

Kern County Mental Health Department

The Impact of Methamphetamine in Kern County:

A Preliminary Study

Submitted by:

Transforming Local Communities, Inc.
5500 Ming Avenue, Suite 240
Bakersfield, CA 93309-4689
661-827-5245
dking@tlcprofessionals.com



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Johnathon Surface, Manager, Ambulance Division

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Pat Cheadle, Director
Bethany Christman, Assistant Director, CPS

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Dennis Thompson, Fire Chief

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Ed Jagels, District Attorney
Dan Sparks, Assistant District Attorney
Vernon Kyle, Chief Criminologist

Kern County Emergency Medical Services

Ross Elliott, Director

Kern County Environmental Health Services

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Joe Canas, Supervisor, Hazardous Materials

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Jim Waterman, Director
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TLC Research Team

Dixie L. King, Ph.D.
Savvina Chowdury, Ph.D.
Lisa Elliott, Ph.D.
Sandra Gonzalez

EXECUTIVE SUMMARY

In 2005, the Kern County Department of Mental Health (KCMH), Substance Abuse System of Care, received a federal grant to increase methamphetamine treatment services in two underserved West Kern communities, Taft and Wasco. In 2007, this grant was expanded to allow KCMH to conduct a study of the current impact of methamphetamine use on county agencies and resources. KCMH contracted with Transforming Local Communities, Inc. (TLC), a local research and evaluation company, to assist in conducting the study. This study had three primary objectives:

- To assess, to the extent possible, the percentage of total cases, by agency, in which methamphetamine is a factor;
- To estimate the costs of providing county services to methamphetamine users; and
- Through a series of interviews with key informants in the community, to identify the pathways through which methamphetamine use and dependence impacts the overall well-being of communities in Kern County.

TLC staff employed several data collection strategies. These included: (1) conducting key informant interviews and focus groups with staff from county agencies; (2) collecting statistical data, where available, from county agencies and the Bakersfield Police Department; (3) conducting a “snapshot” study in which county agencies and other organizations were asked to collect data during the month of May 2008 on the number of client contacts in which methamphetamine was a contributing factor; and (4) conducting an ethnographic “case study” in the West Kern communities of Wasco and Taft to document the perceptions of local stakeholders about the impact of methamphetamine on community wellbeing. The degree to which each of these objectives could be met varied based on the available data, and on the willingness of agencies to share existing information and participate in data collection.

Findings from independent data sources include the following:

- Criminal Justice Information Systems (CJIS) data accessed through the District Attorney’s Office show that between 2001 and 2007, methamphetamine offenses constituted between 24.7% and 39.2% of all felony defendants in Kern County.
- Of 340 randomly selected patients entering the Kern Medical Center Emergency Department during the period May 10 through June 10, 2008, 107, or 31.5%, answered “yes” to the question, “Have you ever used methamphetamine?” Physicians suspected methamphetamine involvement in another 4.1% of cases.
- Roughly 80% of the over 4,200 substance abuse clients served by Kern County Mental Health between July 2007 and June 2008 came into treatment through Prop 36—meaning that they had direct involvement with law enforcement and the criminal justice system, as well as substance abuse treatment providers. About half of these individuals named methamphetamine as their drug of choice. A significant percentage has children who are impacted either directly or indirectly by their parents’ substance abuse.

Line staff from several county agencies documented calls/encounters during the month of May 2008 (the “May 2008 Snapshot Study”), indicating whether methamphetamine was involved in the call/encounter (confirmed or suspected). Findings include the following:

- Of 936 calls and/or encounters documented by Sheriff’s deputies in outlying areas of the county, 21.5% had confirmed methamphetamine involvement, and methamphetamine was suspected in another 14.4%, for a total of 35.9% of all calls/encounters.
- Of 848 calls and/or encounters documented by Sheriff’s deputies in metropolitan Bakersfield, 17.6% had confirmed methamphetamine involvement, and methamphetamine was suspected in another 15.5%, for a total of 33.1% of all calls/encounters.
- Of 1,927 calls/encounters documented by Bakersfield Police officers, 9.0% had confirmed methamphetamine involvement, and methamphetamine was suspected in another 11.0%, for a total of 20.0% of all calls/encounters.
- Of 895 encounters documented by social workers in the Department of Human Services, 14.0% had confirmed methamphetamine involvement and methamphetamine was suspected in another 13.0%, for a total of 27.0% of all encounters.
- Of 750 new cases and revocations processed during the month of May 2008, Probation officers in the Adult Probation Division documented 175 confirmed cases of methamphetamine involvement—constituting 36.8% of all cases.
- Among cases documented in the Juvenile Division, 12.2% had confirmed methamphetamine involvement; in addition, a review of a random sample of formal probation cases showed that 17% of the 1,051 referrals to Juvenile Probation during May were in some way methamphetamine-involved.
- Only 6 of the 1,495 calls to the Kern County Fire Department were documented as having confirmed methamphetamine involvement; however, when alcohol and other narcotics (primarily prescription medication) is added to the methamphetamine cases, they constitute a total of 14.0% of all logbook entries and when suspected cases are added to confirmed cases, the total rises to 32.5%.

In addition to the data collected through the May Snapshot Study and CJIS, the District Attorney’s Office conducted a study of 142 randomly selected cases filed between May 1 and May 10, 2008. Of these cases, 40.8% were directly involved with the possession, sales or use of methamphetamine; in another eight cases (5.6%), the individual involved had a documented history of methamphetamine involvement.

A primary objective of this study was to estimate the fiscal impact of methamphetamine on agency personnel and resources. As one measure of cost, the research team had hoped to use the Snapshot Study to roughly calculate the percent of a line worker’s total caseload that consists of individuals directly involved with methamphetamine. However, the number of cases a line worker may have that involve methamphetamine

use cannot necessarily be correlated with time expended on a case. For example, the amount of time it takes to defend or prosecute a murder case is in all likelihood going to be much greater than the amount of time it takes to defend or prosecute a drug possession case. In theory, drug offenses could constitute 60% of a lawyer's cases, yet account for a much smaller percentage of her total time. None of the agencies participating in this study has a system in place to track personnel time expended by individual case. This made it impossible to determine cost through a time study.

The research team then attempted to examine cost by following a "typical" case in which methamphetamine involvement led to removal of a child from the home; however, this method also proved challenging. Cost calculations for a single case would need to include, at a minimum, (1) cost of law enforcement personnel involved in the arrest and social worker(s) involved in the removal of children from the home; (2) court costs for two courts—criminal and family law, (3) representation of each family member by a lawyer, (4) the involvement of social workers and case managers, (5) the involvement of Probation officers, and (6) placement costs for the child first at the Jamison Children's Center, and then in foster care. Other costs might include a mental health therapist or public health nurse. Again, in the absence of time study data, it was not possible to determine actual costs associated with this type of case.

In short, it was not possible to estimate the financial impact associated with methamphetamine possession, sales or manufacture in Kern County with any degree of reliability. Nevertheless, the "hard" data that *were* available from agencies, the data from the Snapshot Study, and feedback from agency administrators and personnel show remarkable degree of congruence, and make a compelling case about the cost burden of methamphetamine abuse in agency time and resources.

The human cost of methamphetamine use to families and communities throughout Kern County is somewhat easier to document through interviews and first person accounts. The case study of the West Kern communities of Taft and Wasco provides an intimate close-up into how real people became involved with methamphetamine, and its impact on families and local institutions. These communities have neither the highest rates of per capita use of methamphetamine in Kern County, nor the lowest, and consequently can be considered "typical" of communities throughout Kern. In the public opinion polls conducted in Taft and Wasco, 51.9% of Taft respondents and 41.8% of Wasco respondents indicated that they know someone in their community who either currently uses methamphetamine or who used it in the past. In both Taft and Wasco, law enforcement officers attributed 60% or more of their cases to methamphetamine, either directly (DUI, possession, sales, manufacture), or indirectly (assault, domestic violence, identity theft, burglary, armed robbery). Pastors indicated that significant numbers of their congregants have used methamphetamine, and many are struggling to recover from their addiction. Other residents told stories of how they have been impacted by the methamphetamine use of neighbors and friends.

First person accounts of randomly selected individuals who have completed substance abuse treatment and are in recovery provide insight into methamphetamine use and its

impact on families. Eight clients in the Substance Abuse System of Care were interviewed, all of them from Taft and Wasco. All eight started their substance abuse careers as teenagers—half while still in middle school. Drug treatment programs for youth in Kern County are virtually non-existent. By the time most clients get into treatment—usually through a CPS referral or Prop 36, or both—their drug use is entrenched. Of the eight clients interviewed, all now adults in their twenties and thirties who had tested clean for 10 to 12 months prior to the interview, all but one attributed their decision to enter recovery, and their subsequent success, to their desire to regain custody of their children. The long term consequences of their substance use on those children has yet to be determined.

A key implication of this report is that a comprehensive strategy to combat methamphetamine abuse in Kern County must encompass three key areas: public awareness, treatment, and prevention. Recommendations include:

- Address cultural barriers by offering treatment programs in and through faith-based institutions such as churches, synagogues, and mosques. Settings such as church basements may seem less intimidating and more welcoming than treatment clinics.
- Use the “political capital” of community leaders across all sectors to raise awareness and de-stigmatize methamphetamine use, so that substance abusers are more willing to seek treatment. This can be accomplished through the use of public awareness campaigns and the creation of non-threatening and welcoming venues in which to offer treatment services.
- Offer treatment in workplace settings. It may be possible to forge partnerships whereby employers are given incentives (e.g., tax breaks) for providing treatment in the workplace—accompanied by regular drug testing in order to reduce public safety concerns.
- Revisit the Drug Court model. Drug Court requires individuals to come before a judge, submit to random and more frequent drug testing, and participate proactively in a case management system, the goal of which is to move the individual toward employment, mental wellness, and independence. Drug Court includes the use of graduated sanctions to increase compliance and accountability.
- Invest in adolescent treatment programs. Studies show that most addicts begin their drug-using careers as adolescents, a finding confirmed through interviews with substance abuse treatment clients in West Kern. By identifying and intervening early in an adolescent’s drug-using career, we have an opportunity to alter the negative trajectory of methamphetamine use.
- Develop collaborative partnerships that focus on the underlying issues that must be addressed if substance abusers are to succeed in long-term recovery: literacy, job skills training, employment brokering, affordable childcare, and transportation.

- Use grassroots partnerships to increase awareness and strengthen families. Family strengthening activities can be as simple as providing a fun and positive venue in which children and parents can interact with each other under the guidance of individuals trained in Parent Project, Strengthening Families Program, and/or other evidence-based programs that have been shown to build and support positive family dynamics.
- Adapt strategies from environmental risk reduction programs in the alcohol field to minimize the availability of methamphetamine to young people.

Given the fiscal crisis facing the State of California and Kern County, prevention may be the only feasible alternative to the costs associated with criminal activity, arrest, prosecution and incarceration, and the heavy, heavy social cost of methamphetamine use, particularly to children. It is also true, however, that as non-mandated programs, prevention services have been the first cuts made across county departments. It may be that in order to be effective in the current climate, prevention will have to become a grassroots effort that harnesses the resources of families, schools, businesses, the faith-based community, and local institutions, as well as county government, toward a common goal. Using both education and environmental strategies to address the problem, and doing so collaboratively, may offer an unprecedented opportunity to reduce methamphetamine abuse in Kern County.

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1. Purpose and Scope of the Study

Three years ago, the Kern County Department of Mental Health (KCMH), Substance Abuse System of Care, received a federal grant to increase methamphetamine treatment services in two underserved West Kern communities (Wasco and Taft). In 2007, this grant was expanded to allow KCMH to conduct a study of the impact of methamphetamine use on county agencies and resources. KCMH contracted with Transforming Local Communities, Inc. (TLC), a local research and evaluation company, to assist in conducting the study. By working with various county agencies, KCMH and TLC hoped to arrive at an estimate of the county-wide costs associated with the use and abuse of methamphetamine. In keeping with this goal, this study had three primary objectives:

- To assess, to the extent possible, the percentage of total cases, by agency, in which methamphetamine is a factor;
- To estimate the costs of providing county services to methamphetamine users; and
- Through a series of interviews with key informants in the community, to identify the pathways through which methamphetamine use and dependence impacts the overall well-being of communities in Kern County.

The second objective required research into how county agencies currently track data related to methamphetamine use, and to determine whether and how these data could be translated into monetary cost, while the third objective attempts to gauge the larger, “spillover” cost to the community as a whole.

1.1 An Overview of Methamphetamine

The prevalence of methamphetamine use in Kern County presents a daunting challenge to families, neighborhoods, communities and county service providers. In Kern County, methamphetamine use and dependence is widespread, affecting not just individual users, but entire neighborhoods and communities.¹ The pathways through which methamphetamine use and dependence continue to impact county services are intricately interconnected, as its abuse is often accompanied by a host of related anti-social behaviors: the neglect and abuse of children, domestic violence, criminal activity to support the habit, risky sexual behavior that exposes individuals to sexually transmitted diseases, and the eventual deterioration of the user’s mental and physical health. Furthermore, methamphetamine abuse inflicts economic hardship on families and communities through lost wages due to bouts of unemployment and lost lifetime earnings due to incarceration. While some of the effects of methamphetamine abuse – such as criminal activity and violence – have been visible through crime reports and media outlets, its indirect effects, such as the dissolution of families and neighborhoods, has impacted the county in deeper and less evident ways.

¹ According to the Alcohol and Drug Administrator at Kern County Mental Health, approximately 55% of all treatment admissions and 70% of all Prop 36 admissions list methamphetamine as the primary drug of choice.

1.1a The Health Effects of Methamphetamine

Methamphetamine is a man-made “psycho-stimulant” developed from its parent drug, amphetamine, during the early part of the 20th century. Stimulants are drugs that increase alertness by stimulating the central nervous system. Like other stimulants, such as cocaine, methamphetamine acts on the processes of the brain to increase heart rate, blood pressure, arousal, and respiration. Though chemically related to amphetamine, methamphetamine is much more powerful, longer lasting and more damaging to the central nervous system.

Though its use may not be as prevalent as other narcotics such as marijuana, for example, methamphetamine is the most commonly reported substance in publicly monitored treatment programs in the State of California.² Due to the severity of its effects on the human body, significant health effects are associated with methamphetamine use and dependence. Methamphetamine abuse can alter brain function, it can directly affect an individual’s mental health and it can compromise cardiovascular health. The immediate effect of methamphetamine use is increased activity and decreased appetite. Numerous medical studies have found that methamphetamine use is strongly associated with heart disease. Short-term effects include anxiety, insomnia, rapid heart beat, excessive talking and excitation; long-term effects include increased chances of convulsions, stroke and heart attack (Karch *et al.* 1998; Albertson *et al.* 1999; Furst *et al.* 1990).

1.1b Effect on the Brain and Cognitive Functioning

Chronic methamphetamine abuse can cause changes in brain structure, brain function and memory. Numerous medical studies have documented the damage caused by methamphetamine on brain processes and functions. Unlike cocaine, which is quickly metabolized and removed by the body, methamphetamine remains unchanged in the body, giving rise to a prolonged stimulant affect. In the brain, it promotes the release of a neurotransmitter chemical called dopamine. The release of dopamine stimulates brain cells, enhances the experience of pleasure and elevates the individual’s mood. Prolonged use of the stimulant, however, can lead to brain cell damage. Ernst *et al.* (2000), for instance, found that methamphetamine users suffered from brain damage similar to individuals who had had a stroke or were diagnosed with Alzheimer’s disease. Volkow *et al.* (2001) found that methamphetamine disrupts the metabolic processes in the *orbitofrontal cortex* contributing to “compulsive drug intake” and addiction to the stimulant. Paulus *et al.* (2002) found that damage caused by methamphetamine to the *orbitofrontal cortex* disrupts decision-making capabilities in individuals and contributes to cognitive dysfunction. Among chronic users of the drug, high concentrations of dopamine can damage nerve terminals, leading to cognitive impairment.

²California Department of Alcohol and Drug Programs, *Fact Sheet*, December 2007. Data is based on admissions and discharges from publicly funded treatment services as reported in the California Outcomes Measurement System (CalOMS).

1.1c Effect on Behavior

Persistent methamphetamine abuse can lead to psychotic behavior such as paranoia, hallucinations and violent tendencies. A number of studies have documented the finding that methamphetamine use is associated with violent behavior that has resulted in either self-inflicted injuries or injuries caused to others. For example, trauma patients who test positive for methamphetamine are also more likely to have gunshot wounds and stabbing wounds than patients who test negative for methamphetamine (Cartier *et al.* 2006). Self-inflicted violence and incidents of domestic violence are more than twice as common among methamphetamine-positive patients (Swanson *et al.* 2006). Methamphetamine has been linked to deaths due to homicide, suicide, and traffic accidents, as well as the direct effects of the drug itself. A study by researchers Sekine *et al.* (2006) found that a group of long-term methamphetamine abusers exhibited increased levels of aggression compared to a control group of individuals who were not methamphetamine addicts.

Further research is needed to determine the extent of the destruction of cognitive abilities caused by methamphetamine. One study found that after more than a year of abstinence, former users still showed severe impairments in memory, judgment and motor coordination – symptoms that were very similar to Parkinson’s disease. The same study suggests that damage to the brain caused by methamphetamine may not be permanent, but that recovery may depend on the length and severity of drug abuse (Wang *et al.* 2004).

1.1d Effect on Family Well-being

The health effects of methamphetamine on children’s well-being are both direct and indirect. Children who are born to mothers who used the drug during pregnancy are directly affected by methamphetamine: they are 3.5 times more likely to be small for their gestational age, and their birth-weight is more likely to be lower than those babies who were not exposed to prenatal methamphetamine.

Production of methamphetamine in the home, a not uncommon phenomenon, can lead to health consequence for children, who are exposed to heavy toxins from the chemical ingredients. Lack of supervision in drug-using homes can lead to children of all ages having access to the drug.

Smith *et al.* 2006

The indirect effects of methamphetamine include the dissolution of families as the drug wreaks havoc on day-to-day functioning and stability of homes and communities. Beyond the impact of methamphetamine abuse on the physical and mental health of users, the habit can also severely compromise the ability of individuals to continue to function at home and in their place of work. As documented in the case study in this report, numerous individuals cited the added energy derived from methamphetamine use as an attraction as to why they first began using the stimulant. Methamphetamine use initially provided the increased energy needed to cope with the pressures associated with balancing the demands of work and family life. Eventually, however, seven

out of the eight recovering methamphetamine addicts in the case study featured in this report lost their children to State protective custody and spent time in jail and/or on probation. In some cases, addicts found themselves caught in a perpetual cycle of losing their children, sobering up for a few months – long enough to meet child welfare mandates, to test negative, and reclaim their children – only to then relapse. In one case, this led to the permanent removal and adoption of several children. This upheaval in the lives of young children has long-term psychological consequences, and can lead to disruptive and/or maladaptive behavior in school, compromising children's ability to learn and ultimately to graduate from high school. A further cause for concern is the number of clients interviewed in West Kern who spoke of the generational persistence of substance abuse in their families.

Treatment providers in West Kern discussed how chronic methamphetamine abuse among the wage-earning members of a family leads to a reduction in life-time earnings. Not only are repeat offenders in and out of the work force as they complete their treatment and probation sentences, but a record of incarceration can have a negative impact on future job prospects. This can increase an individual's susceptibility to bouts of unemployment and poverty, further increasing the family's chances of dissolution.

1.1e Impact on Public Services in Kern County

Methamphetamine abuse and addiction among a population draws heavily on the services provided by a county, due to its far reaching impact. County service providers are the community's first line of defense against the ravages of methamphetamine use. Many agencies are "first responders" to a 911 call involving a case of overdose, methamphetamine-related domestic violence, criminal activity, or fire. Other county service providers deal with the longer-lasting effects of methamphetamine use as treatment providers, therapists, Probation officers, social workers and foster caregivers. The spread of methamphetamine abuse in Kern County has impacted the resources of all public service providers, from the fire department, law enforcement, the criminal justice system, probation services, the mental health system of care, and child welfare, to society-wide institutions such as public schools and county hospitals.

As discussed above, significant health effects are associated with the treatment of methamphetamine users. The health effects of using the psycho-stimulant require the provision of both short-term and long-term medical care by hospitals and treatment providers. Existing treatment programs in 15 states, including California (and Kern County), are demonstrating high rates of success in terms of combating addiction and rehabilitating addicts. Rehabilitation treatment for methamphetamine addiction requires a long term commitment to treatment on both the part of the user and the provider (Cretzmeyer *et al.* 2003).

Methamphetamine use and dependence is associated with significant costs to law enforcement agencies and the criminal justice system. Not only is it illegal to possess, sell and manufacture methamphetamine, but the production and trafficking of the stimulant have proved to be "strongly associated with violent behavior," leading coun-

ties with high levels of methamphetamine production to establish task forces specifically trained to apprehend “meth” producers and traffickers. Many of the violent and non-violent crimes committed in Kern County are related to methamphetamine abuse, as addicts resort to activities such as theft to support their habit:

We’re convinced that a huge number of property crimes are committed as a result of methamphetamine addiction.

Kern County District Attorney, Edward Jagels

If they’re on drugs, they’re on meth - and that’s just about 90%, or 99%. So where I couldn’t find one [meth addict] 12 years ago, they’re all doing it now...Everybody has to get their drugs, so they have to engage in some type of crime, because many of them aren’t able to work to maintain their drug use.

Kern County Probation Officer

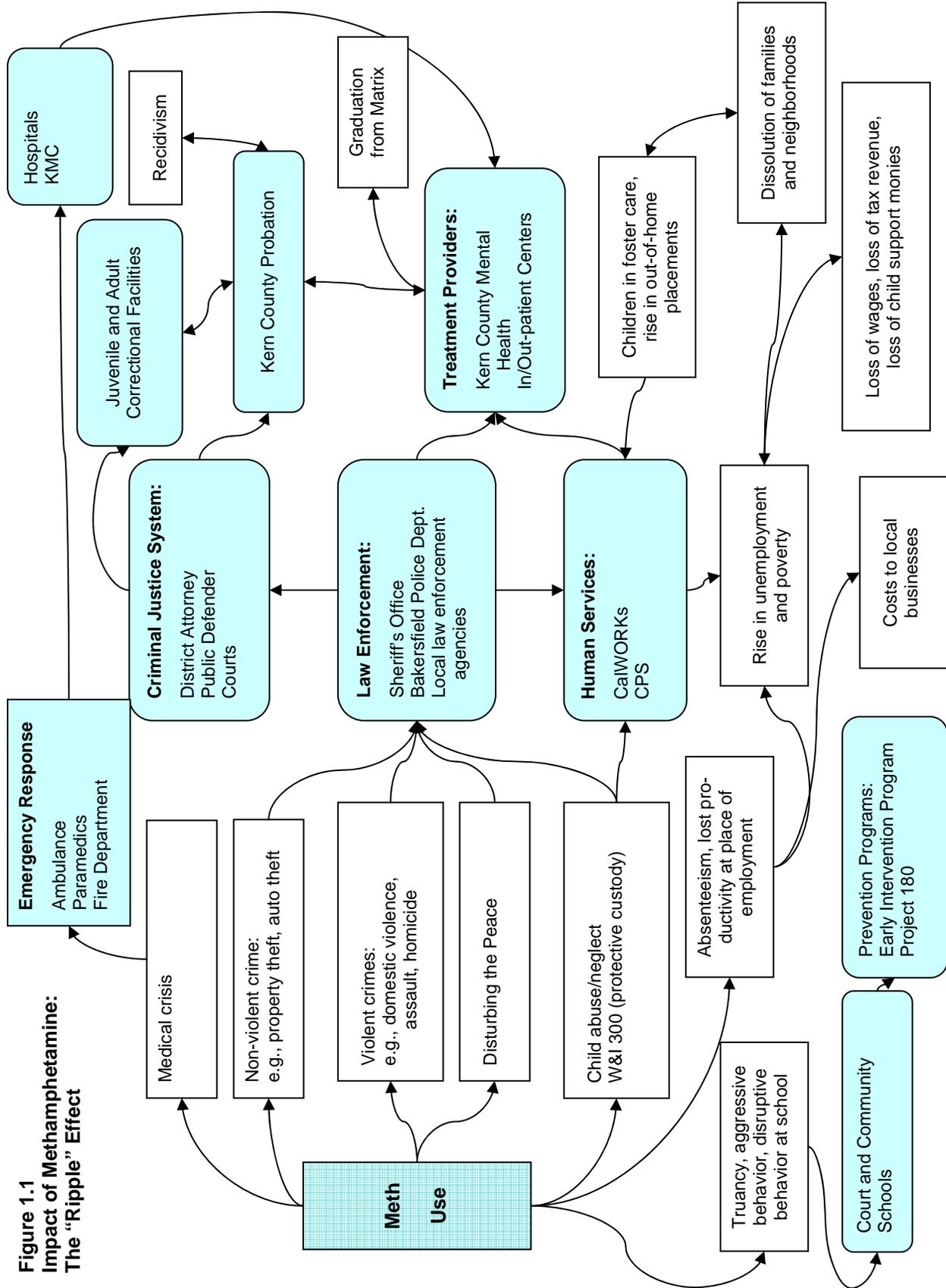
Methamphetamine-related activities that result in arrests and incarceration impact the resources of not only law enforcement agencies such as the Bakersfield Police Department and the Kern County Sheriff’s Office, but also the Kern County Probation Department, the judicial system and the juvenile and adult correctional facilities.

Furthermore, methamphetamine abuse in Kern County in many cases has led not only to ill health and incarceration, but also the break-up and dissolution of families as the arrests of adults have led to the out-of-home placement of neglected, endangered, or abused children. These cases involve the services of the Kern County Department of Human Services and, by association, public schools and Kern Medical Center. According to local authorities, more than a third of the children in the Kern County Child Protective Services Family Reunification Program are there because of methamphetamine use by their parents.

At the end of December [2007] we had over 800 children in the Family Reunification Program...Probably 300 or so of those kids are in the system as a result of meth.

Bethany Christman, Assistant Director, Kern Department of Human Services

The widespread use of methamphetamine in Kern County is particularly challenging for county service providers, whether they are the first line of defense, long term treatment providers, or case workers who manage the out-of-home placements of children. Both the short-term costs incurred in the arrests and incarceration of methamphetamine users, and the long-term incarceration and treatment of addicts present a serious logistical and financial burden on county services. Given the severity and long-lasting effects of methamphetamine abuse, successful treatment, recovery, reunification of families and the rejuvenation of neighborhoods is likely to be resource intensive. It is therefore important that the allocation of scarce county resources is given careful consideration such that each dollar is spent with foresight regarding how to maximize its impact. Figure 1.1 provides a schematic representation of the pathways through which methamphetamine abuse can impact the resources of county agencies.



1.2 Data Collection Methodology

TLC staff employed a number of strategies, or methods, to collect data regarding the impact of methamphetamine on county resources. These included (1) conducting key informant interviews and focus groups with staff from county agencies; (2) collecting statistical data, where available, from county agencies; (3) conducting a “snapshot” study in which county agencies and other organizations were asked to collect data during the month of May 2008 on the number of client contacts in which methamphetamine was a contributing factor; and (4) conducting an ethnographic “case study” in the West Kern communities of Wasco and Taft to document the perceptions of local stakeholders about the impact of methamphetamine on community wellbeing.

1.2a Key Informant Interviews and Focus Groups

The first step in the study involved conducting in-person interviews with administrators of key public service agencies in Kern County. The interviews were semi-structured, in the sense that there were some common questions that were asked of all informants, but there were also others tailored to each specific agency. The purpose of these initial interviews was to gauge the individual’s or group’s perception of the problem based on the daily encounters of agency staff with methamphetamine users; to understand the institutional structure of the particular agency and how it related to other agencies; and to solicit prevention strategies. An additional objective of the interviews was to ascertain what types of data on methamphetamine use are collected by the various departments. Later, after the completion of the snapshot study, TLC staff conducted a second round of interviews and focus groups with agency staff to elicit their perceptions about the study findings, and to try to attach cost estimates to staff time.

1.2b Client Data from County Agencies

Agencies were asked to provide any demographic or other aggregate client data that were specific to methamphetamine use—for example, the total number of methamphetamine-related prosecutions, or the number of clients who had children removed from the home due to methamphetamine-related factors (such as possession, sales, or manufacture). A key finding that emerged early on in the study, and one that was common to many of the agencies, was the lack of agency data specific to methamphetamine users. This has huge implications both for this study and for county agency providers. For instance, staff from the Department of Human Services pointed out that the goal of Welfare-to-Work – getting families off welfare and into stable employment – is undermined by the fact that the agency does not collect data on client substance use:

It would be really beneficial to identify early on in the process that there is a substance abuse issue, no matter what it is... I will tell you right now that this is not a popular opinion in the social services arena, but I’m thinking more in terms of getting that family the services that they need to be successful. We are wasting a lot of resources and a lot of time hoping that the person is going to somehow volunteer this information. Most of them don’t, [and we are] damaging relationships with employers, throwing good money away for nothing, because we’re not dealing with the substance abuse first...If somebody has

a substance abuse issue, you have to deal with that first, before you send them to training, before you start with learning a new job.

Key Informant, Department of Human Services

Where data specific to methamphetamine were available, agencies were asked to provide information for the years 2001-2007. In addition, most county agencies agreed to participate in collecting data to assess the extent of methamphetamine use among their clients. This “snapshot” study is described below.

1.2c The May 2008 “Snapshot”

During the course of in-person interviews, TLC staff asked agency heads if members of their staffs would be willing to keep a log of every case they encountered during the month of May. The survey instrument used to keep the snapshot log kept the number of questions to a minimum, given that the data were collected by first responders such as firefighters, law enforcement, case workers, and Probation officers. These county employees were asked to note the date of the event, the zip code in which it occurred, gender and ethnicity of the individual involved, the age range of the individual, whether or not the incident involved alcohol, methamphetamine or other narcotics (yes/no/suspected), and whether CPS was involved in the contact. Eight county agencies and the Bakersfield Police Department participated in this study, as did the Alliance Against Family Violence and Sexual Assault.

The purpose of capturing a “snapshot” view of the extent of methamphetamine-related cases is to attempt to measure the impact of methamphetamine use on the agency’s line staff and hence its personnel resources. While we are aware that any measure of the extent of methamphetamine use will be an under-representation, we nevertheless felt that we had to make an attempt to capture this view, particularly since few agencies had any other mechanism in place to identify methamphetamine-related cases.

We chose to look at individual cases as the unit of analysis and not individual *clients*. During the month of May, a given individual may have been the defendant in more than one case at the Public Defender’s Office, for example. However, since each case involves the time of an attorney, a prosecutor, a Probation officer and court resources, each case incurred the use of distinct county resources, even if it involved the same individual. Consequently, the rationale for looking at cases as opposed to individuals was based on the larger objective of gauging the amount of county resources expended on services required by methamphetamine users.

Those individuals who were arrested for committing a burglary or property crime and were motivated to do so to support their habit are not captured by the snapshot data. In order to address this deficiency, the District Attorney’s Office agreed to randomly pull cases filed during the first 10 days of May that did not include drug charges, and examine them to determine whether the defendant had any history of methamphetamine use, manufacture, or sales on record. While this internal study was quite limited

in scope, it does have implications for capturing an accurate picture of the prevalence of methamphetamine involvement in crime in Kern County.

1.2d The West Kern Case Study

The objective of the West Kern case study was to supplement the data collected from the interviews and the snapshot log books with a more in-depth look at two communities from the perspectives of treatment providers, community leaders, pastors, law enforcement, and methamphetamine users themselves. In addition to interviews conducted with key informants in the cities of Taft and Wasco, a public opinion poll was conducted in shopping centers in each community in November 2008 to attempt to gauge the perspectives of residents regarding the prevalence of methamphetamine in their community.

1.3 Limitations of the Study

A variety of factors have limited the scope of this study. We present a few of the most egregious limitations below.

Inability to estimate prevalence of use. The initial purpose of this study was not to estimate prevalence, but findings beg the question of just how many people in Kern County are engaged in drug use, and specifically in the use of methamphetamine. For a number of reasons, we are not able to estimate prevalence. As mentioned above, most agencies do not collect information about their clients' use of illegal substances, and even those that do collect such information (e.g., the District Attorney's Office) do not disaggregate the data in a way that allows us to present a clear picture of methamphetamine use separate from the use of all other illegal substances (this is discussed in detail in Section 2). Even the May 2008 Snapshot Study does *not* attempt to measure the extent of the use of methamphetamine among the general public. This study captured only people who came into contact with a county agency, the Bakersfield Police Department, or the Alliance Against Family Violence & Sexual Assault during a one-month period. Many users had no contact with these entities during that month.

A further example of the challenge of estimating prevalence: over a period of a month, one methamphetamine user might use the services of the Fire Department as an emergency responder to an overdose, the Public Defender's Office due to a related arrest on drug charges, a social worker at Child Protective Services because children were removed from the home at the time of the arrest, and a Kern County Mental Health treatment provider when the user is assigned to Proposition 36 ("Prop 36")—not to mention related hospital and court costs. An accurate estimate of resources expended by the county relies not on prevalence data (how many people are using methamphetamine), but rather involves gauging the impact of a user on each particular agency (total expenditure of resources).

This leads to another important factor in estimating prevalence: many methamphetamine users have little or no contact with county agencies, particularly if they are manu-

facturing small amounts at home, are not engaged in sales, and are not caught up in a situation that would make discovery likely (e.g., a drug overdose, a DUI, or a workplace drug test). All of these factors make it extremely difficult to measure prevalence—but certainly provide a chilling example of how cost to the county for even one drug user can rise exponentially.

Variation in data collection methods across agencies. The ways in which data were collected for the May 2008 Snapshot Study varied considerably across agencies, such that we could not analyze the data in aggregate (that is, across agencies), but only by individual agency. This is discussed in detail later in this report; however, to give an example: the Kern County Department of Human Services asked every social worker in the field to collect data for the month of May. Responses to this request, quite predictably, varied considerably between social workers and across regions. On the other hand, the Kern County Sheriff's Office selected a sample of officers to collect the data, making every effort to represent all geographic regions in the county without overburdening staff. Inevitably, a few officers forgot to complete the logs, filled them out incorrectly, or were not available to complete them for all or part of the data collection period (e.g., they were off duty or on vacation). Because a sample rather than a census of officers was engaged in data collection, the loss of any one officer for even a few days skews the data for that agency. In an applied setting (that is, in the "real world"), where the researcher does not have complete control over the data collection process, and where resources are limited, problems of this sort are to be expected. They also make it impossible to generalize findings to the county as a whole. Nevertheless, when coupled with qualitative accounts from administrative personnel and line staff, the data do provide considerable insight regarding the impact of methamphetamine on an individual agency's resources.

Inability to calculate real costs associated with methamphetamine use. One of the primary objectives of this study was to estimate the fiscal impact of methamphetamine on agency personnel and resources. We did not underestimate the difficulty of doing so, but found it was an even more challenging task than we had anticipated. For example, as one measure of cost, we had hoped to use the Snapshot Study to roughly calculate the percent of a line worker's total caseload that consists of individuals directly involved with methamphetamine. The inconsistencies in data collection across agencies is described above. Further problems arose, however. Those completing the survey were asked to complete basic information for every person with whom they came in contact during the course of their shift (or for every call they received); however, staff from some agencies only kept track of encounters they thought actually involved methamphetamine, rather than all encounters. Additionally, law enforcement officers, in particular, are trained not to assume drug use unless drugs or paraphernalia are found, or the person actually acknowledges drug use; this undoubtedly led to underreporting. Some county staff are not well trained in recognizing the symptoms of drug use, while still others are over-zealous in assigning drug use in the absence of real evidence or clear symptoms. For all these reasons, it was not possible to calculate the percentage of encounters, or caseload, that were methamphetamine-related and generalize it to an agency as a whole. Additionally, none of the agencies has a system

in place to track personnel time expended by individual case; nor did they complete time studies to determine what percentage of time staff spend on methamphetamine-related cases. As was pointed out by a key informant in the Public Defender's Office, the time devoted to prosecuting and defending a murder case is obviously going to be much greater than the time devoted to prosecuting and defending a simple case of drug possession and sales. Consequently, even though drug cases might take up 35% of an attorney's time, they might account for 75% of her caseload. Without a systematic time study, we cannot estimate the percentage of total time county staff devote to methamphetamine-related cases.

For all these reasons, we found that we could not with any degree of reliability estimate the fiscal costs associated with methamphetamine in Kern County. Nevertheless, the "hard" data that were available from agencies, in addition to the Snapshot Study, the ethnographic studies of the West Kern communities, and feedback from agency administrators and personnel, make a compelling case about not only the likely cost in agency personnel and resources, but also the human cost of methamphetamine use to families and communities throughout Kern County.

1.4 Organization of the Report

Sections 2 through 10 of this report present data by agency, beginning with the Kern County District Attorney. Section 11 presents the West Kern case study. Section 12 offers a summary of findings, and recommendations for next steps.

2. Kern County District Attorney

Methamphetamine is the most dangerous and addictive of all the illegal drugs with which we deal. Moreover, a huge number of property and violent crimes are committed by crank users. Treating this crime lightly, by reducing it to a misdemeanor, sends exactly the wrong message to the criminal community.

District Attorney Ed Jagels, quoted in a Media Advisory, July 9, 2007

Multiple interviews were conducted with District Attorney Ed Jagels and Assistant District Attorney Dan Sparks. The District Attorney's Office (D.A.) provided data on criminal offenses related to the possession, sales, and use of methamphetamine and other narcotics in Kern County. These data were drawn from the Criminal Justice Information Systems (CJIS), a state database system that tracks offenses and demographic data for offenders. In addition, Mr. Sparks analyzed a random sample of all cases filed during the first 10 days of May 2008, in order to determine in non-narcotics cases whether methamphetamine was a contributing factor, and/or the defendant had a previous record of methamphetamine involvement.

2.1 Extent of the Problem

Interviews with the District Attorney's Office revealed a grim concern with the impact of methamphetamine use in Kern County. The general consensus among D.A. staff is that methamphetamine is the most debilitating and the most addictive narcotic available today, more so than either cocaine or heroin. In an interview, District Attorney Jagels noted that the effects of methamphetamine on the body are such that addicts are unable to maintain their capacity to function day-to-day, unlike people "who could maintain themselves, and in some cases their jobs, when using heroin."

