AGENDA
ASSEMBLY BUDGET SUBCOMMITTEE NO. 1 ON HEALTH AND HUMAN SERVICES

Assemblymember Hector De La Torre, Chair

WEDNESDAY, APRIL 19TH, 2006, 1:30PM
STATE CAPITOL, ROOM 444

ITEMS TO BE HEARD

ITEM TO BE HEARD

ITEM 4200 DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

ISSUE #1: PROPOSITION 36 COSTS AND BENEFITS

The Subcommittee will hear the results of an evaluation of Proposition 36.

BACKGROUND:

Proposition 36, the Substance Abuse and Crime Prevention Act of 2000 (SACPA) changed state sentencing laws, effective July 1, 2001, to require adult offenders convicted of nonviolent drug possession to be sentenced to probation and drug treatment instead of prison, jail or probation without treatment. The Act excludes offenders who refuse treatment or who are found by the courts to be "unamenable to treatment." The Act further requires that parolees with no history of violent convictions who commit a non-violent drug offense or violate a drug-related condition of parole be required to complete drug treatment in the community, rather than being returned to state prison.

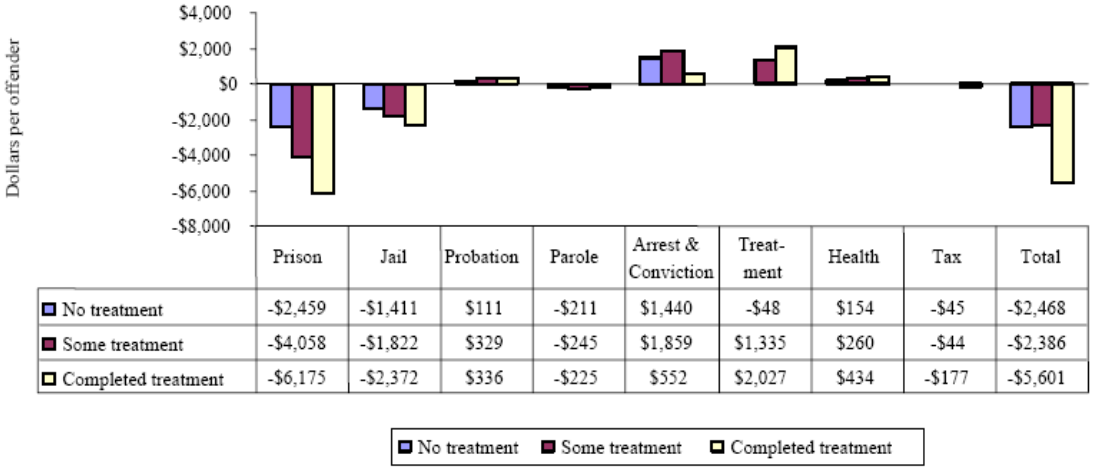
Proposition 36 included provisions requiring an evaluation of the cost-effectiveness of the program. The results of this multi-year study by UCLA were released April 5, 2006.

STUDY FINDINGS:

The study found the following:

- On average, Proposition 36 saved State and County governments $2.50 for every dollar spent.
- Most of the savings come from avoided prison costs.
- Individuals that completed treatment saved State and County Governments even more money; for every dollar spent on this group, the State and Counties saved $4.

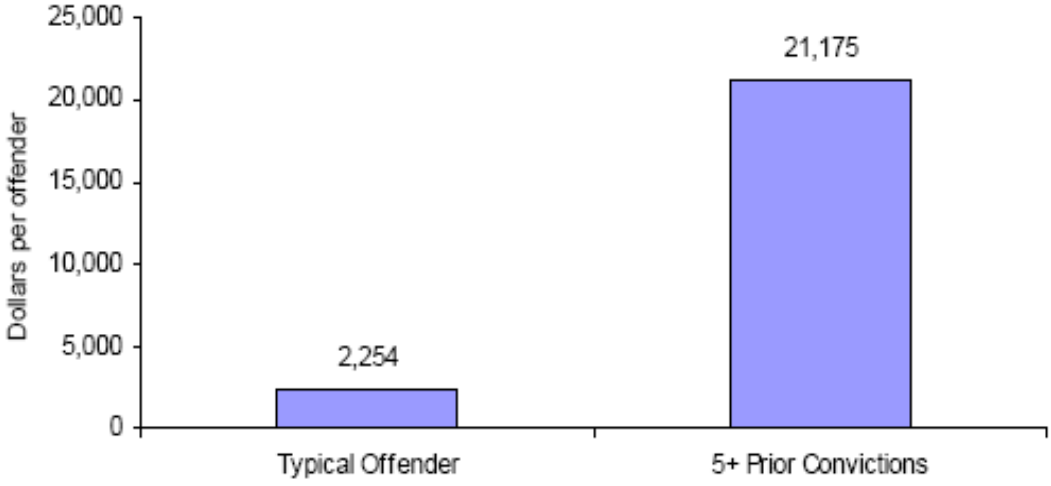
Figure 10. DID Cost Summary by Drug treatment Status



	Prison	Jail	Probation	Parole	Arrest & Conviction	Treat-ment	Health	Tax	Total
No treatment	-$2,459	-$1,411	$111	-$211	$1,440	-$48	$154	-$45	-$2,468
Some treatment	-$4,058	-$1,822	$329	-$245	$1,859	$1,335	$260	-$44	-$2,386
Completed treatment	-$6,175	-$2,372	$336	-$225	$552	$2,027	$434	-$177	-$5,601

- Individuals with prior criminal histories were less likely to complete the program than those with no criminal history.

