



L.A. Health

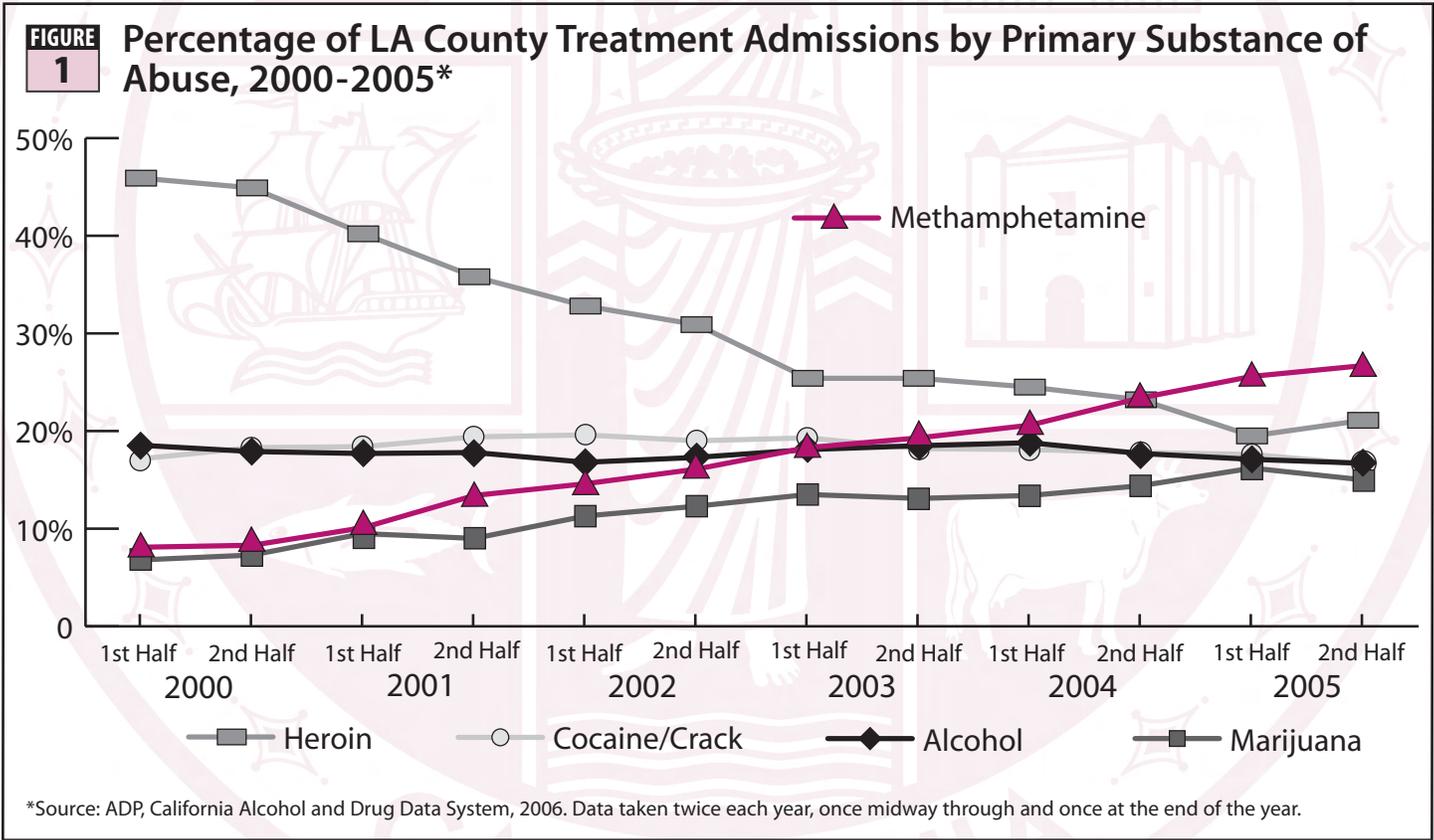
METHAMPHETAMINE USE IN LOS ANGELES COUNTY ADULTS

Introduction

Methamphetamine (“meth”) is a highly toxic and addictive illicit drug being used by growing numbers of adolescents and adults in the United States, with potentially devastating effects on individuals, families, and communities. Meth users smoke, snort, inject, ingest or anally insert the drug, which rapidly activates the central nervous system and produces a “high” that lasts 8-12 hours. An estimated 1.3 million adolescents and adults in the United States have used meth in the past year, including one half million who have used it in the past month.¹ Among meth users, the number of

people with meth abuse or dependence doubled from 2002 to 2004.¹

Meth use has rapidly emerged as the leading cause of admissions for substance abuse treatment in Los Angeles County (Figure 1). In 2005, meth accounted for nearly 30% of all treatment admissions, compared to only 10% in 2000. Meth has also become a leading drug problem for law enforcement agencies across the country, in urban, suburban, and rural areas alike. In California, arrests related to meth have increased 100% in the last 3 years.²



1. Substance Abuse and Mental Health Services Administration. (2006). Results from the 2005 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD.