In addition to the effects of addiction on the individual and family, methamphetamine abusers make up a significant percentage of people engaged in criminal activity. According to Mr. Jagels: "We're convinced that a huge number of property crimes are committed as a result of methamphetamine addiction." He noted that one of the factors driving the popularity of methamphetamine as the first drug of choice for many users is that it is synthetic and therefore cheaper than cocaine. He also noted that because of the geography and the low population density of Kern County, "there are just all kinds of places to hide meth labs, up in the mountains, on the east Kern desert." Mr. Jagels acknowledged that, with the implementation of laws that have restricted the availability of precursor ingredients, the character of methamphetamine distribution has changed in Kern County over the past few years. There has been a decline in the "super-labs" that produced 10 or more tons of the stimulants, "and instead, the finished product is coming up from Mexico." He noted that the sale of methamphetamine in Kern County is dominated by gangs.

2.2 Views on Current Drug Policy

Mr. Jagels commented on current laws that have affected the dynamics of drug abuse and criminal activity in Kern County. In particular, he compared the success of drug courts to that of Prop 36, arguing that the former had been more successful than the latter in terms of deterrence. According to Mr. Jagels, the passage of Prop 36 has taken away from deterrence because methamphetamine users are aware of the fact that under the law, no punitive measures can be taken for possession of the stimulant (unless the offender has prior convictions). Under Prop 36, an individual may recidivate several times through the criminal justice system before they can be excluded from treatment and sent to jail:

There's a certain percentage of our defendants that...cops catch...time after time [for] possession of methamphetamine...The methamphetamine community, and the people that aren't yet addicted but live around and with people who are, realize that absolutely nothing is going to happen to them for simple possession of methamphetamine, period.

Mr. Jagels therefore argued for the return of drug courts, which allowed for the use of incarceration as a sanction by the judge when an offender failed to comply with treatment, violated the terms of their probation, or tested positive for drugs:

I think we ought to have drug courts. A lot depends on the common sense or lack thereof of the judge; but we definitely need them and Prop 36 has been a disaster in that regard, because it gutted the concept of drug court; it finished it off.

2.3 Impact on Agency Services

The primary measure of the impact of methamphetamine on the services provided by the D.A.'s Office is to look at the percentage of prosecutions related to methamphetamine. Data from the D.A. is entered into the Criminal Justice Information Systems (CJIS). Crimes such as murder, rape or burglary are prosecuted as "felonies," and these are punishable by more stringent sentences than "misdemeanors." Considered to be less serious crimes than felonies, misdemeanors are usually punishable by heavy fines or a jail sentence that does not exceed a year. Sentences for misdemeanors are usually served in a city, county or local jail as opposed to a State or federal penitentiary. Sentences for felonies, on the other hand, are punishable by more than one year in prison and are served in a State or federal prison. According to D.A. staff, in Kern County the possession of methamphetamine is charged as a felony.¹ Figure 2.1 provides a breakdown of cases filed by the District Attorney's Office.

¹All cases that have to do with the possession, sale or manufacture of narcotics are filed under the "Health & Safety Code" violation (H&S). The possession of methamphetamine is filed as a Health & Safety Code violation 11377(a). A few other illegal street drugs are also charged under this particular filing number. Since the data cannot be decomposed by each specific drug, it should be noted the category capturing the possession of methamphetamine—11377(a)—may also include cases filed for the possession of PCP or cocaine; however, according to Assistant District Attorney Dan Sparks, "All the other street drugs are extremely rare." Possession of methamphetamine for sale is filed under H&S 11378, and cases involving the sale and manufacture of the drug are filed as H&S 11379.

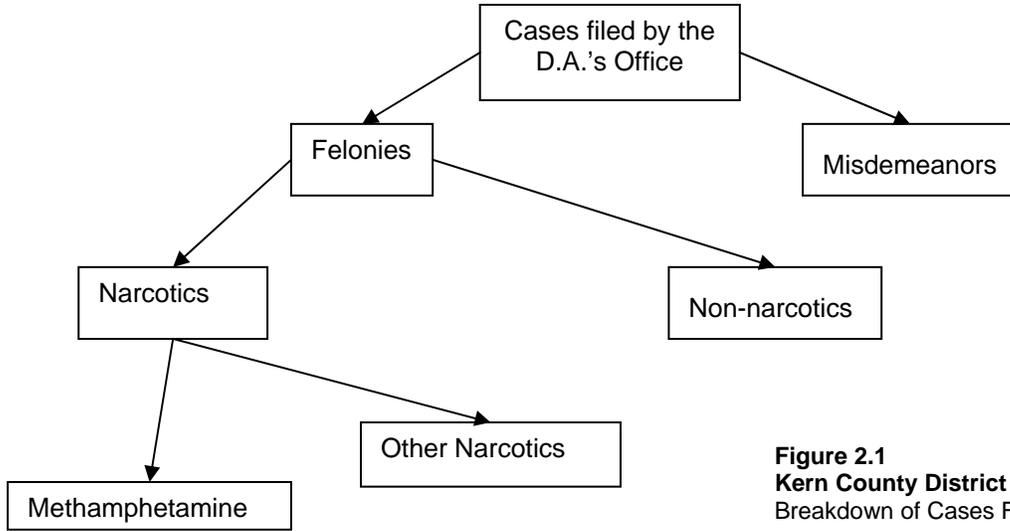


Figure 2.1
Kern County District Attorney
Breakdown of Cases Filed

Figure 2.2 provides a breakdown of felonies based on the types of charges. It shows that felony cases can be further decomposed into those that involve narcotics charges and those that involve non-narcotics charges. Of all the felony cases filed by the Kern County District Attorney’s Office in 2007, 46% were due to the possession, sale, and/or manufacture of narcotics. It is noteworthy that methamphetamine cases made up the vast majority of these narcotics cases.

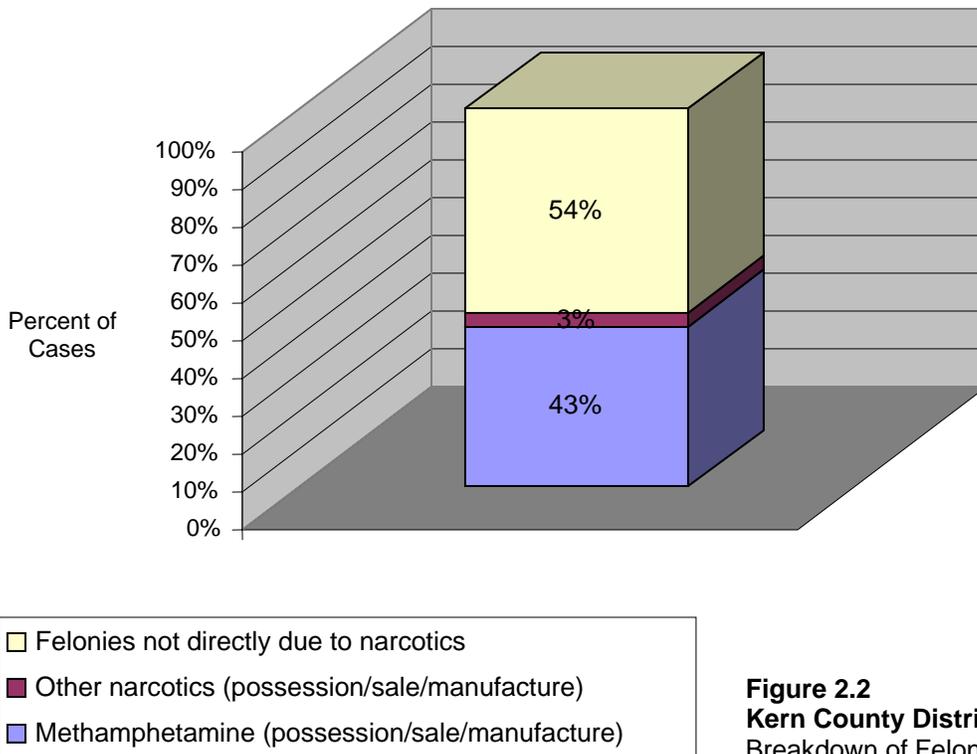


Figure 2.2
Kern County District Attorney
Breakdown of Felonies Based
on Type of Charge, 2007

Conversations with the Assistant D.A. suggest that methamphetamine is a factor in a significant proportion of even the non-narcotics cases, due to the fact that a large number of crimes in Kern County are committed by narcotics users to support their habit (e.g., theft, burglary, prostitution) or are due to behavior induced by their drug use (e.g., assault, domestic violence). This perception is supported by the results of a study conducted by the Assistant D.A. during the month of May 2008 (see below).

Table 2.1 separates the defendants charged with methamphetamine related offenses into charges for the possession of methamphetamine; possession with intent to sell; and sale, manufacture and transportation of methamphetamine.² It shows that the number of cases filed for possession of methamphetamine rose until 2005 and has since fallen. Cases filed for the sale of methamphetamine have fallen since 2002. On the other hand, the number of cases filed for the manufacture of methamphetamine has consistently risen.

Table 2.1 also compares filings to prosecute for the possession of methamphetamine versus the possession of cocaine or heroin. In 2007, 29.7% of all felony defendants were charged with the possession of methamphetamine. By comparison, defendants

Table 2.1 Kern County District Attorney Methamphetamine-related Offenses Calendar Year Filing Statistics: Health & Safety Code Defendants							
	2001	2002	2003	2004	2005	2006	2007
Number of Methamphetamine Felonies							
Possession (H&S 11377)	1,572	2,097	2,455	2,588	3,088	2,812	2,427
Possession for Sale (H&S 11378)	434	616	601	596	579	554	461
Sale/Manufacture/Transportation (H&S 11379)	194	279	270	378	479	347	592
Annual Totals	2,200	2,992	3,326	3,562	4,146	3,713	3,480
Possession of Methamphetamine Percentages							
Percentage of all felony defendants	24.7%	30.6%	34.6%	35.1%	39.2%	34.8%	29.7%
Percentage of all drug offense defendants	62.0%	60.4%	64.7%	64.8%	69.4%	65.5%	64.6%
Possession of Cocaine or Heroin Percentages							
Percentage of all felony defendants	5.0%	6.0%	6.0%	7.0%	7.0%	8.0%	7.0%
Percentage of all drug offense defendants	14.0%	13.0%	12.0%	13.0%	12.0%	15.0%	15.0%

²Some defendants are charged with multiple crimes, such as possession and possession with intent to sell. Since the CJIS data query command counts every defendant who was charged with a specified crime, some defendants will show up multiple times. For example, a defendant might be charged with the manufacture of methamphetamine (H&S 11379) and also charged with possession for sale (H&S 11378). According to the District Attorney’s Office, based on a manual check of one month, the duplication rate is at least 10%. The number of defendants charged only with methamphetamine possession (H&S Code 11377) does not duplicate names, however. Hence, one way to avoid duplication is to examine the trend in the number and percentage of defendants charged only with the possession of methamphetamine (H&S 11377).

charged with the possession of cocaine and heroin made up only 7% of all felony defendants. Between 2002 and 2006, more than one out of every three people charged with a felony were charged with the possession of methamphetamine.³

Figure 2.3 provides a graphical depiction of the number of cases filed for the possession of methamphetamine, and the possession of cocaine and heroin. Looking at the overall trends, the number of cases charged with the possession of methamphetamine increased steadily between 2001 and 2003, leveled off between 2003 and 2004 and then rose sharply to a peak in 2005. Since then, there has been a decline in the number of cases filed. By comparison, there has been a rising trend in the number of cases filed for the sale/manufacture/transportation of methamphetamine.

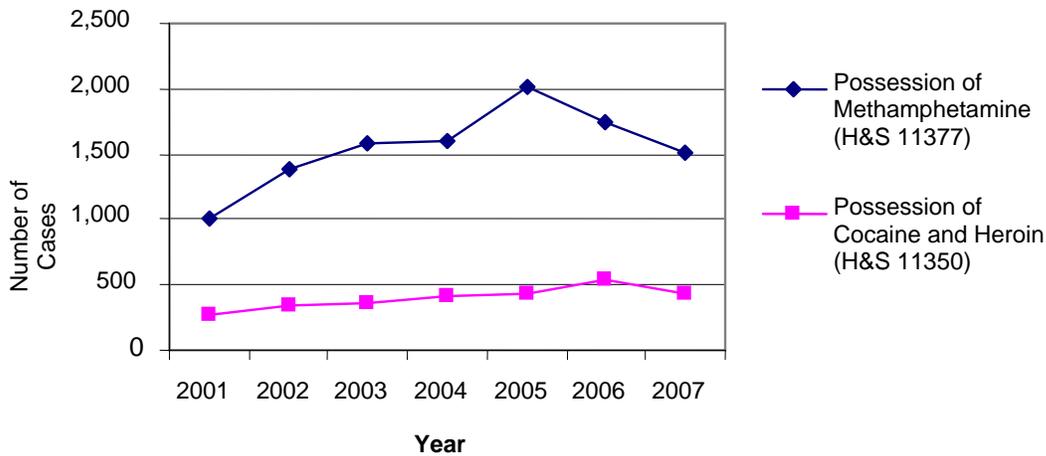


Figure 2.3
Kern County District Attorney
Number of Cases Filed for the Possession of
Methamphetamine Compared to Cocaine and Heroin, 2001-2007

2.4 Prevalence of Felony Methamphetamine Cases by Community

The trend illustrated above is decomposed in Table 2.2 and Figure 2.4, and shows that the vast majority of these violations occur in Bakersfield. This would be expected, given the city’s size relative to other incorporated communities. While the number of defendants runs in the thousands in Bakersfield, the largest number in the outlying communities peaks at about 300 in Shafter.

³As mentioned previously, a few other illegal street drugs, such as PCP and cocaine, are also charged under this particular filing number. According to the District Attorney, however, these make up just a small proportion of the total number of cases.

	2001	2002	2003	2004	2005	2006	2007
Bakersfield	1,494	2,095	2,202	2,253	2,841	2,361	2,323
Delano	90	150	195	205	206	235	182
Isabella	56	70	120	13	81	72	67
Lamont	135	143	129	141	167	206	199
Mojave	102	123	154	206	209	225	173
Ridgecrest	86	133	174	251	204	199	125
Shafter	158	202	265	277	335	303	283
Taft	79	76	87	116	103	112	128
Annual Totals	2,200	2,992	3,326	3,562	4,146	3,713	3,480

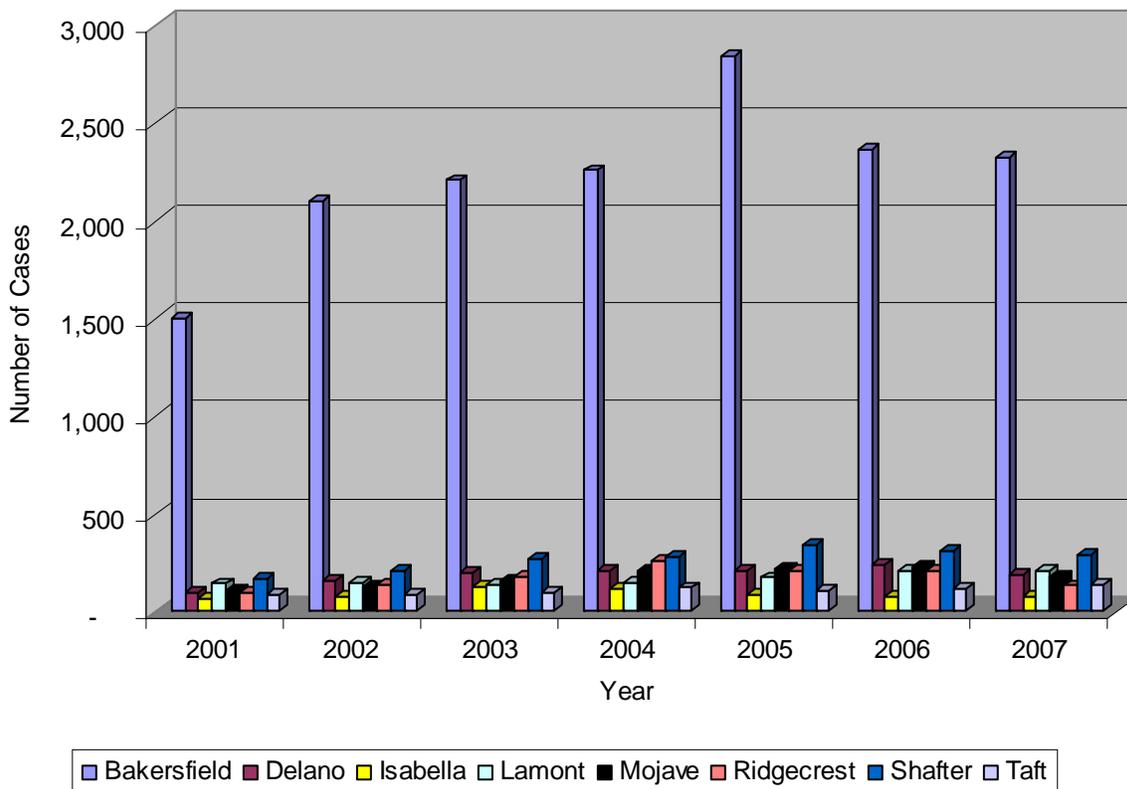


Figure 2.4
Kern County District Attorney
 Total Number of Methamphetamine Cases Filed, 2001-2007
 (possession, sales, possession for sales)

Decomposing these trends *per capita* by community and expressing the number of cases per 1000 of the population yields a very different picture of the prevalence of methamphetamine-related offenses. The *number* of methamphetamine related cases originating in Mojave may be relatively low compared to the other communities; however, as a proportion of the population of the community, the number of cases in Mojave is the highest, followed by Lake Isabella and Shafter (Figure 2.5).

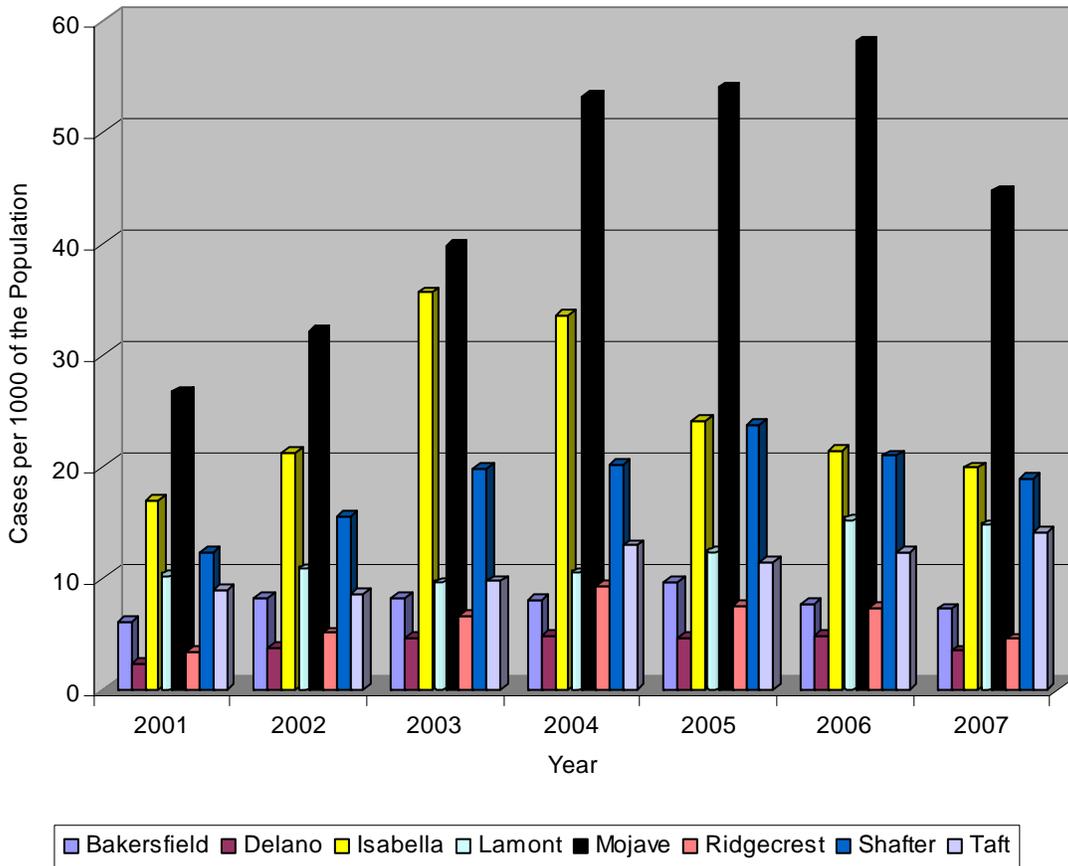


Figure 2.5
Kern County District Attorney
 Methamphetamine Cases Filed between 2001-2007, per 1000 of the Population (possession, sales, possession for sales)
 Source: The Kern County District Attorney, California Department of Finance, Kern Council of Governments, and the American Community Survey

Graphing these per capita numbers also yields some insights in terms of trends across communities. While the number of cases in Mojave remains at the highest throughout, they peaked in 2006 and fell in 2007 (2008 data are not available). In Lake Isabella, the number of cases per capita peaked in 2003 and has since been declining. In Bakersfield and Shafter the cases per capita peaked in 2005; while in Lamont and Taft there appears to be an upward trend.

2.5 May 2008 Snapshot Study

The District Attorney's Office provided data on prosecutions for the month of May 2008, disaggregated by percentage of cases that were related to methamphetamine. In addition, Assistant D.A. Sparks reviewed a sample of all cases the D.A.'s Office prosecuted during the first 10 days of May to determine how many non-narcotics cases had a history of methamphetamine involvement. Data are presented below.

Table 2.3 shows the number of defendants charged with felonies across eight communities in Kern County in May 2008. A total of 629 defendants were charged with felonies; of these, 237 (38%) were for H&S crimes. A total of 170 (27%) felony defendants were charged with possession/sales of methamphetamine, 21 (3%) with the sale of marijuana and 46 (7%) with cocaine/heroin (not shown). More than one in four felony defendants during the month of May were charged with methamphetamine possession or sales.

As the only metropolitan center among the communities listed, Bakersfield had the highest number of charges for felony defendants overall, and similarly the highest number of charges for methamphetamine felony defendants. In Bakersfield, 109 of the 412 defendants (26%) were charged with methamphetamine felonies. In Lake Isabella, 6 out of the 9 felony defendants were charged with methamphetamine charges (67%); in Taft, 5 out of 12 (42%), in Shafter 19 out of 48 (40%) and in Ridgecrest, 7 out of 19 (37%).

	Total Felony Defendants Charged	# of All Felony Defendants Charged with H&S Crimes	Percent of All Felony Defendants Charged with H&S Crimes	% of All Felony Defendants Charged with Methamphetamine Possession/Sales
Bakersfield	412	160	39%	26%
Delano	48	9	21%	15%
Lake Isabella	9	6	67%	67%
Lamont	30	9	30%	27%
Mojave	51	12	24%	18%
Ridgecrest	19	9	47%	37%
Shafter	48	26	54%	40%
Taft	12	6	50%	42%
Total defendants	629	237	38%	27%

Assistant D.A. Sparks examined 142 randomly selected cases in the process of being prosecuted during the first 10 days of May 2008. The 142 cases reviewed represented 139 individuals. After excluding the 58 cases (40.8%) that had been charged directly with methamphetamine possession, sales or use, he reviewed the records of the individuals involved in the other 84 cases to determine whether they had a previous record

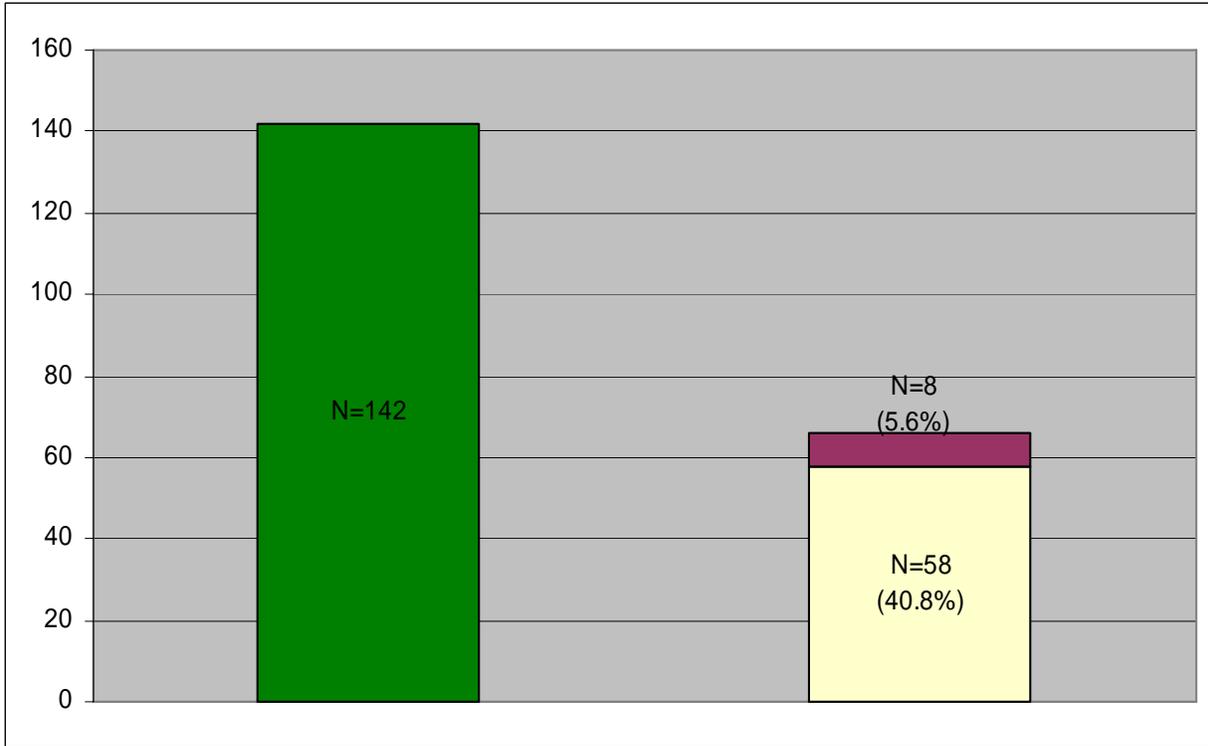


Figure 2.6
Kern County District Attorney
 May 2008 Snapshot:
 Methamphetamine Cases and Cases with a Prior History of Methamphetamine as a Proportion of All Cases Filed from May 1-10, 2008 (based on a random sample of 142 cases)

of methamphetamine involvement. Eight of the cases charged for non-narcotics crimes involved individuals who had prior incidents involving methamphetamine on their records. Consequently, a total of 66 (46.5%) of the 142 cases reviewed were currently being prosecuted for methamphetamine, or had a history that included prosecution for methamphetamine. This supports anecdotal data from several law enforcement agencies in which officers claimed that a substantial number of non-narcotics crimes are perpetrated either while under the influence of or to support the addiction to methamphetamine. While, for reasons discussed at length in Section 1.3 above and again in the conclusions below, it is not possible to place a direct cost on the prosecution of methamphetamine cases in Kern County, methamphetamine clearly accounts for a substantial portion of county law enforcement and legal resources.

3. Kern County Public Defender

TLC staff conducted a focus group with attorneys representing the Public Defender's Office, and two interviews with the attorney that oversees Prop 36 cases. In addition to the focus group and interviews, four public defense attorneys kept a log of their Prop 36 cases for the month of May in an attempt to capture the impact of methamphetamine use on the agency's resources.

3.1 Extent of the Problem

Because of the nature of the relationships they build with their clients, the defense attorneys were very aware of the grave, long-term damage and destruction that methamphetamine addiction wrecks on individuals' lives:

We think we're the end-all when we end up prosecuting these people and putting them in custody, ...and we defend them when they're processed through the system. But really we're probably just the tip of the iceberg; the rest of it's underneath, with all the... personal and permanent damage they're doing to themselves and their relationships,... and [the impact on their] their work ethics and their employability.

Key Informant, Public Defender's Office

According to attorneys, by the time a methamphetamine user has been arrested for violating the law, it is very likely that he or she is already addicted to the substance, as opposed to being an experimental or one-time user. Addicts often engage in public behaviors that attract the attention of law enforcement officers, fire marshals, social workers, and health professionals:

Meth is having a profound effect on the community here...Probably 70% of our cases involve meth versus any other drug. People lose their children; we get a number of people who come in with Probation going to their home to do a probation check because there are allegations of meth and they're on Prop 36, and their children are being removed from their home. Or you also get cases where it's not just the children who are affected; you're seeing that a lot of our clients are often times involved in prostitution. I've seen times where you have clients who are ultimately excluded from Prop [36] because they have petty theft cases where they're going in [and] picking up small items to basically sell back to the store in return for cash so they can support their drug habit....It's really sad, because a lot of them have been using these drugs for 20 years, and all of a sudden they're trying to stop.

Key Informant, Public Defender's Office

General agreement exists among attorneys that beyond the identifiable population of "street" addicts is a world of methamphetamine users at-large in the community, many of whom are able—at least in the short run—to go unnoticed, until they are caught breaking the law. Some users, particularly those from a higher socio-economic stratum, may never come to the attention of the Public Defender's Office, because they have the resources to seek medical and/or legal assistance from the private sector. The consequences to family and community, however, remain profound.

The attorneys acknowledged the potency of methamphetamine. Successful treatment for methamphetamine addiction, though certainly possible (as is discussed in this report) involves a commitment of time and resources. The average methamphetamine addict will cycle into and out of treatment several times before “kicking the habit”:

When they're suffering from a dependency they rarely just put it down and stop for the rest of their lives. They slow down in increments; the longer the increment, the greater the potential that they won't re-offend.

Key Informant, Public Defender's Office

Attorneys pointed out that incarcerating addicted individuals is unlikely to address the underlying reasons for addiction. Not only is treatment virtually non-existent in the prison system, but drugs are generally available there:

Sending them to prison is not going to address their addiction, which means they will not have the tools to deal with it when they get out. The first thing they do is use again, and not only that, but at least according to my clients, drugs are readily available in the prison.

Key Informant, Public Defender's Office

Instead, a number of the attorneys suggested that research should focus on the *causes* of addiction and why individuals turn to narcotics in the first place:

We need to address why they got there....The *why* is what interests me. Some people get interested in the numbers, I'm interested in the *why*, because if we come up with the *why* and how it happens, we can come up with a solution.

Key Informant, Public Defender's Office

The focus group at the Public Defender's Office revealed an overriding concern among participants to emphasize not just the immediate fiscal costs of addressing drug-related crimes and incarceration, but the underlying fundamental reasons behind drug abuse and dependence:

It's the root that we need to find; what is causing people to do this? Is it out of boredom? [In places] like Lake Isabella, is it because there's nothing else to do up there? Is it peer pressure that causes people to do this? Are there pressures in society now that are greater than they were even 20 or 30 years ago that cause people to take on a drug habit? Maybe before they would have used another form of drug, but now meth is so much easier to get; maybe someone wouldn't have turned to drugs if drugs were harder to get. I don't know what the answer is, so that's why I think a study as to the root cause of this is so important.

Key Informant, Public Defender's Office

3.2 Views on Current Drug Policy

In California, the passage of Prop 36 in 2000 led to the Substance Abuse and Crime Prevention Act (SACPA). Well over half (61%) of California's voters approved this

proposition. Under “Prop 36,” first and second time adult offenders who are convicted for non-violent drug offenses, such as simply possessing a drug, are eligible to receive substance abuse treatment instead of incarceration. Previously, a non-violent drug offender could receive incarceration, or probation without treatment for their addiction. Offenders who violate the terms of their parole or probation, however, may face termination from Prop 36, and incarceration.

Discussions with the attorneys at the Public Defender’s Office revealed that while they were generally in favor of Prop 36, they also had suggestions for how to improve the policy, based on their experience with clients. One criticism defenders levied is that, unlike drug courts, under Prop 36 the judge does not have the option to use jail time as a sanction for non-compliance; this means that Prop 36 lacks “bite.” A number of attorneys argued that the ability of the judge to impose some amount of jail time—appropriate for the violation under consideration—could act as a deterrent for some clients against missing treatment sessions or drug tests, or even returning to substance use. Attorneys debated the efficacy of re-instituting some form of sanction:

“Okay, you didn’t test, you didn’t go to your class; we’re going to give you 30 days to think about this.” It gives you a chance to dry out, get the drugs out of your system, [and] gives you a chance to think about it; realize that you don’t like being here, [and that] next time you may be doing even more jail time, because ultimately you’re working your way up to prison. So [with sanctions in place,] maybe they’ll change their behavior more. Maybe if you look at what the violation is and impose an appropriate amount of time—I’m not talking about a year or anything in the neighborhood of a year; 30 days, 60 days or 90 days. Just have them dry out and then put them back in a program. I think they’d have a better chance of being successful.

Key Informant, Public Defender’s Office

Problems with Prop 36 are substantially more complicated, however, than the need for sanctions. A second concern is the lack of adequate resources needed to enforce the requirements of the Act. Prop 36 allows individual counties to determine how Prop 36 will be enforced and what constitutes the level of sobriety needed to complete the program. In Kern County, an individual being processed through Prop 36 is required to be tested for drugs—and remain clean—for six consecutive months. It is the defendant’s responsibility to pay for these drug tests, at \$15 each, and often clients are required to test two or three times a week. One concern voiced by a number of attorneys was the client’s inability to pay for testing:

Most of our clients can’t afford to pay \$15 two or three times a week when their number comes up on the court. We have clients who are potentially looking at a violation of probation for not testing, although they can be going to class, they can be working and doing everything else they’re supposed to.

Key Informant, Public Defender’s Office

Attorneys also felt that Probation, law enforcement, and the courts were less than sympathetic:

It's interesting that Probation is telling them, "Well, you found money to do the drugs; you need to find money to pay for the testing." Or they tell them, "Go out and collect cans." A lot of my clients are truly offended...A lot of them don't want to do the things that they were doing to pay for the drugs....I have a client who...is being excluded [from Prop 36] because he was arrested at a store, caught... prying the radio out of a vehicle, and his response to the officer was, "I have to pay for my Prop 36 test."

Key Informant, Public Defender's Office

Attorneys also raised questions regarding the appropriateness of the sentences that are leveled in the county. Unlike other counties in the State, cases involving the possession of methamphetamine are usually filed as felonies in Kern County. In Los Angeles County, for example, possession of methamphetamine may be (and often is) filed as a misdemeanor. As discussed in Section 2.3, felonies are punishable by more stringent sentences than misdemeanors. While misdemeanors are usually punishable by heavy fines or a jail sentence that does not exceed a year, sentences for felonies are punishable by more than one year in prison and are served in a State or federal prison.⁴

Kern, CA	319.86
Atlantic City, NJ	256.34
St. Louis, MO	249.54
Camden, NJ	239.10
Cuyahoga, OH	217.21
Jefferson, LA	209.42
San Bernardino, CA	185.96
Cook, IL	166.25
Alameda, CA	154.93

Source: Justice Policy Institute Report 2007

The predisposition toward prosecuting methamphetamine cases as felonies and the sentencing guidelines that accompany felony charges may provide an explanation for the high rate of incarceration in Kern County. Table 3.1 shows incarceration rates per 100,000 of the population. For every 100,000 people in Kern County, almost 320 were incarcerated in 2002. Representatives of the Public Defender's Office were critical of policies that they deemed to be exorbitantly punitive:

They have a history of being punitive here; and there's a reluctance to accept research data showing that there are preferable courses of treating this societal problem other than just through the justice system.

Key Informant, Public Defender's Office

Attorneys were critical of drug policies that did not take a broad, overall perspective, noting that the abuse of narcotics was neither *just* a problem faced by the criminal justice system, nor *just* a medical issue, but a society-wide issue "that is beyond the capacity of our court system to address":

⁴When asked about this, the Kern County District Attorney responded that because he is required by law to prosecute cocaine as a felony, he sees no justification for charging methamphetamine as a misdemeanor. He referenced studies that show that differentiating between the two often becomes perceived as a race issue, due to the fact that cocaine use is traditionally more prevalent among African Americans, while methamphetamine use is more prevalent among Caucasians.

This is a social problem. In the dialogue today, you hear people refer to it as a medical issue. Well, it's really not a medical issue, either; it doesn't fit neatly into any one compartment. It's a problem that society has and researchers and so forth are going to have to come up with...a joint solution for this. Not law enforcement's "we'll just arrest them." By the time they arrest them, chances are...they're already an addict. And the fact that they apprehend that individual doesn't help anyone else who is in the position halfway down, whether they are in the insipient stage of dependency or a full blown addict. We need to address why they got there.

Key Informant, Public Defender's Office

3.3 May 2008 Snapshot Study

Four attorneys at the Public Defender's Office who handle Prop 36 cases kept a log of the individuals they encountered during the month of May as part of the county-wide Snapshot Study.

The study looked at individual *cases* as the unit of analysis and not individual *clients*. Any given client may have been the defendant in more than one case during the month of May. However, since each *case* involves the time of an attorney, a prosecutor, and a Probation officer, as well as a separate court hearing, each case incurred the use of county resources, even if it involved the same individual. Hence, the rationale for looking at cases as opposed to individuals was based on the larger objective of gauging the impact of methamphetamine use on county resources.

The Public Defender's Office returned 323 valid logbook entries for the month of May. Attorneys were asked to check off boxes for each client they saw during the month, indicating client's age range, gender, ethnicity, and zip code. In order to protect client confidentiality, no identifying details (such as name or address) were included. Attorneys indicated whether the case involved methamphetamine, alcohol, other narcotics (yes, no, or suspected). They were also asked to indicate whether the case involved the removal of children from the home during the course of the case proceedings. The following tables summarize the main findings of the study.

According to the entries, in the month of May 2008, attorneys met with clients on 323 cases eligible for Prop 36 (that is, alcohol- or drug-related non-violent offenses). In

Table 3.2 Kern County Public Defender May 2008 Snapshot: Methamphetamine Prevalence among Prop 36 Cases		
	#	%
Total number of Prop 36 cases	323	100.0
Total of methamphetamine "yes" entries	239	73.9
Only Methamphetamine noted in interaction	194	60.1
Methamphetamine + alcohol noted in interaction	19	5.9
Methamphetamine + other narcotic noted in interaction	23	7.1
Methamphetamine + alcohol + other narcotic noted in interaction	3	0.9
Methamphetamine "suspected" entries	1	0.3
Total methamphetamine-yes + methamphetamine-suspected	240	74.2

194, or 60.1% of these cases, methamphetamine only was noted in the interaction. If methamphetamine is considered in combination with alcohol and other narcotics, 73.9% of cases involved methamphetamine. This is very close to the estimate made by attorneys during interviews:

I would think that probably upwards of 80% are methamphetamine; I'm just surprised at how many cases actually involve methamphetamine; probably 80% of them are meth; maybe 15% are cocaine, and then the last 5% are heroin cases; very few PCP cases and then there will be prescription drugs, the Vicodin, and Ecstasy.