Figure 13. Relative Costs for High-rate Offenders (1.6%, N=1,010)



STUDY RECOMMENDATIONS:

The evaluation included the following recommendations:

- Based on client assessments and research findings on successful strategies, greater resources should be dedicated to increasing treatment engagement, retention, and completion.

- Resources should be allocated to ensure suitable and effective drug treatment options locally. This may require capacity expansion, more efficient location and higher utilization of residential services, and greater utilization of narcotic substitution therapy.
- Collaboration and coordination among court, probation, parole, and drug treatment systems should continue to be improved with the goal of admitting offenders into appropriate treatment in the shortest possible time, as well as maintaining appropriate levels of oversight and supervision.
- Incentives should be considered for providers who demonstrate more success in drug treatment engagement, retention, and completion for SACPA clients.
- A greater utilization of both probation and community program drug testing information should be used to determine the need for additional services and/or intermediate sanctions of increasing severity for problematic or recalcitrant offenders. Such sanctions could include short jail stays.

PANELIST:

Angela Hawken, Ph.D.

Darren Urada, Ph.D.

ISSUE #2: PROPOSITION 36 LOCAL ASSISTANCE FUNDING

Local alcohol and drug programs have requested additional funding for Proposition 36 treatment.

BACKGROUND:

Proposition 36, the Substance Abuse and Crime Prevention Act of 1998 (SACPA) appropriated $60 million for 2000-01 and $120 million annually from 2001-02 through 2005-06. The sentencing guidelines established by SACPA do not sunset, although the statutory funding requirement sunsets June 30, 2006. Of total expenditures in 2003-04, counties spent 76% on treatment and related services, and 24% on court, probation, and other criminal justice activities.

The Governor's Budget funding level of $120 million may effectively result in funding reductions for counties, as they have been using unspent carryover funds from their initial SACPA allocations to supplement the $120 million annual appropriation. Counties are expected to have little or no carryover funds after 2005-06.

Fiscal Year	Amount Allocated to Counties	Carryover Funds from Previous Year	Total Funds Available	Total Expenditures	% Expended of Total Funds Available	% Expended of Total Annual Allocation
FY 2000/01	$58,800,000	Not Applicable	$58,800,000	$7,177,107	12.2%	12.2%
FY 2001/02	$117,022,956	$54,241,609	$171,264,565	$92,783,434	54.2%	79.3%
FY 2002/03	$117,022,956	$85,971,954	$202,994,910	$136,392,288	67.2%	116.6%
FY 2003/04	$117,022,956	$70,872,140	$187,895,096	$134,282,695	71.5%	114.7%
FY 2004/05	$116,594,956	$57,011,522	$173,606,478	$133,483,107	76.9%	114.5%
FY 2005/06	$116,513,956	$40,123,371	$156,637,327	$149,709,926	95.6%	128.5%

SAPT MOE CONSIDERATIONS:

If the state does not maintain the $120 million funding level after 2005-06, it will not meet its maintenance of effort (MOE) requirement for the federal Substance Abuse Prevention and Treatment (SAPT) block grant. Due to the SAPT MOE, a General Fund reduction would result in a corresponding reduction in federal funds in 2006-07.

COUNTY ADMINISTRATION:

Counties, consumers, providers, educators, and advocates have expressed concern that the Governor's Budget funding level for SACPA is insufficient, and that it would result in reduced services, more persons incarcerated, and reduced supervision of violators. Further, the funding level for SACPA has not been adjusted to reflect actual caseload or treatment cost increases.

The Coalition of Alcohol and Drug Associations (CADA) has requested $209.3 million General Fund for SACPA in 2006-07, an increase of $89.3 million above the Governor's Budget funding level. This figure is based on surveys conducted in 2004 and 2005 among county alcohol and drug program administrators. They indicate the anticipated shortfall in 2006-07 is $68 million for treatment, $4.5 million for ancillary services, and $16.8 million for probation supervision. The greatest unmet needs are for residential treatment and aftercare, which is received by less than one third of Proposition 36 offenders.

Due to funding constraints, some counties currently have waiting lists for residential treatment slots. Clients are provided outpatient services while on those waiting lists. Funding constraints have also resulted in some counties reducing the intensity and duration of treatment, such as providing group counseling instead of individual counseling, and reducing treatment programs from 12 to 8 weeks.

