago Department of Public Health
Phone: (312) 922 2322
www.aidschicago.org/prevention/methamphetamine.php
www.crystalbreaks.org

Mission

The Task Force consists of service providers and community and government leaders united in the fight against crystal methamphetamine and its associated harms. The campaign seeks to raise awareness of the drug, to discourage people from using if they have not started, to empower those who are using to reduce or quit, and to help those who continue their use to reduce the harm they inflict on themselves and the community.

Promising Practices

This web site clearly announces the dangers of methamphetamines, but also promotes harm reduction as one way to decrease the dangers. As opposed to some other sites, it makes the distinction between condemning the drug and condemning the user. It provides a number of resources in the Chicago Area for treatment, support, needle exchange and syringe availability as well as HIV and STD testing. They also conduct a public media campaign with messages such as "Crystal methamphetamine causes paranoia and suicidal thoughts," "Crystal methamphetamine puts you 3 times more at risk for HIV," "Crystal methamphetamine is made from battery acid, drain clean and ammonia," etc. as well producing three different video clips.

www.crystalneon.org

Mission

Raising awareness and providing options for crystal users in the greater Seattle area.

Promising Practices

This website contains information for gay and bisexual men who use methamphetamine. They in no way promote or encourage the use of this controlled substance. Instead, they seek to help individuals minimize the harms associated with use of methamphetamine. Because of their harm reduction goals, some language and imagery may not be suitable for individuals under 18 years of age.

www.KnowCrystal.org

Mission

Information without Judgment

Best Practices

Educational and cool website to educate people about methamphetamine. Provides information about who uses and why; the effects; risks and staying safe; treatment; information for friends and family; information in Spanish; games; music; and more.

[The Crystal Methamphetamine Working Group](http://hivforumnyc.org/wgroups.php)

<http://hivforumnyc.org/wgroups.php>

Mission

The purpose of this forum, formed in 2004, is to serve as a conduit for information and as a venue for expressing concerns between the community and law enforcement.

Promising Practices

The working group was formed by the New York City HIV Forum and is charged with creating public service announcements. The Group develops public outreach efforts to raise awareness about the devastating impact of crystal methamphetamine use in NYC's gay community. The strategy for the campaign will be to build community, educate gay men about the dangers of crystal use, and encourage sex-positive, crystal-free sexual behavior. The ads are designed to provoke the community with direct, hard-hitting messages about the dangers of crystal methamphetamine use and seek to shift the social norm away from crystal methamphetamine as "THE" party drug. The education component is designed to drive home the facts about the drug.

United Foundation for AIDS Crystal Methamphetamine and Club Drug Prevention

660 NE 125th Street, North Miami, Florida 33161

Phone: (305) 981 7907

Fax: (305) 893 7998

www.ufamiami.org/home.html

Mission

United Foundation for AIDS is a not-for-profit 501(C)3 Corporation established in 1993. UFA is committed to improving and preserving the quality of life for persons infected with and affected by HIV/AIDS, through prevention education, emergency assistance, social services and disease management compliance education.

Promising Practices

UFA has a web site www.lifeormethamphetamine.com. It has an interactive forum, which includes empowerment, education and sharing.

Literature Review

A literature search was conducted to identify models, interventions, programs or creative solutions to preventing HIV transmission among methamphetamine users. The findings are divided among the categories of prevention, early intervention and treatment programs and social awareness campaigns identified a variety of best practices for decreasing the harm of methamphetamine use.

Listed below is the table of contents including all articles collected and reviewed. The complete set of articles is located in the County of Sonoma, Department of Health Services, Prevention and Planning Division.