Key Informant, Public Defender's Office

It should be noted that other crimes that may have been committed while under the influence of methamphetamine (such as property crimes, aggravated assault, domestic violence, etc.) are not eligible to be considered under Prop 36; therefore, they were not included in these logbooks and are not included in this discussion. Inclusion of these cases would give a more complete picture of the prevalence of methamphetamine among *all* cases defended by the Public Defender's Office in Kern County. However, some of these cases were captured in data collected by the District Attorney's Office in the random study of cases filed between May 1 and May 10, 2008 (see Section 2.5 above).

Table 3.3 provides data on methamphetamine cases decomposed by gender. Three-quarters (75.3%) of the cases involved male defendants. Table 3.4 shows that cases were fairly equally distributed between White (47%) and Hispanic defendants (46%), with only 5% of cases involving African Americans.

	#	%
Male	180	75.3
Female	58	24.3
Missing Data	1	0.4
Total	239	100.0

	#	%
White	112	47
Hispanic	109	46
African American	13	5
Asian	1	0
Unknown	4	2
Total	239	100

As shown in Figure 3.1 below, the majority of the defendants (68%) fall between the ages of 26 and 45, followed by 18 to 25 year olds (19%). Only adults 18 and older can enter Prop 36.

Figure 3.2 below depicts the five zip code areas that had the highest number of logbook entries for the month of May. It shows both the total number of logbook entries and those entries specifically related to methamphetamine. The zip code 93307 had the highest number of logbook entries at 40, followed by 93308 at 34. Finally, 2% (or 5 cases) of all Prop 36 methamphetamine cases in May involved the removal of a minor into the county's care by Child Protective Services (not shown).

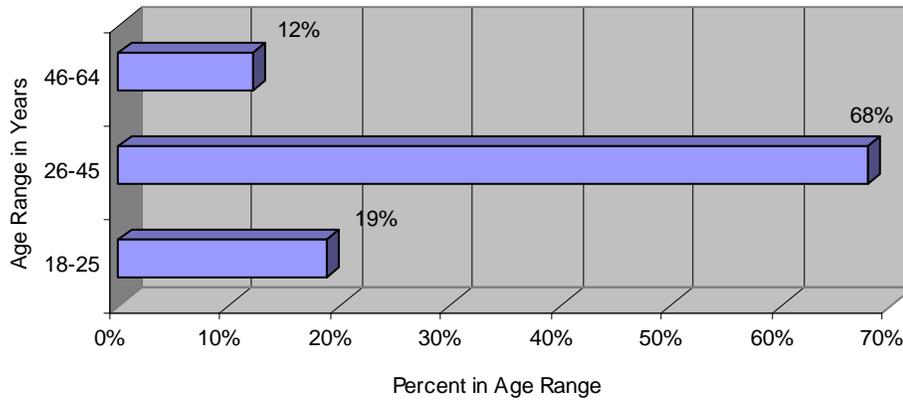


Figure 3.1
Kern County Public Defender
 May 2008 Snapshot:
 Age Range of Prop 36 Methamphetamine Defendants

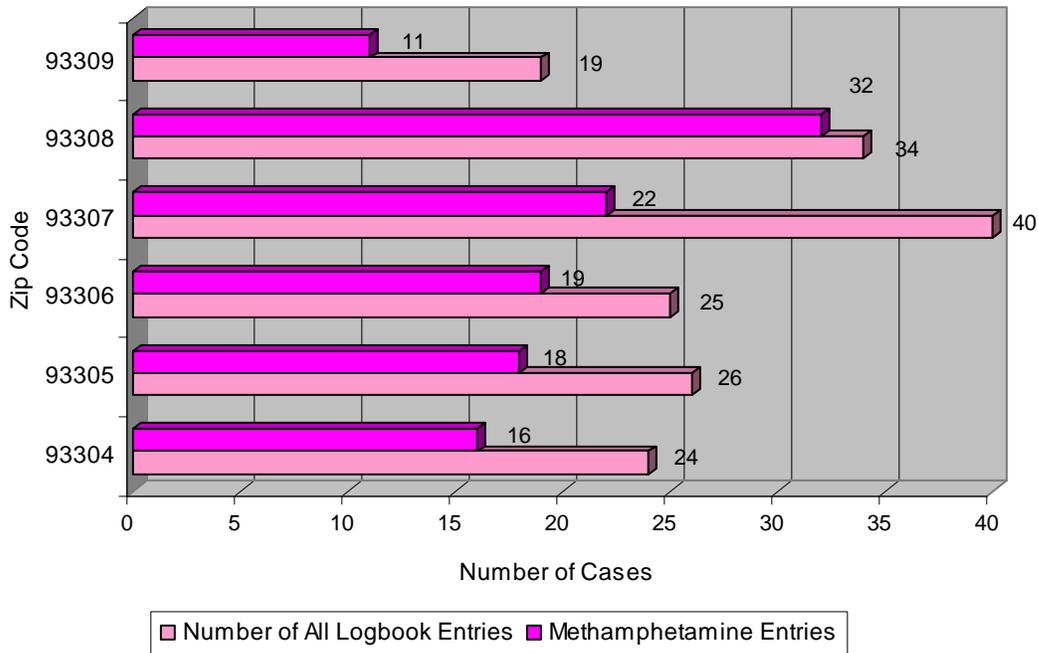


Figure 3.2
Kern County Public Defender
 May 2008 Snapshot:
 Methamphetamine Logbook Entries, by Zip Code

4. Kern County Sheriff

This section of the report is based on a focus group of supervisors and representatives from special units gathered together by Kern County Sheriff Donny Youngblood; an interview with a deputy assigned to metropolitan Bakersfield; an interview with a CAL-MMET team member⁵; a focus group with substation commanders, and data from the May “Snapshot” Study. Officers were selected randomly to participate in the study by their commanding officers. In the metro Bakersfield area, 29 officers kept a log of their encounters during the month of May; in the outlying communities, 52 officers kept a log. The metro division consists of a total of 81 assigned patrol officers; however, at the time of the interview, due to injury, sick leave, vacation, or training, approximately 70 were actually on duty. A total of 167 patrol officers are assigned to the substations in the outlying communities; at the time of the interview, this included 38 vacancies and another 48 positions that were on light duty. These positions are spread across the 24-hour period of a day; consequently, at any time roughly a third of officers may be on duty. While commanding officers of both divisions asked their deputies to keep logs of their encounters, the results from the “snapshot” are in no way meant to be representative of all encounters in May. Some officers were more systematic about making entries than others, officers in some areas entered more data than in others, and every community varies in terms of its demographic and socio-economic characteristics.

4.1 Extent of the Problem

Focus group participants expressed concern over the prevalence of methamphetamine, and also of marijuana, which they see as a “gateway” drug to harder narcotics use. They discussed the fact that methamphetamine used to be the “poor man’s cocaine” because of the ease with which it could be manufactured and the inexpensiveness of the ingredients. However, since the implementation of the laws restricting the sale of pseudo-ephedrine, there has been a decline in the number of super-labs and the price of methamphetamine has increased sharply. The shortage of methamphetamine has been accompanied by an increase in home manufacturing (e.g., home-made box labs). More and more, law enforcement is finding that people are making methamphetamine just for their own use, and perhaps enough to sell to “make a living”:

As the precursors [e.g., pseudo-ephedrine] get more restrictive, ...then you are going to have people stealing from pharmacies to get the blister packs full of Sudafed...You are going to have people sending in family members to buy large quantities of it to make a small amount for themselves if it’s more difficult to get it through the traditional channels of distribution.

Key Informant, Sheriff’s Office

⁵The California Multi-jurisdictional Methamphetamine Enforcement Team (CAL-MMET), administered by the Governor’s Office of Criminal Justice Planning, is a regional approach to addressing methamphetamine that combines the resources of multiple law enforcement agencies across regions. However, between the period this study was conducted and when it was completed, CAL-MMET was disbanded due to State budget cuts, then re-instated under federal Recovery funds—demonstrating the team’s vulnerability to fiscal constraints.

One officer noted that on two separate occasions in the community of Mojave, he had come across someone with a “mobile lab” in the back of the car. Given the combusive nature of the ingredients, he explained, this is highly dangerous.

Home labs pose a significant difficulty for law enforcement, in that unless a user is identified for another illegal act, such as petty theft or public intoxication, it is virtually impossible to find and shut down the “cooks”:

It is more difficult to find the bathtub labs or the trunk labs because they do it, they make it, they get it done and boom it's gone, it's put away...In that aspect, it is more difficult to track those from an investigative standpoint,...because they're doing it for personal use. There's no one out there going, “Hey, I bought from this guy and he makes these things,” where you have informants...So it may be more difficult to find those types of cooks.

Key Informant, Sheriff's Office

When law enforcement busts a home lab, they may net a handful of users, many of whom will probably be of the same family. Busts of home labs rarely result in large scale arrests of networks of users and dealers. One officer stated that in his experience, most people buy their methamphetamine from extended family members or friends. This observation is corroborated by data collected by The National Survey on Drug Use and Health (NSDUH), and is also borne out by reports of Kern County clients interviewed for this study. According to NSDUH's 2006 survey, more than half of methamphetamine users reported that they obtained the methamphetamine they used most recently from a friend or relative for free. Another 21% bought it from a friend or relative. Only about one in five users bought it from a drug dealer or stranger.

Officers also discussed the association between property crimes, identity theft and narcotics use. The CAL-MMET representative explained:

There is a huge parallel between methamphetamine use, property crimes, identity theft and violent crimes. But most of the time, when an officer stops a vehicle and they arrest a bunch of guys that have a bunch of stolen property in the car, invariably somebody in there had crank on them and their stealing supports their habit. So most of the property crimes are generated by people who are addicted to drugs and the majority of the drugs are methamphetamine. I'm not saying that there aren't heroin addicts and cocaine addicts doing property crimes, but most of the reports that I came across are people who are addicted to methamphetamine and stealing to support their habit.

Interview with CAL-MMET Representative

When asked about the incidence of methamphetamine use among people of varying socio-economic status, one officer noted that though methamphetamine use is prevalent “across the board,” most of the house searches they conduct tend to be among low-income households:

As far as our general arrests, most of the searches that we do are lower socio-economic people. Generally the people who are selling drugs are selling drugs because they don't have good, viable careers.

Interview with CAL-MMET Representative

4.2 Views on Current Drug Policy

Sheriff's officers expressed frustration regarding Prop 36. While recognizing that locking up addicts neither addresses their long-term drug dependence nor is a particularly good use of resources, most see Prop 36 as a "pass" that results in continued anti-social and criminal behaviors:

These guys are getting out, [and] they're not being punished enough to think about their actions...They are not trying to undergo the treatment process; they go out and steal, they go out and commit other crimes and that does create headaches for us...You tell a young deputy to go out and for every "under the influence" you take to jail, you probably reduce property crimes, at least for a certain amount of time. We tell them that, and the deputies see these guys right back out on the streets without even probation terms, or anything like that. And that's probably more frustrating than actually seeing the self-destructive behavior...Because the taxpayer is saying, "Well, you know, this is the third time I've been hit, deputy. What are you going to do?" Or worse yet, ultimately somebody is under the influence and they abuse children, they have domestic violence, [or] whatever, because they've got the amphetamine in their blood.

Key Informant, Sheriff's Office

Also frustrating for officers is the fact that often they see individuals diverted to Prop 36 who have committed crimes other than drug possession, use, or sales; the failure to prosecute what may be the primary crime is galling to many officers:

I think Prop 36 gets utilized to deal with other issues...Let's say a guy commits a petty theft out of a store while he's under the influence. So we raise our hand and say, "Well, you know what, ...let's give him a Prop 36, because truly if he wasn't under the influence, he would have never committed that crime." And I disagree with that, because now we're using Prop 36 as a deterrent to that crime, and they still need to be prosecuted for the original crime, plus [be placed in] Prop 36 [for treatment]. So we see it as a way of getting around prosecuting them for the one particular crime.

Key Informant, Sheriff's Office

Several officers indicated that they would rather see dollars diverted to primary prevention:

I think diversion and alternative programs are a major solution...I never had a kid in trouble who was involved in a church. I never had a kid in trouble that was playing soccer. I never had a kid in trouble whose father was taking him out to play Pop Warner football. I've seen this same scenario in coming here and being involved with my division with the Sheriff's Activity League (SAL); I've seen so many of these kids turn around and I think the solution is alternatives to a lifestyle. That's what SAL is.

Key Informant, Sheriff's Office

They acknowledged, however, that given their primary mandate as law enforcement, SAL and similar programs are the most likely to be cut in times of economic crisis. Consequently, they believe that all institutions within the county—private, as well as public—will have to make prevention a priority:

Until we get the societal structures, whether it's the churches, or the groups that don't have the goals and confines that we do to get involved and take ownership in the youths, we're never going to win this fight. I think that until we see some of these collaboratives, the church groups and the Board of Supervisors here in Kern County trying to help direct some of those groups into a bigger coalition of folks willing to take on some of the problems, we're not going to see the change...Until we get the private entities to really take ownership, we're going to see the same cycle that we see now.

Key Informant, Sheriff's Office

4.3 May 2008 Snapshot Study – Outlying Areas of Kern County

During the month of May, 52 officers from the outlying communities in Kern County kept a log of their contacts. The officers were asked to describe each encounter by documenting the date, the event and the zip code in which it occurred. They were also asked to check off the gender and ethnicity of the individual involved, their age range, and whether or not the incident involved alcohol, methamphetamine or other narcotics (they were given the option to indicate yes, no, or suspected).⁶ Furthermore, they were asked to note if the encounter involved a child being taken into protective custody.

A total of 1,248 logbook entries were returned by the officers of the Kern County Sheriff's Office in the outlying areas of the county—that is, in areas outside metropolitan Bakersfield. After excluding entries with missing data points, 936 encounters were available for analysis. Of these, methamphetamine-only was noted in 69 entries and methamphetamine in combination with some other substance (alcohol or other narcotics) in 132 entries. In other words there were 201 entries where “yes” was checked off for methamphetamine. This constituted 21% of all the logbook entries (Table 4.1).

In addition there were 135 further entries where methamphetamine was “suspected” in the encounter (meaning that the officer noted signs suggesting methamphetamine, but did not have proof, such as possession or admission of use). Adding these to the con-

Table 4.1 Kern County Sheriff - Outlying Areas of Kern County May 2008 Snapshot: Methamphetamine Prevalence in Logbook Entries		
	#	%
Total number of entries	936	100.0
Total number of entries involving methamphetamine	201	21.5
Only methamphetamine noted in encounter	69	7.4
Methamphetamine + alcohol noted in encounter	73	7.8
Methamphetamine + other narcotic noted in encounter	16	1.7
Methamphetamine + alcohol + other narcotic noted in encounter	43	4.6
Methamphetamine suspected in encounter	135	14.4
Total methamphetamine-yes + methamphetamine-suspected	336	35.9

⁶While officers were asked to check “yes,” “no,” or “suspected” for alcohol, methamphetamine, and other narcotics, officers generally only put “yes” if the individual indicated methamphetamine use, or if the drug was found on the individual (possession/sales/transportation). Methamphetamine use, or being under the influence, can only be confirmed by self-report or by a toxicology report.

firmed events yields a total of 336 encounters, or 36% of all logbook entries for the month of May. In other words, more than one out of every three logbook entries indicated either the presence or the suspected presence of methamphetamine.

Decomposing the known methamphetamine entries by gender shows that 66% of the encounters were with men and 34% with women (Table 4.2). Figure 4.1 provides a breakdown of “methamphetamine-yes” entries by race/ethnicity. Whites constituted 41% of entries, Hispanics 50% and African Americans 9%.

	#	%
Male	133	66.2
Female	68	33.8
Total	201	100.0

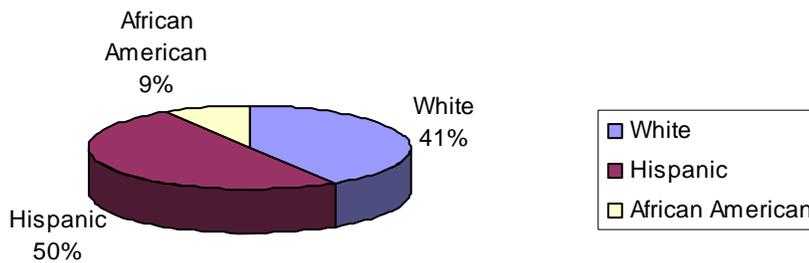


Figure 4.1
Kern County Sheriff - Outlying Areas of Kern County
May 2008 Snapshot:
Methamphetamine Prevalence in Logbook Entries, by Race/Ethnicity

Figure 4.2 below breaks down the methamphetamine logbook entries by age. Three percent (3%) of the individuals arrested on methamphetamine charges were under the age of 18; 32% were between 18 and 25; 52% were between the ages of 26 and 45; and 13% were between the ages of 46 and 65.

Figure 4.3 below depicts the zip code areas that had the highest number of logbook entries for the month of May. It shows both the total number of logbook entries and those entries specifically related to methamphetamine. The highest number of entries occurred in 93250 (McFarland); 18 of these entries were marked “yes” for methamphetamine. The highest number of methamphetamine entries occurred in 93280 (Wasco), constituting 61% of all logbook entries.⁷ It should be noted, however, that while officers were asked to check “yes,” “no,” or “suspected” for alcohol, methamphetamine, and other narcotics, they generally only indicated “yes” if the individual ad-

⁷Because the data collection methodology was not necessarily consistent (e.g., officers in one area may have been more systematic about keeping log entries than in other areas, or more officers in one area may have been entering data than in another), these figures should not be used to assess the relative prevalence of methamphetamine in any community.

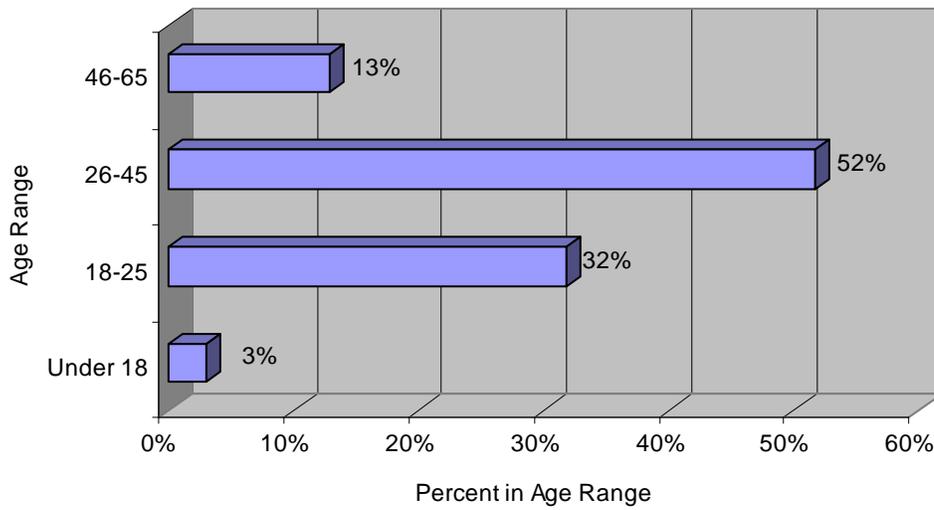


Figure 4.2
Kern County Sheriff - Outlying Areas of Kern County
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries, by Age Range

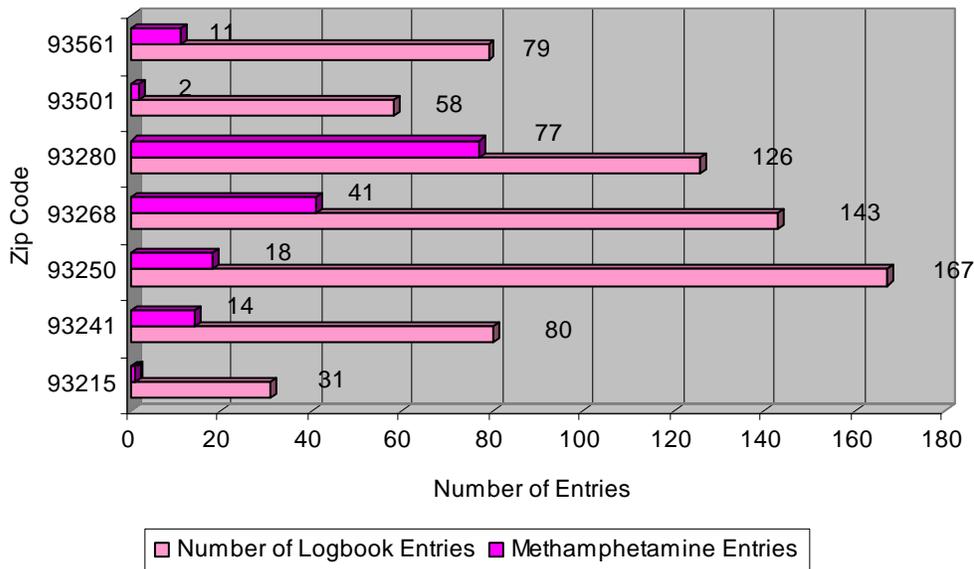


Figure 4.3
Kern County Sheriff - Outlying Areas of Kern County
 May 2008 Snapshot:
 Methamphetamine Prevalence among Logbook Entries, by Zip Code

mitted using the substance, or if they were found in possession of the drug or drug paraphernalia. Methamphetamine use, or being under the influence, can only be confirmed by self-report or by a toxicology report. Consequently, numbers related to methamphetamine are likely to be underreported.

Finally, Table 4.3 shows the number of methamphetamine entries that called for involving Child Protective Services (CPS); these seven cases made up 3% of all methamphetamine entries in outlying communities in May, and 0.7% of all entries from the outlying areas.

	# of Entries	CPS Involvement
Total	201	7
Only methamphetamine noted in encounter	69	2
Methamphetamine + alcohol noted in encounter	73	1
Methamphetamine + other narcotic noted in encounter	16	4
Methamphetamine + alcohol + other narcotic noted in encounter	43	0
Percent of methamphetamine encounters involving CPS in May 2008		3.5%
Percent of all Sheriff-Outlying cases involving CPS in May 2008		0.7%

4.4 May 2008 Snapshot Study – Metro Bakersfield

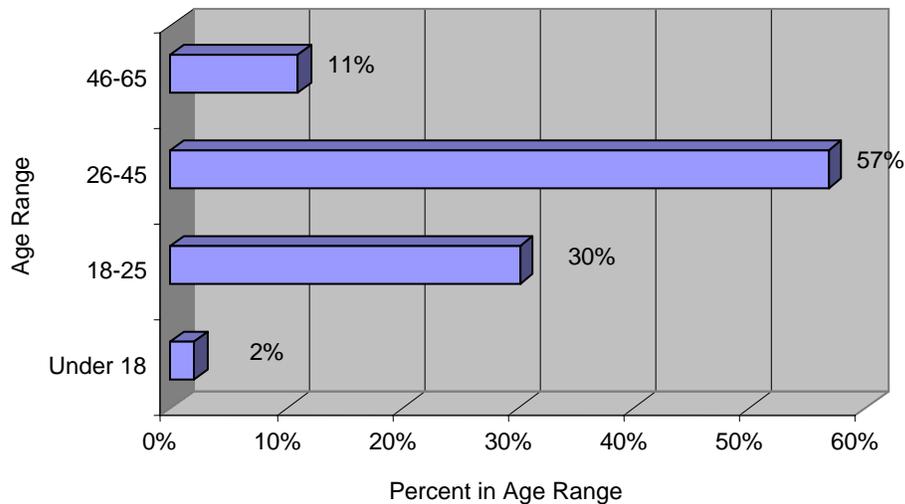
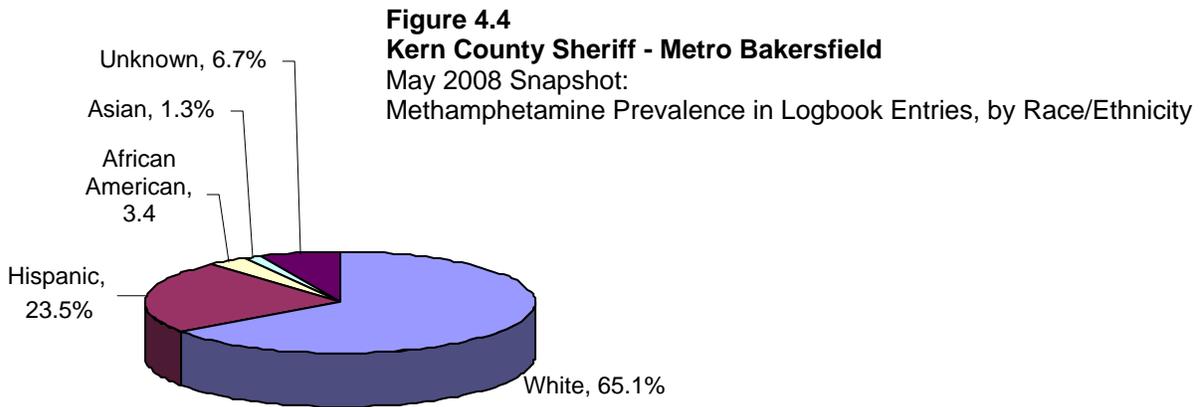
A total of 884 logbook entries were returned by the officers of the Kern County Sheriff’s Office in the unincorporated areas of metropolitan Bakersfield. After excluding entries with missing data points, 848 encounters were available for analysis. Of these, methamphetamine-only was noted in 86 entries and methamphetamine in combination with some other substance (alcohol or other narcotics) in 63 entries. In other words there were 149 entries where “yes” was checked to indicate the involvement of methamphetamine in the encounter. This constituted 18% of all the logbook entries. In addition there were 131 further entries where methamphetamine was “suspected” in the encounter. When suspected cases are considered, methamphetamine was involved in a total of 280 encounters, or 33% of logbook entries for the month of May (Table 4.4).

	#	%
Total number of entries	848	100.0
Total number of encounters involving methamphetamine	149	17.6
Only methamphetamine noted in encounter	86	10.1
Methamphetamine + alcohol noted in encounter	28	3.3
Methamphetamine + other narcotic noted in encounter	19	2.2
Methamphetamine + alcohol + other narcotic noted in encounter	16	1.9
Methamphetamine suspected in encounter	131	15.5
Total methamphetamine-yes + methamphetamine-suspected	280	33.1

Decomposing the known methamphetamine entries by gender shows that 75.2% of the encounters were with men and 24.2% with women (see Table 4.5).

	#	%
Male	112	75.2
Female	36	24.2
Missing data	1	0.7
Total	149	100.0

Figure 4.4 provides a breakdown of the “methamphetamine-yes” entries by race/ethnicity. Whites constituted 65.1% of entries, Hispanics 23.5%, African Americans 3.4%, and Asians 1.3%. Figure 4.5 breaks down the methamphetamine logbook entries by age. Eleven percent (11%) of the individuals arrested on methamphetamine charges were between the ages of 46 and 65, 57% were between 26 and 45, 30% were between 18 and 25, and 2% were under the age of 18.



**Figure 4.5
Kern County Sheriff - Metro Bakersfield
May 2008 Snapshot:
Methamphetamine Prevalence in Logbook Entries, by Age Range**

Figure 4.6 depicts the five zip code areas that had the highest number of logbook entries for the month of May. It shows both the total number of logbook entries and those entries specifically related to methamphetamine. Zip code 93308 (Oildale) had the highest number of logbook entries at 341; of these, 69 (20%) were explicitly related to methamphetamine.

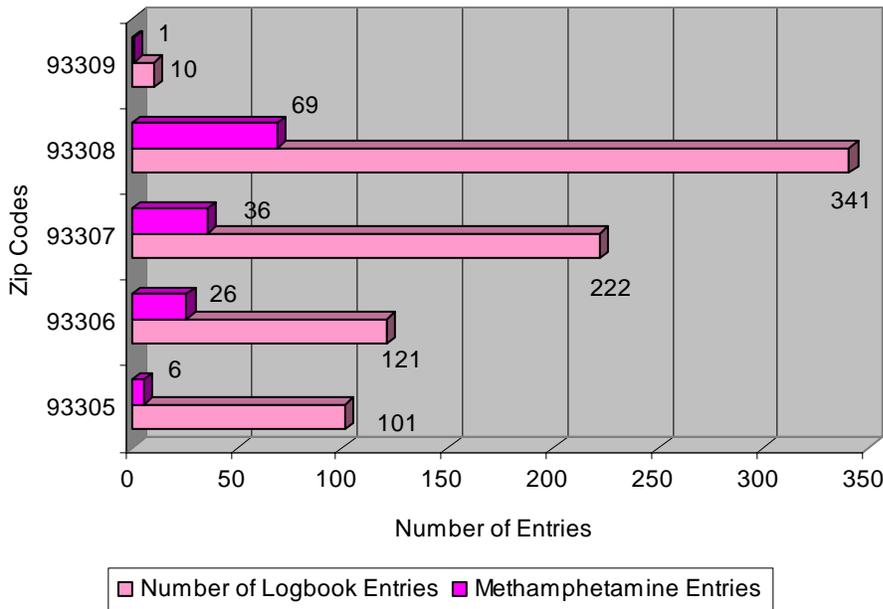


Figure 4.6
Kern County Sheriff – Metro Bakersfield
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries, by Zip Code

Finally, Table 4.6 shows the number of methamphetamine entries that involved Child Protective Services (CPS). Of 149 cases that involved methamphetamine, five also involved CPS. These five cases constituted 0.6% of all of entries in the metro Bakersfield area, and 3% of all methamphetamine-related encounters.

	# of Entries	CPS Involvement
Total	149	5
Only methamphetamine noted in encounter	86	2
Methamphetamine + alcohol noted in encounter	28	2
Methamphetamine + other narcotic noted in encounter	19	0
Methamphetamine + alcohol + other narcotic noted in encounter	16	1
Percent of methamphetamine encounters involving CPS in May 2008		3.4%
Percent of all Sheriff-Metro cases involving CPS in May 2008		0.6%

5. Bakersfield Police Department

This section of the report is based on a semi-structured interview with Chief Bill Rector of the Bakersfield Police Department (BPD) and data provided by the BPD's Crime Analysis Unit. The Crime Analysis Unit provided data on the number of arrests per year for the sale, possession and manufacture of methamphetamine, decomposed by race, gender and age.

In addition to this existing data, 29 police officers participated in keeping a log of all calls for the month of May, as part of the county-wide "Snapshot" Study. Officers were selected based on geographic area to ensure that all areas of the city were represented in the study, and over as many shifts as possible. Each logbook entry involved the officer noting the date of the event and the zip code in which it occurred. They were also asked to check off the gender and ethnicity of the individual involved in the contact, the age range of the individual, and whether or not the incident involved alcohol, methamphetamine or other narcotics. Lastly, the officers were asked to indicate whether or not each incident involved children being removed from their families and taken into protective custody.

5.1 Extent of the Problem

As was true for interviews with other law enforcement entities, the interview with Police Chief Rector revealed the myriad ways in which methamphetamine abuse can affect crime statistics in a community. In addition to the sale, manufacture and possession of methamphetamine, numerous other crimes may be indirectly related to methamphetamine abuse. According to Chief Rector, property thefts and burglaries have risen "significantly" in recent years and these are partially due to "people who are involved in substance abuse going out to steal things to get more substance to use." Secondly, cases involving domestic violence and incidents in which individuals are cited for "disturbing the peace" are often due to the abuse of substances such as methamphetamine (as well as alcohol and other drugs), although this may not be immediately apparent:

Some of that information will be hard to track because it may not initially show up on the first or second response; you're just going out on a family peace disturbance and it will be later within the scope of that history or that call... maybe after the third or fourth time, we finally discover that their root problem is going to be methamphetamine or addiction.

Interview with Police Chief Bill Rector

Thirdly, children may be removed from their homes into protective custody because of negligence on the part of their parents or guardians due to substance abuse.

Despite the rise in methamphetamine use over the past few decades, however, the narcotic that law enforcement officers are most concerned about at this point in time is marijuana. Marijuana is characterized as a "gateway" drug because perception is that individuals who use the drug often move on to using other controlled substances. Chief

Rector also disagreed with the prevailing view that widespread methamphetamine use in Kern County is still primarily restricted to Caucasians:

Methamphetamine traditionally has been a very cheap type of drug to buy; it ranges across all ethnic type backgrounds, so...[use] is not just limited to Caucasians.

Interview with Police Chief Bill Rector

The widespread abuse of methamphetamine within the Latino community as well as among Caucasians has accompanied changes in the manufacture and distribution of the drug. Both BPD and Kern County Waste Management Department representatives reported that there has been a decline in the number of methamphetamine laboratories that have been dismantled by the authorities; Figure 5.1 shows the substantial decline in laboratories in Kern County since 2002—although the number did jump between 2006 and 2007. This trend is further corroborated by national data. Data collected by the Drug Enforcement Agency (DEA) shows a dramatic decrease in California’s “super-labs,” where large-scale manufacturing of methamphetamine took place in the 1990s. As discussed earlier, much of this decline can be attributed to the regulation of the sale and use of the precursor chemicals ephedrine and pseudo-ephedrine. Because these precursor ingredients are less accessible, the market supply of methamphetamine has decreased, leading to a rise in its price. Once relatively inexpensive compared to other narcotics, methamphetamine now costs 2-3 times as much as cocaine.⁸

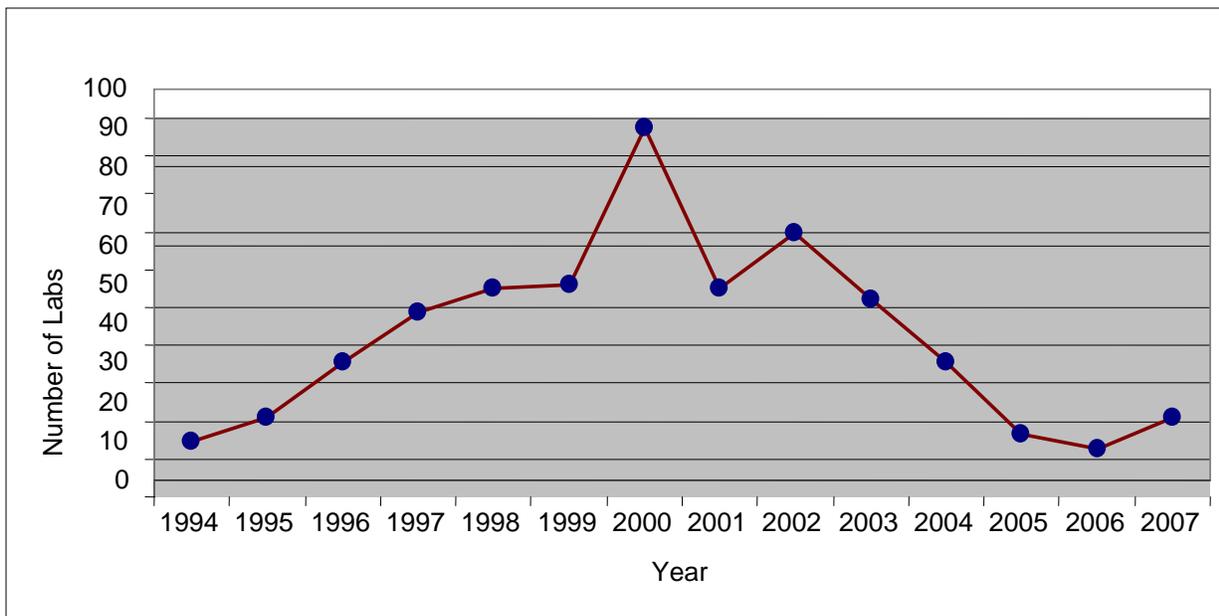


Figure 5.1
Bakersfield Police Department
Number of Methamphetamine Labs Dismantled by the Authorities in Kern County, 1994–2007

⁸Substance abuse treatment clients interviewed for the study put the current price of methamphetamine at \$650 per ounce; in Taft, law enforcement put it somewhat higher (see Section 11.3 below).

As a result of laws restricting access to the precursor ingredients, the manufacture of methamphetamine in the U.S. has shifted to either small scale production for personal use in people's "bathtubs and box labs," or large scale production that now takes place across the border and is trafficked along the I-5 corridor. Representatives from both the BPD and the Kern County Sheriff's Office noted that the availability of precursor chemicals in Mexico has meant that the distribution of methamphetamine has come increasingly under the purview of the international drug cartels:

Clearly the folks in the cartels south of us have realized again the level of profit that can be made and have shifted their businesses accordingly.

Interview with Police Chief Bill Rector

5.2 Views on Current Drug Policy

As was true for the District Attorney and other law enforcement personnel interviewed for this study, BPD representatives favored drug courts over Prop 36:

When Prop 36 was enacted, property crimes skyrocketed... I'm always hesitant to place one variable in to say that's why this happened; I mean we've had economic downturns about that same time, too. But, you know, I'm a much more proponent of drug courts than I am Prop 36...I think statistically [drug court] had better outcomes related to law enforcement, and you had judge involvement and you had a little bit more of a hammer, but still with some empathy toward people...

Interview with Police Chief Bill Rector

However, Chief Rector also voiced concerns about incarceration without treatment for substance abusers and about the lack of treatment facilities, especially for juvenile offenders:

We're all aware of the lack of the treatment facilities for kids with substance abuse in the county. So if you're not going to get them [into treatment] or correct [the lack of treatment], or attempt to get them off that substance, it's not going to just stop itself. And you're going to be dealing with this person for many, many more years across the whole realm of the system—"the system" being DHS, law enforcement, hospitals, schools. The whole system is impacted. I think it's very important and as early on as possible to try to detour first or at least intervene if it does happen; I mean with those kids as early as possible. I think we again have knowledge of young kids who are already on that path.

Interview with Police Chief Bill Rector

The interview with Chief Rector highlighted the tension between, on the one hand, the perspective that a law needs to have "teeth" to be a successful deterrent to criminal behavior; and on the other, the viewpoint that the fight against addiction to controlled substances requires prevention and treatment resources to be targeted to vulnerable groups early in their youth:

We can't build enough prisons and we're getting 250 to 300 people returning or re-entries from prison a month. How are you going to stem the flow? Well, if you can't get them at the elementary school level, you're missing out...At 13 or 14 they enter the juvenile system. And then they're not getting treatment while they're in custody because we have very few kids, much less adults, [in treatment] while they're in custody.

Interview with Police Chief Bill Rector

5.3 Impact on BPD Resources as Measured by Crime Analysis Data

Data for this section of the report was provided by the Bakersfield Police Department's Crime Analysis Unit for the years 2003-2007. Table 5.1 shows the number of arrests per year from January 2003 through December 2007 for the sale, possession, and possession for sale of amphetamines. The category "amphetamine" includes all amphetamine-type narcotics (such as Ecstasy) but according to the BPD, 95% of these arrests were for methamphetamine. As with other agencies, no separate data was collected on methamphetamine alone.

