



# ActNOW

## Against Meth

LOS ANGELES COUNTY PLATFORM  
ADDRESSING THE METH EPIDEMIC

2022



RESEARCH PARTNER



**CHIPTS**  
Center for HIV Identification, Prevention  
and Treatment Services

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## LOS ANGELES COUNTY PLATFORM ADDRESSING THE METH EPIDEMIC 2022

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## HISTORY OF ACT NOW AGAINST METH

In the summer of 2005, as the Los Angeles County Department of Public Health moved slowly to address the crystal methamphetamine (meth) outbreak, The Wall Las Memorias created the Act Now Against Meth Coalition. The aim of the coalition was to demand a strong public health response to rapidly increasing meth use in vulnerable communities across LA County. The coalition consisted of a variety of community-based organizations, private businesses, public high schools, and community leaders, including the Asian Pacific AIDS Intervention Team (APAIT), Being Alive, Lincoln High School, Midtowne Spa, and the Metropolitan Community Church.

The Act Now Against Meth Coalition developed a petition demanding funding be allocated specifically for meth use prevention projects. Coalition members held support groups, educational meetings, community forums, and media conferences to increase public awareness of meth and its impact on the community at large. The coalition conducted outreach at a variety of venues such as night clubs, festivals, high schools, and public spaces.

By September 2006, the coalition had gathered over 10,000 petition signatures. A press conference was held on the steps of the Los Angeles County Hall of Administration prior to presenting the petition to the LA County Board of Supervisors.

As a result of the coalition presenting the petition, the members of the Board of Supervisors introduced a motion to allocate \$1.5 million to fund new prevention and treatment programs. This was a major accomplishment in which the community advocated and received action upon a request.

In 2020, following the arrest of Ed Buck and reports of crystal meth use back on the rise, The Wall Las Memorias reinitiated Act Now Against Meth to meet the dire need to confront the meth epidemic in Los Angeles County. Community members were invited to attend virtual roundtable meetings to discuss the current state of meth and listen to community concerns about the meth crisis. As a result of this grassroots outreach, a new coalition was formed, with 15 community partners committing their support.

Following a virtual Act Now Against Meth Community Summit in March 2021, the coalition established a workgroup to draft the Los Angeles County Platform Addressing the Meth Epidemic. The workgroup met for over 54 cumulative hours to draft a list of recommendations to better address crystal meth in LA County, reflecting the needs community stakeholders have expressed throughout the past two years. **We are delighted to submit the following platform, which details recommendations for meth prevention, treatment, and policy.**

## RECOMMENDATIONS RELATED TO PREVENTION

It is self-evident that preventing the initiation of methamphetamine use offers optimal individual and community benefits. The Act Now Against Meth Coalition, henceforth referred to as ANAM, explicitly acknowledges that social stressors, unmet necessities, ignorance, denial of the problem, and blaming the user all impede prevention efforts. A robust, LA County-wide strategy to tackle methamphetamine use must address the social determinants of health through investment in our public health and social services infrastructure, effective services that follow harm reduction principles, awareness and education, and grassroots community engagement.

ANAM offers the following methamphetamine use prevention recommendations:

1. **We call upon the LA County Board of Supervisors to: 1) Improve coordination among the Los Angeles Department of Health Services, Department of Public Health, Department of Mental Health, Department of Children and Family Services, Department of Probation, Sheriff's Department, Homeless Services Authority, Department of Public Social Services, and other affiliated agencies, and 2) Direct the County of Los Angeles Alliance for Health Integration to help support and facilitate this coordinated approach across County Agencies.** The multiple needs of people at risk of using meth require concerted coordination among County agencies to ensure a comprehensive approach to primary and secondary meth use prevention. As part of this coordinated effort, all County departments that provide services to the public should be required to include substance use navigation services in their contracts to the extent feasible. Additionally, all County department personnel should be trained on the various substance use resources that are available in the community.
2. **We call upon the LA County Department of Mental Health to allocate Prevention and Early Intervention (PEI) funds for meth prevention activities and implement holistic prevention efforts in collaboration with the Department of Public Health's Substance Abuse Prevention and Control (SAPC) program.** Meth use frequently intersects with mental health disorders. It is critical that the Department of Mental Health and SAPC provide collaborative leadership to address the meth crisis in LA County.
3. **Improve coordination among community-based organizations, prevention providers, treatment programs, medical providers, and community health centers/Federally Qualified Health Centers.** As people at risk for meth use or currently using meth engage with community organizations and service providers across the County, it is imperative that they encounter a coordinated service system to ensure continuity of support. To that end, LA County should

require funded organizations to demonstrate that they work collaboratively with service providers to prevent and address methamphetamine and other drug use.