Table of Contents

Definition/Background

1. Purcell, David W. *Addressing Methamphetamine Use and Sexual Risk Behavior for HIV/STD Infection among MSM in the U.S.* Division of HIV/AIDS Prevention. (August 2005).
2. A History of Crystal Methods of Use
3. The Meth Epidemic, National Public Broadcasting System Frontline Program (2006), History and Trends
4. Do you speak Meth?
5. Continuums to Consider

Medical, Neurological, and Psychological Issues

1. Huff, Bob: Speed Nation: Methamphetamine, HIV and Hepatitis
2. Gadd, Chris: Brain Damage
3. Letendre, Scott. MD. Methamphetamine, HIV, and the Human Brain. MD PRN Notebook Volume 10 Number 3 (Sept 2005)
4. The Meth Epidemic, National Public Broadcasting System Frontline Program, (2006), Meth and the Brain

HIV / Methamphetamine Users

1. Intertwining Epidemics: HIV/AIDS among meth abusing men who have sex with Men
2. GhazianiAmin *Crystal Methamphetamine Use and Antiretroviral Drug Resistance*, (Oct 2005).
3. Fontaine, Yves-Michel, M.A., Ed.M Gay men who use crystal meth in California, Substance Use, Counseling and Education (GMHC)
4. Gay City News, Community Media LLC Study from the Center for HIV/AIDS Educational Studies and Training (CHEST), Volume 3, Issue 341 (2004) Study from the Center for HIV/AIDS Educational Studies and Training (CHEST), (2004)
5. Comparison of Meth use among heterosexual males 18 – 35; Ratios for high risk sexual behaviors and prevention behaviors
6. Use of Crystal methamphetamine/other club drugs among high school students in Vancouver and Victoria

Treatment

1. Levounis, Petros MD, MA and Ruggiero, Joseph S., PhD Primary Psychiatry (Feb 2006). *Outpatient Management of Crystal Meth Dependence among Gay and Bisexual Men, How can it be Done?*
2. Journal of Medical Internet Research. (2004). *Crystal Methamphetamine Use Predicts Incident*

STD Infection Among Men Who Have Sex With Men Recruited Online: A Nested Case-Control Study

3. Colfax, Grant, MD and Shoptaw, Steven PhD. The Methamphetamine Epidemic: Implications for HIV Prevention and Treatment. *Current HIV/AIDS Reports* (2005).
4. Study Says More Seeking Meth Treatment, (Mar 2006)
5. Study funded on impact of meth on Gay community

Prevention / Interventions

1. Association of State and Territorial Health Officials. Issue Report (August 2005): Breaking the Glass: Public Health Strategies to Confront the Evolving Epidemics of HIV and STD Transmission and Methamphetamine Use among Men Who Have Sex with Men.
2. FOCUS, A Guide to AIDS Research and Counseling; January 2005, v20, Harnessing the Power of Social Networks to Reduce HIV Risk"
3. Physician Prescription of Sterile Syringes to Injection Drug Users

Outreach and Messaging

1. Crystal: The Good, the sad and the ugly. A community forum; Aids Project LA to Hold First in Series of Community Forums on HIV and Crystal Meth. (2006)
2. www.Tweaker.org. Glamorizing Speed
3. www.lifeormeth.com
4. www.crystalbreaks.org
5. www.utahtweaker.com
6. Montana Meth project

Call to Action

1. Cermak, Timmen L. MD California Society of Addictive Medicine, Recommendations to Improve California's Response to Methamphetamine.
2. Heredia, Christopher SF Chronicle. Dance of Death, (2003).
3. Report from the 7th AIDS Impact Conference: The Moment is Now (2005)
4. SF agencies move beyond meth-only focus
5. Addiction and Lack of Leadership Fuel HIV Infection Among Gay Men

Other

1. Criteria for Drug abuse and Dependence
2. *MMWR Weekly*; March 17,2006/55(10);273-277. Methamphetamine Use and HIV Risk Behaviors Among Heterosexual Men --- Preliminary Results from Five Northern California Counties, (Dec 2001—Nov 2003)
3. Meth measure included in patriot act
4. National Association of County and City Health Officials (NACCHO) HIV Resource List