Table 5.1 Bakersfield Police Department Crime Analysis Unit Drug Arrests per Year, 2003-2007						
		2003	2004	2005	2006	2007
Amphetamine	Total	676	845	1,056	1,100	913
	Sales	33	14	15	9	6
	Possession	558	580	804	839	700
	Possession for Sales	85	251	237	252	207
All drug offenses		2,470	2,426	2,585	3,019	2,655
Amphetamine arrests as a % of all drug arrests		27%	35%	41%	36%	34%
Number of arrests for all offenses		11,348	12,345	13,880	15,217	16,012
Drug arrests as a % of all arrests		22%	20%	19%	20%	17%
Methamphetamine arrests as a % of all arrests		6%	7%	8%	7%	6%

Source: The Bakersfield Police Department Crime Analysis Unit. The time frame is from 01/01/2003 through 12/31/2007.

Among the charges for amphetamine, the largest number of arrests was for simple possession. This number peaked in 2006 and, though it has since fallen, the number remains higher than in 2004, before the passage of the Federal Combat Methamphetamine Epidemic Act of 2005 and California's precursor law, which restricts the sale of medications such as Sudafed to only three packages per individual per day and stipulates that medications that contain pseudo-ephedrine are kept in locked cabinets.

Similarly, the charges for all drug offenses show a decline since 2006 but again remain higher than the preceding years. In 2005, amphetamine arrests constituted 41% of all drug arrests. This percentage fell in 2007, but more than a third of all drug offenses still were made up of amphetamine arrests. Finally, while drug arrests as a proportion of all arrests exhibit a declining trend, methamphetamine arrests as a percent of all arrests have remained fairly stable.

Table 5.2 provides data on the number of amphetamine arrests decomposed by gender and ethnicity for the year 2007. The number of men arrested for amphetamine charges are significantly higher than they are for women. In terms of the ethnic breakdown of individuals charged with amphetamine offenses, Hispanics and Whites constitute the largest categories, reflecting their proportions in the overall population of the county (see Figure 5.2). Among men, the number of arrests is highest among Hispanics, followed by Whites and then African Americans; among women, the number of arrests is highest among Whites, followed by Hispanics.

	Male	Female	Total	%
White	1,340	97	1,437	38.0
Hispanic	2,068	79	2,147	56.0
African American	179	6	185	5.0
Asian	37	0	37	1.0
Hawaiian	0	2	2	0.1
Unknown	5	0	5	0.1
Total	3,629	184	3,813	100.0

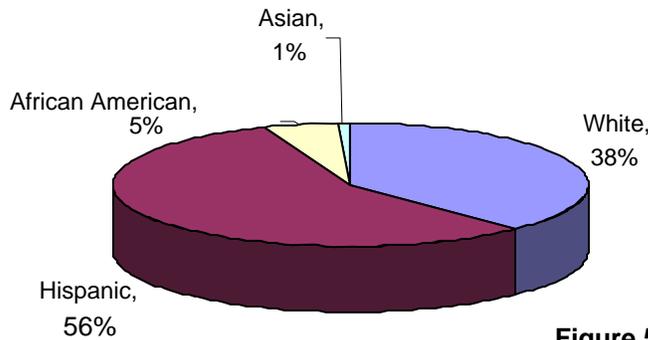


Figure 5.2
Bakersfield Police Department
Crime Analysis Unit
Amphetamine Arrests, by Race/Ethnicity, 2007

5.4 May 2008 Snapshot Study

During the month of May, 29 officers from the Bakersfield Police Department kept a log of every call and encounter. The officers were asked to describe each encounter by documenting the date, the zip code in which the event occurred, and certain demographic data: the gender and ethnicity of the individual involved, and their age range. Officers were also asked to note whether or not the incident involved alcohol, methamphetamine or other narcotics (yes, no, or suspected).⁹ In addition, they were asked to note if the encounter involved a child being taken into protective custody.

⁹While officers were asked to check “yes,” “no,” or “suspected” for alcohol, methamphetamine, and other narcotics, officers only put “yes” if the individual indicated methamphetamine use, or if the drug was found on the individual (possession/sales/transportation). Methamphetamine use, or being under the influence, can only be confirmed by self-report or by a toxicology report. Consequently, it is likely that numbers are underreported.

A total of 2,038 logbook entries were returned by the Bakersfield Police Department. After excluding entries with missing data points, 1,927 encounters were available for analysis (see Table 5.3). Of these, methamphetamine-only was noted in 94 entries and methamphetamine in combination with some other substance (alcohol or other narcotics) in 175 entries. In other words there were 175 entries where “yes” was checked off for methamphetamine. This constituted 9% of all the logbook entries.

	#	%
Total number of entries	1,927	100.0
Total	175	9.0
Only methamphetamine noted in interaction	94	5.0
Methamphetamine + alcohol noted in interaction	48	2.0
Methamphetamine + other narcotic noted in interaction	15	1.0
Methamphetamine + alcohol + other narcotic noted in interaction	18	1.0
Methamphetamine suspected in interaction	213	11.0
Total methamphetamine-yes + methamphetamine-suspected	388	20.0

In addition, there were 213 further entries in which methamphetamine was “suspected” in the interaction. Adding these to the earlier ones yields a total of 388 interactions, or 20% of all logbook entries for the month of May. Both of these rates are higher than the annual percentage of amphetamine arrests as a percentage of all arrests recorded by the BPD’s Crime Analysis Unit.

Figure 5.3 shows that of the 175 methamphetamine “yes” entries, 72% of them involved men and 26% involved women. Gender data was missing in 2% of the cases.

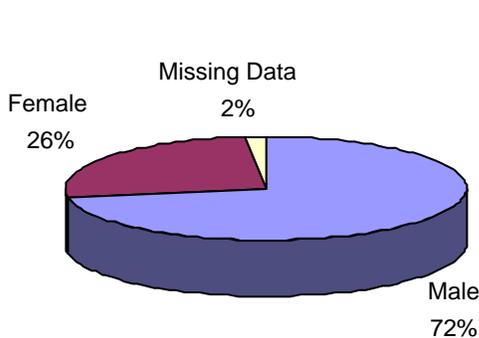


Figure 5.3
Bakersfield Police Department
May 2008 Snapshot:
Methamphetamine Prevalence in Logbook Entries,
by Gender

Figure 5.4 below shows the breakdown of “yes” entries by ethnicity. A comparison of Figure 5.4 with Figure 5.2 shows that Whites account for a larger percentage of “yes” responses in the May 2008 Snapshot Study (43%) than in overall amphetamine arrests in 2007 (38%). Figure 5.5 below breaks down the methamphetamine logbook entries by age. Ten percent (10%) of the individuals arrested on methamphetamine charges were between the ages of 46 and 65; 40% were between the ages of 26 and 45, 47% were between 18 and 25, and 2% were under the age of 18.

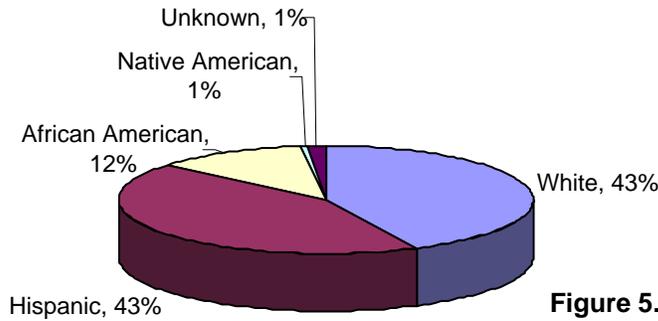


Figure 5.4
Bakersfield Police Department
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries,
 by Race/Ethnicity

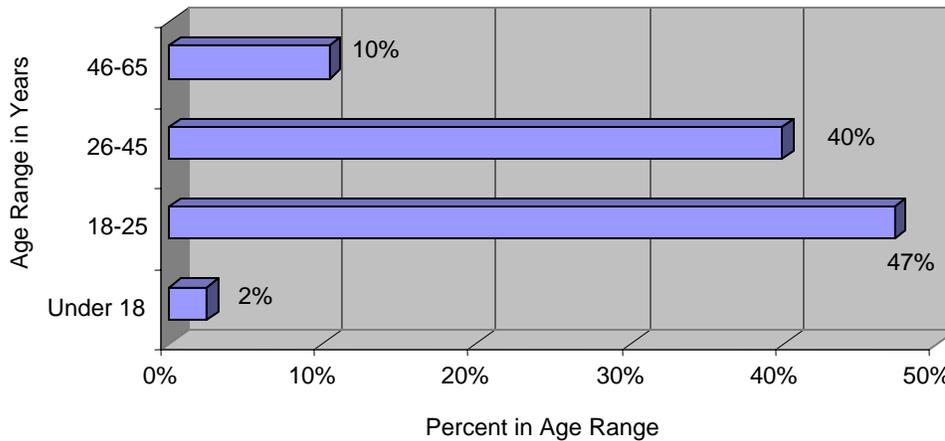


Figure 5.5
Bakersfield Police Department
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries, by Age Range

Figure 5.6 below depicts the five zip code areas that had the highest number of logbook entries for the month of May. It shows both the total number of logbook entries and those entries specifically related to methamphetamine. Zip code 93307 had the highest number of logbook entries at 392; of these 29 (7.4%) were explicitly related to methamphetamine charges. Zip code 93304 had the highest percentage of cases specifically involving methamphetamine (12.6%).

Finally, Table 5.4 shows the number of entries that called for involving Child Protective Services (CPS) because of the presence of a minor at the incident; these 7 cases made up 4% of all methamphetamine entries in May. Overall, among all of BPD’s entries, there were 29 that involved CPS and these constituted 1.5% of the entire 1,927 BPD entries.

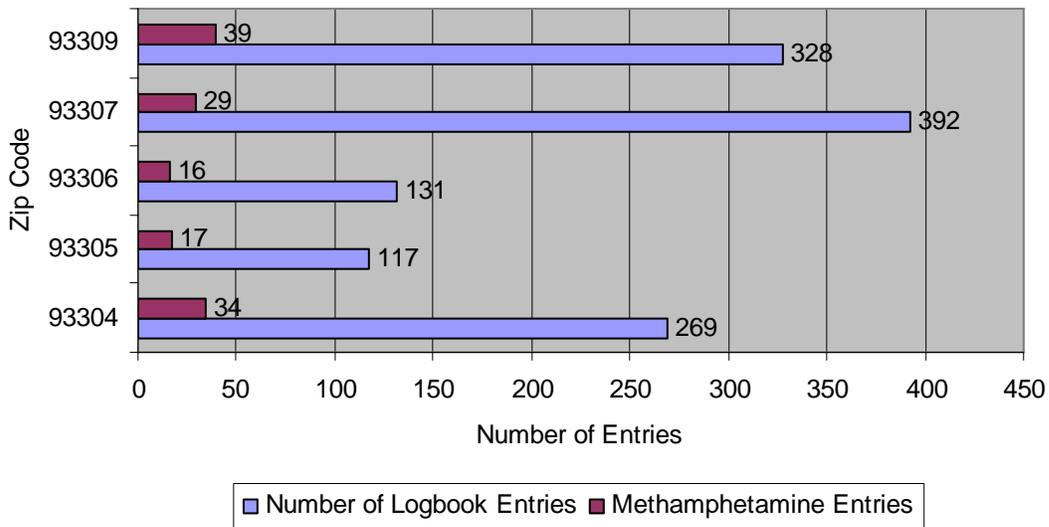


Figure 5.6
Bakersfield Police Department
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries, by Zip Code

Table 5.4 Bakersfield Police Department May 2008 Snapshot: Encounters Involving CPS		
	# of Entries	CPS Involvement
Total	175	7
Only methamphetamine noted in interaction	94	6
Methamphetamine + alcohol noted in interaction	48	1
Methamphetamine + other narcotic noted in interaction	15	0
Methamphetamine + alcohol + other narcotic noted in interaction	18	0
Percent of methamphetamine cases involving CPS in May 2008		4%
Percent of all BPD cases involving CPS in May 2008		1.5%

6. Kern County Probation

This section of the report is based on a focus group with members of the Adult and Juvenile Divisions of the Kern County Probation Department. Both Adult and Juvenile Probation kept logs of all new cases and revocations of probation that occurred during the month of May 2008 that involved individuals whose cases appeared to have methamphetamine or other drug/alcohol involvement. Each logbook entry involved the officer noting the date of the event and the zip code in which it occurred. Officers were asked to check off the gender and ethnicity of the individual, their age range, and whether or not the incident involved alcohol, methamphetamine or other narcotics (yes, no, suspected). Lastly, officers in Adult Probation were asked to indicate whether or not each incident involved children being removed from their families and taken into protective custody, while officers in Juvenile Probation were asked to indicate whether minors were wards of the court.

6.1 Extent of the Problem

The focus group at Kern County Probation involved a discussion with 20 officers from the Adult and Juvenile Divisions. Several recurring themes arose during the course of discussion. First, officers generally agreed that probably 80% of their caseloads involve clients with a history of narcotics use, possession or sales, and of these, at least three-quarters had involvement with methamphetamine. A number of officers mentioned that methamphetamine has increasingly replaced cocaine and heroin as the drug they commonly see among their caseload. Concurrently, they noted that the stimulant has crossed racial and ethnic lines. Once most commonly used by Whites, it is now increasingly used by other ethnic groups. One officer explained:

At one time there was cocaine, heroin; but right now it's almost exclusively methamphetamine. It has also crossed all of the race lines, there's not just a Black problem, Hispanic or a White problem; but it encompasses all of the population.

Focus Group Participant, Probation Department

Another added:

When I came here 12 years ago, you know what? I could hardly find a Black person who used meth. But right now it doesn't matter: whoever I bring in to the office, meth is the drug of choice.

Focus Group Participant, Probation Department

Second, several officers noted that methamphetamine use was driving not just petty theft and burglaries, but also white collar crime, and is used by people across class lines; however, wealthier individuals who use methamphetamine may be less socially visible than those who cannot afford to hire their own legal counsel:

I've got people on my caseload who are making \$65,000 to \$70,000 a year in their own businesses....[Probation officers] are probably seeing the people that can't afford to get attorneys...and then it looks like it's more of a minority issue, when it really isn't. I think

we're overlooking a lot of middle class and upper class White people that are involved in [crimes involving methamphetamine], but it doesn't appear that way because they have the better attorney or maybe law enforcement treats them a little bit differently when they have contact with them.

Focus Group Participant, Probation Department

Another recurring theme among officers was the concern that methamphetamine use by parents is leading to the disruption and dissolution of families, which in turn has led to the destruction of a number of communities:

Whole families are destroyed because of it; so it's not just an individual problem, it's a community problem and our community is just overwhelmed by it right now.

Focus Group Participant, Probation Department

Because the Probation Department provides services to both adults and juvenile offenders, its focus has increasingly shifted to one which looks at the wellbeing of the family as a unit. Between the two divisions, officers see both parent-users and child-users who may be participating in the Early Intervention Program (EIP), the Repeat Offender Prevention Program (ROPP) or the Specialized Treatment Offender Program (STOP). One Juvenile Probation officer remarked:

[In families where parents use,] it's just a revolving door sometimes. [Kids] go back to the same home where oftentimes there's someone in the home—parents, older siblings, uncles, aunts, friends—who come in and are exposing them to some type of substance. So we are seeing, shall we say, generational issues? I mean, you're getting both the child and the parent in the system. One user can make the whole family get out of whack; be it the adult parent who is using or the minor child who is using with the parent sometimes. But the whole family is corrupted....

Focus Group Participant, Probation Department

The theme of intergenerational drug use was also mentioned during interviews with several other agencies, and even by methamphetamine users themselves (see the West Kern interviews with Mental Health clients). Judges Stuebbe and Staley, both of whom have presided over juvenile drug courts, were especially concerned with the long-term consequences of intergenerational drug use. They pointed out that one of the effects of parental substance use is that children grow up with drugs being a part of their contextual reality. Not only might this impair their ability to make sound judgments, but it may also normalize drug using behavior and prison time:

Many of these kids have none of the personal skills to deal with some idiot coming up to them and offering them drugs. They don't have any of the coping mechanisms; they don't have any of the family support or the sense of right and wrong—or they haven't been raised in a family situation where the concept of the future and taking steps to create a future is even part of their thinking process. When the opportunity comes to use [drugs], it is just so difficult for them to resist, because they don't have any other coping skills that you'd hope they'd have...We get probation reports on the kids that we have here and I'll bet you it's nine out of ten times that it's one or both of the parents them-

selves have a criminal record and have been in jail...Going to jail is a family history. It isn't a threat; it's a fulfillment of proving that you're an adult member of this family...

Key Informant Interview with Family Court Judges

Another Juvenile Probation officer noted that "in EIP [Early Intervention Program], we have at least 98% of our families with a history of methamphetamine." When asked about the differences the officers may have noted between adult and juvenile offenders, they remarked that the consequences are graver for adults than they are for juveniles:

It's really different, because the juveniles, if they're taken into custody...will do some type of rehabilitative action; they go in, do their time, come back out and they come to the same home, the same clothes, the same family, the same problems. With the adults, when they go into custody or rehab, they lose their homes, their wives, their kids—they lose everything. So there's actually a sacrifice for the drug usage and their habit. With the kids it's harder to get through to them because there's not as much that's sacrificed when they get caught; with the adults they literally lose everything. So it's harder to get the juveniles to realize how much of an impact it's going to be later on in life because they just don't get it.

Focus Group Participant, Probation Department

Officers also mentioned the predilection for methamphetamine among women:

[Methamphetamine] is the drug of choice for women, and a lot of women use it. At [our unit], the biggest issues for the girls was "I'm gaining weight, so I have to use a little bit because it will help me get the weight off."

Focus Group Participant, Probation Department

In other words, the fact that one of the effects of methamphetamine is weight-loss makes it especially attractive for young women.

6.2 Views on Current Drug Policy

When the discussion inevitably turned to current policies regarding narcotics, three main themes emerged: the officers' views of the effectiveness of Prop 36, funding for adolescent treatment, and the role of prevention. One officer pointed out:

From the onset, Prop 36 was really designed to deal with the issue of the drug user, not the drug dealer. Not someone out here that had a large amount of crime in their background, [but rather] the people who were under the influence or had possession of a usable amount.

Focus Group Participant, Probation Department

In this sense, Prop 36 has shifted the emphasis of drug policy away from criminality to addiction as a public health problem. Officers suggested that Prop 36 has both expanded recognition of the need for treatment and the treatment options available to the community:

[Under Prop 36,] you're actually providing treatment for people in our community who beforehand would never be able to access treatment.

Focus Group Participant, Probation Department

Officers recognized that successful treatment programs require long-term involvement with clients. The duration of the program, however, if implemented to fidelity, would result in a backlog of users who would have to wait to enroll in treatment:

We have a huge issue here; Matrix may be more effective, but [because of the length and intensity of treatment,] you're able to serve fewer people. Do we offer a decreased amount of treatment and have worse outcomes, or do we do the increased amount of treatment, but we can't deal with as many people? It's a Catch 22 here, isn't it?

Focus Group Participant, Probation Department

Officers also recognized the costly yet essential need for support services for those in recovery:

You can put adults in a year-long rehab and they can get clean. But you don't give them a tool to do something constructive when they get out. We don't do vocational, we don't teach these guys how to get a legitimate job when they get out—so what are they going to turn to? They might even leave with hope, but then when there is nothing there for them because we haven't given them the tools to do the right thing, they are back where they started out.

Focus Group Participant, Probation Department

Lack of funding for adolescent treatment was discussed at length:

There's very, very little adolescent treatment. We have a little bit in West Kern, we have the STOP Program, we have Avenues, we have things through the Superintendent of Schools; but the population that they serve is [small] compared to the population that needs it. There's certainly a lot more treatment in the adult world....

Focus Group Participant, Probation Department

When discussing the needs of juveniles, officers saw stable funding streams as critical both to effective treatment and to effective prevention. Meeting the treatment and rehabilitation needs of young drug offenders may reduce the chances of these individuals offending as adults. The officers pointed out that families who can afford it send their young offenders to private rehabilitation centers, and eligible low-income households can send their children to county treatment providers, but "the whole big bunch in the middle is out on their own." One Probation officer noted that prevention programs are especially vulnerable to cuts in funding because outcomes are difficult to quantify:

Prevention is going to be the first thing that always gets cut, because it's real hard to measure outcomes in prevention. With the Early Intervention Program, really we're just putting little band aids on [the need] it because of the numbers: we are getting 400 to 600 referrals a month [for a program that can serve a fraction of that need per year].

Focus Group Participant, Probation Department

Another officer agreed, adding:

And it needs to be dedicated funding, not starting up this program and then cutting back inch by inch, where you just strip it and it strips the officer's ability to do any good work. We're doing more and more with less all the time; so, it has to be stabilized funding.

Focus Group Participant, Probation Department

One officer noted that working in prevention had changed their perspective:

Personally, I went from kind of a strict disciplinarian point of view - where we need to get them in custody if they're messing up - to "We need to get these kids help, we need to keep them out of custody: custody is not the answer." But, we don't have anything else at our disposal to deal with this kid to get a mandatory dry-out or whatever it is. You're hooked emotionally and that's just one kid; you have 40 to 50 kids on your caseload; and at the Adult Division, they have certainly a lot more, and you see the impact it has on the families. The parents are going nuts trying to help these kids, stay clean, keep them in school, not ruin their future; and you see the younger siblings following the [wrong] path. It's very draining...knowing that there is so little that you can do, but you want to give everything that you can to the program that you work with.

Focus Group Participant, Probation Department

Last but not least, the conversation turned to the well-being of the officers themselves, many of whom recounted instances where they had invested their own time and money to help youngsters on their caseload participate in community recreation programs, or had spent their evenings following up with a parent who could only meet them after work. At that point, the discussion turned to the value of investing "hope" in children and families:

How do you put a price tag on hope? Hope is an intangible that you can't measure, but...when people have hope, there's nothing they can't do...When [one of our officers] works with a kid [in EIP], he gives this kid a sense of self-worth and hope—and we're trying to put a price tag on it... We've been talking about how we're throwing money out on people who aren't ready for change...They'll go through Prop 36; they'll come through us; they'll go to prison and come back to us again; we put them back into a sober living environment and they're not ready—and that same person may be in their fifties. That's what these [EIP counselors] are doing, they're giving these people hope when they didn't have it before...Somehow we have to be able to figure out a way to market that to get the financing for it,...because when people have hope and people start to feel good about themselves, that's when you start to see the change.

Focus Group Participant, Probation Department

6.3 May 2008 Snapshot Study

Both Adult and Juvenile Probation participated in the May 2008 Snapshot Study. Outcomes are reported separately below.

6.3a Adult Probation Outcomes

During the month of May, nine officers from the Kern County Probation Department, Adult Division, kept a log of new cases and revocations of probation that appeared to involve methamphetamine and other alcohol/drug use. The officers were asked to note the date, the zip code of the individual involved, their gender, ethnicity, and age range, and what substance the incident involved: alcohol, methamphetamine or other narcotics. They were also asked to note whether the case involved a child being taken into protective custody.

A total of 276 logbook entries were returned to TLC by the Adult Division, representing 36.8% of the 750 new cases and revocations processed during the month of May 2008. Of these, methamphetamine-only was noted in 175 entries and methamphetamine in combination with some other substance in 31 entries, for a total of 206 cases involving methamphetamine directly (Table 6.1). This constituted 74.6% of all the logbook entries, and 27.5% of all cases processed in May. If the cases in which officers indicated that they suspected methamphetamine involvement are included, then 85.1% of the logbook entries would involve methamphetamine.

Table 6.1 Kern County Probation - Adult Division May 2008 Snapshot: Methamphetamine Prevalence in Logbook Entries		
	#	%
Total number of Adult Probation entries	276	100.0
Total	206	74.6
Only Methamphetamine noted in interaction	175	63.4
Methamphetamine + alcohol noted in interaction	12	4.3
Methamphetamine + other narcotic noted in interaction	18	6.5
Methamphetamine + alcohol + other narcotic noted in interaction	1	0.4
Methamphetamine suspected in interaction	29	10.5
Total meth + meth suspected	235	85.1

Table 6.2 provides data on methamphetamine cases decomposed by gender. A large majority of the cases (79.1%) involved male clients, while females comprised just 21% of clients. Figure 6.1 below shows the ethnicity of clients, with 41.7% White, 49% Hispanic, and 7.8% African American. Decomposing the adult probation cases by age range, Figure 6.2 shows that a majority of the clients (62%) fall between the ages of 26 and 45. The age range that is next most represented among these cases is between 18 and 25 (32%). Figure 6.3 depicts the five zip code areas that had the highest number of logbook entries in the Adult Division for the month of May 2008. It shows both the total number of logbook entries and those entries specifically related to methamphetamine. The 93307 zip code had the highest number of logbook entries at 46; of these 29 (63%) were explicitly related to methamphetamine charges.

Table 6.2 Kern County Probation Adult Division May 2008 Snapshot: Methamphetamine Prevalence in Logbook Entries, by Gender		
	#	%
Male	163	79.1
Female	43	20.9
Total	206	100.0

Figure 6.1
Kern County Probation—Adult Division
 May 2008 Snapshot:
 Methamphetamine Prevalence in
 Logbook Entries, by Ethnicity

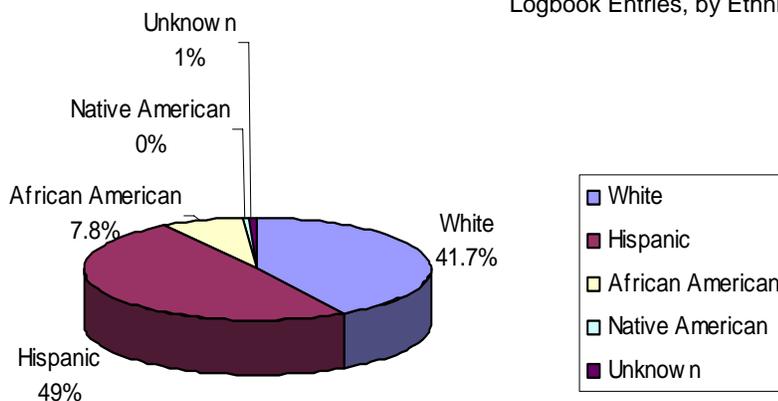
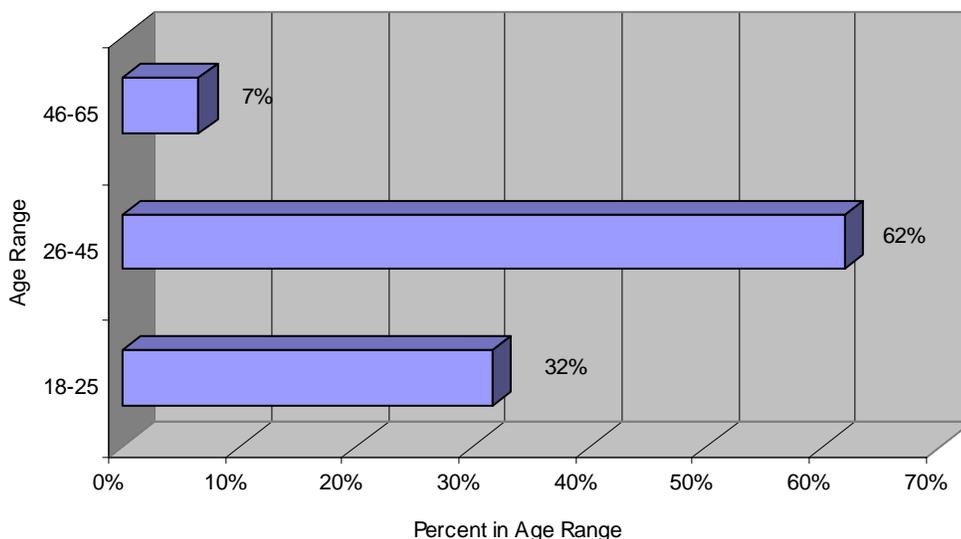
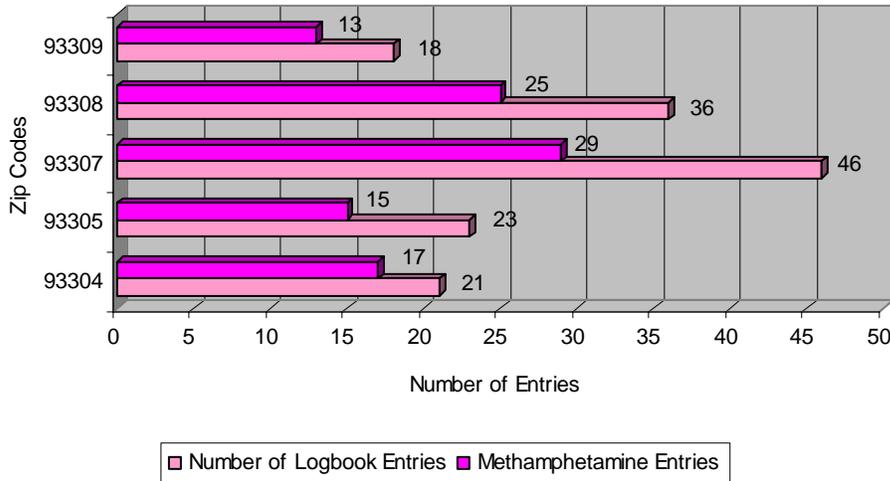


Figure 6.2
Kern County Probation—Adult Division
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries, by Age Range



Finally, there were five entries that recorded the removal of a child (or children) into protective custody. All five of these entries were cases that explicitly involved methamphetamine. These five cases made up 2.4% of all methamphetamine cases (Table 6.3).

Figure 6.3
Kern County Probation—Adult Division
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries, by Zip Code



	#	Yes
Total	206	5
Only Methamphetamine noted in interaction	175	5
Methamphetamine + alcohol noted in interaction	12	0
Methamphetamine + other narcotic noted in interaction	18	0
Methamphetamine + alcohol + other narcotic noted in interaction	1	0
Percentage of meth cases involving removal of children in May 2008		100%

6.3b Juvenile Probation Outcomes

During the month of May 2008, ten Juvenile Probation officers kept a log of all new cases and revocations of probation. Programs specifically targeted included the Blanton Academy, ROPP (metro and regional), North Kern-Shafter, North Kern-Delano, the Prevention Services Team, and the Petition Desk/Investigations. The officers were asked to note the date, the zip code of the individual involved, their gender, ethnicity, and age range, and what substance the incident involved: alcohol, methamphetamine or other narcotics. They were also asked to note whether the minor was a ward of the court.

A total of 180 logbook entries were returned to TLC by the Juvenile Division. All of them contained the necessary data and were valid entries for analysis. Of these, methamphetamine-only was noted in 12 entries and methamphetamine in combination

with some other substance in 10 entries, for a total of 22 cases explicitly involving methamphetamine (Table 6.4). This constituted close to 12% of all the logbook entries kept by the Juvenile Division. If the cases in which officers indicated that they suspected methamphetamine involvement are included, then 23, or 12.8%, of the Juvenile Division’s cases would explicitly involve methamphetamine.

	#	%
Total number of Juvenile Probation logbook entries	180	100.0
Total	22	12.2
Only methamphetamine noted in interaction	12	6.7
Methamphetamine + alcohol noted in interaction	2	1.1
Methamphetamine + other narcotic noted in interaction	6	3.3
Methamphetamine + alcohol + other narcotic noted in interaction	2	1.1
Methamphetamine suspected in interaction	1	0.6
Total meth + meth suspected	23	12.8

In addition, the division director of Juvenile Services conducted a random sample of formal probation cases to determine the approximate number of minors either referred for a methamphetamine offense, or those that admitted to use resulting in court ordered drug search and test terms. The sampling design included selecting every fifth case assigned to a supervision officer and researching their arrest for and/or acknowledgement of methamphetamine use. According to the director, there were 1,051 referrals to Juvenile Probation in the month of May, with 180 having some link to methamphetamine, for a total of 17%.

Decomposing the logbook entries by gender shows that there were twice as many young men as young women involved in methamphetamine cases. A majority of the of the cases (68.2%) involved male clients, and 31.8% involved female clients. Figure 6.4 shows that 27.3% of these cases involved White defendants, and 59% involved Hispanic defendants. Ethnicity data were unavailable for 13.6% of the juvenile cases.

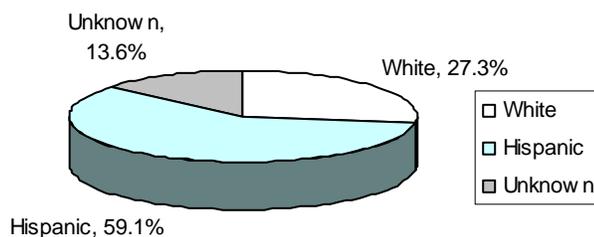


Figure 6.4
Kern County Probation—Juvenile Division
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries, by Ethnicity

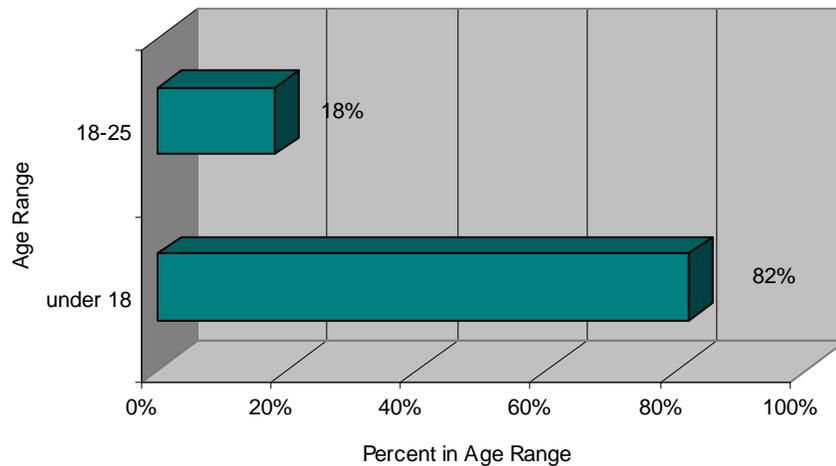


Figure 6.5
Kern County Probation—Juvenile Division
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries, by Age Range

Decomposing the Juvenile Probation cases by age range shows that 82% of the clients were under the age of 18; the remaining 18% fell between the ages of 18 and 25 (Figure 6.5). Figure 6.6 depicts the five zip code areas that had the highest number of logbook entries for the month of May. It shows both the total number of logbook entries and those entries specifically related to methamphetamine. The zip code 93309 had

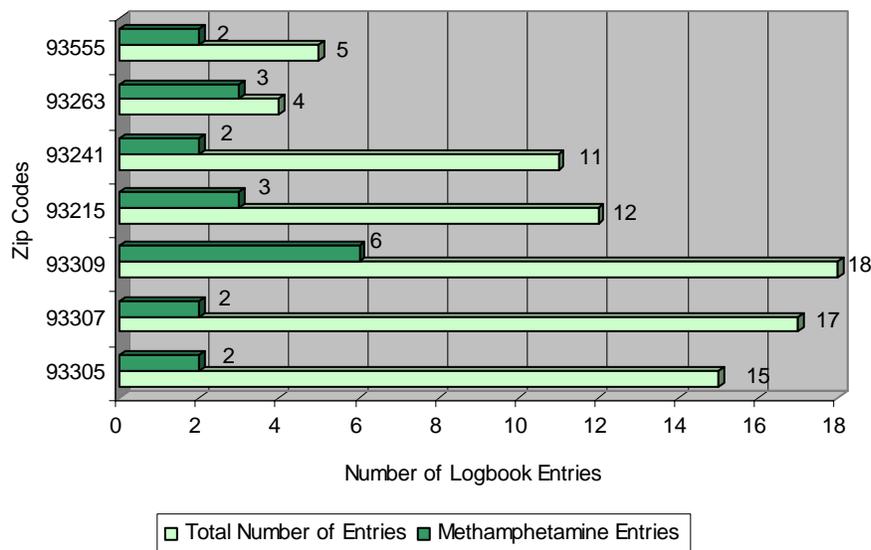


Figure 6.6
Kern County Probation—Juvenile Division
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries, by Zip Code

the highest number of logbook entries at 18; of these, 6 were explicitly related to methamphetamine charges.

Finally, Probation officers were asked to note if a client was also a ward of the court (Table 6.5). More than half of all the methamphetamine cases (59%) involved youngsters who were also a ward of the court; 7.2% (or 13) of all juvenile cases in May involved minors who were a ward of the court.

Table 6.5 Kern County Probation – Juvenile Division May 2008 Snapshot: Juvenile Wards of the Court		
	#	Yes
Total	22	13
Only methamphetamine noted in interaction	12	8
Methamphetamine + alcohol noted in interaction	2	0
Methamphetamine + other narcotic noted in interaction	6	5
Methamphetamine + alcohol + other narcotic noted in interaction	2	0
Percent of juvenile meth cases where client was a ward of the court		59%
Percent of all juvenile cases where client was a ward of the court		29%

7. Kern County Department of Human Services

This section of the report is based on a semi-structured interview with Director Pat Cheadle and Assistant Director of Child Protective Services, Bethany Christman at the Kern County Department of Human Services; a focus group with supervisory staff; and interviews with two Kern County judges, the Honorable Judges Stuebbe and Staley, who have presided over both delinquency and dependency courts. In addition, 68 members of the DHS Emergency Response Division participated in keeping a log of all encounters for the month of May. Each logbook entry involved the social worker noting the date of the encounter and the zip code in which it occurred. Social workers were also asked to check off the gender and ethnicity of the individual involved in the contact, the age range of the individual, and whether or not the incident involved alcohol, methamphetamine or other narcotics (yes, no, or suspected, for each). Lastly, the social workers were asked to indicate whether or not each encounter involved children being removed from their families and taken into protective custody.

7.1 Extent of the Problem

The Department of Human Services (DHS) is responsible for administering a variety of social service programs. Its “safety net” programs include CalWORKs, Cal-Learn, Medi-Cal, and food stamps. However, a significant majority of DHS operations are devoted to children’s services, including emergency response, family maintenance, family reunification, foster care, permanent placement and adoption.

DHS representatives indicated that drug addiction plays a significant role in domestic violence and child abuse, factors that are primary motivators in leading DHS and law enforcement to remove children from the home. When asked about the frequency with which substance abuse is a factor among DHS caseloads, representatives estimated that more than three-quarters of the Child Protective Services cases involve substance abuse:

Of our court and family reunification caseload, at least 75% to 80% of our families are substance-abuse exposed, and that’s the main reason why they’ve come to our attention. Now, it’s varying degrees of substance abuse. It’s either usage, which is the dominant percentage, or it’s manufacturing, or it’s sales—but that’s usually very minor.

