

**Testimony of Richard Rawson, Ph.D. to the Little Hoover Commission on the topic  
of methamphetamine in California**

**August 23, 2007**

Mr. Chairman and Members of the Commission:

My name is Richard Rawson. I am a professor in the UCLA Department of Psychiatry and Associate Director of the UCLA Integrated Substance Abuse Programs. I have conducted addiction research, treatment and training since 1974 and for all except one year this work has all been conducted in California. Since 1986 methamphetamine is one of the major topic areas I have studied and methamphetamine dependence treatment has been a focus of my attention.

Methamphetamine has been a significant public health problem in some parts of California since the mid 1980s. San Diego, San Bernardino-Riverside and San Francisco counties have experienced serious problems with methamphetamine production and use over the past 20+ years. Through the late 1980s and 1990s, meth production and use spread throughout the state, until by the beginning of this century, methamphetamine use has become a serious problem throughout the entire state. In 1986, when I was Director of Matrix Institute on Addictions, we opened a clinic in Rancho Cucamonga with support of the SB County Department of Health. In that single clinic, we have treated over 5000 meth dependent patients in the past 20 years.

The prevalence of meth use in California is in great part due to the tremendous availability of the drug at very low prices. The Hell's Angels and other motorcycle gangs of California, based in San Francisco and Fontana have for over 40 years been major producers of meth. During the 1980's the formula for meth manufacture became widely distributed and small so-called "mom and pop" labs sprung up throughout many of the desert and rural parts of California, followed by the emergence of the much larger super labs, operated by members of large drug cartels. California was, for well over a decade, the largest producer of methamphetamine in the world. As precursor laws came into effect in the past 5 years, meth production in California has decreased dramatically. However, the availability and price of meth have remained unchanged, as the super labs have relocated across the border and illegal importation of meth has more than met the market demand. A major reason that many California residents have developed addictions to meth is that meth has been and currently is so widely available and so inexpensive. Easy drug availability has provided an opportunity for people in California to experiment with the drug. Meth is a powerfully addicting drug, consequently many of these experimenters became addicted to meth. Meth-addicted individuals learned to produce their own meth and introduced their friends, neighbors and relatives to meth. More addicts, more production and so on. Untreated meth users create more meth users. Meth addiction behaves like a communicable disease and as long as there are many untreated active users, the problem will spread.

Our treatment system has shown huge increases in admissions of meth users during the past 5 years for 2 reasons. First, although the growth in the meth problem occurred throughout California during the 1990s, as new initiates began their use of meth, treatment demand only increased dramatically after 2000. The reason for this lag between the expansion of use and the rate of treatment admissions is that it takes the average meth user approximately 7 years of use from the time of first use until they enter treatment for the first time. Hence, while the expansion in use occurred in the 1990s, there was a lag of about 7 years before these people sought treatment.

An even more important factor was that Proposition 36 was passed by voters at exactly the right time. Without Proposition 36 treatment funding, the crisis in the California prisons would be far, far worse, as would the burden on the health and social service agencies. Proposition 36 funding has provided treatment for nearly 100,000 individuals seriously dependent on methamphetamine. I can't even imagine how much worse the crime and health problems would be in California, had the voters not passed this life saving and tax saving initiative. Further, many of the treated meth users have stopped/severely reduced their meth use and this has slowed the rate of new initiates into meth use.

Treatment of methamphetamine dependence has much in common with treatment for other drug dependence disorders. While there are no medications currently effective for treating individuals dependent upon meth, there are a set of behavioral treatments that have been demonstrated to be effective. Treatment outcomes for meth users are comparable to treatment outcomes for other categories of drug users.

There are some unique aspects to the syndrome of meth addiction. Meth users are more likely to become psychotic and exhibit severe psychiatric symptoms than users of other drugs. There are a higher proportion of women addicted to meth than addicted to other categories of drugs. Meth is a huge problem among men who have sex with men and meth use poses a major risk factor for the transmission of HIV within this community. Due to the disruption to the brain's neurobiology caused by meth, the recovery process requires treatment that extends for many months to allow the brain to recover.