PANELISTS:

Toni Moore
Sacramento County

Al Senella
California Association of Alcohol and Drug Program Executives, Inc.

Department of Alcohol and Drug Programs

STAFF COMMENT:

The Subcommittee heard testimony last November which suggested the level of funding available for treatment could impact the effectiveness of the program. Providing a cheaper, lower level of treatment may result in lower levels of success.

ISSUE #3: METHAMPHETAMINE USE IN CALFORNIA

California has a much higher use of methamphetamine than other states.

BACKGROUND:

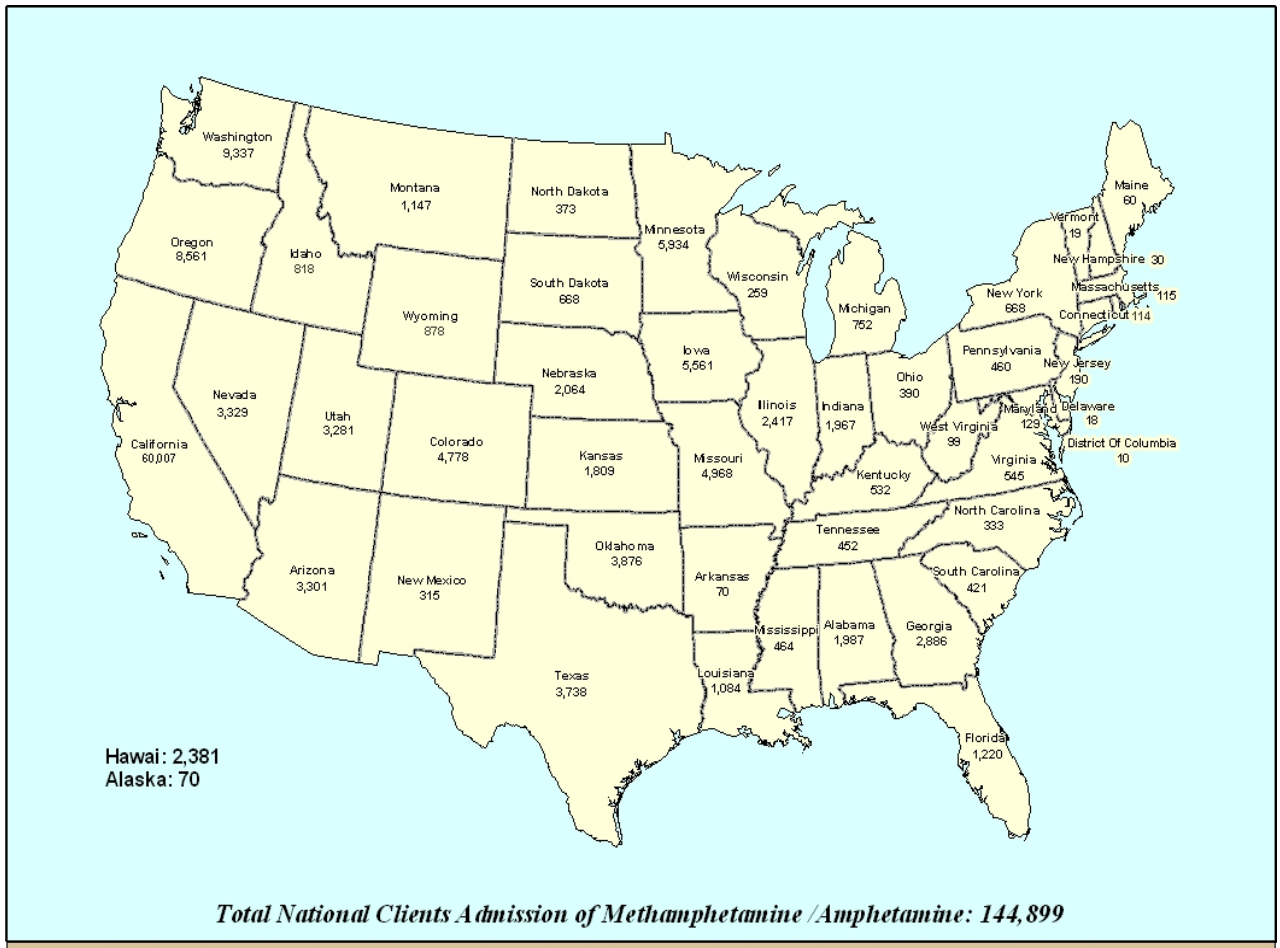
Over forty percent of all methamphetamine treatment admissions in the United States occur in California. California has the fourth highest admission rate for methamphetamine use in the United States. In California, 212 individuals per 100,000 populations are admitted due to methamphetamine, substantially higher than the 56 individual per 100,000 population rate for the entire nation. In 2003, 18 States had rates in excess of the national rate (56 admissions per 100,000 population): 10 States were in the West, 6 were in the Midwest and 2 were in the South and none were in the Northeast. The table below illustrates how all of the other states compare to California:

Methamphetamine Client Admissions 2004

Use per 100,000 people	2004			2004
United States	144,899			
Northeast			*Midwest*	
Connecticut	114		Illinois	2,417
Maine	60		Indiana	1,967
Massachusetts	115		Iowa	5,561
New Hampshire	30		Kansas	1,809
New Jersey	190		Michigan	752
New York	668		Minnesota	5,934
Pennsylvania	460		Missouri	4,968
Rhode Island	14		Nebraska	2,064
Vermont	19		North Dakota	373
			Ohio	390
South			South Dakota	668
Alabama	1,987		Wisconsin	259
Arkansas	70			
Delaware	18		*West*	
District of Columbia	10		Alaska	70
Florida	1,220		Arizona	3,301
Georgia	2,886		**California**	**60,007**
Kentucky	532		Colorado	4,778
Louisiana	1,084		Hawaii	2,381
Maryland	129		Idaho	818
Mississippi	464		Montana	1,147
North Carolina	333		Nevada	3,329
Oklahoma	3,876		New Mexico	315
South Carolina	421		Oregon	8,561
Tennessee	452		Utah	3,281
Texas	3,738		Washington	9,337
Virginia	545		Wyoming	878

West Virginia	99			

Source: 2003 SAMHSA Treatment Episode Data Set (TEDS)



Clients Admissions for Methamphetamine/Amphetamine from the 2004 Treatment Episode Data Set (TEDS)

Variance among counties

Across the State, methamphetamine use also varies, with some counties have much higher rates than others. The chart below shows the admissions rates by counties:

Admissions with Methamphetamine as Primary Drug[1]

County	SFY 2003-2004	SFY 2004-2005	County	SFY 2003-2004	SFY 2004-2005
Statewide	72,959	77,793	Orange	4,866	5,320
Alameda	1,401	1,424	Placer	666	648
Alpine	0	4	Plumas	60	82
Amador	64	78	Riverside	4,330	4,748
Butte	1,277	1,425	Sacramento	2,586	2,550
Calaveras	201	232	San Benito	134	108

Colusa	27	33	San Bernardino	6,167	6,595
Contra Costa	2,240	2,149	San Diego	5,793	5,389
Del Norte	72	113	San Francisco	1,224	1,186
El Dorado	222	294	San Joaquin	1,628	1,331
Fresno	2,425	2,481	San Luis Obispo	409	509
Glenn	113	103	San Mateo	1,272	1,287
Humboldt	454	520	Santa Barbara	1,242	1,486
Imperial	544	631	Santa Clara	4,871	3,926
Inyo	35	46	Santa Cruz	441	629
Kern	2,599	3,402	Shasta	954	1,164
Kings	317	450	Sierra	6	5
Lake	296	292	Siskiyou	75	99
Lassen	166	103	Solano	1,094	1,630
Los Angeles	11,497	12,535	Sonoma	2,149	2,282
Madera	437	315	Stanislaus	1,732	2,047
Marin	368	522	Sutter-Yuba	420	619
Mariposa	62	84	Tehama	259	337
Mendocino	393	400	Trinity	51	82
Merced	712	892	Tulare	1,432	1,808
Modoc	19	29	Tuolumne	115	116
Mono	54	39	Ventura	1,271	1,335
Monterey	658	788	Yolo	564	588
Napa	264	232			
Nevada	231	271			

[1] Based on California alcohol and Drug Data System (CADDS)

HOW METHAMPHETAMINE IS USED

Methamphetamine is taken orally or intranasally (snorting the powder), by intravenous injection, and by smoking. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a “rush” or “flash,” that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria—a high, but not a rush. Users may become addicted quickly, and use it with increasing frequency and in increasing doses.

HOW METHAMPHETAMINE IS PRODUCED AND DISTRUBUTED:

Clandestine production accounts for nearly all of the methamphetamine trafficked and abused in the United States. Domestic methamphetamine production, trafficking, and abuse are concentrated in the western, southwestern, and Midwestern United States. Methamphetamine is also increasingly available in portions of the South and eastern

United States, especially Georgia and Florida. Clandestine laboratories in California and Mexico are the primary sources of supply for methamphetamine available in the United States.

Methamphetamine is clandestinely manufactured using the ephedrine or pseudoephedrine reduction method. In this process, over-the-counter cold and allergy tablets containing ephedrine or pseudoephedrine are placed in a solution of water, alcohol, or other solvent for several hours until the ephedrine or pseudoephedrine separates from the tablet. Then, using common household products and a recipe learned from friends or taken off the Internet, the ephedrine or pseudoephedrine is converted into high quality Methamphetamine in makeshift, illegal labs by untrained individuals.