Key Informant, Department of Human Services

According to staff, methamphetamine is predominant among substance abusing families, along with alcohol:

I would be surprised if meth isn’t probably half of [all substance abusing families on our caseloads], just because it’s so dominant. It’s cheap, it’s easy to find, it’s easy to manufacture. Kern is a big, big county...Trafficking is huge here, manufacturing is huge...We’re on a corridor, L.A. to San Francisco; it’s a main artery.

Key Informant, Department of Human Services

Staff gave an example of the impact of methamphetamine on county systems:

At the end of December we had over 800 children in Family Reunification. So if you take 75% [of those families] having drug or substance abuse [issues], and then you take 50% of that, you're probably at about 300 or so kids that are in the system as a result of meth.

Key Informant, Department of Human Services

The services required by a child in protective custody involve two social workers (a court worker and a case worker), their supervisor, at least two hearings presided over by a judge and attended by attorneys and a counselor, over a number of months. In a key informant interview, Judges Stuebbe and Staley discussed the resources required to handle one CPS case as it goes through the courts:

You've got someone from the Department of Human Services, you've got a court social worker, you've got a social worker in the audience that is with the families at the time, you've got an attorney for the children, you've got an attorney for mom, you've got an attorney for dad, and usually one for the family. If there are multiple kids and multiple dads, each different dad has an attorney. And then there are caretakers in the audience which may be relatives, but if there is a caretaker or foster parent, they're getting payments. And that's just a tip of the iceberg...One exposure from an arrest where somebody called CPS and all of a sudden we have ten professionals, well paid professionals, attorneys, social workers, beyond the court costs.

Key Informant Interview with Family Court Judges

This view was supported in the focus group conducted with DHS supervisors:

Also, remember you have two court systems operating, so you'll have costs from two courts. You have criminal court and then you have the juvenile court...So, you have a judge here and a judge over here. You have a public defender here and you're going to have a lawyer over here; you have DA over here and you're going to have County Counsel here. And if they have three kids they [may] go to court three times.

Key Informant, Department of Human Services

This, as the key informant pointed out, is simply the legal side of the picture for substance abusing parents with children "in the system":

Just to get an overview, or bird's eye view: a case coming through at any point in time will usually have two social workers involved: we have the court worker and we have the family worker that's working with the family...There will usually be a service aide [who] may transport them for visits; so they're usually involved in the case. Of course, there will be a supervisor and then a manager from our department who is involved. There could be a public health nurse involved, depending on what some of the issues are...If the [dependent] is a teenager, then you add in a third social worker—their independent living skills social worker...If they have therapy [ordered], the parents will go to therapy, the child will go to therapy. The parents can get ordered... to parenting class, which involves whatever cost that is...We do drug testing, as well... The drug test at a minimum would be once a month;...but more than likely it's two to three times a month per parent. If you have two parents who are on drugs, [the case will be open] a minimum of six months,

because that’s the first review hearing, six months down the road...[Often] you’re going 12 months in a drug case. If the kids are in and out of Jamison, you’ve got caretakers at Jamison [to consider in the cost].

Key Informant, Department of Human Services

Figure 7.1 illustrates the ways in which Emergency Response, DHS and the judicial system all work together to respond to fulfill the services required by a child in protective custody. It also provides a schematic understanding of the extent of resources expended in one CPS case.

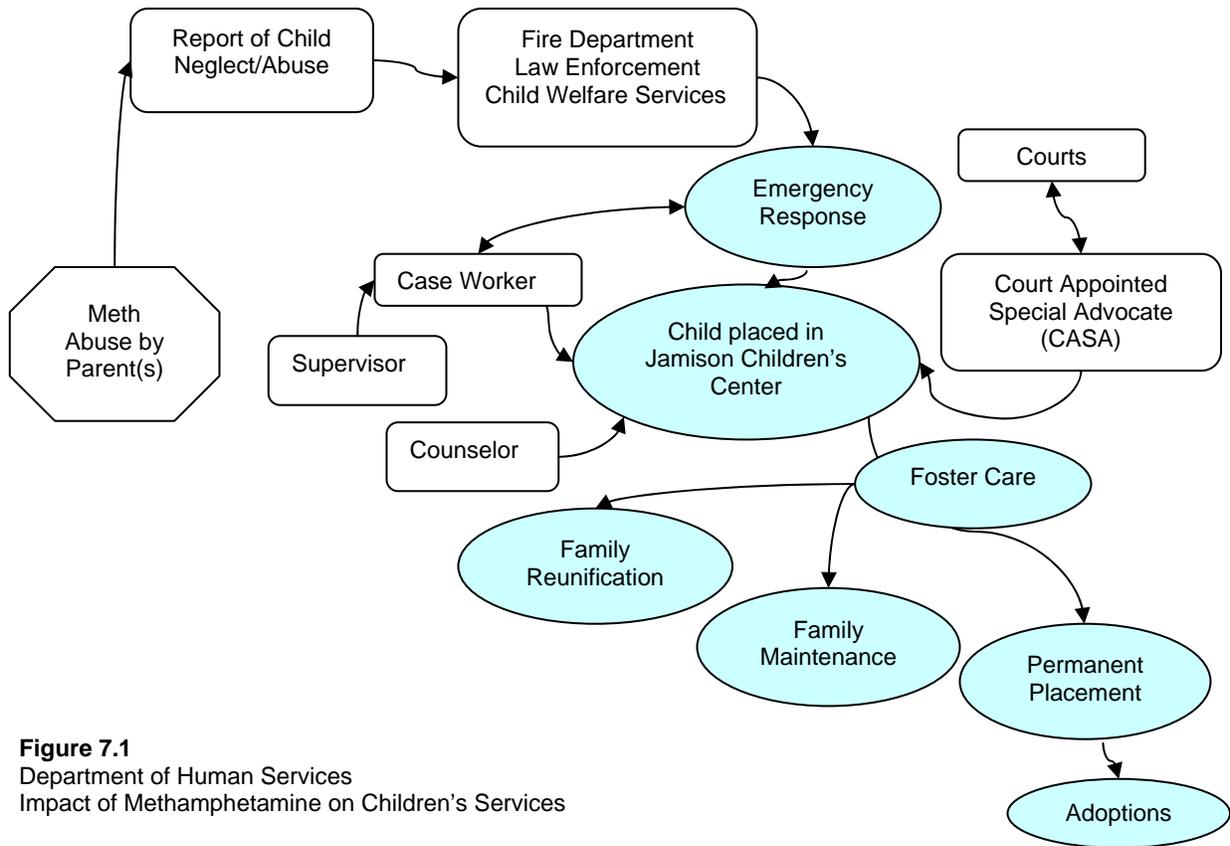


Figure 7.1
Department of Human Services
Impact of Methamphetamine on Children’s Services

7.2 Views on Current Drug Policy

As was the case in interviewing key informants in other agencies, the discussion with DHS representatives revealed that the impact of methamphetamine abuse by individuals has a “ripple effect” on the community. For instance, the staff at DHS discussed how, under the CalWORKs Welfare-to-Work Program, substance abuse can impact an individual’s successful transition from unemployment to stable employment:

You have these people and they’re trying to get jobs; that’s the goal of CalWORKs, is to get them off [public] aid. So you have people who are struggling with drugs. They can get a job; they’ve had all the services that have been paid for to get them that job—and usu-

ally it's a starter job; *but they can't sustain it because of the drug use*. So they go off that job. So some of the costs involved are in getting that person that job; but it's [also] a cost that the employer had in training [them]...and getting them started. But that gets repeated if three months later we went to expending cost getting them another job, another employer has expended money training them again, they get off again because they go back on drugs.

Key Informant, Department of Human Services

One person suggested that treatment for substance abuse should precede training for future employment:

My opinion is probably not a popular one from the CalWORKs side, but if we're thinking in terms of helping families and helping children, it would be really beneficial to identify early on in the process that there is a substance abuse issue, no matter what it is. And I'm going to argue that the only way to do that is through tests as a condition of eligibility. I will tell you right now that that is not a popular opinion in the social services arena; but I'm thinking more in terms of getting that family the services that they need to be successful. We are wasting a lot of resources and a lot of time hoping that the person is going to somehow volunteer this information. Most of them don't, [so we continue] damaging relationships with employers, throwing good money away...because we're not dealing with the substance abuse first, the core [issue]. If somebody has a substance abuse issue, you have to deal with that first, before you send them to training, before you start with learning a new job. In an ideal situation, that's one thing I would do.

Key Informant, Department of Human Services

Substance abuse information under CalWORKs is collected on a voluntary basis and the staff estimated that 20% to 25% of CalWORKs cases involved substance abuse.

While generally supportive of Welfare Reform, the staff at DHS had specific areas of concern with respect to the ability of families to successfully transition into self-sufficiency and independence. They noted that "the majority of the families that we see in Child Protective Services are in poverty," and their ability to transition successfully out of the system depends on their ability to find work that pays a living wage—and then to retain that position.

Yet the requirements to successfully negotiate the child welfare system and regain custody of children can be so demanding as to make it virtually impossible for parents to sustain good employment:

When [parents] come through court, we make so many orders—they have to go to parenting class, they have to go to drug counseling, they have to do drug testing, they have to have their visits with their children because they need to maintain their relationship. And so they have all of these different things to do...Also, they may have to go through domestic violence [treatment]...They may have to go through sexual abuse awareness counseling, if they allowed people to abuse their kids in that way. They have this whole array of stuff, like a laundry list. They're not functioning very well, and then we give them this list, "Go do this in six months." Well, that's not going to happen. So they talk about "Can you just give us one thing to do?" Usually no; as much as we'd like to do that, the

clock doesn't wait and their child doesn't stop growing. Kids can't wait for you to grow up....And that's why the State has put some real timeframes on children under the age of three; you either get your act together in six months or they're gone, because they can't wait for you. They're growing up, they need parents who are there to help train them...A lot of times, [parents] talk about the burden. They have to get up, and they call into the D.A.'s drug system; they [find out that they] have a drug test today. And so they try to get by there and then their parenting class is at nine, their counseling appointment is at eleven, their NA meeting is at noon. And they [ask]: "When do I work?"

Key Informant, Department of Human Services

There was general consensus that another problem is the absence of enough quality services. Parents, for example, need to be able to access parenting classes that help them develop a skill set; many parenting classes offered in the county fill up quickly, leaving parents on a waiting list with the clock ticking on their time to complete services. Quality control is another issue; some classes are of a higher caliber than others, and even parents who attend as required may not gain the skill set needed if the content or the facilitator are lacking.

Even when parents are able to fulfill their obligations, they may need more support than is available through the system:

The bigger issue there speaks to the need for continued retention services. I think that's one of the areas in Welfare Reform that we haven't put enough resources into, because most of these families are entering entry level jobs, and if you really want them to be self-sufficient in the long run, you need to be able to stay involved and support them and tell them how to get promoted on the job or how to pay for those other classes so that they can take the next step. The law falls down in that area.

Key Informant, Department of Human Services

DHS staff also discussed the role to be played by prevention policies, especially among youth, to allow them to break the generational cycle of drug-dependency. They spoke of the need to support young people to stay in school by providing them with after school tutoring, providing them with transportation and even basic necessities:

In intensive case management, we're contacting them on a regular basis; I've even had my staff go out and pick them up and take them to school, if that's what it needs. They're working with the counselors at school, they're having them...do progress reports; they're doing some after school tutoring. We had staff that volunteered, [so] we opened up one of our rooms a couple of evenings a week to do after school tutoring. It's mainly just being available to them and giving them the support if they've got a barrier. In one case, a kid couldn't get to school, [and] we gave them bus passes; another kid didn't have shoes, so we got the shoes.

Key Informant, Department of Human Services

7.3 May 2008 Snapshot Study

During the month of May, 68 social workers from the Emergency Response division of DHS kept a log of their interactions with new and existing clients. The social workers were asked to describe each encounter by documenting the date, the zip code in which the event occurred, and certain demographic data: the gender and ethnicity of the individual involved, and their age range. Social workers were also asked to note whether or not the incident involved alcohol, methamphetamine or other narcotics (yes, no, or suspected). In addition, they were asked to note if the encounter involved a child being taken into protective custody.

A total of 895 logbook entries were returned by the DHS staff. Of these, methamphetamine-only was noted in 87 entries and methamphetamine in combination with some other substance (alcohol or other narcotics) in 125 entries (Table 7.1). In other words, there were 125 entries where “yes” was checked off for methamphetamine. This constituted 14% of all the logbook entries. In addition, there were 120 further entries where methamphetamine was “suspected” in the interaction. Adding these to the confirmed cases yields a total of 245 interactions, or 27% of all logbook entries for the month of May.

Table 7.1 Department of Human Services May 2008 Snapshot: Methamphetamine Prevalence in Logbook Entries		
	#	%
Total number of DHS entries	895	100
Total number of cases in which methamphetamine was involved	125	14
Only methamphetamine noted in interaction	87	10
Methamphetamine + alcohol noted in interaction	11	1
Methamphetamine + other narcotic noted in interaction	23	3
Methamphetamine + alcohol + other narcotic noted in interaction	4	0
Methamphetamine suspected in interaction	120	13
Total methamphetamine yes + methamphetamine suspected	245	27

Table 7.2 shows that of the 125 methamphetamine “yes” entries, 28% of them involved men and 65.6% involved women. Gender was missing in 6.4% of the cases.

Table 7.2 Department of Human Services May 2008 Snapshot: Methamphetamine Prevalence in Logbook Entries, by Gender		
	#	%
Male	35	28.0
Female	82	65.6
Missing Data	8	6.4
Total	125	100.0

Figure 7.2 below provides a breakdown of the “methamphetamine-yes” entries by race/ethnicity. Half of the entries involved Whites, 31% Hispanic, 6% African Americans, and data was missing in 13% of the cases. Figure 7.3 breaks down the methamphetamine logbook entries by age. Seven percent (7%) of the individuals arrested on methamphetamine charges were between the ages of 46 and 65; 51% were between the ages of 26 and 45, 38% were between 18 and 25 and 3% were under 18.

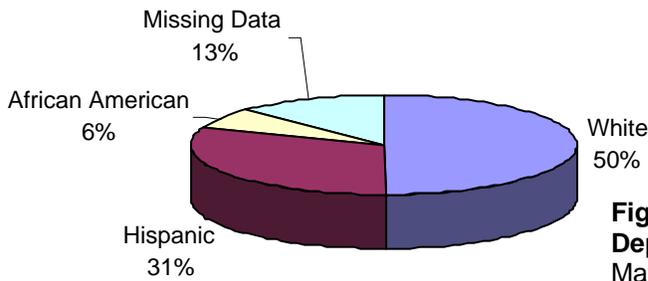


Figure 7.2
 Department of Human Services
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries,
 by Ethnicity

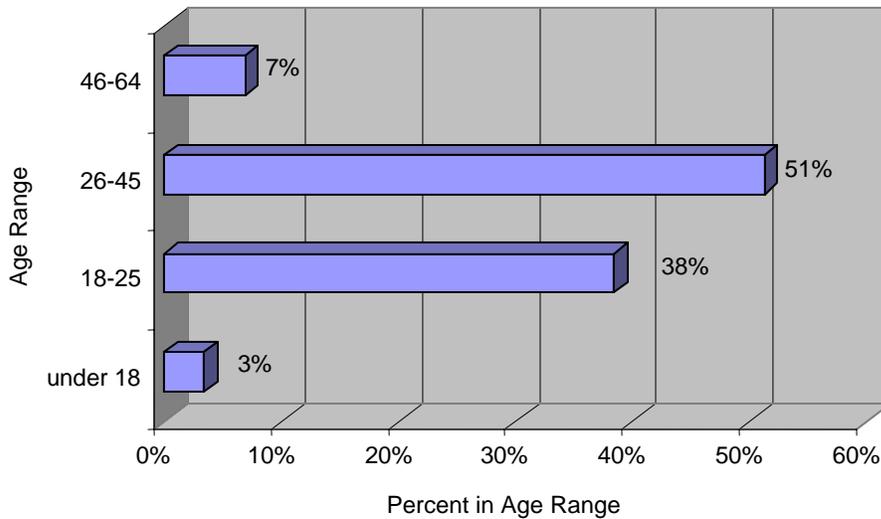


Figure 7.3
 Department of Human Services
 May 2008 Snapshot:
 Methamphetamine Logbook Entries, by Age Range

Figure 7.4 depicts the five zip code areas that had the highest number of logbook entries for the month of May. It shows both the total number of logbook entries and those entries specifically related to methamphetamine. The 93308 zip code had the highest number of logbook entries at 108; of these 24 (22%) were explicitly related to methamphetamine charges.

Table 7.3 shows the number of entries that called for involving CPS; these 63 cases made up 50% of all methamphetamine entries in May. Overall, 16% of all 895 entries involved the removal of a child (or children) into protective custody.

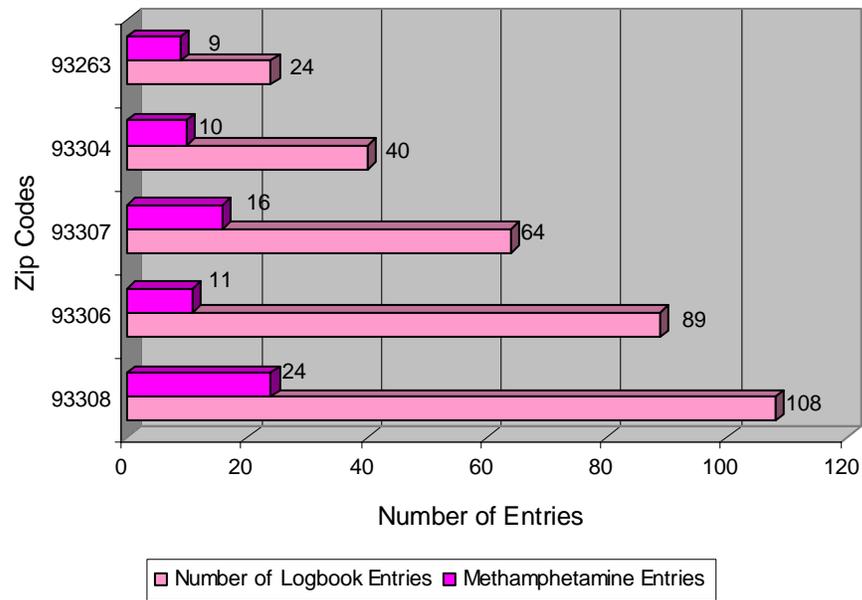


Figure 7.4
Department of Human Services
 May 2008 Snapshot:
 Methamphetamine Prevalence in Logbook Entries, by Zip Codes

Table 7.3 Department of Human Services May 2008 Snapshot: Encounters Involving the Removal of Children		
	#	Yes
Total	125	63
Only methamphetamine noted in interaction	87	41
Methamphetamine + alcohol noted in interaction	11	6
Methamphetamine + other narcotic noted in interaction	23	13
Methamphetamine + alcohol + other narcotic noted in interaction	4	3
Percentage of methamphetamine cases involving removal of children		50%
Percentage of all DHS cases involving the removal of children		16%

8. Kern County Mental Health Department

The Kern County Mental Health Department (KCMH) oversees substance abuse treatment services for the County of Kern. This section of the report is based on interviews with Lily Alvarez, Behavioral Health Administrator, and Diane Koditek.¹⁰ It also includes county data collected by the California Department of Alcohol and Drug Programs (ADP) through the California Outcomes Measurement System (CalOMS). All county-funded substance abuse treatment providers submit data electronically to CalOMS. The CalOMS database consists of smaller sets of data elements designed to capture measures such as client demographic characteristics, treatment services, and outcome data.

8.1 Extent of the Problem

KCMH has divided Kern County into 11 geographic service regions. KCMH operates clinic facilities in metropolitan Bakersfield, Taft, and Wasco, and contracts to private treatment providers both in Bakersfield and in most of the outlying regions. The county and its providers together form the Substance Abuse System of Care. During the 2007-2008 fiscal year, KCMH and its provider agencies served 4,277 clients through its substance abuse treatment programs, of whom 3,485 had CalOMS data available. Nearly half (48.7%) of these clients listed methamphetamine as their primary drug of choice.

Because drug addiction is a chronic disorder, many clients require long-term treatment, during which there are likely to be occasional relapses. Long-term drug use can lead to alterations in brain function that may lead to pathological behavioral changes. Possibly because of the rapid physical deterioration that occurs in methamphetamine addiction, a popular misconception is that methamphetamine users do not and cannot recover; however, treatment outcomes for methamphetamine users are virtually identical to outcomes for cocaine users. Due to the type of cognitive impairment that occurs with methamphetamine use, traditional treatment methods generally produce poor outcomes. According to Freese (2006), brain scans of methamphetamine addicts have been shown to resemble the brain scans of advanced Alzheimer patients.¹¹ With abstinence from the drug, the adult brain regenerates over a period of 18 months to two years (Ibid.) Research studies are currently underway to determine whether the impact of methamphetamine use on the developing adolescent brain is reversible.

Retention in treatment appears to be the single most important indicator of long-term success, and incentive-based, court-ordered or mandatory treatment appears to provide the best retention rates. Successful outpatient treatment predictors include intensive treatment that includes three to five clinic visits per week for at least 90 days using an evidence-based practice (e.g., Cognitive Behavioral Therapy, Community Reinforcement Approach, Motivational Interviewing, or the Matrix Model). This is followed

¹⁰ Diane Koditek retired from KCMH in April 2008, shortly after this interview took place.

¹¹ Thomas Freese, Director of the Pacific Southwest Addiction Technology Transfer Center and Director of Training for the UCLA Integrated Substance Abuse Programs, presentation at the 2006 SAM-HSA Targeted Capacity Expansion Methamphetamine Grantee Workshop (February 13-15).

by nine months of continuing care, with weekly urine testing throughout the treatment process (Ibid.). The most critical period in recovery is at the six-month mark in abstinence, when brain function begins to return but clients have few resources to deal with the depression and physiological factors that impact their ability to function. Current programs generally offer significantly shorter periods of treatment (usually six to eight months, including intensive treatment and continuing care), due primarily to budgetary constraints. In other words, at the period in the recovery process that a client may be most in need of support and ongoing treatment, the treatment program is ending.

Two broad categories of treatment are available in Kern County: outpatient and residential treatment, with outpatient further divided into regular outpatient and intensive outpatient. Residential programs provide care 24 hours per day, generally in non-hospital settings, and can be highly structured. Only about 5% of individuals coming into treatment through Prop 36 require a residential stay. Outpatient programs, which are far less expensive than residential treatment, are generally considered suitable for individuals who are employed or employable, and who have a network of non-using friends and family who can support the client in his or her recovery. Outpatient programs vary from clinic to clinic; some, such as those using the Matrix Model, may provide a similar level of treatment intensity in the first 30 to 45 days as a residential program. While every effort is made to assign clients to the most appropriate level of care, availability may sometimes determine which type of treatment a client receives, as the county has a limited number of residential beds. Only one facility in Kern can accommodate single mothers with dependent children.

8.2 Views on Current Drug Policy

While some people suffering from substance abuse admit themselves into treatment, the majority of those in treatment in Kern County are court-ordered, either through PC 1000 or Prop 36. A growing number of parents are being referred to treatment through CPS, as well. As discussed earlier in this report, under the Substance Abuse and Crime Prevention Act (SACPA or Prop 36), first- and second-time adult offenders who are convicted of non-violent drug offenses (such as possession of a drug for personal use) are eligible to receive substance abuse treatment instead of incarceration.

According to KCMH administrators, the Prop 36 Initiative was based on decades of research in the social sciences that argued that substance abuse is an illness—a brain disorder that affects people’s physical and mental health. According to the National Institute on Drug Abuse (NIDA), substance abuse is a “complex illness, characterized by compulsive, at times uncontrollable drug craving” that can compromise an individual’s ability to “choose not to take drugs” (Leshner, 1999). Prolonged drug use affects brain function and alters an individual’s behavior, as well as compromising physical health. Because of the complexity of this illness, treatment for substance abuse has numerous components. Treatment programs must help users alter their behavioral patterns to abstain from using drugs; they must also promote lifestyle changes and positive decision-making if abstinence is to be sustained. The most successful treatment programs pro-

mote educational and vocational training, assist clients in seeking and retaining employment, and facilitate participation in community-based activities and support groups.

KCMH representatives view Prop 36 as a law that has allowed them to bring about a much needed transformation of the Substance Abuse System of Care in Kern County. With the passage of Prop 36, KCMH has organized treatment providers in a continuum of care, ranging from residential programs that provide highly structured and intensive care to outpatient clinics that see people on an as-needed basis. For a clinic to be qualified to provide treatment under Prop 36, it must be certified by California's Alcohol and Drug Programs (ADP).

Under Prop 36, gatekeepers assess the treatment needs of individuals on a case by case basis, and attempt to customize services to meet a client's specific profile of need. Based on a series of factors, such as a person's drug history and the extent of their familial (or social) support, a gatekeeper will develop an individualized treatment referral ranging from Level 1 to Level 6 treatment. Level 1, or "pre-treatment," entails primarily education and awareness, while Level 5 provides the highest level of treatment intensity. An individual who may have been convicted for the simple possession of methamphetamine (perhaps because they were holding the substance for someone else) may qualify for Level 1. Individuals who qualify for Level 2 are usually convicted users who may be in denial about their addiction and do not yet show themselves as being willing to participate in treatment. An assessment of Level 3 requires that an individual enroll in six months of treatment and two months of aftercare. An individual assessed with Level 4 treatment would be enrolled in eleven months of intensive outpatient treatment. Finally, Level 5 cases are the ones that require a high level of intensive care, often involving up to 45 days of living in a residential program where there is 24-hour care, seven days a week. Level 5 clients then transfer into Level 4 treatment for 11.5 months of post-residential treatment. Level 6, the highest level of care, is for individuals who are cognitively impaired.

Depending on outcome of the gatekeepers' screen, individuals coming into the system under Prop 36 will have to submit to continual, random drug tests. Whether they have to test once or twice a week, or once a month, will depend on the particulars of their case. Under Prop 36, KCMH pays for the first 30 days of drug tests, which cost \$15 per test. Test results are forwarded to both the counselor and the Probation officer as part of the increased inter-agency collaboration under the provisions of Prop 36. Representatives cited this increased collaboration between the criminal justice system and treatment providers as one of the positive changes implemented by the passage of Prop 36.

How "successful completion" of a level of treatment is defined may also vary from case to case, but typically involves factors such as whether the individual has attended the necessary group meetings and individual counseling sessions, whether they have consistently tested drug-free, whether they are actively seeking employment, and whether they are rebuilding their personal relationships. Although it is not a criterion of success, an objective for clients with CPS referrals is reunification with their children. Finally, to

complete the requirements of Prop 36, clients must have met any financial obligations imposed as part of their sentencing, in the form of fines and penalties.

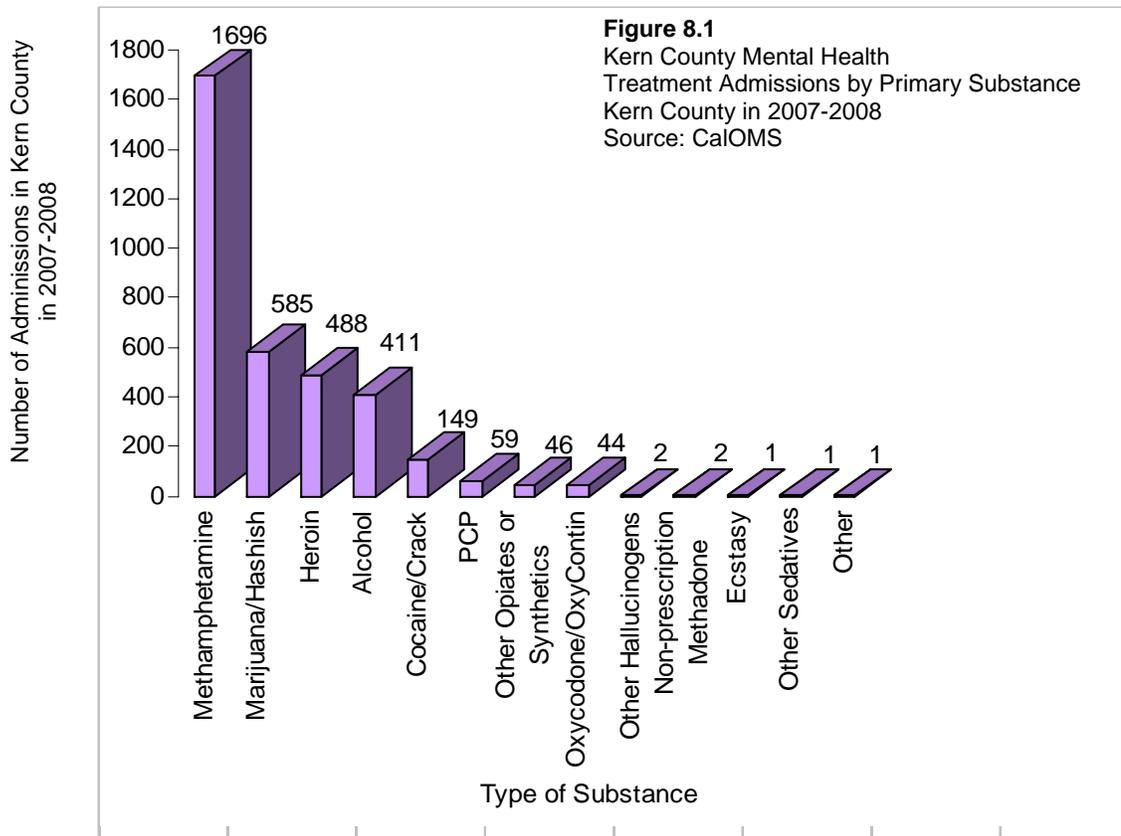
The majority of individuals currently in treatment have been mandated into treatment either through the criminal justice system or CPS. This limits the available spots for individuals voluntarily seeking treatment. Providers in Kern County are operating at full capacity currently; KCMH staff foresee waiting lists in the future. Independently reiterating an issue discussed by DHS staff, KCMH representatives were concerned about the lack of treatment capacity for parents who are in drug dependency courts because they have lost custody of their children. Typically, these parents have six months to complete treatment or risk losing custody of their children permanently. Decreased availability of treatment slots for this population could be disastrous from both an economic standpoint (the cost of keeping children in the system) and a human standpoint.

8.3 Impact on Agency Resources

One measure of the impact of methamphetamine use in Kern County is the number of people in treatment. Kern County maintains comprehensive treatment information for client served through the Substance Abuse System of Care in CalOMS, which contains data on approximately 80% of clients receiving substance abuse treatment. Data presented in this section are drawn from CalOMS, unless otherwise indicated.

In Kern County, treatment admissions for all drugs increased by 6% between 2006-2007 and 2007-2008; during the same period, admissions for methamphetamine abuse fell by 5%. Nevertheless, methamphetamine admissions remained by far the highest of all admissions for substance abuse. Table 8.1 shows that methampheta-

Table 8.1 Kern County Mental Health California Outcomes Measurement System All Admissions				
	2006-2007		2007-2008	
	#	%	#	%
Methamphetamine	1,788	54.3	1,696	48.7
Marijuana/Hashish	497	15.1	585	16.8
Alcohol	357	10.8	411	11.8
Heroin	330	10.0	488	14.0
Cocaine/Crack	144	4.4	149	4.3
Oxycodone/OxyContin	79	2.4	44	1.3
PCP	67	2.0	59	1.7
Other Opiates or Synthetics	20	0.6	46	1.3
Ecstasy	6	0.2	1	0.0
Other Sedatives	2	0.1	1	0.0
Other	2	0.1	1	0.0
Other Stimulants	1	0.0	0	0.0
Other Hallucinogens	1	0.0	2	0.1
Non-prescription Methadone	0	0.0	2	0.1
Total	3,294	100.0	3,485	100.0



mine admissions made up 54.3% of all admissions in 2006-2007 and 48.7% of all admissions in 2007-2008. While methamphetamine admissions have fallen, admissions for marijuana, alcohol and heroin have risen during the same period; admission rates for cocaine have fallen slightly. Figure 8.1 shows admissions by primary substance in Kern County in 2007-2008, and graphically depicts the prevalence of methamphetamine use compared to other substances.

Table 8.2
Kern County Mental Health
California Outcomes Measurement System
Admissions by Race/Ethnicity

	All Admissions				Methamphetamine Admissions			
	2006-2007		2007-2008		2006-2007		2007-2008	
	#	%	#	%	#	%	#	%
White	1,684	51	1,739	50	1,022	57	893	53
African American	245	7	282	8	30	2	40	2
Native American	33	1	42	1	16	1	17	1
Asian	39	1	53	2	25	1	27	2
Pacific Islander	6	0	4	0	3	0	0	0
Multiracial	1	0	4	0	0	0	0	0
Other	1286	39	1361	39	692	39	719	42
Total	3,294	100	3,485	100	1,788	100	1,696	100

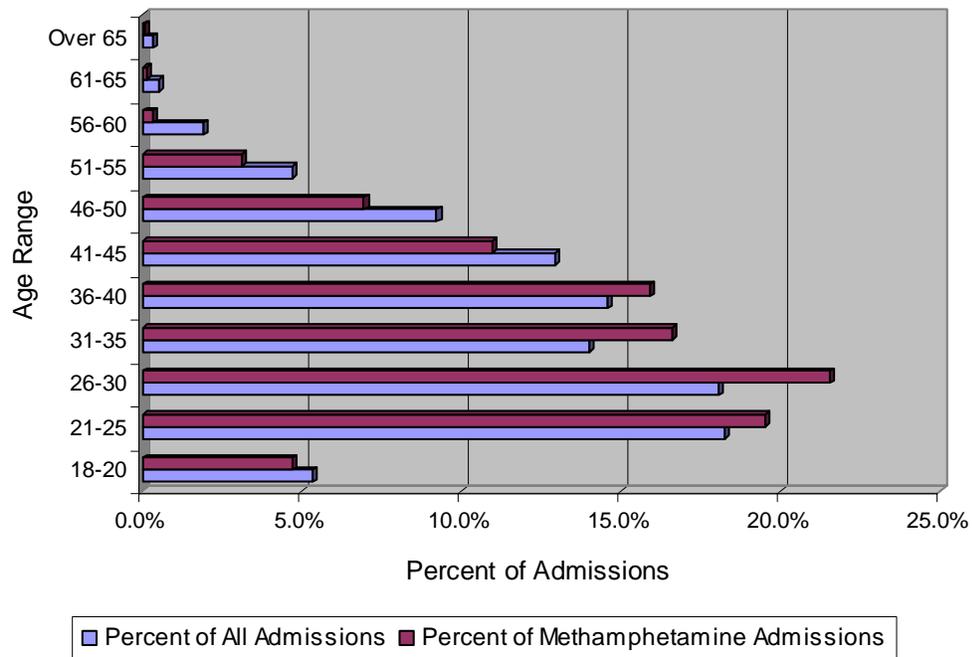


Figure 8.2
 Kern County Mental Health
 Treatment Admissions in Kern County in 2007-2008, by Age
 Source: CalOMS

Among all admissions, men make up 58% of admissions, and women 42%; however, among methamphetamine admissions, male and female admissions are close to being evenly split, with men at 50.3% and women at 49.7% (not shown). Decomposing the data by race and ethnicity shows that White admissions (which includes Hispanic) make up the largest proportion of all methamphetamine admissions (Table 8.2).

Figure 8.2 decomposes admissions data by age categories. While slightly more than 5% of all admissions fall between the ages of 18 and 20, 4.7% of methamphetamine admissions fall in that age range. This order is reversed for the next four categories: among 21-25 year olds, a greater proportion of methamphetamine admissions falls within that age category than do all admissions. Similarly, a greater proportion of methamphetamine admissions falls between the ages of 26-30, 31-35 and 36-40 than

	All Admissions		Methamphetamine Admissions			
	2006-2007		2006-2007		2007-2008	
	N	%	N	%	N	%
Less than 12 years	1,519	46	843	47	804	47
12 years of education	1,385	42	764	43	722	43
More than 12 years	387	12	179	10	170	10
Total	3,291	100	1,786	100	1,696	100

all admissions. More than one out of five methamphetamine admissions falls within the 26-30 year-old range.

Information on the socio-economic, education and legal characteristics of clients in publicly funded treatment programs is also available through CalOMS. Table 8.3 provides a breakdown of clients by their level of education. Close to half of those admitted for methamphetamine treatment have less than 12 years of education; 43% have completed high school and 10% have more than 12 years of education. These figures are fairly similar to those of the entire population of admissions: among the latter 12% reported having more than 12 years of education.

Data on the employment status of clients is also available through CalOMS. Table 8.4 shows that 39% of clients in treatment for methamphetamine in 2007-2008 were not in the labor force; 18% were employed for 35 or more hours, 9% were employed part-time and 34% were unemployed and looking for work.

Table 8.5 decomposes admissions data by criminal justice involvement. During 2007-2008, only 16% of methamphetamine users in publicly funded treatment in Kern County were not involved with the criminal justice system. This rate was higher among

Table 8.4 Kern County Mental Health California Outcomes Measurement System Admissions by Employment Status						
	All Admissions		Methamphetamine Admissions			
	2006-2007		2006-2007		2007-2008	
	N	%	N	%	N	%
Employed, 35+ hours	649	20	346	19	303	18
Employed, less than 35 hours	359	11	183	10	152	9
Unemployed, looking for work	883	27	540	30	585	34
Unemployed, not looking for work	259	8	87	5	1	0
Not in the labor force	1,144	35	632	35	655	39
Total	3,294	100	1,788	100	1,696	100

Table 8.5 Kern County Mental Health California Outcomes Measurement System Admissions by Criminal Justice Status						
	All Admissions		Methamphetamine Admissions			
	2006-2007		2006-2007		2007-2008	
	N	%	N	%	N	%
No criminal justice involvement	817	25	291	16	276	16
Under parole supervision by CDCR	379	12	205	11	231	14
On parole from any other jurisdiction	16	0	11	1	18	1
On probation from any jurisdiction	2,061	63	1,269	71	1,145	68
Other diversion under PC 1000	6	0	4	0	17	1
Incarcerated	0	0	0	0	0	0
Awaiting trial or sentencing	15	0	8	0	9	1
Total	3,294	100	1,788	100	1,696	100

all admissions, at 25%. Among methamphetamine admissions, 14% were “under parole supervision by CDCR” and 68% were “on probation from any jurisdiction.” These numbers reflect the impact of Prop 36 on substance abuse treatment programs.