2. The Meth Epidemic in America: Two Surveys of U.S. Counties: The Criminal Effect of Meth on Communities. The Impact of Meth on Children (July 5, 2006). National Association of Counties (NACo), Washington, D.C.

Estimates of Methamphetamine Use in LA County

Results of the 2005 Los Angeles County Health Survey (LACHS) indicate that 1.4% of all adults 18 years and older, or approximately 100,000 persons, reported using meth at least once in the past year. This estimate is higher than what was found in a national survey conducted in 2002-2004, in which an estimated 61,000 adults in Los Angeles County had used meth in the past year.³ However, given the margins of error of the two surveys, this difference is not statistically significant.

These results should be considered low estimates of meth use because those who use meth and other illicit drugs may be less likely than others to participate in health surveys or, if they participate, may be reluctant to report their drug use. In addition, the LACHS does not include persons who are homeless or incarcerated. In the second half of 2005, 22% of the primary meth treatment admissions in the county were homeless persons and 13% were referred by the court or criminal justice system.⁴

The LACHS found that 1.6% of all adult males and 1.2% of all adult females reported using meth in the past year. This 60 to 40 male-to-female ratio of users is consistent with the county's drug treatment admissions data.⁴ The data indicate a higher proportion of female admissions reporting meth use compared to other major drug use admissions, where males outnumbered females by a ratio of approximately 70 to 30.⁴

The prevalence of meth use was higher among those 18 to 29 years of age (3.1%) compared to those 30 and older (0.9%). The prevalence was also higher among men who identified as gay or bisexual (4.0%)⁵ compared to those who identified as heterosexual (1.3%). This finding is consistent with other studies that have found high rates of meth use among men who have sex with men, an important contributor to the ongoing HIV epidemic in this population because of its association with increased sexual risk behavior.⁶

The prevalence of meth use was similar among

those living below 200% of the federal poverty level (1.4%) compared to those with incomes above this level (1.3%). The prevalence was also similar for Whites (1.7%) and Latinos (1.4%) but could not be determined for African-Americans or Asians/Pacific Islanders because the number of survey respondents was too small.

The prevalence of meth use could not be determined for the Service Planning Areas (SPAs) because of insufficient sample size. However, data on substance abuse treatment admissions suggest that meth use may be a more severe problem in the Antelope Valley SPA, which accounted for 11% of the county's meth admissions in 2005 while accounting for only 3% of the county's overall adult population.⁷

Implications

The survey results indicate that a large number of adults in Los Angeles County have used methamphetamine in the past year. In addition, data on substance abuse treatment admissions indicate that the number of users in the county may be growing. However, the increase in treatment admissions may also reflect other factors, such as the impact of Proposition 36, which allows for alternative sentencing (i.e., drug treatment) for drug-related offenses.

Meth use can have severe physical and psychological consequences. Short-term effects can include euphoria, increases in attention, activity, heart rate, blood pressure, body temperature, and respiration, and decreases in fatigue and appetite. Adverse effects associated with prolonged use can include poor nutrition and weight loss, sleep deprivation, sinus problems, damage to teeth and gums ("meth mouth"), skin damage caused by repetitive scratching, psychotic behavior (hallucinations, delusions and paranoia), brain and other organ damage, stroke, and death. Chronic users develop a tolerance and require larger amounts of the drug to get high. Meth withdrawal symptoms can include depression, paranoia, aggressive behavior, and severe cravings for the drug.

Secondary consequences of meth use include

3. Data from SAMHSA's Office of Applied Studies using the NSDUH survey.

4. Rutkowski B. Patterns and Trends in Drug Abuse in Los Angeles County, California: A semi-annual update. Proceedings of the Community Epidemiology Work Group, Vol II, June 2006.

5. The estimate is statistically unstable (relative standard error $\geq 23\%$) and therefore should be viewed with caution.

6. Shoptaw S, Reback CJ, and Freese TE. Patient characteristics, HIV serostatus, and risk behaviors among gay and bisexual males seeking treatment for methamphetamine abuse and dependence in Los Angeles. *J Addict Dis.* 21(1): 91-105. 2002.