4. **Expand housing capacity for unhoused residents in LA County.** Homelessness is strongly correlated with methamphetamine use. In addressing the root causes of methamphetamine use, housing opportunities for residents of LA County regardless of drug use status or the ability to pay rent must be expanded to decrease the likelihood of methamphetamine use and to promote the dignity of the person.
5. **Expand and promote access to navigation services for unhoused people who are placed into temporary housing facilities.** Navigation services are critical to expanding access to substance use prevention and treatment services for unhoused people, which will increase the health and wellness of both the individual and the community. It is essential that these services be provided to unhoused people where they are located to ensure accessibility.
6. **Prioritize funding for prevention case management as part of harm reduction efforts.** Linking individuals at risk of using or currently using meth to the services they need to establish stable housing, food security, employment, health care, and substance use and mental health support is critical to primary and secondary meth use prevention efforts. Prioritizing funding for prevention case management is essential to addressing the meth epidemic.
7. **Ensure substance use prevention and treatment referrals are offered to clients accessing HIV, STI, and viral hepatitis screening, as well as HIV Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis (PrEP/PEP) services, to promote a holistic approach to wellness.** When using meth and other drugs, individuals often engage in sexual behaviors that are primary risk factors for HIV transmission. Sexual health screening and PrEP programs offer prime opportunities for referrals to substance use prevention and treatment services.
8. **Incorporate comprehensive HIV, STI, and viral hepatitis screening, as well as PrEP/PEP navigation services, in substance use prevention and treatment programs through collaboration with clinical service providers across LA County.** Despite substance use being a key risk factor for and frequent comorbid condition with HIV, individuals in meth and other substance use prevention and treatment programs are not routinely offered prevention or screening services for HIV and related conditions. Incorporating these auxiliary services is critical to optimizing meth use prevention efforts.
9. **Increase the availability and accessibility of effective mental health services across Los Angeles County.** Mental illness is a key contributor to initial and continued methamphetamine use. Therefore, LA County should pursue a robust approach to addressing mental illness alongside

meth use. Mental health services must be culturally proficient and provide appropriate assessment, diagnosis, and treatment. Further, mental health intake services should be available to methamphetamine users within three business days of initial contact to support tertiary prevention and ensure urgent needs are addressed.

10. **Improve cultural proficiency among County departments and service providers.** County departments and service providers must be culturally proficient in the areas of race, ethnicity, language, sexual orientation, gender identity, and religious beliefs. These characteristics each intersect with methamphetamine use in unique ways that service providers should be aware of and be competent to address. County departments and service providers should be required to receive annual training in these areas to ensure that clients receive culturally proficient services. Training should follow curricula approved by the Los Angeles County Center for Health Equity.
11. **Continue and increase support for those returning to the community after incarceration.** Those returning to the community after a period of incarceration are at risk for meth and other substance use. These individuals should have a menu of services that they can access to improve their health and wellness. Reentry services must include navigation support to assist clients with proper referrals to housing, workforce placement, and substance use and mental health prevention and treatment programs. Additionally, all individuals exiting incarceration should receive education on fentanyl and overdose prevention, including provision of Naloxone and fentanyl test kits to help prevent overdoses.
12. **Provide evidence-based, age-appropriate substance use curricula from K-12.** Substance use prevention must be addressed from K-12 and should not be delayed until middle or high school. Early education is essential to promote the importance of connections with others and address the needs of children who may experience the harms of meth use by caretakers or parents. Youth involvement in collaborative learning during K-12 or engagement in making social connections with others who have prosocial behaviors will slow the use of meth and other drugs. Students should learn about harm reduction concepts and strategies, in addition to abstinence, that will empower them to make healthy choices for themselves and others regarding substance use.
13. **Fund community-based, grassroots prevention efforts that specifically address methamphetamine.** It is essential for public health to value the work of grassroots organizations that are grounded in the community and work with the target population daily. Therefore, funding must be prioritized to support community-based, grassroots, locally developed programs that focus on preventing meth use.



## RECOMMENDATIONS RELATED TO TREATMENT

When it comes to treating meth dependency, effective treatment must encompass a “macro” approach that moves away from blaming the person with a substance use disorder for their behavior and toward addressing the factors that are negatively impacting their health and wellbeing.