8.4 Mental Health and Substance Abuse

An issue of increasing concern among mental health providers is the extent to which clients may have both substance abuse and mental health issues (known as dual diagnosis). Just as substance abuse can lead to mental illness, individuals who are suffering from mental illness may choose to self-medicate with stimulants like methamphetamine. One way to capture the extent to which methamphetamine users may also be in treatment for mental health issues is to calculate how many of the clients who have files open for mental health also have files open for substance abuse. In an interview, a key informant from Mental Health reported that in December 2007, “a little over 19% of people had diagnosis of both mental health and substance abuse disorders” but that this figure was “probably a third of the actual number of consumers who fall into the overlap section of these two categories.” In other words, if appropriately assessed and diagnosed, it is possible that up to 60% of mental health consumers would require both mental health and substance abuse treatment services. Substance abuse is significantly underreported and is likely to remain an issue as long as admitting to addiction and dependency affects consumers’ eligibility to receive social security insurance payments and access to subsidized prescription medication.

Table 8.6 shows the rate at which clients have been dually diagnosed with both substance abuse and mental illness; 17% of clients reported that they relied on Medi-Cal for health care coverage and 22% of methamphetamine admissions in 2007-2008 recorded an affirmative answer to the question “Has the client ever been diagnosed with a mental illness?” The table also decomposes admissions data by characteristics such as clients’ housing and veteran status. One notable characteristic is the fact that 74% of those admitted for methamphetamine treatment in 2007-2008 said they were the parent of a minor or child. This reiterates the concern that many county agency professionals voiced regarding the enduring effects of methamphetamine use on families.

	All Admissions		Methamphetamine Admissions			
	2006-2007		2006-2007		2007-2008	
	N	%	N	%	N	%
Homeless	53	2	23	1	27	2
CalWORKS Recipient	74	2	42	2	43	3
Medi-Cal Beneficiary	834	25	335	19	287	17
Mental Illness Diagnosis	732	22	353	20	381	22
Veteran	44	1	13	1	10	1
Pregnant at Admission	118	4	91	5	96	6
Disabled	556	17	277	16	281	17
Parent of Minor or Child	1,985	60	1,231	69	1,252	74

9. Kern County Fire Department

How many of the motels in the 'Dale [Oildale] are filled with people who used to have families and used to have houses? They didn't start out that way; a lot of them were people with good jobs, a family—and meth took all that away from them. It happens a lot more than people think.

Key Informant, Fire Department

This section of the report is based on a focus group conducted with Kern County battalion chiefs and a dispatch supervisor gathered together by Chief Dennis Thompson. It also includes "snapshot" data for methamphetamine-related calls taken by the Fire Department during the month of May 2008. A total of 42 stations around the county participated in keeping a log of all emergency calls for the month of May in an attempt to capture the impact of methamphetamine use on the agency's resources.

9.1 Extent of the Problem

The Fire Department's methamphetamine-related cases may take a variety of forms:

- (1) They may involve a 911 emergency call made by someone experiencing seizures or other physical symptoms, some of which may mimic a heart attack, or an incident of child poisoning:

Most methamphetamine-related calls usually will come in as chest pain.

Key Informant, Fire Department

I can remember getting calls on children who had gotten into their parent's stash.

Key Informant, Fire Department

- (2) They may involve someone in a roadway accident who tests positive for the presence of methamphetamine:

Other ways that we get involved with drug-related calls, meth being part of it, is we respond to vehicle accidents with injuries. Any vehicle accident with injury or vehicle accident with damage to property, like a car into a pole; the person is out of the car and they don't appear to be injured, but they hit a power pole—that kind of thing.

Key Informant, Fire Department

- (3) They may be related to incidents of domestic violence or in which further investigation reveals that one or more of the family members had used methamphetamine:

I think a lot of the spousal and domestic abuse cases I would almost guarantee that a lot of them are tied to meth, especially certain areas.

Key Informant, Fire Department

- (4) A station may be tipped off about the presence of unknown substances that have been dumped off at the side of a road or in a field and that may contain the hazard-

ous material residue from “cooking” methamphetamine. Cooking methamphetamine can also lead to explosions because of the volatility of the chemical compounds used in the process. However, methamphetamine lab busts are not as common an occurrence as they used to be previously before the regulations of precursor ingredients:

We’re not responding to as many labs as we used to; I mean, there are still the ones out in the desert and the ones out in the middle of nowhere.

Key Informant, Fire Department

The graphic on Page 74 is a visual representation of the paths by which the Kern County Fire Department may be impacted by methamphetamine use.

Focus group participants indicated that 911 calls for medical emergencies are the most common means by which the Department is impacted by methamphetamine:

We spend a lot more money and resources on the medical end, dealing with the user, than we do with the lab or transport.

Key Informant, Fire Department

When asked what percentage of their emergency response calls are related to drugs, they estimated that a minimum of 40% of their medical emergency calls are related to drug overdose. There was some discussion among participants as to how fire officials are able to identify a particular incident as methamphetamine-involved. In some cases, the presence of the drug may not be immediately apparent:

Some will tell us, “He’s been doing meth for five days and hasn’t slept in 12, and then you know. But you really have to do a lot of digging on our end to really get to the bottom of what’s going on with those calls, and it ties up our dispatchers. It takes longer to get information because they don’t want to tell you what’s going on; they just want you to send someone. We have protocol we have to follow, so we have to just really work to get the information we need out of them.

Key Informant, Fire Department

In other cases, however, where the methamphetamine use has progressed towards addiction, they noted that it is relatively easily to identify addicts by their appearance and/or behavior:

You can usually tell on the phone when you’re talking to someone that’s been doing meth because they just have a cadence; they talk really fast, they don’t really give you information, they’re very paranoid, it’s just the way they talk...They’re very, very animated, very agitated, very interesting.

Key Informant, Fire Department

On the other hand, it may not be easy to identify a meth lab in the kitchen of a home:

You walk into these homes and you don’t realize [the presence of a lab] because it’s traditional materials; it’s stuff that’s found in any household. You don’t necessarily realize

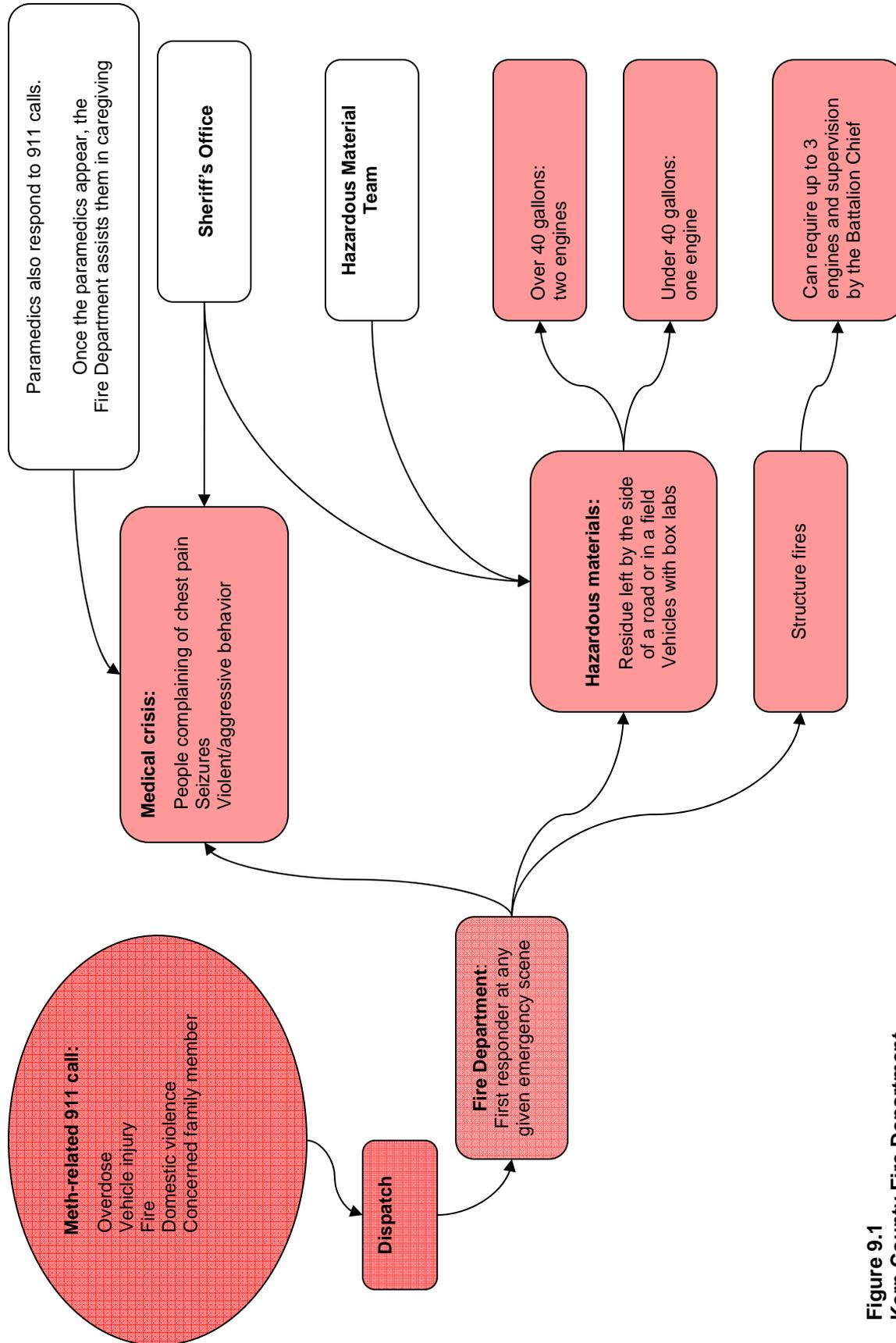


Figure 9.1
Kern County Fire Department
 Routes of Response to Methamphetamine-related Calls

that you're looking at the makings of a meth lab. And so they actually showed us the film that they use to train [drug enforcement agents]. I was kind of amazed, because you could just walk through and if you don't know what you're looking for, you wouldn't necessarily see that as being a meth lab.

Key Informant, Fire Department

Focus group participants also discussed the fact that the prevalence of methamphetamine-related calls varies significantly from neighborhood to neighborhood and region to region, with the highest response of calls in metropolitan Bakersfield occurring in the 93308 zip code, and in the county as a whole in the desert areas, particularly between California City and Ridgecrest. Both areas are predominantly White, but Ridgecrest has some of the highest paid jobs and most highly educated population base in the county, while Oildale (93308) has one of the lowest.

9.2 May 2008 Snapshot Study

During the month of May, the 42 stations kept a log of every emergency call received. Staff was asked to describe each encounter by documenting the date, the event and the zip code in which it occurred. They were also asked to check off the gender and ethnicity of the individual involved in the emergency call, age range, and whether or not the incident involved alcohol, methamphetamine or other narcotics. Staff was also asked to note if the encounter involved a child being taken into protective custody.

Table 9.1 provides a list of the stations that kept a logbook and the number of entries entered by each station. Two stations in Oildale together logged close to 300 emergency calls for the month of May, followed by East Bakersfield at 137. Taft and Ridgecrest had the third highest number of calls with 77 each, followed by Northwest Bakersfield at 72 and Shafter at 67. The numbers for Lake Isabella were also fairly high, as were the numbers for Wasco. While these logbook entries indicate just the number of emergency calls received by the stations in these locations, data compiled from the snapshot survey attempts to gauge what proportion of these emergency calls were due to substance abuse in general and methamphetamine abuse in particular.

Of the 1,495 entries in the May logbooks, Table 9.2 shows that only 6 interactions, or 0.4%, were positively identified as involving methamphetamine. Suspected methamphetamine in conjunction with alcohol or other narcotics adds up to a total of 69 or 4.6% of cases. Altogether, methamphetamine cases made up 75 or 5% of entries for the month of May.

The fact that only 6 entries have a checkmark indicating "yes" to methamphetamine involvement seems extremely low compared to the entries of other departments—particularly given the testimony of individuals involved in the focus group conducted with supervisors; however, it is not so surprising when one considers the nature of the interaction between emergency first responders and their clients. In the absence of toxicology reports, specific instances in which methamphetamine is found in the client's possession, or direct information from the client regarding their use of methamphetamine, first responders will not designate a case as being methamphetamine-involved.

Station #	City	Primary Zip Code(s)	# of Entries per Book
64	Oildale	93308	184
42	Bakersfield East	93306	137
63	Bakersfield/Oildale	93306	92
21	Taft	93268	77
74	Ridgecrest	93555	77
65	Bakersfield/NW	93312	72
32	Shafter	93263	67
72	Lake Isabella	93240	63
31	Wasco	93280	62
12	Tehachapi	93561	59
54	Arvin	93203	59
37	Delano	93215	54
15	Rosamond	93560	48
61	Bakersfield South	93312	47
34	Delano	93215	44
76	Kernville	93285, 93238	39
66	Bakersfield/Landco	93308	30
73	Inyokern	93527	24
17	Boron	93523	23
57	Frazier Park	93225	20
52	North Bakersfield	93308	19
77	Ridgecrest	93555	19
33	McFarland	93250	18
71	South Lake/Onyx	93255	18
16	Bear Valley Springs	93561	15
22	Maricopa	93252	15
25	Buttonwillow	93263	15
26	Lost Hills	93249	13
14	Mojave	93501	12
41	Bakersfield Southeast	93307	12
56	Lebec	93243	10
36	Glennville	93226	9
18	Stallion Springs	93561	8
55	Tejon Ranch	93243, 93313	8
58	Pine Mt. Club	93222	5
11	Keene	93531	4
45	Edison	93306, 93307	4
78	Twin Oaks/Walker Basin	93518	4
24	McKittrick	93251	3
75	Randsburg	93554	3
35	Woody	93287	2
53	Bakersfield SW	93311	1

Table 9.2		
Kern County Fire Department		
May 2008 Snapshot: Methamphetamine Prevalence in Logbook Entries		
	#	%
Total number of Fire Department entries	1,495	100.0
Total methamphetamine-related encounters	6	0.4
Only methamphetamine noted in interaction	2	0.1
Methamphetamine + alcohol noted in interaction	1	0.1
Methamphetamine + other narcotic noted in interaction	2	0.1
Other narcotics noted in interaction	1	0.1
Methamphetamine suspected in interaction	69	4.6
Total methamphetamine-yes + methamphetamine-suspected	75	5.0

Consequently, fire officials are more likely to check off “suspected” methamphetamine involvement than a definitive “yes.”

A further examination of the data shows that alcohol was noted in 163 incidents and other narcotics in 45. These 208 interactions, coupled with the 6 confirmed methamphetamine interactions, make up 214 or 14% of all entries during the month of May 2008. If “suspected” as well as “confirmed” entries are included for methamphetamine, alcohol, and other narcotics, then logbook entries involving substance abuse make up almost one in every three, or 32.5% of all entries.

Finally, of the 1,495 entries, just 7 involved an incident where a child was taken into protective custody (data were missing for this question in 55 entries). However, two of the 7 cases involved methamphetamine (not shown).

10. Kern Medical Center

This section of the report is based on an existing study carried out by the Department of Surgery at Kern Medical Center (KMC) to evaluate the impact of methamphetamine use on the resources of the Trauma Center. It also contains data from a short patient questionnaire administered by Emergency Department personnel and interns during the period May 10 to June 10, 2008. Given the high volume of patients who present themselves at the Emergency Department (ED) in a given month, a random sample of 4-hour blocks of time was used to conduct the survey. This sampling methodology, based on block randomization, ensures that the results of this cross-sectional survey can be generalized to the entire population of ED patients at KMC. Patients who were admitted during these time blocks were asked a series of questions – both general (such as their age) and specific (such as whether they had ever used methamphetamine). Findings from this cross-sectional survey of self-reported methamphetamine use among ED patients are reported in Section 10.2 below.

10.1 Extent of the Problem

Doctors at the Trauma Center at Kern Medical Center conducted a retrospective review of patient records from January 1, 2003 to January 5, 2006 (Taylor et al., 2007). Blood toxicology results were used to compare those who tested positive for methamphetamine with those who did not. The study compared a series of indicators for the two groups: length of hospital stay (LOS), intensive care unit (ICU) admission rate, number of ICU days, ventilator days and mortality rates.

Of the 4,759 patients who were admitted to the Trauma Center during this time period, results from toxicology screenings were available for 971 individuals. Toxicology results showed that 292 (31%) tested positive for methamphetamine. The study compared these 292 methamphetamine-positive patients to the remaining 674 methamphetamine-negative patients in terms of their length of hospital stay (LOS), whether or not they were admitted to the intensive care unit (ICU), the number of days they spent in ICU, the number of days they spent on the ventilator, and mortality rates.

The study further divided both sets of patients into six groups according to an Injury Severity Score (ISS) of 1-5, 6-10, 11-15, 16-20, 21-25 and 26-30. Figure 10.1 below illustrates the way that the two comparison groups were stratified for the purposes of the study. The LOS, ICU and ventilator days of the methamphetamine-positive and methamphetamine-negative cohorts were then compared by their ISS.

Among trauma patients in this study, 27% of the women and 32% of the men tested positive for methamphetamine. One clear difference between the methamphetamine-positive and methamphetamine-negative patients was that assault as a mechanism of injury was more common among the methamphetamine-positive patients. According to this study, assault was the main cause of mortality among the methamphetamine-positive group; motor vehicle accident was the leading cause of death among the methamphetamine-negative patients (Taylor et al., 2007).

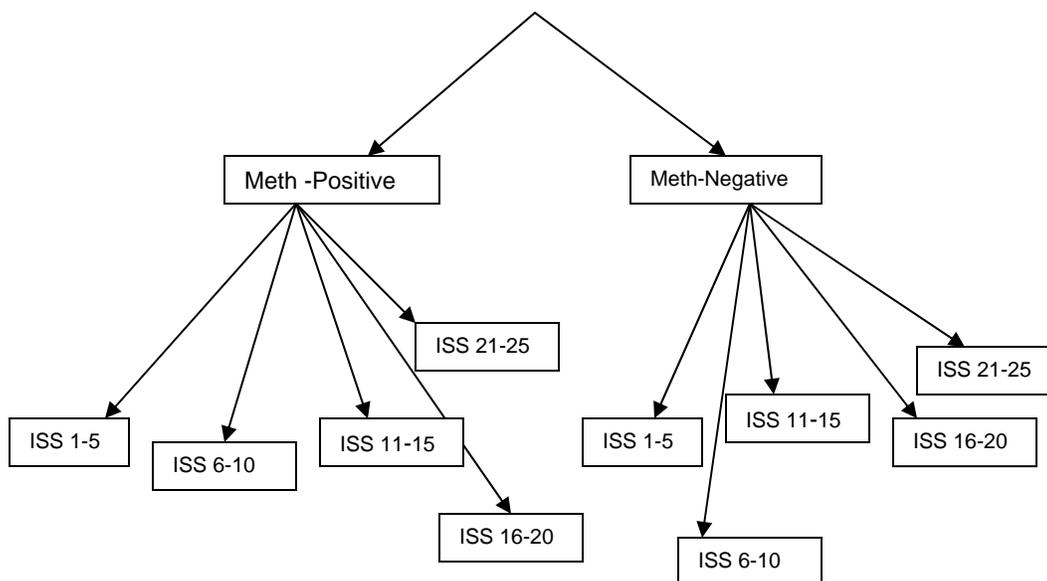


Figure 10.1
Kern Medical Center
 Stratification of Comparison Groups in a Study of the
 Impact of Methamphetamine Use on Hospital Stay and Treatment

While there was no notable difference in the average number of days spent by both groups in the ICU, a subset of methamphetamine-positive patients with an ISS of 1-5 were more likely to be admitted to the ICU than their counterparts with the same ISS score. Moreover, methamphetamine-positive patients with an ISS of 6-10 spent an average of 8 days in the hospital as opposed to the methamphetamine-negative group with the same ISS score, who spent an average of only 5 days (Ibid.). These results corroborate an earlier study on the impact of methamphetamine on hospital resources; Tominaga et al. (2004) found that minimally injured patients who had tested positive for methamphetamine had greater LOS than those who tested negative.

Other medical research findings to consider in estimating the impact of methamphetamine on Trauma Center resources are the strong association between the use of the stimulant and: coronary artery disease, ruptured blood vessels in the head (Karch et al., 1999) and heart attacks (Albertson et al., 1999; Furst et al., 1990).

10.2 May 2008 Snapshot Study

The Emergency Department at KMC carried out a cross-sectional survey of self-reported methamphetamine use among patient presentations during the period May 10 through June 10, 2008. Dates did not align with the period of study conducted by other county departments due to the need to seek and obtain Institutional Review Board (IRB) approval to conduct the study. Administrators from the Emergency Department presented and received approval from the IRB at KMC to collect self-report information from patients on a voluntary basis regarding their past and current use of metham-

phetamine. No names or other overt identifiers were collected in order to preserve the anonymity of those involved in the study. Questionnaires were administered by staff and interns trained by ED administrators.¹³

Patients were asked a series of general questions concerning their demographic background (e.g., gender, ethnicity, age range), as well as specific questions concerning the past or current history of methamphetamine use and whether they had ever been in treatment. Because of the sensitive nature of some of the questions, patients who were within earshot of law enforcement officers present in the waiting room were excluded from the study. Also if family members were present with a patient, they were asked to leave while the survey was administered. Those patients whose families refused to leave were also excluded from the survey. Similarly, minors were excluded from the study, since the IRB stipulated that survey results involving adolescents would have to be shared with their parents.

A total of 340 contacts were made in the KMC Emergency Department during the period of study. Table 10.1 shows that based on self-report, 31.5% of those participating in the study responded affirmatively to the question “Have you ever used methamphetamine?” Attending physicians were also asked to indicate if they suspected that methamphetamine was involved in a case. In 14 (4.1%) of the cases, physicians suspected methamphetamine involvement.

	#	%
Total number of entries	340	100.0
Have you ever used methamphetamine? (Yes)	107	31.5
Physician suspected methamphetamine use	14	4.1
Total	121	35.6

Of the total 340 ED contacts, there were a greater number of female patients than male patients: 185 female and 151 male patients presented themselves at the ED during the time blocks that surveys were conducted. Gender information was missing for four contacts. By gender, 35 of the 185 female patients (19%) and 71 out of the 151 of the male patients (47%) responded affirmatively to the question “Have you ever used methamphetamine?” (Figure 10.2).

¹³The decision to use a questionnaire and ask patients directly about their current and past history of methamphetamine use constitutes research involving human subjects. As such, a certified IRB must be used to ensure that protocols fully inform patients of the nature of the study, their rights, and benefits or potential harm they might incur as a result of their participation. Patients understand that the study is both voluntary and anonymous. Those individuals administering the questionnaire did not know the names of the patients they interviewed, and no other overt identifiers (such as social security number or patient identification number) were collected, in order to ensure patient anonymity.

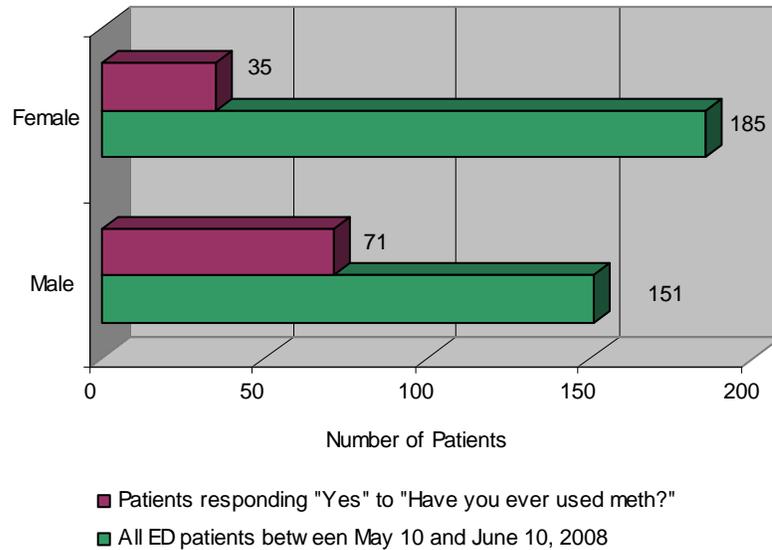


Figure 10.2
Kern Medical Center
 May 2008 Snapshot:
 Patients Having Ever Used Methamphetamine Compared to All ED Patients,
 by Gender

Figure 10.3 compares the race and ethnic categories of all the ED contacts to that of the 107 patients who responded affirmatively to the question “Have you ever used meth?” Just over one-third (37%) of all ED admissions were White, 47% were Hispanic, 11% were African American and 3% were Pacific Islander. Of those who used, Whites were over-represented at 49%, Hispanic represented 41%, African American represented 4%, and Pacific Islanders represented just 1%.

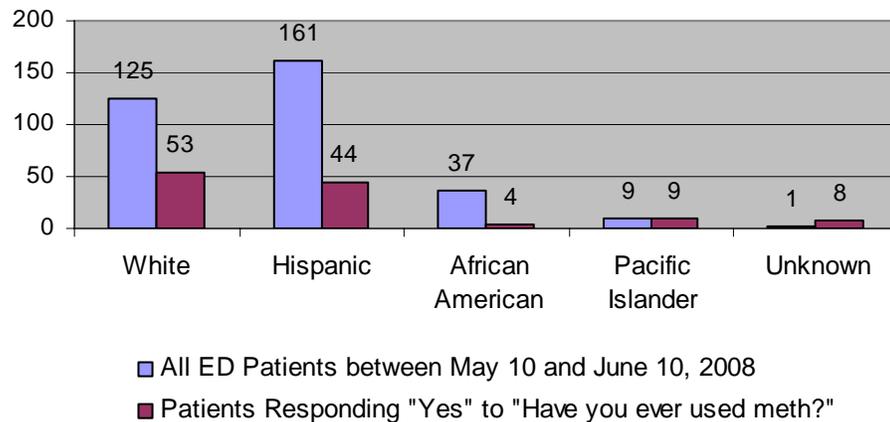


Figure 10.3
Kern Medical Center
 May 2008 Snapshot:
 Patients Having Ever Used Methamphetamine Compared to All ED Patients, by Ethnicity

Figure 10.4 compares the two groups across age ranges. It shows that among the entire sample of ED patients, a greater proportion of 26-45 year-olds (40%) responded affirmatively to the question “Have you ever used methamphetamine?”, followed by 46-65 year olds (37.4%). Among 18-25 year olds, 22% responded affirmatively to the question “Have you ever used methamphetamine?” Cross analysis shows that almost half of all male ED patients at KMC reported that they had, at some point in their lives, used methamphetamine. Moreover, these patients were most likely to be White males between the ages of 26 and 45.

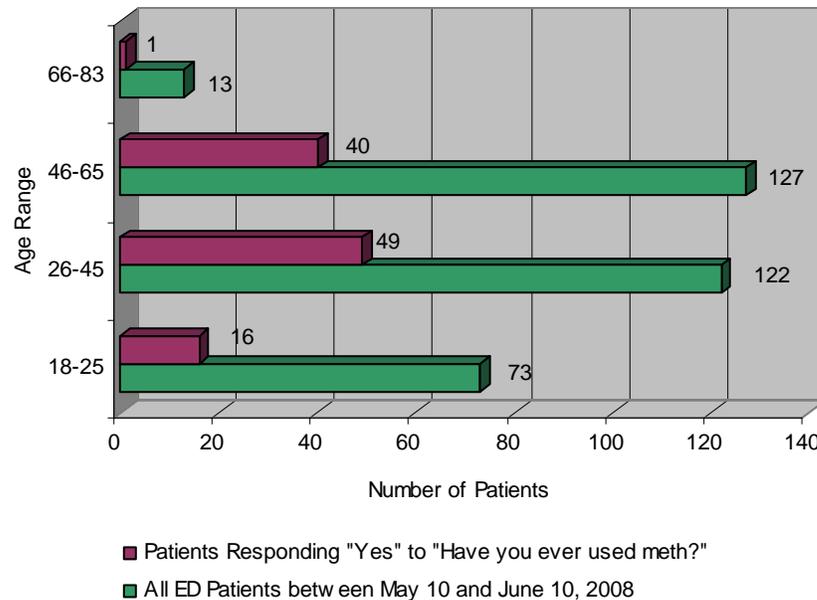


Figure 10.4
Kern Medical Center
 May 2008 Snapshot:
 Patients Having Ever Used Methamphetamine Compared to All ED Patients, by Age Range

Figure 10.5 compares the level of visitation for all ED patients to that of those patients who responded affirmatively to “Have you ever used meth?” “Level of visitation” refers to the extent of examination required by an ED physician, which depends on both the clinical judgment of the physician as well as the medical necessity of the presenting problem. Definitions are as follows:

- Level I:** Limited examination of the affected area or organ system
- Levels II & III:** Limited examination of the affected area or organ system and other symptomatic or related organ system(s)
- Level IV:** Extended examination of the affected area or organ system and other symptomatic or related organ system(s)
- Level V:** General multi-system examination or a complete examination of a single organ system

As Figure 10.5 shows, “meth-ever” patients are slightly more likely to need levels IV and V of ED services as compared to the overall ED population.

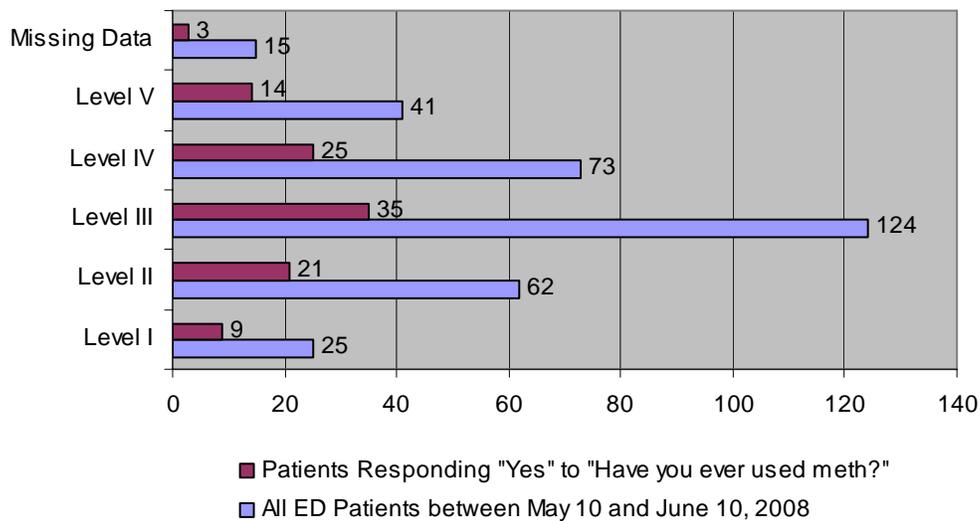


Figure 10.5
Kern Medical Center
 May 2008 Snapshot:
 Patients Having Ever Used Methamphetamine Compared to All ED Patients,
 by Level of Visitation

Finally, Table 10.2 shows responses of patients who indicated ever having used methamphetamine to the question: “Were you ever in rehab?” One-third of respondents indicate that they have been in rehab; data were missing for 15% of patients.

	#	%
Yes	36	33.6
No	55	51.4
Missing Data	16	15.0
Total Number of Entries	107	100.0

11. Impact of Methamphetamine on Two West Kern Communities

As discussed in the introduction of this study, in August 2005, Kern County Mental Health received a Methamphetamine Targeted Capacity Expansion (TCE) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). The purpose of the grant was to expand and enhance adult outpatient methamphetamine treatment in rural areas of western Kern County. Specifically, grant services were aimed toward younger adults (18-34) and Spanish speakers of any age in two West Kern clinics operated by KCMH, one in Taft and one in Wasco. Two main goals initially shaped the direction of the grant: (1) to increase the capacity of the Taft and Wasco clinics to provide quality, evidence-based treatment (that is, treatment that has been shown in nationally conducted, controlled studies to be effective in lessening methamphetamine use), and (2) to increase the number of methamphetamine abusers who successfully complete substance abuse treatment. KCMH introduced the Matrix Treatment Program to Kern County through the grant, and tracked outcomes for the 411 individuals served through the grant, most of whom were referred through Prop 36. Outcomes for grant participants are addressed at the conclusion of this section.

During the third and final year of the grant, KCMH requested and received permission to divert a limited amount of unexpended grant funds to conduct a county-wide methamphetamine impact study, with the goal of determining how and to what degree methamphetamine is impacting agency personnel and resources, and the level of need for both prevention and treatment services in the future. The CSAT project officer stipulated that, as part of the data collection process, a case study be conducted in the Taft and Wasco communities in order to examine the impact of methamphetamine and methamphetamine treatment services. The study was to focus on the perspectives of local stakeholders, and included conducting a limited number of key informant interviews with local officials, local law enforcement, pastors, school administrators, treatment providers, and clients. It also included conducting a public opinion poll with residents in each community. Given limitations of time and resources, many local stakeholders are not represented in this study; consequently, the opinions, beliefs, and experiences of those participating in the study cannot be generalized. Nevertheless, they offer an important perspective on how methamphetamine is affecting many segments of these communities, with often devastating effect.

11.1 Community Demographics

Although both are located in the western portion of Kern County, and are located only 45 miles apart, the communities of Taft and Wasco are geographically and demographically very different. The region around Taft, located 35 miles southwest of Bakersfield includes several unincorporated communities and two incorporated cities: Taft, with a population of approximately 9,025, and Maricopa, with a population of approximately 1,275 (US Census, American Fact Finder, 2007 population estimates). These communities primarily consist of people who work in blue collar professions, chiefly in the oil industry. Other major employers in the area include agriculture, a private federal

prison, and a community college. Most residents of the area are White (77%), and just under one-fifth are Hispanic (18%). The remaining residents are Native American (2%), Asian (2%), and African American (1%). About 85% of residents speak English at home, and 91% of residents were born in the United States. The annual household income is about \$35,000. As of 2007, approximately one out of five households was in poverty (21%) and received Medi-Cal. The average household size is 2.6.

In contrast, Wasco is located 28 miles northwest of Bakersfield, in the heart of Kern's agricultural region. The Wasco Clinic serves several unincorporated communities and two incorporated cities: Wasco, with a population of 12,736, and Shafter, with a population of 21,263 (US Census, American Fact Finder, 2007 population estimates). More than one in five residents in the area work in agriculture. The other major employer is the correctional industry; three state prisons are located in the vicinity. Nearly three-quarters of Wasco residents are Hispanic (70%), and 24% are White. There are small African American, Native American and Asian populations (5%, 1.5% and 0.5% respectively). More than half of residents speak Spanish in their homes (58%), and one-third of residents were born outside of the United States. Unemployment is higher in Wasco than in Taft, even during periods of economic prosperity. Employment fluctuates with the planting and harvesting seasons, ranging from 14% to 26%. Annual income is about \$29,000, and 29% of households live in poverty. Nearly one-third of residents receive Medi-Cal. Average household size is 3.8.

11.2 The Public Opinion Polls

Public opinion polls were conducted in late November of 2008 in Taft and Wasco. TLC sought and obtained permission to conduct the polls in the parking lots of grocery stores and other popular local retail locations during Saturday shopping hours. Survey teams were composed of TLC staff and students from California State University, Bakersfield, most of whom were bilingual in Spanish and English. The survey instrument was designed to be very short and user-friendly in order to maximize the likelihood that people would respond, and was translated into Spanish. The survey team was trained in engagement strategies, and instructed to approach as diverse a cross-section of shoppers as possible in the time available. Given the size of the communities, the number of shoppers, and the number of surveyors, nearly every shopper was approached. Survey respondents were able to choose between having a member of the team conduct the survey, or completing it themselves in a designated area, and could take the survey in either Spanish or English. The survey instrument included only five questions related to methamphetamine:

- (1) Have you ever heard of the drug methamphetamine (meth, crystal, crank)?
- (2) Is meth a problem in your community?
- (3) Do you personally know anyone living in your community who uses meth, or who used to use meth?
- (4) Where do most people who use meth in your community get it? (Please don't give us names!)
- (5) Where do people in your community go if they need help to deal with their methamphetamine problem?

In addition, respondents were asked where they lived, their gender, their ethnicity, and their age range. Surveys completed by people living outside the community and its immediate environs were excluded from the analysis.

11.2a Demographic Profile of Survey Respondents

A total of 133 surveys were collected from residents living in and around Taft, and 306 surveys were collected from residents living in and around Wasco. Data were analyzed in a number of ways; however, there appeared to be no significant difference in responses across gender, age group, or even ethnicity in either community. Females comprised 52.6% of survey respondents in Taft, compared to 57.2% in Wasco. Figure 11.1 shows the ethnic breakdown of respondents in the two communities.

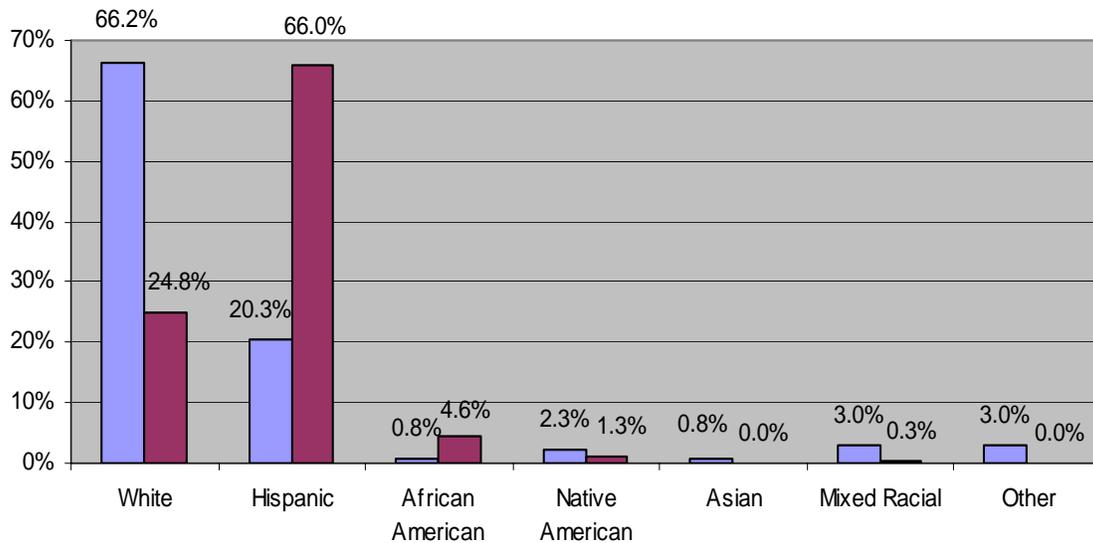


Figure 11.1
 Case Study of Two West Kern Communities
 Public Opinion Poll Data
 Ethnicity of Survey Respondents in Taft and Wasco

As expected, given the demographic profiles of the two communities, the majority of respondents in Taft (66.2%) were White, and only 20.3% were Hispanic. Figures were almost exactly the reverse in Wasco, where 66.0% of respondents were Hispanic and 24.8% were White. African Americans represented 4.6% of Wasco respondents, but less than 1% of Taft respondents.