Over the last decade, the methamphetamine trafficking and abuse situation in the United States has changed dramatically. In 1994, ethnic Mexican drug trafficking organizations operating "super labs" (laboratories capable of producing in excess of 10 pounds of methamphetamine in one 24-hour production cycle) based in Mexico and in California began to take control of the production and distribution of methamphetamine domestically. Independent laboratory operators, including outlaw motorcycle gangs, previously maintained control of methamphetamine production and distribution within the United States, and continue to operate today on a lesser scale. The entry of ethnic Mexican traffickers into the methamphetamine trade in the mid-1990s resulted in a significant increase in the supply of the drug. Mexican criminal organizations, based in Mexico and California, provided high-purity, low-cost methamphetamine originally to cities in the Midwest and West with Mexican populations.

The supply of methamphetamine in the United States also stems from multiple small-scale laboratories, often operated by independent cooks who obtain the ingredients necessary for manufacture from retail and convenience stores. Methamphetamine produced in these "mom-and-pop" laboratories is generally for personal use or limited distribution. A clandestine laboratory operator can use relatively common items, such as mason jars, coffee filters, hot plates, pressure cookers, pillowcases, plastic tubing, and gas cans to substitute for sophisticated laboratory equipment. The growing use of the Internet, which provides access to methamphetamine "recipes," coupled with increased demand for high-purity product, has resulted in a dramatic increase in the number of mom-and-pop laboratories throughout the United States. In 2001, the number of labs with capacities under ten pounds totaled over 7,700.

IMPACT OF PROVISIONS OF RENEWED PATRIOT ACT:

In March 2006, provisions targeting methamphetamine production use were included in the renewal of the U.S. Patriot Act passed by Congress and signed by the President. The provisions restricted the sale of pseudoephedrine, a decongestive that can be chemically processed into methamphetamine. Effective September 30th of this year, drugs that include pseudoephedrine, like Sudafed, will only be available behind a pharmacy counter. Individuals wishing to buy these drugs will be required to sign a logbook and produce identification. The law also set limits on the amount of pill that can be purchased in a given time period.

PANELIST:

Department of Alcohol and Drug Programs

STAFF COMMENT:

Unlike cocaine and heroin, methamphetamine is both used and produced in California. As a result, the State is impacted by both the users and producers of the drug.

ISSUE #4: CHILD WELFARE IMPACTS OF METHAMPHETAMINE USE

Methamphetamine use plays a significant role in the Child Welfare System.

BACKGROUND:

California child welfare experts believe that in some counties over 50 percent of child abuse and neglect is a direct result of the abuse of methamphetamine. A survey conducted by CWDA found the following impacts of methamphetamine use in California:

County	Description
Butte	Approximately 95% of children detained by Children's Services are a result of methamphetamine use in families. In Butte County, methamphetamine is the primary drug of choice for 50% of clients seen for treatment of substance abuse. Butte is seeing a 50% increase in tox-positive babies being born in 2005 over 2004, due to methamphetamine.
Calaveras	County has opened cases on 133 children since January 1, 2004. 84 of those children (63%) have one or more parent with a history of use methamphetamine.
Inyo	Methamphetamine use is an identified contributing factor in 48% of the Inyo's caseload (current caseload 54). Of those impacted with methamphetamine use, 56% have experienced a removal of the children.
Madera	In Madera County, from January through September of 2005, 86% of all new out-of-home placements of children identified parental substance abuse in their case plans. 61% of the current caseload of 406 is experiencing substance abuse and 55% of the caseload has mandatory random drug testing in their case plans.
Merced	Merced has 51 are methamphetamine related referrals out of a total caseload of 117 open referrals.
Sacramento	Sacramento County Child Protective Services responded to 486 reports of substance-exposed infants from July 1, 2004 to June 30, 2005. 268 of the investigations were initiated because of a positive toxicological screen at the time of delivery, of those 135 tested positive for methamphetamine.
San Benito	36 total Active Court family maintenance and family reunification cases: 26 (72%) involve methamphetamine 111 total open referrals: 83 (74%) involve methamphetamine
San Mateo	Observed a 38% increase in methamphetamine use.

FUNDING ELIMINATED FOR DEPENDENCY DRUG COURTS:

The Governor's budget does not maintain the $1.8 million federal funding included in the *2005-06 Budget Act* for Dependency Drug Courts (DDC). The Administration indicates that it will consider restoration of this funding upon review of an evaluation report for Dependency Drug Courts that is due to the Legislature during 2006 budget hearings.

Dependency Drug Courts provide intensive substance abuse treatment along with close court supervision to parents who are involved in dependency court cases. Prior evaluations of the DDC model, including one conducted for the federal Department of Health and Human Services, have produced evidence that the model reduces time to reunification, increases reunification rates, and increases participation in substance abuse treatment. This approach would result in cost avoidance in Foster Care and child welfare programs.

PANELISTS:

Hub Walsh
Department of Social Services
Madera County

STAFF COMMENT:

Entries into the foster care system result in significant county social worker, court, foster care and other costs.

ISSUE #5: HEALTH IMPACTS OF METHAMPHETAMINE

Methamphetamine use has been shown to have significant health impacts.