ANAM offers the following methamphetamine treatment recommendations:

1. **Fund, invest in, and promote the use and expansion of evidence-based behavioral and interventions to treat methamphetamine addiction.** Currently, evidence-based behavioral treatment options for methamphetamine addiction include contingency management, cognitive behavioral (individual and group counseling) interventions, motivational enhancement therapy, and community reinforcement. Very few places currently offer contingency management, which has the strongest evidence of success. Investing in these evidence-based approaches to treating methamphetamine use disorder is critical to addressing the methamphetamine epidemic in Los Angeles County
2. **Expand efforts to explore, formalize, and fund biomedical treatments.** Biomedical treatment options are just now coming on-line. Two clinical trials support the use of mirtazapine (30 mg per day), and one large trial demonstrates positive outcomes for a combination of extended-release naltrexone and high-dose bupropion, for reducing methamphetamine use over placebo (Trivedi et al, New England Journal of Medicine 2021). According to Dr. Steve Shoptaw at UCLA, “The agreement between the two trials of mirtazapine is impressive. The combination of Vivitrol and high-dose bupropion is outstanding. These findings require us as a community to make available mirtazapine and/or extended-release naltrexone plus high-dose bupropion to help people reach their methamphetamine use goals.”
3. **Require physicians, counselors, behavioral health providers, social workers, educators, judicial system, law enforcement officers, and others across the County service system to participate in annual trainings on trauma-informed approaches to addressing methamphetamine use.** Many individuals who use meth have experienced significant trauma. Individuals who experience negative interactions with County services when seeking care may disengage in care and have detrimental outcomes. Successful treatment of methamphetamine use requires a holistic, trauma-informed approach to care across the County service system.
4. **Promote and normalize the use of naloxone, fentanyl strips, syringe services and other harm-reduction measures as meth treatment tools across the County.** These evidence-based harm-reduction tools have been proven effective and must be readily available to all who need them.

5. **Implement harm reduction principles.** It is crucial for LA County to require and promote harm reduction principles in all meth treatment programs to prevent and reduce the negative individual and community consequences of meth use. To that end, all meth treatment services across the County must be delivered in accordance with training in harm reduction principles and trauma-informed care.
6. **Fund, invest in, and increase the number of certified detox facilities throughout each Service Planning Area, and ensure no patient shall be turned away due to lack of financial ability.** Clients are often unable to access services when ready due to lack of service availability or limited financial resources. Additional, subsidized services must be made available across the County.
7. **Fund, invest in, and increase coordination of treatment efforts between mental health and substance use providers.** We call upon the Los Angeles County Department of Public Health and Department of Mental Health to streamline and implement coordinated services to adequately address co-occurring disorders impacting those using meth. When services are managed by different departments in silos, clients are less likely to have their health needs met.
8. **Ensure meth treatment programs address the complex, holistic needs of marginalized racial and ethnic communities by investing in and expanding the capacity of service providers who reflect the racial and ethnic identities of those communities.** Increasing the capacity of service providers from Latinx, Black, Asian, Native Hawaiian and other Pacific Islander, Indigenous, and other marginalized racial and ethnic communities is critical to improving the engagement and outcomes of clients from these communities.
9. **Invest in and increase the number of LGBTQ+ meth treatment centers specifically designed for LGBTQ+ patients in all Service Planning Areas to ensure treatment services are culturally and linguistically proficient and accessible to people of all identities within the LGBTQ+ community.** These centers should employ staff that are knowledgeable about the higher rates of meth and other substance use due to societally imposed obstacles that LGBTQ+ populations encounter daily. Co-occurring disorders common to the LGBTQ+ community such as anxiety, depression, self-harming tendencies, suicide/suicide attempts, compulsive sexual behavior, and trauma resulting from sexual abuse and assault must be addressed during treatment to support and sustain health and wellbeing.



## RECOMMENDATIONS RELATED TO POLICY

Legislative and regulatory barriers impede wide-scale implementation and sustainable funding of more expansive prevention and treatment services for methamphetamine use. Effectively addressing the current crisis will require active engagement and support from federal, state, and local government officials to amend or eliminate these statutory and regulatory barriers.

At the same time, government officials must commit the resources and additional funding that will be needed to effectively scale up programs and services for communities affected by methamphetamine use. This effort includes ensuring adequate, sustainable funding for outreach and education, provider training, evidence-based interventions, harm reduction services, and low-barrier treatment options.

ANAM offers the following key policy recommendations to expand access to effective prevention and treatment options and develop a more robust, compassionate response to the methamphetamine crisis in LA County:

1. **Increase access to comprehensive health coverage.** Ensuring that all LA County residents, regardless of legal status, have access to affordable, high-quality health care and achieving universal health care coverage are among the most important steps to effectively address methamphetamine use. Policymakers must ensure that both public and private payors cover and provide adequate reimbursement for effective prevention and treatment interventions, including contingency management.
2. **Expand access to contingency management services.** Contingency management is an evidence-based intervention for methamphetamine use that encourages positive behavior through the use of rewards or incentives. The California Department of Health Care Services (DHCS) recently received approval to cover contingency management in the Medi-Cal program through a pilot that will run from July 1, 2022, through March 31, 2024. DHCS will launch the contingency management benefit in select Drug Medi-Cal Organized Delivery System (DMC-ODS) counties using county-contracted providers. We urge the LA County Board of Supervisors to fully participate in the pilot program and develop a robust network of County-contracted providers so that contingency management services are widely available. Further, we urge LA County to develop an effective communications and outreach strategy so that impacted communities are aware of this new benefit for Medi-Cal beneficiaries.
3. **Support the creation of a new safe harbor provision to the federal anti-kickback statute.** Despite its demonstrated effectiveness in reducing methamphetamine use, contingency management is rarely available, due in part to federal policy limiting the type and allowable cash