Women addicted to meth requires that treatment services accommodate the treatment needs of women (higher rates of abuse, higher rates of depression, lower rates of employment). Treatment needs to add therapeutic strategies to address these needs. Even more importantly, research has shown that women with children do far better in treatment programs that allow them to have their children in treatment and provide parenting skills as part of treatment. Many of treatment programs do not have these capabilities.

For the methamphetamine dependent individuals posed a number of challenges for the Prop. 36 treatment system. These include:

- Severely addicted meth users are so psychologically impaired that they are frequently unable to comply with outpatient treatment requirements. They simply do not have the cognitive capability to successfully navigate the sometime complex set of steps from court sentence to treatment entry. And even if they make it to treatment, they frequently are too severely impaired to successfully engage in outpatient treatment.
- Meth users have high rates of psychiatric comorbidity. Many treatment programs do not have the capability of providing adequate treatment to address psychiatric complications.
- Many meth users have lost whatever career and family structure they may have had prior to their addiction. Hence, treatment has to address a very large array of service needs, including housing, employment, medical/psychiatric care, etc. Many treatment programs do not have adequate service arrays to adequately meet all the important clinical needs of these patients.

During and subsequent to the tenure of Kathy Jett, the response to the meth problem in California has been extensive. During the past 7 years, ADP has engaged in a set of activities to address the meth problem in California. Among the important initiatives to address the meth problem have been:

- The treatment offered under Prop. 36 funding was the single most important intervention to address the meth problem in California during the past 20 years. The leadership of Kathy Jett, to make Prop. 36 successful and ensure that the money was used to its maximal benefit to meth addicted individuals in California as well as to the taxpayers in California has been a gargantuan effort that has saved countless lives.
- Monitoring the meth problem in California via data collected at the bi-annual SARC meeting and a number of those meetings have focused exclusively on the meth problem. A number of special issues of journals have resulted from these SARC meetings and importantly the information from the meetings has clearly informed the policy and priorities in California.
- The California Practitioner's Guide is a document prepared by ADP to provide California practitioners with the most up to date information needed for treating meth users.
- The Meth DVD series. ADP has contracted to produce a state of the art set of DVD's to educate individuals in meth treatment, their families, health care workers and social service agencies on the best and most relevant information on methamphetamine.
- California ADP and the Pacific Southwest Addiction Technology Transfer Center has conducted an extensive array clinical training activities throughout California, in conjunction with CADPAAC and County Administrators. There has been training throughout California for judges, therapists, counselors, doctors and the public on the topic of methamphetamine.
- Treatment initiatives focused on women's treatment needs have been initiated by ADP as the impact of meth on women has been disproportionately severe.

Within the structure of the Prop. 36 framework there were some challenges posed by meth users that could be ameliorated by some changes in the program. My recommendations are identical to those of my colleagues Darren Urada and Angela Hawken, in their recommendations to the State in their Prop. 36 evaluation. These recommendations include:

- Increase funding for Prop. 36 to allow treatment providers to deliver a full array of needed services, essential to the successful treatment of meth addicted individuals.
- Develop strategies to reduce delays in treatment initiation (time from the court, to treatment entry).
- Provide additional residential treatment to address the needs of very heavy users who are too impaired to be able to function in outpatient treatment.
- Exclude individuals from Prop. 36 eligibility who have 5 convictions in the previous 30 months, or at least manage them differently, such as placing them into more controlled settings or under increased supervision.
- Allow the court to impose sanctions, including brief incarceration for non-compliance with Prop. 36 treatment requirements.

As a clinician and researcher who has worked within the treatment system in California for over 30 years, I have personally witnessed the damage done to individuals, families and communities by the problem of methamphetamine. I spent many fruitless and frustrating hours during the 1980's and 1990s trying to get policymakers and officials at ADP to address the expanding problem of methamphetamine.

From my point of view, Proposition 36 was evidence of the brilliance of the people in recognizing the fundamental fact that California's addiction problem cannot be effectively reduced by building more prisons. Conservative estimates suggest that over 500,000 Californian's have problems with meth. Do we really want to triple the size of the California prison system to try to arrest and incarcerate these users?

Drug addiction is a health care issue and unless addicts have access to care they will create more addicts. As we see more addicts, we will see younger addicts as the problem spreads to younger adults and adolescents. Prop. 36 needs some adjustments to better meet the treatment realities of meth users. However, it has been a huge step in the right direction.