BACKGROUND:

Animal research dating back more than 20 years shows that high doses of methamphetamine damage neuron cell endings. Dopamine- and serotonin-containing neurons do not die after methamphetamine use, but their nerve endings ("terminals") are cut back, and re-growth appears to be limited.

Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement. It also appears to have a neurotoxic effect, damaging brain cells that contain dopamine as well as serotonin, another neurotransmitter. Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease, a severe movement disorder.

The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death.

Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.

Methamphetamine can cause a variety of cardiovascular problems. These include rapid heart rate, irregular heartbeat, increased blood pressure, and irreversible, stroke-producing damage to small blood vessels in the brain. Hypothermia (decreased body temperature) and convulsions occur with methamphetamine overdoses, and if not treated immediately, can result in death.

Chronic methamphetamine abuse can result in inflammation of the heart lining, and among users who inject the drug, damaged blood vessels and skin abscesses. Methamphetamine abusers also can have episodes of violent behavior, paranoia, anxiety, confusion, and insomnia. Heavy users also show progressive social and occupational deterioration. Psychotic symptoms can sometimes persist for months or years after use has ceased.

Acute lead poisoning is another potential risk for methamphetamine abusers. A common method of illegal methamphetamine production uses lead acetate as a reagent. Production errors may therefore result in methamphetamine contaminated with lead. There have been documented cases of acute lead poisoning in intravenous methamphetamine abusers.

Fetal exposure to methamphetamine also is a significant problem in the United States. At present, research indicates that methamphetamine abuse during pregnancy may result in prenatal complications, increased rates of premature delivery, and altered neonatal behavioral patterns, such as abnormal reflexes and extreme irritability. Methamphetamine abuse during pregnancy may be linked also to congenital deformities.

IMPACT OF METHAMPHETAMINE USE ON HIV AND HEPATITIS TRANSMISSION:

Increased HIV and hepatitis B and C transmission are likely consequences of increased methamphetamine abuse, particularly in individuals who inject the drug and share injection equipment. Infection with HIV and other infectious diseases is spread among injection drug users primarily through the reuse of contaminated syringes, needles, or other paraphernalia by more than one person. In nearly one-third of Americans infected with HIV, injection drug use is a risk factor, making drug abuse the fastest growing vector for the spread of HIV in the nation.

Research also indicates that methamphetamine and related psychomotor stimulants can increase the libido in users, in contrast to opiates, which actually decrease the libido. However, long-term methamphetamine use may be associated with decreased sexual functioning, at least in men. Additionally, methamphetamine seems to be associated with rougher sex, which may lead to bleeding and abrasions. The combination of injection and sexual risks may result in HIV becoming a greater problem among methamphetamine abusers than among opiate and other drug abusers, something that already seems to be occurring in California.

A study released in March by the Department of Health Office of AIDS found that methamphetamine use led to increased STD transmission among straight men. This study, along with other studies regarding gay males, shows that methamphetamine use is a contributing factor to the spread of both hepatitis and HIV.

PANELISTS:

Kevin Farrell, LCSW
Chief, Education and Prevention Services Branch
Office of AIDS
California Department of Health Services

ISSUE #6: PUBLIC SAFETY IMPACTS OF METHAMPHETAMINE

Methamphetamine use impacts the criminal justice system in many different ways.

BACKGROUND:

Methamphetamine is highly addictive and users often result to criminal behavior to fund their ongoing drug habit.

Methamphetamine use and violence are correlated—both domestic violence and violence against society in general. Methamphetamine is a powerful stimulant that affects the central nervous system and can induce violent behavior, anxiety, insomnia, paranoia, hallucinations, mood swings, and delusions.

HAZMAT:

Law enforcement must also take steps to address the hazardous chemicals associated with methamphetamine production.

Officer safety and health are top priorities for the California Bureau of Narcotic Enforcement (BNE). The Hazardous Materials Transportation Act governs how hazardous materials (hazmat) are to be moved, stored, and transported. To protect officers, the law requires adequate and appropriate equipment to safeguard against chemical contaminants. The law also ensures that officers undergo periodic medical testing, beginning with a "baseline test," which provides a profile of the employee's health before he or she ever is exposed to a laboratory. In addition, the law mandates that hazmat teams be given 40 hours of initial training, followed by 3 days of field experience, and a one-time 8-hour refresher course. Finally, the law requires that the medical files of officers be kept for 30 years after their retirement.

California has one of the nation's most progressive chemical control programs, backed by aggressive laws. Together, Federal and California controls have disrupted the illicit drug and chemical trades. California authorities, for instance, say that since ephedrine was placed under control, illicit chemical markets have been depleted. This has forced traffickers to search for ways to preserve their ephedrine supplies. Typically, clandestine laboratory sites contain only empty premeasured bags that once contained the chemical.