Figure 11.2 below shows the age ranges of respondents. The percentage of younger respondents was very similar between the two communities. Respondents between 18 and 21 years of age represented 8.3% of respondents in Taft, and 8.5% of respondents in Wasco. Similarly, 8.3% of Taft respondents and 10.1% of Wasco respondents were between 22 and 25 years of age, and for 26 to 34 year olds, the percentages rose to 15.0% and 17.0% respectively. Greater differences appeared among middle age and older respondents. In Taft, the highest percentage of respondents was above 60 years of age (25.6%), followed by 35 to 44 year olds (23.3%) and 45 to 59 year olds

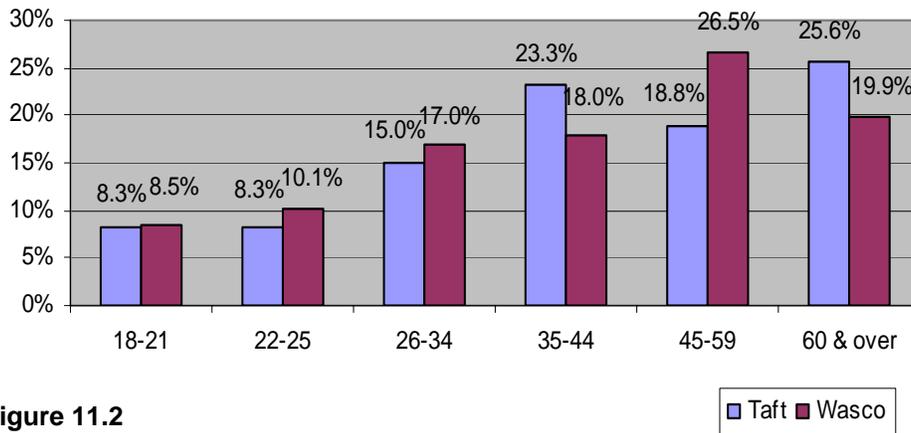


Figure 11.2
 Case Study of Two West Kern Communities
 Public Opinion Poll Data
 Age Range of Survey Respondents in Taft and Wasco

(18.8%). In Wasco, 19.9% of respondents were above 60 years of age, 26.5% between 45 and 59, and 18% between 26 and 34.

11.2b Survey Responses

As shown in Figure 11.3, most survey respondents (90.2% in Taft and 89.2% in Wasco) indicated they had heard of the drug methamphetamine. Three-quarters of those surveyed in Taft believed meth to be a problem in their community, while just over two-thirds of respondents in Wasco (68%) believed meth to be a problem.

Responses to the question “Do you personally know anyone living in your community who uses meth, or used to use meth?” are indicative of the extent of methamphetamine use in the two communities, as shown in Figure 11.4. Over half of Taft respon-

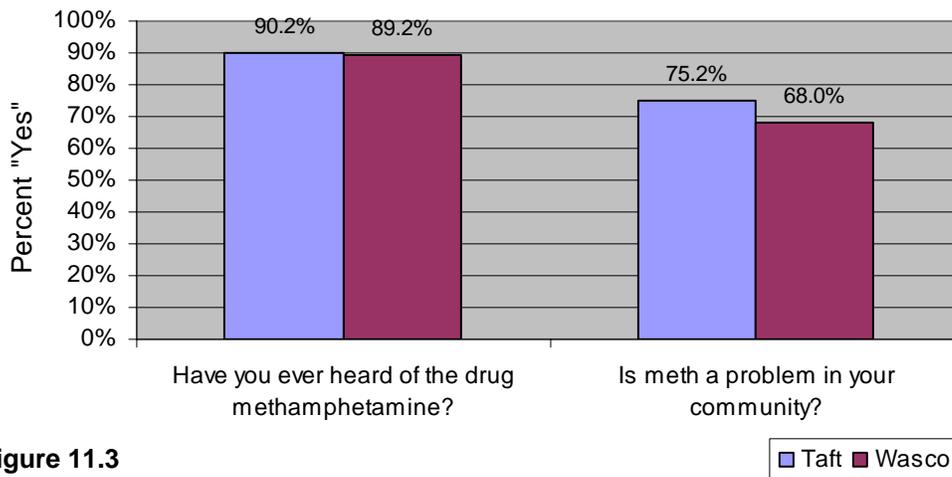


Figure 11.3
 Case Study of Two West Kern Communities
 Public Opinion Poll Data
 Public Perception of Methamphetamine as a Problem in the Community

dents (51.9%) and 41.8% of Wasco respondents indicated that they personally knew someone who either uses meth or used meth in the past.

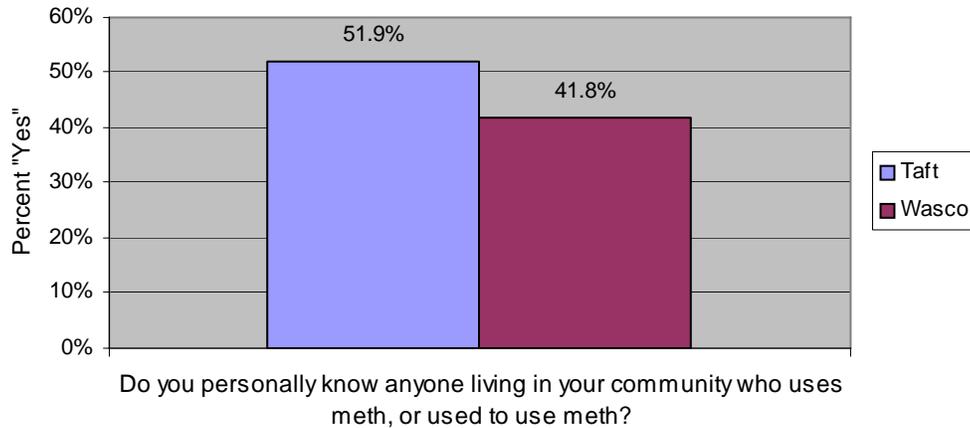


Figure 11.4
Case Study of Two West Kern Communities
Public Opinion Poll Data
Personal Knowledge of Methamphetamine Users in the Community

Figure 11.5 reports on responses to the question, “Where do people who use meth in your community get it?” In both Taft and Wasco, about one-third of respondents indicated that people who use meth get it from friends (31.8% and 33.3%, respectively). Nearly as many respondents indicated that they get it from dealers (28.6% and 31.0%, respectively). Taft respondents (13.5%) were three times as likely as Wasco respondents (4.5%) to indicate that people who use methamphetamine make it. Only 30.1% of Taft respondents and 20.3% of Wasco respondents indicated that they don’t know where people who use methamphetamine get it.

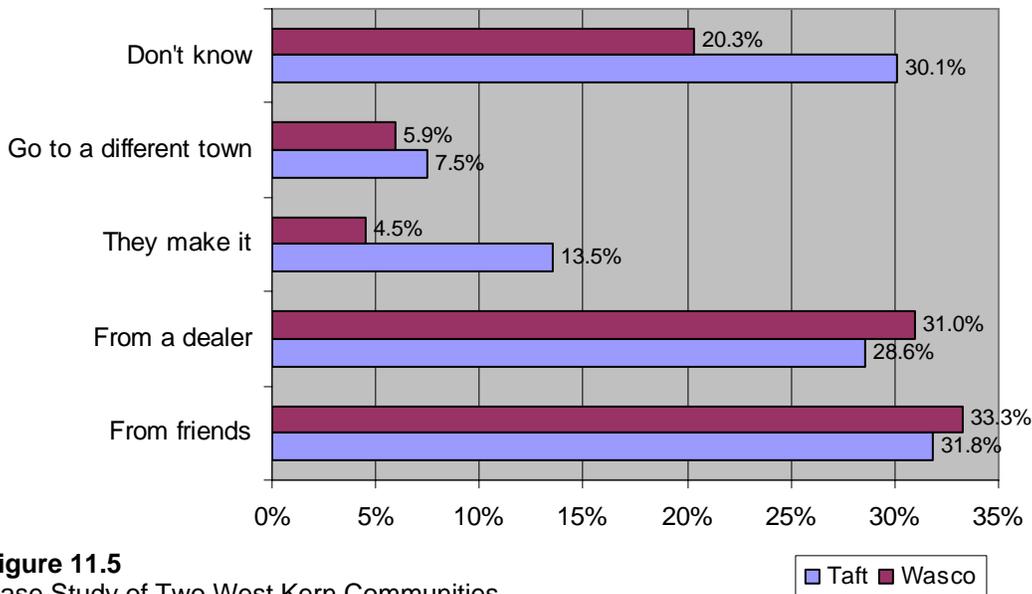


Figure 11.5
Case Study of Two West Kern Communities
Public Opinion Poll Data
Perception of Methamphetamine Sources in the Community

Finally, respondents were asked where people in their community go to get help with a methamphetamine problem (Figure 11.6). A nearly identical percentage of respondents in both communities indicated that they go to the Kern County Mental Health Clinic for treatment (21.1% in Taft and 21.6% in Wasco). A much smaller percentage indicated that people seek help from their church (12.0% in Taft and 9.5% in Wasco) or that they seek help from Alcoholics Anonymous or Narcotics Anonymous (6.0% and 10.1%, respectively). Over 40% of Taft responses and 46.1% of Wasco responses fell into the category of “other.” Respondents who selected “other” were asked to give a specific response. In Taft, responses ranged from “sober living environment,” to treatment centers in Bakersfield and private doctors, with a few people answering “jail” or “prison.” Responses in Wasco were similar, although two respondents specified “Prop 36,” and 14 respondents indicated that people go to “their family” for help with a methamphetamine problem.

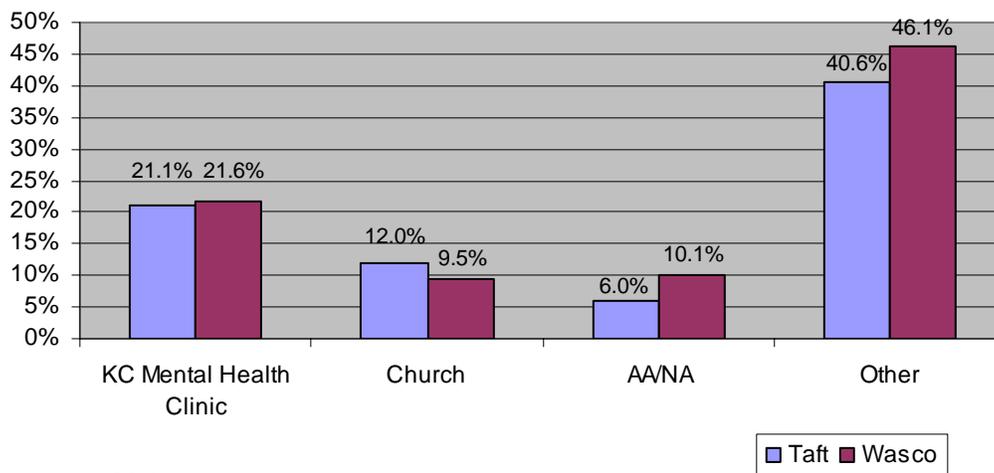


Figure 11.6
Case Study of Two West Kern Communities
Public Opinion Poll Data
Perception of Treatment Resources

Overall, the public opinion polls suggest that people living in Taft and Wasco are very aware of methamphetamine as a problem in their communities. Roughly half of respondents indicated that they know people in their community who use methamphetamine, and most were able to name a source of methamphetamine. Fewer people had concrete responses regarding where to go for help with a methamphetamine problem; only 1 in 5 specified the local treatment clinic.

11.3 Perceptions of Local Stakeholders

Key informant interviews were conducted with stakeholders in both communities. The research team identified several categories of individuals who have a stake in the health and safety of the community, and might be expected to have a perspective on or knowledge of local drug use patterns, prevalence, and/or availability. These catego-

ries initially included law enforcement, pastors, city officials, business owners, school administrators, treatment providers, and substance abuse treatment clients. The team also contacted a West Kern judge who presides over a Drug Court. Individuals likely to come into contact with drug abuse through their occupations were more likely to agree to be interviewed. Neither city officials nor business owners returned phone calls, and due to limitations of time and resources, the team did not pursue efforts to contact these people after the initial attempts failed.

In Wasco, key informant interviews were conducted with the commander of the Sheriff's substation and one of his officers, a judge, a pastor, a team of substance abuse treatment providers, and four clients. In Taft, interviews were conducted with the commander of the Sheriff's Substation that provides law enforcement for the unincorporated areas in and around the city, a sergeant with the Taft Police Department, two pastors, a school administrator, two treatment providers, and four clients. In both communities, other individuals were recommended to the team as having unique and important perspectives on the issue of methamphetamine use in their respective communities. Two additional interviews were conducted in Wasco and one in Taft based on these recommendations. Because further information about these individuals, including the type of employment they hold, could compromise their anonymity, they are referenced simply as "residents" of the community.

Questions were broad and focused primarily on the prevalence and availability of methamphetamine, local attempts to address the problem of substance abuse, and how methamphetamine use is impacting children, families, and the community as a whole. Because the information obtained from treatment providers and clients relates specifically to treatment, their responses are reported separately in Sections 11.4 and 11.5 below.

11.3a Availability and Patterns of Use

Every key informant who was interviewed experienced methamphetamine as a serious problem in their community. One of the law enforcement officers interviewed gave the following story about the history of methamphetamine use in Taft:

When I got here in 1985, there was really nobody working narcotics....Drugs were not considered a big problem; it was the burglaries and the thefts that were the big problem. They thought if they could catch those people, it would get rid of the drugs....I went to the chief at the time... and I said, "Look, I've got some experience doing narcotics cases and, in my own off duty time, I'd like to try to tackle it." So I started going after the dope dealers—and out here in Taft, when you're talking about various drugs there's really just two major drugs, there's methamphetamine and marijuana....Just working part time, it was like shooting fish in a barrel. I couldn't miss. In fact, I didn't miss; 166 search warrants in my part time hours in three years is a lot of search warrants. That doesn't include when I was on duty making arrests for under the influence of crank. In 1988, I got a chance to work it full time....I tripled that 166 search warrants. Then I quadrupled it the following year...Probation searches, parole searches, search warrants, under cover buys, sting operations; ...We literally made thousands of cases.

We used to have this rule and we used to tell all the dopers, “If you come out at night, and you’re under the influence, you have to go to jail.” Nine o’clock is the witching hour. If it is past nine o’clock at night when the sun goes down you better be home; don’t be out.” Well, we’d catch [kids] out and we’d hook them, [and] they had to go to jail. There was zero tolerance...We saw a huge decline in crime because of two reasons; one because we were serious narcotics enforcement; and two, we passed a curfew law. Curfew had teeth in it; ten o’clock curfew unless you’re at the late night dance after a football game, or you’re at the late night movie on a Friday or Saturday night. In either case you better be on your way home...The first time around the block is a \$150 fine. The second time around the block, and it can even be that night, we would give the parents a ticket under parental responsibility under the curfew law, and that worked out to be about a \$1,500 fine, or six months in jail, or both....

Then we started having some deaths related to methamphetamine...We’re an oil field community made up of mostly people... [who] traditionally work long, hard hours in the oil patch. They’re welders, they’re roustabouts. When they get done on the weekends, they want to party; they want to relax, unwind; they want to drink. And they can’t do that if they’re tired. So they’d use the meth to keep them up. When the oil fields slumped in 1985, they turned to the one thing that they knew they could make money at, and that was selling meth. So it just got worse. The problem just kind of compounded on us, as oil fields slumped. Now the oil fields are kind of back up again, but we’re not seeing the same trends we saw back in 1985. And the officers here, by the way, are very proactive.

Taft Law Enforcement Officer

The officer indicated that methamphetamine is still prevalent, but not the kind of problem that it was in the mid-1980s. Proactive policing and a policy change (enactment of a curfew), coupled with the control of Ephedrine and the dismantling of large-scale labs, have helped decrease the problem. Nevertheless, with the advent of the “Nazi method” of making methamphetamine in small box labs, use is still prevalent, and for many families has become a multi-generational problem. The officer also stated that the smuggling of Ephedrine in large quantities from Mexico for the local manufacture of meth is as serious a problem as the direct smuggling of methamphetamine.

A Taft resident spoke of the historical context of substance abuse in the blue collar culture of oilfield workers:

There’s this culture...When I was in high school, if you were a contractor [in the oilfields], if...you were a foreman or a tool pusher, driving around in that pickup, you had business cards. You’d run into somebody from the production department, the company that hired you, and you’d give it to him. And that was good for a bottle of whiskey...Booze was like a second form of currency around here...There’s always been this alcohol problem, or substance abuse problem, around here, and it’s just shifted [to methamphetamine]. Oxy-Contin is in there, too; OxyContin is a drug of choice.

Taft Resident

A local pastor agreed about the prevalence of methamphetamine in Taft:

I've been pastoring this church this coming May will be 17 years...Half of our members either use or have used methamphetamine.

Taft Pastor

In Wasco, the story is somewhat different. According to those interviewed, the presence of methamphetamine began in the 1980s and has continuously increased since its introduction. A West Kern judge who introduced Drug Court to the area, and currently sees Prop 36 clients, talked about the history of methamphetamine in Wasco and Shafter:

I've been doing this job for 27 years, and when I first began, meth was at the bottom of the scale much of the year. [Of the] drugs that were being abused, cocaine was big, heroin was big, PCP was big and certainly marijuana. But meth started showing up at least 15 years ago, and it has rapidly overtaken all the other drugs and pushed them aside... [In] a given day during the week, out of the criminal cases I have, virtually 80% to 90% are drugs or alcohol. And at least half of those would be drugs, and all of those are methamphetamine.

West Kern Judge

The judge's statement was supported by law enforcement. According to the officers at the Sheriff's substation in Wasco, "between 80% and 90% of our cases are meth." Methamphetamine is followed closely by marijuana use:

They use them in conjunction; they're using meth to crank themselves up and using marijuana to bring themselves back down to what they call normal.

Wasco Law Enforcement Officer

In speaking of the growing prevalence of methamphetamine in Shafter and Wasco, the judge told the following story:

It was probably ten years ago that a deputy sheriff told me that he got an addict [who was willing to inform]. This deputy was really hot on search warrants, [and] he was going to write a lot of search warrants, because he wanted to nail Wasco's drug problem. He had this addict go around and show him all the places he could buy. He said after the first three streets that they drove down where he was pointing out four and five and six houses on a block, it just became depressing and they stopped.

West Kern Judge

A Wasco resident stated:

[How prevalent is it?] I think it depends on who you ask. Because I lived that lifestyle, I saw it everywhere. Because [of where] I work, it's brought to light how many different people it affects. So I would say [the town] is infested.

Wasco Resident

The judge talked about the reasons people have given in his courtroom regarding why they use methamphetamine:

You go to a 24-hour Wal-Mart at 2:00 a.m. and see who is in the tool department; it's the meth addicts who are up all night. I've had people tell me that they started using drugs because of the energy [it gave them], or [for] partying. "I wanted to stay up longer; I wanted to be alert longer." I think that's sort of the Madison Avenue side of this thing; that's what draws people into it, perhaps. But as far as reality, I've never had anybody tell me that [they increased their] productivity, [engaged in] better parenting, or read more books [as a result of using meth]. Nope, no one has ever told me that.

West Kern Judge

In both communities, key informants talked about the ease with which methamphetamine can be obtained locally. While everyone is aware of small amounts of local production going on, usually in what are called "box labs," most key informants agreed that the predominant source of methamphetamine is Mexico. According to the judge, nearly every user at some point becomes a dealer:

Certainly we've had labs that have been busted here, but those are few and far between. I do several search warrants a month and it's virtually all for methamphetamine use and sales...They've found chemicals from time to time in a house,... usually out in the country, somewhere where it's a more clandestine location. Certainly, in a rural area like this, it could be anywhere; abandoned houses, farm houses, buildings or somebody's house out in the country, so they can watch the officers as they come up...My belief is that virtually every user will sell, given the opportunity, and most users either sell or provide to someone from time to time.

West Kern Judge

A Wasco resident talked about the failure of the system, in her opinion, to really halt drug sales, even when a dealer is apprehended:

I know for a fact that it comes in from down south [in LA] and up north [in Fresno], and I know there's been some really big dealers here in town, and I know they've gotten busted...Not only did they get busted, I know one in particular that dealt to me, and he got busted a few times and came out and went right back to what he was doing...He goes to jail and his girlfriend takes care of everything, and then when he comes out, he's right back to it. So I definitely think it comes in from both [north and south]. I wouldn't know about labs; I have been down the street before and smelled the chemical smell, so I'm sure there are some little homemade shops...

Wasco Resident

In both Wasco and Taft, people talked about the fact that methamphetamine is found at every socio-economic level, and is equally prevalent among women and men. The judge told of upstanding church leaders and business people who had become directly or indirectly involved in methamphetamine, either personally or through their children. A school administrator in Taft mentioned the experience of a member of her staff, who recently watched a neighbor busted for methamphetamine sales:

My secretary lives in a brand new home, beautiful area; constant cars driving up [to a house on her block], exchanging money and packages.

Taft School Administrator

Nearly every person interviewed gave similar examples.

Without question, methamphetamine sales are lucrative. According to a Taft law enforcement officer, at the time of the interview, methamphetamine was selling in his area at \$1,600 per ounce; but, he added, "If you can find a quarter gram you're going to pay about \$25 to \$30 for it." This makes it relatively inexpensive for young people to obtain.

11.3b Law Enforcement Capacity

As in all small, outlying communities in Kern County, law enforcement personnel are challenged to deal with the volume of crime in a large geographic area that covers literally hundreds of square miles. The Kern County Sheriff holds a contract with the City of Wasco to provide law enforcement services. At the time of the interview, the Wasco substation had 13 deputies, two detectives, and a sergeant. Taft had its own police force, with a total of 13 officers, all of whom have been trained in drug enforcement. In addition, the Kern County Sheriff has a substation on the outskirts of the city, and provides policing for unincorporated areas in and around the city. At the time of the interview, the Taft substation included two detectives, 10 deputies, and the substation commander.

Law enforcement officers in both Taft and Wasco estimated that methamphetamine is directly or indirectly involved in 60% to 80% of criminal cases. This includes use, manufacture, and sales of methamphetamine; it also includes cases where methamphetamine is the underlying cause of criminal activity, as in theft or burglary. As one law enforcement officer put it:

What is the definition of a meth case? If we have grand theft autos, and we have burglaries, the majority are probably related to an addiction.

Wasco Law Enforcement Officer

Another added:

I would say that if you took meth off the street in Wasco—let's just say everybody quit or it all stopped—I bet you our calls for service would drop...about 60%, if not higher, [given] the way [meth cases] intertwine with other cases. Even spousal abuse, when you get a guy who is cranked up for days without sleep...

Wasco Law Enforcement Officer

These officers know their territory and their constituency well, and can make an association between the type of crime they see and the likely perpetrator, particularly when that person is addicted to methamphetamine and trying to support their habit:

Being at it for so long, we know the clientele that lives out here and we know predominately what kind of crimes they commit. So if we have certain car burglaries, a certain MO, we kind of have an idea to check and see who is in custody and who's not; "Oh, so and so is out of custody. Let's check on him; this is his MO." Recyclables, stealing aluminum cans, including iron; we have a certain clientele that does that when they're out of custody, who are methamphetamine addicts. So if we get a rash of recyclables that are being stolen, we'll check our database as to who's in custody, and who's out. "Oh, so and so is out. It's probably him."

Wasco Law Enforcement Officer

Law enforcement in Taft told a similar tale:

We know we're in the right house when we go there and we find sex toys, sex magazines, sex tapes, sex DVDs—and we find car parts in the living room or a VCR has been disassembled. They just can't sleep. They want to have something to do... "Well, maybe I'll just take my VCR apart and find out what's wrong with it." You see parts from VCRs all over the house, car stereo parts... They're great at starting a project, like "Hey let's fix the bathroom." The walls are gutted out and it's just in shambles, because they were going to get to it. They're great at destroying things, but then quality finish work, forget it;... it's not going to happen...I'm not being dramatic here, but of the reports that come across my desk on a daily basis, I would say methamphetamine is involved at some level in probably 60% to 65% of them... Another thing we didn't talk about is the amount of identify theft, using computers now, that's meth-driven. We know for a fact that a lot of our identity theft, theft of credit cards—in fact, I just got one this morning—we know it is meth addicts doing it.

-Taft Law Enforcement Officer

In Wasco, law enforcement officers concluded with what they called the "myth" of addiction as a "victimless crime":

A lot of people argue that "under the influence" is a victimless crime; you're taking the drug yourself, you're not hurting anybody. But it parlays into all kinds of other stuff—family violence, domestic violence, sexual assaults, property crimes, burglaries.

Wasco Law Enforcement Officer

Even in these small communities, law enforcement could not put a price tag on the resources expended to address methamphetamine and meth-related criminal activity; everyone, however, was in agreement that the financial cost is huge.

I think what you're doing is good, but I think we're only scratching the surface. Whatever you come up with [in the way of cost], multiply it by five and we might be close.

Wasco Law Enforcement Officer

What is equally significant to those interviewed is the less tangible cost associated with the impact of methamphetamine on children and families:

When you cross over that threshold of the occasional user to "life is now methampheta-

mine,” you’re pretty much driven to obtaining the stuff. Some of these guys—a lot of them—do have jobs. A lot can keep jobs; some can be a functional user and still work. But the problem I see is that these people don’t mind living at a level of poverty. [They] just get by enough to get enough meth every day to keep going, to keep moving on. And in doing that, they impact their children and the neighborhood around them.

Taft Law Enforcement Officer

11.3c Impact on Children and Families

It’s not uncommon for an entire family, father, son, grandpa, mom, to all use; it’s just the way they live. It’s like drinking coffee to anybody else. They get up and they do a line, then they do a line later and it goes in a cycle like this. I think this is common. You ask me, “What do you do, how do you stop it?” I feel really frustrated that I really don’t have an answer for you; I really don’t know what you do. I don’t know. If we took it all away tomorrow, if you could say there’s no more meth, all these people would only find some other substance to abuse.

Taft Law Enforcement Officer

Key informants offered a variety of reasons for why people choose to use methamphetamine in the first place: to alleviate depression, to party, to lose weight, to belong to a peer group, to increase energy and stamina—and the list continued. A particularly egregious aspect of methamphetamine addiction, however, is the way it blinds the user to his or her own behavior and the consequences of it on those around them:

People self-medicate. What they don’t see is that they’re lousy parents; they’re doing a lousy job at work and a lousy job at home and all they’re focusing on is their addiction.

West Kern Judge

A pastor in Wasco commented:

It gives you energy. You think it gives you creativity. You think it makes you into this super human; but it’s really scary to me to think of what these people are putting into their bodies.

Wasco Pastor

A Wasco resident told of her own experience with methamphetamine:

I was a marijuana addict, and when I came to Wasco there weren’t very many marijuana smokers. Then I married a methamphetamine addict, so I kind of dabbled in that—and meth threw my life through a loop, really quick, fast and in a hurry. I smoked marijuana for almost 17 years, and never had a problem—just ordinary stuff; I wasn’t being responsible sometimes, and I wasn’t as functioning as I should have been. But I lost everything when it came to methamphetamine. I lost everything in the matter of a year—everything. My marriage and everything just went into the toilet. So I would say it’s a pretty harsh drug.

Wasco Resident

Similarly, a pastor in Taft talked about just one of the many people he has met, this one a neighbor, who have been impacted by methamphetamine use:

I've watched the neighbors, and I've watched people in the church [get involved with meth]. I watched a guy—his name was Larry. Larry had a great job, and married a great wife, got hooked up in meth and kicked it, got off of it and came back and was really restored...A couple years later he went off and when he went off this time I mean he went off deep. Last time I saw him, which was a multitude of years ago, I didn't even recognize him; his teeth were gone, and he's only this big around. He looked like a walking skeleton. He lost his wife, lost his job, lost everything, and it was because of meth. He became married to meth. We have to break the bondage of the marriage to meth. Meth makes a wonderful proposal.

Taft Pastor

Law enforcement and pastors in both communities discussed the domestic violence to which, in their experience, methamphetamine use too often leads:

[M]ethamphetamine narcosis [is] when they go three or four days on meth and then they'll turn super violent—an overkill situation, then. I've had some child deaths that we assisted homicide on, where the mom's boyfriend will say, "I was holding her and the child fell from my arm and fell two and a half feet, hit the padded carpet" and the skull was fractured in three different places...And he had used meth before that, too.

Wasco Law Enforcement Officer

Everyone interviewed expressed particular concern over the impact of adults' methamphetamine use on children. The West Kern judge mentioned that in working with the county to address truancy, he often found that chronically truant students were children of methamphetamine addicts. Law enforcement in both communities expressed frustration and anger at the tragedy they too often witness when children are subjected to the consequences of a parent's addiction:

Kids love their parents, no matter if their parents are hatchet murderers...It doesn't matter. And in teaching DARE, that's what used to break my heart. Because we knew; we knew the kids whose parents had just got arrested, and it was just terrible stuff. You see the kids who are affected, and nobody is doing anything for that kid.

Wasco Law Enforcement Officer

In Taft, officers discussed the sheer volume of need, and how that volume impacts their ability to handle every case in the way they would prefer:

I know that going to jail and losing your kids is huge. It comes down to you either want to be a parent or you want to be a drug addict. You have to choose one or the other, because...if they've taken your kids two or three times, then you lose parental rights...If a kid is in danger in a home where [parents] are doing methamphetamine, [and] if I have the resources, we're going to take that kid to CPS and place it in protective custody. What we see more often than not is the mom is on methamphetamine; she's sprung up and the house is unlivable. We see kids living in squalor. We see a mom that...thinks she's fine to take care of her kids. In her mind, she thinks she does a fine job. They're

fine; they're going to school. Not enough [kids] get taken [out of the home], because it takes a lot of time out here for me to get kids down here, get them processed, get the paperwork done; I have other calls coming in. [We have to take them] to Bakersfield and it takes a lot of resources to get that done...We could take a lot more kids.

Taft Law Enforcement Officer

Similar problems were discussed by both the school administrator and one of the pastors interviewed in Taft:

We had a family where the little girl basically said, "I'm not going to live here anymore, because you're not married to that guy. He's not your husband, he's not my father, and he's not going to tell me what to do. I'm going to go over [to my dad's] and live." [She is] 11. So...dad says, "I'm catatonic, and my meds have run out and I can't get meds because of some glitch, and Mental Health won't give me my meds...So I don't want her living with me because I can beat the crap out of her and not even know it." This poor little kid sits there, and she's the one who says, "I'm not living there, that's not a good environment for me. I'm not living with him; he's my dad, but he's crazy. I'm going to live with my friend's parents because I get three squares a day. Okay I sleep on the couch, I don't mind, those people are there." So who's crazy here? We told the mother, "You kick him out and provide a home for your daughter; that's your responsibility." I said it, [and a local police sergeant] said, "I will be checking." That's how basic the problems are. These are not convoluted problems, these are as basic as "This is a house, you're the parent, you live in this house with your children, your job is to raise your children. Your job is not to have boyfriends. This is your job." And we say this over and over; but we have lost so much and it's all because of drugs.

Taft School Administrator

The pastor pointed out that, even in the rare case of a "happy ending," there are consequences to methamphetamine addiction that live on forever:

I have a family of five [in my congregation]...They have three children—one is in high school, one is in junior high and one is in elementary school. They were on meth, both of them, heavily. Their oldest son, who was in junior high at the time, came here and we continually prayed, and it was because of their oldest son that they got their life turned around. Now they're on a phenomenal recovery. He's got a job, and he's been promoted; they've bought a car,...and they're renting a house...Their lives are turning around. They've gained weight—they look healthy; they don't look anorexic. They're happy. They're full of joy, and I compliment them in every dimension possible. However, they've also missed a good 10 or 15 years of life.

Taft Pastor

A Taft law enforcement officer pointed out that while exposure of the fetus to methamphetamine can have devastating and permanent consequences for the unborn child, even those children who escape the physical and neurological consequences of uterine exposure must deal with the family dysfunction that accompanies parental drug use:

You've got the problems of meth babies. What happens with them? My brother is a teacher, and all the talk about meth babies started coming out. He said, "Forget that. For every hard core meth baby, you've got all these kids who, even when you don't have the pharmacological affects, have never been parented; they go into school two years behind, and they never catch up. And that's the next generation meth user, because they're losers all the way through; they've never been stimulated properly....They don't have a chance to begin with."

Taft Law Enforcement Officer

The officer added, giving insight into how law enforcement and others in the community are striving to help these children:

Some of these kids can't do homework; there's no place to do homework at their house. So I have a little homework club after school to help some chosen kids out—just to come down and have a quiet clean place to have some assistance to get their homework done.

Taft Law Enforcement Officer

Law enforcement officers, pastors, a school administrator, and a judge all concurred that something has to change if their cities are not to face even higher volumes of crime in the future, along with higher numbers of families destroyed and higher numbers of children suffering physical harm and long-term psycho-social consequences of methamphetamine use. No one believed that the current system could meet even the prevention and treatment needs of these communities, much less the related needs of families trying to find their way into recovery—needs that span everything from vocational training and job placement to medical care, psychological support, and parenting.

11.3d Prop 36

Prop 36 is a real landmark change for the criminal justice system, because all of a sudden you have a man who is charged with drug possession, a felony. He gets convicted, then he gets probation; he gets no jail. Within a month or so he picks up another felony drug possession charge. Before Prop 36, that man is on his way to prison...We don't [send him to prison] in Prop 36; he pleads guilty, he gets back into the little merry-go-round that he's on... I've had people be successful in Prop 36, but very, very few. All of a sudden he picks up a third drug possession...I can see why the police are going to be really skeptical and resentful of that. I can see why prosecution would be very resentful of that. I've had defense attorneys talk with these individuals as people. They talk with their families. They know they're struggling with an addiction. Well, isn't there something that we can do to help them help themselves, when they're not really able to? As a judge, it's my job to really discern who can be saved and who are we wasting our time with. Prop 36 basically gets you to that point of decision later rather than sooner. For a lot of people it's good, it's good for that, to wait so you give them a chance to be successful. For a lot of people it's a shame that we have to forestall the inevitable. [Instead,] they went out and not only offended with the drugs, they were driving under the influence, and somebody could have been killed, or they stole something. And that's the double edged sword.

West Kern Judge

Nearly everyone interviewed in both Taft and Wasco was in agreement on five points in regard to treatment: (1) existing treatment options are inadequate, and need to be strengthened and expanded; (2) adolescent treatment, including residential programs, need to be made available; (3) treatment is more likely to be effective if mandated (court ordered) and if the addict faces serious consequences for failing any part of the treatment contract; (4) communities need to provide a variety of support services to assist the recovering addict; and (5) Prop 36 is problematic in that it does not allow an experienced judge the latitude to take punitive action against an addict who either fails a part of his/her treatment contract or who reoffends.

Nearly everyone had an opinion about the effectiveness—or ineffectiveness—of Prop 36 as it currently operates. A Wasco resident explained:

I watched my husband and my brother-in-law trying to go through [Prop 36], and I loved [the judge] and I loved the fact that he gave them second chances. But sometimes they don't need a third or a fourth or a fifth [chance]...I think it's great that they give people the opportunity, but some people just don't want to be [in Prop 36]. Do you know what I mean? They just don't want to go to jail. And I think that's one of our problems. I hear people talking about how this program doesn't work; and it's not the program that doesn't work, it's the people that don't work.

Wasco Resident

Law enforcement was in general agreement that Prop 36 gives offenders too many chances to reoffend, and in so doing, fails to address the criminal activity that often accompanies addiction:

Those same ones that keep getting chance after chance,...are going back to stealing cars, burglarizing—which impacts us. I'd agree 100% if we could [use Prop 36] for the first time [offender], second time offenders, young offenders, and sure go for it, let's try to help them; but after two screw ups--no.

Wasco Law Enforcement Officer

Another officer pointed out what he called “the one good thing” about Prop 36:

One good thing about Prop 36 is that, if they stay in the Program, they're put on probation and subject to search...They have search terms with Prop 36, which is a good tool. If we get information...that so and so is using or so and so is selling again, and he's on Prop 36,...he's subject to search. So it gives us a tool to go there and see if the allegations are true.

Wasco Law Enforcement Officer

There was general agreement that Prop 36 is an effective tool for people who do not have a history of addiction, who are experimental users and who simply need a wake-up call:

Prop. 36 can be a good program for people who experiment with drugs, first time or maybe second time users; the younger kids.... But these older guys that have been us-

ing dope since they were two and they take Prop 36 and screw it up; they get put back on Prop 36 and they screw it up again; they get put back on Prop.36 for a third time and they screw up again—and *maybe* the fourth time they might go to prison.

Wasco Law Enforcement Officer

While the West Kern judge expressed general support for the purpose of Prop 36, he also expressed reservations:

I am a convert to the idea of Prop 36; but I think it needs to be modified to be realistic...I think there needs to be discretion—and that's good and bad [depending on the experience and judgment of the presiding judge]...But I [need to have] the discretion at the arraignment or preliminary hearing [to say], "I'm not going to take this guy into drug treatment. He's to do his time, because his background shows that he had this drug problem, gotten treatment, failed it and failed it [again]; he's reoffending, and keeps violating the law...We don't have time to waste resources or energy on him." If Prop 36 was a smaller gene pool to deal with, we'd probably have more residential beds, we'd probably have beds that last longer than 30 to 90 days.

West Kern Judge

Key informants—from pastor to law enforcement officer, and school administrator to judge—all concurred on the importance of quality, available treatment—regardless of how the addict gets to treatment. A Taft officer summarized most people's opinions:

Prop 36 isn't the answer, but you need to find some workable way of getting people into treatment.

Taft Law Enforcement Officer

11.3e Motivation for Treatment

People varied in their opinions regarding the motivation for recovery. There was general consensus among those interviewed that recovery from methamphetamine addiction is difficult, costly, and requires both commitment from the individual and a support system in the community. One law enforcement officer explained:

You take someone and you clean them up, be it in prison, be it in rehab, be it whatever; [then] you put them back here where they get to running back with their old methamphetamine friends who are still using. And they're going to fall. It's almost as if once you get them clean you need to get them restarted somewhere else, in a clean city somewhere.

Taft Law Enforcement Officer

The West Kern judge pointed out that relapse is part of the recovery process in methamphetamine addiction—something that many people don't understand:

[Law enforcement doesn't have a lot of tolerance for relapse in addiction.] And you can't blame them. It's not a system that they're used to. It's not the system that they grew up with. It's a tough field; their job is to enforce the law and take criminals off the street. The

law is putting them right back out [on the street] when we know they're going to reoffend anyway.