value of incentives that can be used. The Biden-Harris administration’s drug policy platform cites the need to end “policy barriers related to contingency management interventions (motivational incentives) for stimulant use disorder” as part of its effort to expand evidence-based treatment. Establishing a safe harbor for contingency management, with guardrails in place to ensure its appropriate use, would allow for the further implementation of these effective programs.

4. **Increase funding for effective prevention and treatment interventions.** Increased funding to support effective prevention and treatment interventions is paramount to addressing methamphetamine use in LA County. Funding must also be allocated to support provider education and training on evidence-based, culturally responsive approaches to methamphetamine use. In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that State Opioid Response Grant dollars could be used to support evidence-based prevention, treatment, and recovery support services to address methamphetamine use. It will be critical for LA County to maximize these federal and state resources while addressing any remaining funding gaps.
5. **Increase funding for low-barrier harm reduction services, including syringe service programs, and work to increase public awareness of the effectiveness of harm reduction to reduce stigma.** Harm reduction organizations, including syringe service programs, are often the first point of contact for people who use drugs. These programs offer lifesaving services including Naloxone, sterile syringes, and testing for HIV, STIs, and other communicable diseases. Harm reduction organizations are also trusted community partners, and they remain critical resources to connect people who use drugs with treatment, recovery services, and health care. Increased funding is needed to support the further expansion of low-barrier harm reduction services across LA County. Increasing public awareness of the effectiveness of harm reduction will help to reduce the stigma and change the public perception of harm reduction to reflect its important role as a tool to curb problematic drug use.
6. **Continue to support statewide and local efforts to authorize and establish supervised consumption services.** Supervised consumption services are designated overdose prevention services where people can use pre-obtained drugs under the supervision and support of trained personnel. These programs have been extensively researched and shown to reduce health and safety problems associated with drug use, including overdose deaths. Senate Bill 57, by Senator Scott Wiener (D-San Francisco), would give LA County the ability to implement and evaluate these promising programs. We applaud the LA County Board of Supervisors for supporting this important legislation and urge the Board to continue moving toward establishing supervised consumption services.

7. **Support efforts to decriminalize drug possession and increase diversion programs.** Data from the U.S. and around the world indicate that treating drug use as a health issue, instead of as a criminal issue, is a more successful model for keeping communities healthy and safe. Using diversion programs aimed at addressing drug use in place of criminal prosecution for drug possession would save money by reducing prison and jail costs, free up law enforcement resources to be used for effective prevention and treatment services and prioritize health and safety over punishment for people who use drugs. Oregon recently became the first state in the nation to decriminalize drug possession, including methamphetamine. We support these efforts and urge the LA County Board of Supervisors to take appropriate steps toward decriminalizing drug possession.
8. **Advance racial equity policy and legislation.** The War on Drugs of the 1970s and '80s and its continued legacy of discriminatory policies has had a profoundly disproportionate impact on Black, Indigenous, and People of Color (BIPOC) communities. Higher arrest and incarceration rates for these communities are not reflective of increased prevalence of drug use, but rather of law enforcement's focus on communities of color. At the same time, BIPOC communities experience disparate access to health care, differential treatment, and poorer health outcomes. We urge policymakers at all levels of government to take steps to advance racial equity policy and legislation to address the harmful effects of the War on Drugs and eliminate health inequities in BIPOC communities.
9. **Endorse legislation to declare methamphetamine an emerging drug threat.** In 2021, Senators Dianne Feinstein (D-CA) and Chuck Grassley (R-IA) and Representatives Scott Peters (D-CA) and John Curtis (R-UT) introduced the Methamphetamine Response Act, a bill declaring methamphetamine an emerging drug threat which would require the Office of National Drug Control Policy (ONDCP) to develop, implement, and make public a national emerging threats response plan that is specific to methamphetamine. The plan would be required to be updated annually and include short- and long-term goals, performance measures, and the funding needed to implement the plan. We urge the LA County Board of Supervisors to endorse this important legislation.
10. **Create a Meth Awareness Day in the County of Los Angeles.** Greater awareness efforts are needed to educate LA County residents about the dangers of methamphetamine use. A countywide Meth Awareness Day would allow community-based organizations and LA County residents to have conversations about the impacts of methamphetamine use and increase awareness of available prevention and treatment services.



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## Coalition Partners