"TWEAKER":

The most dangerous stage of methamphetamine abuse for abusers, medical personnel, and law enforcement officers is called "tweaking." A tweaker is a heavy methamphetamine user who probably has not slept in 3-15 days and is irritable and paranoid. Tweakers often behave or react violently and if a tweaker is using alcohol or another depressant, his negative feelings and associated dangers intensify. The tweaker craves more methamphetamine, but no dosage will help re-create the

euphoric high, which causes frustration, and leads to unpredictability and potential for violence. A tweaker can appear normal: eyes can be clear, speech concise, and movements brisk. But a closer look will reveal the person's eyes are moving ten times faster than normal, the voice has a slight quiver, and movements are quick and jerky. These physical signs are more difficult to identify if the tweaker is using a depressant.

FUNDING INCLUDED IN GOVERNOR'S BUDGET:

The Governor's budget includes $6 million General Fund and 29.6 positions at the Department of Justice (DOJ) for the California Methamphetamine Strategy (CALMS) Program. This augmentation will develop three new teams focused on the less-populated, rural areas in California, where methamphetamine production has become increasingly difficult to control.

PANELISTS:

Jackie Long
Special Agent Supervisor
Clandestine Laboratory Enforcement Program
Department of Justice

ISSUE #7: ENVIRONMENTAL IMPACTS OF METHAMPHETAMINE

Methamphetamine production results in significant and lasting impacts on the environment.

BACKGROUND:

The clandestine synthesis of methamphetamine and other illegal drugs is a growing public health and environmental concern. For every pound of meth synthesized there are six or more pounds of hazardous materials or chemicals produced. These are often left on the premises, dumped down local septic systems, or illegally dumped in backyards, open spaces, in ditches along roadways or down municipal sewer systems. In addition to concerns for peace officer safety and health, there is increasing concern about potential health impacts on the public and on unknowing inhabitants, including children and the elderly, who subsequently occupy dwellings where illegal drug labs have been located.

Some of the chemicals associated with meth production include ammonia, lithium, sodium, iodine, red phosphorus, phosphine, sodium hydroxide, hydrogen chloride, Coleman fuel, and Freon. In addition, the use of red phosphorus during the meth "cooking" process produces phosphine gas, which is a nerve agent.

CAL-EPA'S ROLE IN METHAMPHETAMINE:

Two departments at the California Environmental Protection Agency assist in the clean up of methamphetamine labs.

The Department of Toxic Substances Control removes chemicals associated with the production of methamphetamine. Local law enforcement contacts the State to remove chemicals and contaminated materials found in methamphetamine labs for disposal.

Office of Environmental Health Hazard Assessment (OEHHA) provides research and analysis of the health impacts of the chemicals associated with methamphetamine production.

CLEAN UP STANDARDS:

Both Department of Toxic Substances Control and OEHAA are developing standards for the clean up of methamphetamine labs. Research is being conducted to develop guidelines for the mitigation of contamination of a facility that has been used to produce the substance.

PANELISTS:

Norman Riley
Department of Toxic Substances Control

OEHHA

STAFF COMMENT:

Some experts believe that cleanup costs for just one small "Mom & Pop" Meth Lab would exceed $100,000 and that there are thousands of these sites in California.

ISSUE #8: BEST PRACTICES FOR REDUCING METHAMPHETAMINE USE

The Subcommittee will discuss options for reducing the use of methamphetamine.

TREATMENT:

DADP reports that methamphetamine has recently surpassed alcohol as the most frequently used substance used by individuals receiving treatment from counties. The State's existing treatment network has seen a dramatic increase in the number of methamphetamine admissions in the last five years. The chart below illustrates the recent trend of admissions rates for primary drug reported:

Drug Admissions	FY 00-01	FY 01-02	FY 02-03	FY 03-04	FY 04-05
Methamphetamine	**40,671**	**60,986**	**69,790**	**72,959**	**77,793**
Alcohol	54,872	55,565	52,768	49,687	44,937
Cocaine/Crack	24,921	27,584	26,639	26,706	24,135
Heroin	70,421	61,174	53,445	47,510	41,938
Marijuana/Hashish	22,738	28,339	30,247	29,842	29,445
Other	6,744	8,246	8,180	9,384	8,464
Total	220,367	241,894	241,069	236,088	226,712

At this time the most effective treatments for methamphetamine addiction are cognitive behavioral interventions. These approaches are designed to help modify the patient's thinking, expectancies, and behaviors and to increase skills in coping with various life stressors. Methamphetamine recovery support groups also appear to be effective adjuncts to behavioral interventions that can lead to long-term drug-free recovery.

There are currently no particular pharmacological treatments for dependence on amphetamine or amphetamine-like drugs such as methamphetamine. The current pharmacological approach is borrowed from experience with treatment of cocaine dependence. Unfortunately, this approach has not met with much success since no single agent has proven efficacious in controlled clinical studies. Antidepressant medications are helpful in combating the depressive symptoms frequently seen in methamphetamine users who recently have become abstinent.

There are some established protocols that emergency room physicians use to treat individuals who have had a methamphetamine overdose. Because hyperthermia and

convulsions are common and often fatal complications of such overdoses, emergency room treatment focuses on the immediate physical symptoms. Overdose patients are cooled off in ice baths, and anticonvulsant drugs may be also administered.