7. Rutkowski B. What's Up (or Down) in Los Angeles County: A Semi-Annual Drug Trend Update. Presented at the Community Epidemiology Work Group, Minneapolis, Minnesota, June 13-16, 2006.

violence, sexual risk behavior (leading to increased risk for transmission of HIV and other sexually transmitted infections), emergency department visits (particularly for burn injuries associated with making the drug), and involvement in criminal activity (often leading to incarceration). In 2003, 29% of booked male arrestees in Los Angeles County detention facilities had a positive urine test for meth.⁸

Although little is known about the economic impact of meth use, it is likely to be considerable. For example, results of a recent preliminary analysis indicate that meth use among California workers could cost businesses roughly \$6.9 billion.⁹ Other costs that have not been well-defined but are likely to be significant include the costs of associated criminal activity (e.g., the link between meth dealing and identity theft), costs to the legal and penal systems, social service costs to address the needs of children and families directly impacted by those using or manufacturing meth, and environmental costs of clean-up of identified meth labs.

Unlike many other illicit drugs, meth is not found in nature but is easily and inexpensively manufactured in makeshift laboratories often located in private homes, apartments, garages, storage facilities, vacant buildings, and vehicles. For every pound of meth that is made, 5-6 pounds of highly toxic waste is generated. The environment is further polluted when this waste is dumped into sewer systems, streams and rivers, or on the ground. Furthermore, materials used in meth labs include common fertilizers and solvents that are highly explosive. These labs are often in or near private residences, and therefore are a great danger to children and adults who live in close proximity.

Public Health Response

The Los Angeles County Department of Public Health has established a Methamphetamine Work Group comprised of both internal and external experts and other local stakeholders. The Work Group will soon issue recommendations for addressing the problem of meth use in the county.

8. National Institute of Justice 2004. *Drug and Alcohol Use and Related Matters Among Arrestees, 2003*. Washington, DC: DOJ.

9. Brecht ML 2005. *Methamphetamine Use in the Workplace. Report to the California Department of Alcohol and Drug Programs, UCLA Integrated Substance Abuse Programs. Funded by California Department of Alcohol and Drug Programs Contract #04-00124.*



on the web



MethResources.gov is the federal government's comprehensive directory of information and programs related to methamphetamine.

<http://www.methresources.gov/>

National Institute on Drug Abuse (NIDA) ensures the rapid and effective transfer of scientific data on drug abuse and addiction to policy makers, drug abuse practitioners, other health care practitioners, and the general public.

<http://www.nida.nih.gov/>

The **California Alcohol and Drug Programs** provides leadership and policy coordination for the planning, development, implementation, and evaluation of a comprehensive statewide system of alcohol and other drug (AOD) prevention, treatment and recovery services.

<http://www.adp.cahwnet.gov/>

UCLA Integrated Substance Abuse Program (ISAP) coordinates substance abuse research and treatment under authority of the Jane & Terry Semel Institute for Neuroscience and Human Behavior.

<http://www.uclaisap.org/>

Los Angeles County Alcohol and Drug Program Administration (ADPA) administers the county's alcohol and drug programs through contracts with over 300 community-based agencies. These agencies provide a wide array of prevention, intervention, treatment and recovery services for Los Angeles County residents.

<http://lapublichealth.org/adpa>

Partnership for a Drug-Free America provides general methamphetamine information, as well as resources, multimedia presentations and family stories.

http://www.drugfree.org/portal/drug_guide/methamphetamine

Prevention Online includes general information and statistics and provides access to methamphetamine related publications.

<http://ncadi.samhsa.gov>

Methamphetamine Treatment Project (MTP) specifically studies the treatment of meth dependence.

<http://www.methamphetamine.org/>



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These recommendations will include measures to expand education to the general public and specific high-risk populations (e.g., men who have sex with men) on the dangers of meth use as well as other prevention strategies. Ongoing and expanding education efforts will also target substance abuse service providers to ensure that evolving behavioral interventions and other treatment strategies are available.

Better tracking of the meth epidemic and its

associated health and economic impacts will be important for highlighting the need for continued resources for law enforcement to stem local meth production as well as its importation. Policies that restrict consumer access to the ingredients used to manufacture meth (e.g., pseudoephedrine) will also be important for reducing local production and the environmental hazards associated with local meth labs.

The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The most recent survey was conducted in 2005 for the Los Angeles County Department of Public Health by Field Research Corporation and was supported by grants from First 5 LA, the California Department of Health Services, and the Public Health Response and Bioterrorism Preparedness federal grant.

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For additional information about the L.A. County Health Survey, visit: www.lapublichealth.org/ha