Acute methamphetamine intoxication can often be handled by observation in a safe, quiet environment. In cases of extreme excitement or panic, treatment with anti-anxiety agents such as benzodiazepines has been helpful, and in cases of methamphetamine-induced psychoses, short-term use of neuroleptics has proven successful.

PREVENTION:

Prevention has been shown to both reduce current usage and prevent new individuals from trying the drug.

The State does not have a comprehensive methamphetamine prevention program. DADP is planning to use some materials and television commercials produced by the federal Partnership for a Drug Free America that deal with methamphetamine use, but has not created its own campaign. However, federal efforts do not focus primarily on methamphetamine because of the regional nature of the problem.

Counties receive a set-aside of the SAPT block grant for prevention activities. Some counties have used these funds for media and marketing campaigns regarding methamphetamine use. However, these campaigns are small and have not received a great deal of visibility.

Other states have conducted methamphetamine media campaigns that have received acclaim for being innovative and effective. For example, Montana has a Montana Meth project, which has received acclaim for raising awareness of methamphetamine use among youth aged 13-17.

OPTIONS FOR PREVENTION:

The Department of Alcohol and Drug Programs has provided a binder, which outlines several research-based prevention strategies, and guidelines that could be enacted by California to reduce the use of methamphetamine in California.

PANELISTS:

Department of Alcohol and Drug Programs

Dr. Jack McCarthy

STAFF COMMENT:

Other States, like Montana, have created effective prevention campaigns that have received widespread acclaim for their effectiveness at engaging youth.

ISSUE #9: DRUG MEDI-CAL RATES

The Subcommittee will consider the Drug Medi-Cal rates.

BACKGROUND:

The Governor's Budget includes $121 million ($63 million General Fund) for Drug Medi-Cal in 2006-07. Drug Medi-Cal provider rates have been essentially frozen at 2002-03 levels since 2004-05. Providers have requested that rates be adjusted to reflect the increased cost of providing services.

Drug Medi-Cal treatment is provided through four modalities:

- Narcotics Treatment Program (NTP) provides narcotic replacement drugs (including methadone), treatment planning, body specimen screening, substance abuse related physician and nurse services, counseling, physical examinations, lab tests and medication services to person who are opiate addicted and have substance abuse diagnosis. The program does not provide detoxification treatment. NTP providers are the primary Drug Medi-Cal providers.
- Day Care Rehabilitative provides specific outpatient counseling and rehabilitation services to persons with substance abuse diagnosis who are pregnant, in the postpartum period, and/or are youth eligible for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.
- Outpatient Drug Free provides admission physical examinations, medical direction, medication services, treatment and discharge planning, body specimen screening, limited counseling, and collateral services to stabilize and rehabilitate persons with a substance abuse diagnosis.
- Perinatal Substance Abuse Services is a non-institutional, non-medical residential program that provides rehabilitation services to pregnant and postpartum women with a substance abuse diagnosis.

Current statute requires Drug Medi-Cal rates to be adjusted each year to reflect actual costs of program operation. However, these rate adjustments have been suspended by budget bill language in the Budget Acts of 2004-05 and 2005-06, and are proposed for suspension again in the 2006-07 Budget Bill.

REQUEST FROM NTP PROVIDERS:

Advocates have asked the Subcommittee to consider a 5.0 percent rate increase for 2006-07 ($3.7 million General Fund), due to increased costs in recent years associated with the statewide nursing shortage and increased accreditation costs. Full restoration of all Drug Medi-Cal provider rates would cost $7.4 million General Fund in 2006-07.

Patients served by NTPs are primarily heroin addicts, although some patients become addicted to pharmaceutical opiates because the pain associated with a traumatic injury

or chronic illness has been inappropriately medicated by their doctors. Patients who enter treatment are assessed to ascertain their physical condition and their level of tolerance to opiates. All patients are tested for various medical conditions and diseases, including sexually transmitted diseases, and once in the program must comply with regular, random testing to detect illegal drug use. Because many patients have other serious medical conditions or diseases, the NTPs work with primary care clinics, public health agencies and managed health care plans to provide appropriate referrals and coordinate care.

Methadone is a long-acting medication that normalizes the physical condition of addicts so that they do not suffer from withdrawal symptoms. Methadone also reduces craving for opiates. Some patients must come into the clinic for a daily oral dose of methadone and others who demonstrate progress in treatment may have a regimen of unsupervised weekly oral medications. The goal of methadone is to stabilize the patient in order to treat the other psychosocial and medical issues. The department indicates that at an average cost of $11 to $13 per day, methadone maintenance treatment is a cost-effective alternative to incarceration or hospitalization.

PANELISTS:

Dr. Jack McCarthy

Jason Kletter

Steve Maulhardt

STAFF COMMENT:

The Subcommittee heard testimony regarding the Drug Medi-Cal rate during the November rate hearing.