West Kern Judge

One Wasco resident, a past addict herself, took a hard line approach, and one that is critical of the current criminal justice process:

I think our town just needs a very, very large sweep of everybody. I mean it would overrun the courts if they caught everybody [who uses or sells meth]. But it's just so easy for them to go to jail and come back out and do it all over again. And I think that one of our problems is that they know if they go to jail and they're sentenced to 90 days, they're only going to do 30....And I think that's one of our other problems. With our drug addicts, they know they can get away with this and it will be okay, that in 30 days I'll come out. And I'll do it all again; because they're not thinking about their record, and about what it's going to cost when they do decide to change. I truly believe that the ones that keep repeating themselves don't think about that. They're so bad in their addiction and their disease that they just don't realize.

Wasco Resident

In discussing the fact that a key motivator for many methamphetamine addicts to seek and stick with treatment is the loss or potential loss of their children, a pastor in Wasco said:

Moms and dads won't get clean when their kids are at Grandma's. But you take them out of the Grandma and Grandpa's home and put them into foster care, then all of a sudden it changes it, because they're not living with a blood relative anymore...So it tells me that if you want these people to get straight, you have to take away something that they care deeply about and [that] motivates them. It's just like a kid, when he does something wrong, you take something away from him...or you take privileges away, whatever the case is, something they care deeply about and guess what, their behavior changes.

Wasco Pastor

Most of those interviewed agreed that the best motivation for positive change is a carrot and stick approach: with the stick being the reality of jail time and the temporary loss of children, and the carrot being the availability of both good treatment options and community support. The West Kern judge spoke about the Drug Court he still operates, and the opportunity he has in this venue to influence those factors in a client's life that can lead to decreased social isolation and a sense of care and belonging:

I send people to a certain number of Narcotics Anonymous meetings per week in Drug Court. I tell them if they go to church, they can count that as half of their meetings. They've had the pastor sign and date the card like anybody else, because I want them to be somewhere safe and supported, just like a support group. Even more than a support group like NA or a self help group, a church—where they know other people and [experience] the networking and the support from people who aren't using, not just financial but emotional support—makes a big difference. And then there are also the people who are converted; that are looking for change in their lives and they find that...

West Kern Judge

The judge added:

There's probably not a week that goes by that I don't make the statement that's a quote from my dad, "If you sleep with dogs, you're going to get fleas." I tell [clients] that one of the hardest things they're going to have to do is keep their old friends out of the way. You may just have to lock the door, or you may have to hole up for awhile as far as those acquaintances go, because you're not strong enough not to [use]. If they're using, they're going to want you to use. That's just human nature, I guess. But a lot of those people don't understand how difficult it is to get away from the only social group they've ever had.

West Kern Judge

Both the judge and a Wasco law enforcement officer also spoke about the desperate need for adolescent treatment services in their community:

The ones that I see sometimes are the younger kids that maybe experiment and just happen to be unlucky and get caught. Treatment programs I think would benefit them real well; I can think of probably a dozen families here in town who have been using dope since they were two and I don't think any treatment is going to help them at all.

Wasco Law Enforcement Officer

11.3f Impact on the Community

The use of methamphetamine in the west side of Kern County, given that these are small communities, has a sort of finite impact. [In] Bakersfield, where you have a population that you can't get a handle on because it's larger, or certainly in a metropolitan area like Fresno or Los Angeles,...you can't put a finger on the exact numbers, even close. But in this area, you can see impact [directly]; I really believe you can. You drive around, or you talk to people who have businesses, or [who work] in schools or government agencies—and over the last 15 years, especially, the number of parents who have basically been rendered dysfunctional has skyrocketed; dysfunctional due to the drugs. The good news is there can be help for that, but the bad news is most don't recover, don't recover fully, or don't recover in time to really lessen the impact on the system, schools, government agencies, police departments, courts... And health providers—they're always having to deal with the effects of not just the drug abuse, but bad parenting or non-parenting—for example, because the kids didn't receive any nutrition; they were eating Top Ramen for months and months because that was the cheapest thing and everything else goes to [drugs]. So you can see that in a small town.

West Kern Judge

Many of those interviewed were born and raised in either Wasco or Taft. They talked about the changes they've seen in their respective communities over the years, and expressed frustration, anger, and even hopelessness over the situation in which they find themselves both as professionals and as members of the community. As one law enforcement officer in Taft commented, "I mean, God, meth is a huge problem for me. Huge. It literally gutted this community, and I think it really took something out of it." A

school administrator, who left the town as a teenager and returned there after many years, stated:

After you're gone for a while you see the changes; the change is very, very noticeable. My mom used to work...as an eligibility worker, and she would tell me of changes. I really thought she was overreacting. But, alas, that's not true; I would say that there is not a person [in Taft] that isn't either affected or knows somebody that's affected by drugs in general...but meth particularly. The worst part is finding people that can pass the drug test, and we've even had that at the school. I don't know why you would sign up for a school position and then not pass the drug test, but we've had that happen in our school district. People just think it's not going to happen to them, I guess. I don't know.

Taft School Administrator

Another law enforcement officer in Taft summarized the widespread impact of methamphetamine use on small communities when he explained:

Let's say you're talking about the alpha male of a family, and let's say the guy is on methamphetamine. First of all, if he's on meth, he probably had a job and now he's lost his job. Now he has to either sell drugs, or he has to steal. So you have a lot of theft-related crimes...And then when you're taking drugs like methamphetamine it changes your personality. It makes you hyper-excited, irritable, anxious. Every time you hear a pin drop, you think it's the cops. A lot of domestic violence is related to methamphetamine. A lot of thefts are related to methamphetamine. Violent crimes are related to methamphetamine. This is equally true of cocaine and heroin, but we're talking about Taft, where it's going to be methamphetamine, because that's predominately the drug here. Bad checks, stolen property, scams of all kinds and that includes the internet, gambling...the list goes on.

Taft Law Enforcement Officer

11.4 Perceptions of Local Treatment Providers

Meth changes the brain so intensely that memory overrides all other needs...In fact, in the group yesterday, we were talking about addiction...I said, "If you had a choice to eat this meal or have the meth, what would it be?" And it was, "Well, I would just use meth, because it takes away your hunger"...You hear them verify over and over in the little things that they say...It overrides everything.

-Substance Abuse Counselor, Wasco Clinic

Focus groups were conducted with treatment providers in both the Wasco and Taft clinics. Questions focused on their own backgrounds as substance abuse counselors, their experiences in implementing and facilitating the Matrix Treatment curriculum (see Page 105), and their perspectives on the recovery experiences of their clients.

Three substance abuse counselors and the clinic supervisor participated in the focus group conducted in Wasco. One of the counselors had been involved in the project since the beginning; one had started with the project, then transferred to another job before returning to the clinic in the final months of the program; the third was relatively new to the grant. The clinic supervisor was involved throughout the project. In Taft, which serves a smaller population base, the two counselors assigned to Meth TCE

The Matrix Treatment Model

The Matrix Model, an evidence-based intensive outpatient program, educates clients about their addiction, provides them with opportunities to identify and strategize high-risk situations, and offers them a setting for learning new skills. Clients attend individual sessions and several types of group sessions that shift as the client moves through stages of recovery. In addition to the Matrix treatment sessions, attendance at 12-Step meetings is encouraged; research has shown that attending these meetings, in combination with the Matrix program, results in better outcomes. In addition to individual and group sessions, Matrix encourages family involvement through weekly group meetings that include clients, family members and/or significant others. Family groups are designed to educate loved ones so that they can better understand the process of recovery.

The Matrix Treatment Program is much more intensive than previous treatment approaches provided at the West Kern clinic. The graphic below outlines a sample schedule containing all components of Matrix, along with the length of time that each component is required. In the first four weeks of the program, clients are attending as much as seven hours of treatment per week. This tapers off during weeks 5 through 16 to between four and five hours of treatment per week. Beyond week 16, clients are able to attend "Social Support" once a week for up to a year. Not only are individual and group sessions frequent, but urinalysis testing is recommended to occur on a weekly basis. In addition, Matrix encourages counselors to check in with clients even when they are not scheduled to be at the clinic, to call them when they miss a scheduled appointment or group, and to welcome them into a group regardless of tardiness. The Matrix approach recognizes relapse as part of the recovery process, and does not preclude continued attendance in group when a client "slips." Rather, relapse is used as an opportunity to identify triggers and problem-solve other ways of responding to stressors that may result in the decision to use. Part of the shift to this method of treatment is the use of motivational interviewing, which fosters counselor capacity to express empathy, develop discrepancy between current behavior and goals, avoid argumentation, and support self-efficacy.

Sample Matrix Treatment Schedule

Week	Monday	Tuesday	Wednesday	Thursday	Friday
Weeks	Weekly Individual Sessions				
Weeks 1-4	6:00 p.m. to 7:00 p.m. Early Recovery Skills 7:00 p.m. to 8:30 p.m. Relapse Prevention	12-Step or Other Support Group Meeting	7:00 p.m. to 8:30 p.m. Family Education	12-Step or Other Support Group Meeting	6:00 p.m. to 7:00 p.m. Early Recovery Skills 7:00 p.m. to 8:30 p.m. Relapse Prevention
Weeks 5-16	7:00 p.m. to 8:30 p.m. Relapse Prevention		7:00 p.m. to 8:30 p.m. Family Education or Social Support		7:00 p.m. to 8:30 p.m. Relapse Prevention
Weeks 17-52			7:00 p.m. to 8:30 p.m. Social Support		

participated in a joint interview. (The clinic supervisor in Taft had recently retired, and was not interviewed.) Counselors were first asked to describe how they became interested in the field of substance abuse counseling. Two of the three Wasco counselors were in recovery themselves. One was the product of a Drug Court that operated in a neighboring city, and that has since stopped operating:

I was one of the last individuals that was in...Drug Court in Delano. My counselor told me that I would be a good counselor; so I looked into it...I volunteered a lot of hours for several years...before I got into counseling.

The third counselor got into the field in response to a relative's substance use:

My interest was sparked due to family members' involvement in substance abuse. And by getting involved in it, I realized that substance abuse is really a lot more widespread than we realized—starting with the legal drug, alcohol.

The clinic supervisor came from a mental health background, but had limited exposure to substance abuse treatment when she was assigned to the Wasco Clinic several years previously. She admitted:

I fell into substance abuse services when I came out here; I didn't think that I would be this involved. And looking back now, I think that I normalized the alcohol use...When I first came out here and was told that I had to supervise a part of the substance abuse unit, it was, "Are you kidding me?" I knew I had a lot of bias and I felt that people got into it because they wanted to...Being in the field going on eight years now, I see it totally different and understand it as an addiction and a medical problem.

The Meth TCE project had two counselors assigned to the Taft Clinic, one of whom is in recovery from long-term crack cocaine addiction and one of whom got into the field of substance abuse treatment after her son became addicted to methamphetamine.

The counselors at both sites were asked about the population they serve. Wasco has a large Latino population, a significant portion of which is Spanish-speaking. Nevertheless, counselors indicated that the majority of their Latino clients are bilingual. Outreach into the Spanish-speaking community is not easy, and cultural bias against treatment—along with fear of the authorities—contributes to the failure of individuals and families to seek assistance for substance abuse. One counselor talked about the easy availability of meth in Wasco:

[Kern County] is the capital of meth...You don't have to struggle very much to find it and to get it. As a matter of fact, there have been times where I'll stop at a store [here in Wasco] and you can see little bundles on the floor. You can see where somebody has broken their paraphernalia. I think one of the major motivators to use in the first generation Hispanics is that a lot of them use it to work long hours and late nights. A lot of them use it just to be able to function.

Another Wasco counselor described such a client:

We have one client that drives a hay loader and...he used to work 16 hours a day or 18 hours a day, and just go home and shower and reload and then purchase [meth] and go back out there. In my mind, 16 hours a day is hard labor.

Every counselor had similar examples. One talked about the economic reality facing residents of the Wasco community, and the role of meth in “local commerce”:

It's gotten to that point right now you look at the job market in this area, there aren't many jobs. What do you have, hauling cotton, picking grapes, packing carrots, stuff like that?...Someone can make \$150 in one night's sales, versus working for \$40 a day out in the hot sun, [and] they're going to do it....If you have the availability of certain chemicals to be able to go out and make your meth, you can go out and make an ounce or two of meth, sell one and keep one for you, and you can just keep building up on that.

Another added:

It's a family affair now with most individuals; especially if they are bringing in the income to provide their roof, to pay their bills.

Both counselors in Taft reside in the community; one is a long-term resident. Drug use was prevalent when she moved into the area 30 years ago:

I moved here about 1979...from [a town in a neighboring county], and everybody said, “I can't believe you're going to move down there. Everybody uses.”...I moved here and I found out that it was what I was told it was...This isn't so true any more, but then there was too much money and nothing to do...It used to be that the people who worked even the lowest job in the oil fields made significant amounts of money...There was no entertainment, no way to pass the free time. That's what I was told at the schools and baseball games when my kids were playing ball.

Today, however, the profile is somewhat different:

Today what I'm seeing and we hear from the clients, [it's the] lack of energy [that motivates people to use], whether they work or not.

Long hours of physical labor in the oil fields take their toll; clients talk about the energy they get from using meth, and how it helps them overcome both the physical and psychological exhaustion. One Taft counselor talked about the stories she hears from clients about conditions in the oil fields:

Many of these oil field places have people using drugs on a daily basis...They'll use, and they all get in the truck and ride out to the job, and they'll be using on the way to the job. People tell me that [workers] come in the mornings smoking [meth], and [supervisors] know what they're doing. It seems that the oil fields to some extent are turning their head the other way and allowing it to be so; they don't seem to be seeking treatment for these clients.

Counselors at both sites indicated that more and more clients are entering treatment who come from multi-generational drug use. One counselor in Wasco talked about meth use as a learned behavior that children internalize as a norm:

[People] opt for [meth] in order to gain the rewards; that is, the energy and strength. But the pitfalls are all of the losses that come along with it...They are dragging in their family members, starting with the spouse. That's a whole new focus, in that women are gaining addiction at such an alarming rate and they are normalizing [drug use] and they're making it such a positive thing...The children study the parents; they watch and they [engage] in the same behavior...It's so enmeshed and so complex...It's a marketing system that is going on, and we just see the surface.

All the Wasco counselors gave examples of clients who come from drug using families, and talked about the breakdown of positive family values as a result of drug use:

I had one female client...[for whom] it's the mom, daughter, granddaughter, and great-granddaughter in and out of the system...Sometimes we have father and son, or mother and daughter, or mother and granddaughter in treatment. We see them come into treatment and you wonder how they got into this; and come to find out, "My daughter sold it to me."...So, the family unit sitting down at their table [together], like you would see in Andy Griffith—that is long gone, with the methamphetamine epidemic.

Counselors reported a similar phenomenon in Taft. One talked about the attitude of many Taft clients:

That's what grandma did, that's what mom and dad did and that's what we do and our kids will do.

The other Taft counselor added:

There's a huge adolescent problem because their parents are addicts or actively using. They've been watching responses for many years; so there's a real fast growing adolescent population that is starting to use at 13 to 15 years old.

When asked what brings people into treatment, one Wasco counselor said succinctly, "The legal system." Other Wasco counselors agreed. When asked whether they ever see clients come in voluntarily for treatment, the general consensus was that few individuals simply recognize that they have a serious problem and seek treatment on their own. When clients are not court-ordered, there is almost always another motivating factor—usually the desire to get or retain custody of children—that acts as a spur to action:

Some do come in voluntarily, but it's when they've already gone through the CPS system, they've lost their children and they have had legal involvement. Maybe they've been arrested and the charges have been dropped and they've been given a chance to get their children back. If they don't follow through with the recommendations, they lose their children...So they come in as self-referrals with an agenda.

A Taft counselor made a similar observation:

About two percent [of our clients] are volunteer. If you're talking about CPS recommended, that's not quite "volunteer." There's a big percentage of the people that come here that are pretty much court-ordered. CPS doesn't use the phrase, "You must go," but it is "recommended," and it means the same thing.

A Wasco counselor commented:

In all the time that I've been out here, [I've never had] someone walk in and say, "You know what I need to quit, I'm tired and I don't want to end up in jail or die or something." I honestly cannot remember somebody doing that just because they were done with it or wanted to quit.

Counselors were asked about their clients' reactions to the Matrix curriculum. In general, with the exception of the Social Support component, counselors in Wasco appeared to think that their clients respond well to the Matrix:

[Clients] prefer the information presented in the Matrix over the old style counseling, because for one thing, it's not triggering...We don't allow glorification or romancing of the addictive behaviors; so they really find that important. Also they enjoy the fact that we're actually presenting them with tools. And even though it's not supposed to be an education, they're getting some type of knowledge in regards to the limbic system and the frontal lobe and what triggers [addictive behavior]....What I like about the program is the structure; it takes you through the steps and stages of recovery. It tells you what to expect at this point or that point and then it gives you tools and information as to what you can do. It walks you through the whole early recovery and the potential of relapse and what you can do [to keep from relapsing]; so it's a really good program in that aspect.

In contrast, clients in Taft really enjoyed and were eager to attend Social Support, but did not like the Family Education group, with its "old-fashioned, boring videos." This perceived difference in client responses to Family Education may reflect cultural differences between the more family-oriented Latino population in Wasco and the White, blue-collar population in Taft. Family participation was low even in Wasco; in Taft, it was virtually non-existent. Taft clients were in agreement with Wasco clients, however, in their enthusiasm for the core Matrix curriculum, with its focus on skills-building and its tools for staying clean. A Taft counselor stated:

I think "treatment as usual," compared to Matrix,...is not organized, it's not structured, it doesn't give you what you need, it leaves you wanting. I have a client that has just come from another residential facility, and he said the material was a lot different. He stated that he found himself thinking more addictive thoughts there than when he was here and he wanted to bring the material that we have and show them that this was what they should want to be working with.

When asked what they found challenging about Matrix, counselors in Taft were hard pressed to respond. One stated:

The very first thing that I loved, before I even knew anything about Matrix, was that it had a binder with a curriculum in it; and no more dreaming up or inventing what we were going to do in group today...And it's so simple. What I try to help the clients understand is that in that binder there are the tools to stay clean today. The rest of the recovery is going to depend on you and your attendance to 12 Steps and all the things that recovery involves. But we have the tools in this binder that if you'll use them and allow us to help you learn to use them you'll be able to stay clean long enough to begin to desire the work that recovery is going to cost you. It's just so simple, so basic. Wow, I can do this, and this is something that I can achieve. I don't have to find out what my great uncle did to my dad and [how what] happened to me is why I'm using drugs. If I just do this, I'm going to stay clean today. It's life, it's what I'm doing today.

The second Taft counselor added:

I would think that Matrix is the greatest thing that's happened to Taft...The Matrix has brought some change, [in that] there is a greater population of recovering people now than in the history of Taft. There used to just be one or two people around, and virtually no NA meetings here. Now there's a whole generation of NA people here who are totally dedicated to recovery, and it's just blowing up. [We have] five or six very strong meetings now. And that's [coming] from the only meeting being at the park where you gave five bucks and you got your five stamps and had a beer and went home.

The first counselor agreed that Matrix clients are establishing a network of social support that is simultaneously breaking down social isolation and providing the motivation to remain clean:

The players are changing. The ones that used to get high are going to NA together, so they're creating a whole new relationship with the same people, but not using...They're disassociating themselves from [the ones that use], and the bigger this group gets, there are more available friendships.

Taft counselors had no critique to offer of the Matrix. The only real criticism Wasco counselors voiced was that they found the level of program intensity too high, particularly during the first four weeks. One counselor said:

If I was the director, and...I had the authority to move it around a little bit, I would bring the clients into the Matrix at a less intensive level until they had maybe 30 to 45 days to get accustomed to the structure...What I've found is that you bring them into the Matrix and they...say, "Oh my God, I've got to do five groups and individual and then three AA's a week minimum, how am I going to do this?" So they're coming into the group with the attitude that they'd rather go do their time...They don't have financial stability; so you put them in a [time-intensive] program and they're resistant, especially in the summer for the agricultural workers.

Another Wasco counselor agreed, but added:

I have had several Hispanic agricultural workers lose their jobs or quit their jobs because of the intensity of the program. But in my personal opinion, I think that that would proba-

bly occur regardless of how intensive it was or what time it was because a person that's been coerced to come into treatment is going to find something [to use as an excuse].

11.5 Perceptions of Clients in Recovery

Four clients from each of the two West Kern clinics were randomly selected to participate in more intensive interviews. These clients had successfully completed all the requirements of their outpatient treatment program, and had continued to test clean for a period of 10 to 12 months. At each of the two clinics, the four clients interviewed included a married couple who had been in treatment at the same time. Clients were asked about their history of drug use, and particularly of methamphetamine; the impact of drug abuse on their personal and professional lives; their experience of treatment; and their expectations for the future. A synopsis of each interview is presented below. Pseudonyms are used to protect the confidentiality of the clients.

Diego (Wasco Clinic)

Now 28 years of age, Diego Estrada was 13 years old when he and a friend were introduced to methamphetamine by some acquaintances in Shafter, where he grew up.

They brought out the pipe. I smoked it, and just continued smoking it until about ten months ago, when I got arrested and they took my daughter away.

Although he did not begin using meth until he was 13, he was exposed to drug use long before:

I was raised around this. My mom and dad used to do it. Other family members used to do it. It was all around. The neighborhood I was in, it was just everywhere. At first I was like, "No, I don't want to do that"; but once it's right there in front of you and everybody is doing it, you can't help but try it. I thought I could just do it once, but it doesn't work that way. I did it that once, thinking, "That was no big deal."...A couple years passed and I was back doing it again. I found myself with different friends that were using and it just all lit up from there; it escalated.

According to Diego, "Meth is everywhere."

You can find it in just about every other house. That's how common it is... It's made around here. You can make it in your bathtub...It's simple, and that's why it's more popular. It's the easiest thing to get a hold of, do you know what I mean? You can go to the store and buy [the ingredients].

Although Diego describes his life between 13 and 27 as revolving around drug use, he did have a period of sobriety after going through Prop 36 the first time.

I went through a program before Matrix was introduced; it was Prop. 36. I graduated that and I was clean for about three years. [Then] I ran into an old friend, started riding around with him, stopping at certain places, and when he got back into the car one day he started lining some stuff up and he said, "Here, you want one?" And I said "No." And he said, "Come on," like a peer pressure type thing. And I said, "No, you don't know how

I get.” And it led up to me using, you know what I mean? I was clean for a couple of days after that but I ended up going back to his house just to hit it again, and it all escalated again.

Diego talked about why people use methamphetamine, and the benefits people experience early in their drug use careers:

If you're down, if you're hurting, methamphetamine takes the pain away. You're feeling bad, you're upset, somebody you love just kicked you out of the house or something; you go out there and smoke meth, and you aren't worried about it anymore. You stop caring about stuff. That's what it really does, it stops you from caring.

During the period that his drug use escalated, Diego's gang involvement also escalated, leading to events that he described with both regret and remorse:

I was out there acting a fool. Some friends that I used with, they had just been shot at by some other fools that I used to hang around and use with; so I went over there with a gun and I hit one of them with a gun and I got stabbed. Since I had gone over there, they came over and shot my friend in front of my apartment. They killed him; so a lot of stuff went bad. It's real serious stuff, and it's all because of drugs; it all could have been prevented. I lost a good friend. I almost lost my own life. When I got out of the hospital after that, I was still using because it took the pain away, more than the medication they gave me. I had staples in my stomach and with the drugs they gave me, I was still in pain. But when I was using meth, I was walking around normal and I didn't feel anything. It was just like it had never happened. And that's why I used it, and I know that's why a lot of other people use it.

After reflecting for a moment, Diego added:

I look at it now and I shake my head. It's ridiculous, I could have been doing a lot more things with my life, than just sitting there waiting for the next fix to come... You know I even neglected my family; I had my mom and dad leaving my life. Now that they're back to where they trust me again, if I need something, they'll lend me money or their car if I need it. But before they would say, "I can't help you." They wouldn't help me because I was out there doing all kinds of stuff to get those drugs.

He went on to describe his most recent run-in with the law:

I wasn't on probation, my girlfriend was on probation. I wasn't using; the bongos were just sitting there. The neighbors were smoking [it], but [the police] said the smell was coming from my house, so they kicked in my door. I'm asleep with my daughter and they go in there and pull me out. I'm in my boxers, I'm outside sitting on the porch and that's when they found the bongos and the pipes. They said, "You know what, she's on probation. Who is going to take the charges?" I wasn't going to let her take the time; most of that stuff was mine. So I took all the blame; she went and did a little bit of time but I did the majority.

Diego described the devastation of losing his four-year old daughter, the most important person in his world:

I felt worthless. They took my daughter right from me. They took my girlfriend. And I couldn't do anything about it, except to look at my daughter with tears in my eyes. It tears you up inside. I was out there for six months wondering where my daughter was, was there something happening to my daughter right now; what if they put her in some sick-minded person's house? What if he's touching my daughter? I thought I would get out of there if that happened and I would take matters into my own hands. That's the thinking I had; I wouldn't ever want anything to happen to my daughter. And then I'm realizing that it was my fault for putting her into that situation.

Diego found that even during his stints in jail, meth was easy to come by:

I've been busted for meth a couple of times. They're strict on it [in terms of sending people to jail], but I don't really see that that helps. You've got a problem, and they're putting you in jail, but meth's as easy [to get] in there as it is out here. It's there, everything you want is [available in jail]: marijuana, heroin—I've seen it all...Syringes being passed around, all kinds of stuff. It's just ridiculous—you put me in jail, and meth's right there, too.

He elected not to use while in jail, and to get into treatment as soon as he was released. His motivation was to get his daughter back as soon as possible:

My daughter is four years old; she's a very beautiful, smart girl...CPS took her to Frazier Park. She was up there for about two months. My brother got custody of her. He had her here in Wasco, and it was alright—but they had to be real strict on what we did around her because they didn't want CPS to take her back. We could see her supervised, but it was horrible. I wouldn't wish it on anybody. I finally got her back; I've had her back for two months now. I never want to put my daughter through anything like that again. Since I started this program, I've been clean for ten months and that's because they took my daughter away; because they made me feel like a piece of shit.

Although he credits the desire to get custody of his daughter with the motivation to stick with the program and stay clean, Diego talked about how useful the Matrix was in helping him, compared to his previous treatment experience:

This Matrix program is the best program that you guys have...The program I went to before, they would like glamorize the stuff that they did; but with the Matrix, they leave all that out. They'll let you know what parts of your brain are making you do this, and it just makes more sense when you explain it like that. [In the other treatment program,] the only thing you're doing is triggering people to go back to using.... Recognizing your triggers is one of the best tools you've got. If you know what's triggering you, you know what to stay away from.

Diego dropped out of school as a junior in high school; now he works at a grocery store in Bakersfield, and for the first time in his life, has medical benefits. He's talking now about going back to school. Because service has become a meaningful part of his life, he thinks he would like to become a substance abuse counselor. Whatever his future may bring, he is determined that staying clean, and keeping custody of his daughter, will remain his top priority.

I know what I did wrong, and that's in the past; I'm going to leave it there. I'm trying to move on. I'm reaching up for the sky; I'm tired of being down there in the gutter...You can ask any [of the substance abuse counselors in the Wasco clinic]. They'll tell you that they didn't think I was going to make it...And then they heard me speak. When they heard me speak that I was going to get my daughter back, and there is nothing that is going to get in the way, they knew it. They knew I was serious and then they all started realizing that maybe this guy was onto something.

Ramon (Wasco Clinic)

Ramon Perez, 25 years old, is an assistant manager of a retail store in Wasco. He has worked for the store for nine years—despite two brief stints in jail. Ramon claims to have been drug-free for the past five years, and explained that he attended Matrix in the past year as a condition of his parole. He is married, with a young daughter, but he and his wife were in the process of filing for divorce at the time of the interview.

Ramon started drinking alcohol at 14 years of age, and by the time he was 16, had progressed to marijuana and methamphetamine.

I started using alcohol first; and after alcohol, I started using marijuana, too, and then meth. I smoked it; and after that I would sniff it. I think the first time I tried it I was about 16...First, I tried with my friends; and then, because I started using it a lot, I started buying it. I used to do it every day.

Perhaps because of the amount of methamphetamine he was using, Ramon quickly became both aggressive and paranoid.

I used to be scared [all the time], and I couldn't be comfortable in one place. I had to move from one place to another place and I couldn't be near my family, I couldn't be with people who were not doing drugs. I had to be with people that were doing drugs.

He met his wife when he was 18 years old. He was using at the time, but chose to not tell her.

At first, you know, when we met, you lie one time. Then you have to lie another time; you have to cover one lie with another lie. I lied all the time to her and she never knew I had been into meth...Then [after getting clean], I told her the truth, everything. It hurts. I had lied to her a lot but I had to tell her the truth. So I told her the truth. She had problems with that, we were on and off for a while.

Eventually, Ramon was caught, charged with possession of methamphetamine, and was placed in the PC1000 program. He lasted only a few days, stopped treatment, began using again, and ended up in jail briefly. His release was contingent on his re-entry into the PC1000 program. He lasted a little longer this time—about four months. Although he didn't finish the diversion program, and did start using again, Ramon was ready for a change.

When I was really into meth I realized that I was really alone. I felt like all the doors were closed behind me. I would try to find help over here, and I couldn't. And I'd try over there,

and I couldn't. I felt like I couldn't even fit inside of me; that's when I realized I had a problem. The first day when I really realized that I had a problem—I was lost for two weeks. I hadn't been home for two weeks. My mom found me walking the street and she picked me up and told me she was going to take me to church. At that time there was a guy that was fasting for seven days for me; at that time, I felt like that was the last day I was going to use meth. The brother that was fasting for me started praying for me and I opened my eyes and I felt something different. I think if you want to stop and you try to ask God to release you from that, I think he will do it.

Ramon stayed sober. He was picked up again. Although testing clean, he faced jail time because he had violated the conditions of his probation. At his hearing, the judge placed Ramon into Prop 36—and warned him that this was his last chance, and that he was facing prison time if he didn't finish the program. Ramon believed him.

When asked about his experience with the Matrix program, Ramon was vague. He said he liked the fact that “you learn from other people that they may have been deeper in that hole than you were.” He was not able to articulate any Matrix strategies, however, for maintaining his sobriety—suggesting either that he simply was less receptive of and interested in Matrix than in his church-based program, or that his counselor was not, in fact, covering the content of the program with fidelity.

Today, Ramon is employed at the same retail shop he has worked at since he was 16. He is particularly appreciative of his manager's support:

I told my boss that I was in treatment and I help him a lot. I came back from doing drugs and told him I could be really responsible; so he told me if I tried to change, he would give me a chance...He would ask if I needed to go to program and he would ask me from what time to what time; I'd tell him and he'd let me change my hours to help me. Sometimes I would have to leave to test and I'd tell him and he always said to take a break and go get tested.

Ramon no longer attends church. He is still on probation, and stated that he does not intend to use again because he doesn't want to jeopardize his ability to gain joint custody of his daughter.

Dora and Michael (Wasco Clinic)

Dora began using methamphetamine with friends when she was just 15 years old; however, as she explained, “I guess I could say that I come from a family where they all use drugs.” Both of Dora's parents, as well as her brother and her sister, have been jailed for drug use and/or possession of drug paraphernalia. All of them have sold—and even made—methamphetamine. Dora dropped out of school shortly after she began using drugs. She first met Michael when she was 15, and he was 18.

Michael was a good student, and graduated high school with high marks. Although Dora was using when they met, Michael didn't know about it. As their relationship intensified, he tried to get Dora to stop. Dora explained:

When we got together and decided to live together he already knew I was using, but he was like, “You know what, if we’re going to get together and live together, I want you to stop now.” But I didn’t; I hid it from him.

In fact, Dora did stop for a short period. Michael and she moved to Sacramento after the birth of their daughter, and Dora was clean at the time. Michael worked and Dora stayed at home with the baby. Isolation and boredom took a toll on Dora; when she found out a neighbor was dealing, she talked him into giving her meth. She stopped using only when she was pregnant. Michael moved the family back to Wasco to get Dora away from drug use once again. He found a job in Bakersfield, and began commuting. Dora never did completely quit; living in such close proximity to her family, she always had access to drugs. By the time Michael was 25 and Dora turned 22, the couple had five children, including a set of twins. Dora was careful to quit using within three months of giving birth during each pregnancy in order to avoid having her drug use exposed.

Until this point, Michael occasionally had a drink, or smoked a joint, but had never tried “hard” drugs:

Actually I started probably when I was 18 or 19 years old smoking marijuana. Alcohol was always present. It was just one of those things that if you want to drink, you drink; if you don’t want to, you don’t. I never did acquire a taste for beer, but marijuana was there at the time, and I’ve done marijuana for a longer time than I have ever done any form of meth or cocaine.

Michael was now working two jobs to support his growing family, and trying to pick up the slack at home. Dora fell into deep depression. Dora’s drug use, money problems, and five young children took a serious toll on the marriage. Eventually, Michael and Dora separated. Dora moved in with another man and became pregnant yet again. This time, she tested dirty at the hospital when the baby was born. Michael was given custody of their five children, and Dora landed in a residential facility with the baby. Michael took Dora—and her new baby—back when she graduated from the program. He added getting her to and from aftercare to his growing list of responsibilities. The next year, their seventh child was born.

On Halloween evening in 2002, Michael rushed home from work to get his kids ready to go trick or treating. While the kids were out, some neighbors invited him in for a drink. It turned out they were snorting cocaine. They encouraged him to try it, telling him it would give him energy. Michael gave in—and found out they were right. The high was short, but intense, and Michael found that as long as he stayed high, he was tireless. Later, his new friends introduced him to meth. He thought he’d found the answer to his chronic exhaustion—if he could just manage his use:

For me it was the rush, the way it made you feel—the power it gave you; the energy that came behind it. Being able to stay up a couple of days at a time. Being able to go to work and not be absolutely tired or frustrated and worn out. It was just a number of things that the drug did to you that just kept you going. So basically, yes, that’s what the drug did for me; that’s what I got out of it; that’s why I kept going back.

When Michael started using meth, Dora was stunned. As hard as he had worked throughout their marriage to keep her clean, she never thought the day would come that he would try drugs himself. It wasn't long before she started using again, as well. In less than a year, Michael was busted. Dora tested dirty. Both went to jail, and the children—the oldest of whom was only 10—were taken into protective custody.

Michael and Dora were released into Prop 36 and worked hard over the course of a year to recover their children. They eventually regained custody. Then, one evening while they were visiting Dora's parents, Probation officers came to do a search and test her two siblings. They found drug paraphernalia—and the entire family went to jail. Michael and Dora watched CPS take their children once more, and this time their parental rights over the five younger ones were terminated. The children were put up for adoption.

Losing their children stunned Michael and Dora. They made a pact to do whatever it would take to get their two oldest daughters back.

When they got out of jail, Michael and Dora became model probationers. They attended all their substance abuse classes, and all their parenting classes. They cut off contact with Dora's family. They joined a local church, which has provided them with the positive and supportive social network they needed. They have met the woman who adopted their twins, and she is related to the woman who adopted their three youngest children. Both are holding out hope that they can eventually visit the children and remain at least a distant part of their lives. At the time of their interview, Michael and Dora were due to regain custody of the two older girls within a few weeks. Michael took full responsibility for the loss the two have suffered:

We did get the kids back once and the second time they took the kids from us, it was just another spiral downwards. It sucked, you know. You've worked hard, you got your kids, and a mistake cost you it all again because you took for granted the gift that God gave you...Two years ago we actually were in this position right here to get the girls back and we relapsed and fell because we weren't taking counseling; we weren't in these classes; we weren't thinking of coming to these classes. All we had to do was start these classes and they would have given us our kids. But, instead, we failed to start the classes, we got back on dope and we stopped going to church.

Dora does not credit the Matrix program in particular, or treatment in general, with her recovery this time around. Instead, it was the shock of permanently losing five of her children that finally motivated her commitment to a change in lifestyle. In general, she has not been impressed with the treatment programs she's been through, although she likes her counselor at the Wasco facility. Michael, on the other hand, who had a different counselor, found the Matrix program extremely helpful.

From the day we came in, it's all about whether or not you want [recovery] or don't want it. It's not about them, it's about you; the program works if you work it, using a rational mind, trying to get rid all of the addictive behaviors...At this point in time, I don't even go to places where there are triggers, really I don't.

Staying out of the paths of old friends who still use has been the biggest challenge facing Michael and Dora in the year that they've been clean. Most of their old friends and Dora's family members make their own meth in "bathtub" labs at home, and are not backward about offering to share. "We walk away," Michael said. "I've lost five kids. I haven't gone through all this work to risk losing my last two girls."

Alexandra (Taft Clinic)

Alexandra, or Alex, as she likes to be called, first started using drugs as a young teen:

I was 13 years old, and I got really drunk at a party and somehow ended up doing meth; I have a lot of friends who did it. I was one of those people who wanted to stay away from it. My best friend's mom was really bad, and so it was kind of devastating the first time I did it. And then I did a little bit more until I got pregnant with my daughter.

Alex was just 14 when her daughter was born. She stopped using, although she continued to drink and to smoke pot. She finished high school, married, and had a second child.

And that's when it really took hold of me; I was working, I had two kids and then three step kids, so it seemed like it helped me. I was tired; I just went through the normal stuff of being just tired and it's hard... You do meth, and at first it feels really good and it just seems like you can get so much accomplished. But then it gets to where it comes first. When you don't have that feeling [of euphoria], you don't have ambition to do things... And that's when I guess you could call it the chase begins. Trying to get that feeling and you'll be five or ten minutes late to work just to wait for the person who is supposed to bring it to you so you can get through your job better or I'm supposed to be at a PTA meeting and you know you have to have it before you go because you don't want to miss the meeting. It just takes over; it takes a good person and makes them really, really bad. It happens so quick that you don't even realize that it's happening; or that's how it was for me.

Alex's drug habit quickly got out of control:

I had no motivation to get clean, because I went from snorting it to smoking it to slamming it five to ten times a day, or as many times a day as I could. And it never was enough—ever. I went so downhill it was pathetic.

Alex separated from her husband. One evening, she was out driving with some of her drug-using friends. The car was pulled over by the local police, who found paraphernalia in the car, and meth in Alex's pocket. She was arrested and went to jail. At the end of three days, she went before a judge and was sentenced to Prop 36. However, this wasn't the end of Alex's drug using career:

I came into orientation, and I went to one or two sessions and quit coming. I called in to test and my number came up and I was dirty; so I said, "Forget it I'm not doing it anymore." And then I got pregnant, turned myself in, and started it over again; the second

time my Probation officer came in and told me, “You know this is the last straw, the next time you’re going to prison and I don’t know for how long.” So that kind of scared me and I had wanted to quit anyway; I just didn’t know how to do it.

Alex was grateful that CPS allowed her mother to take custody of her children when she went to jail. When she got into treatment, they allowed her to live in her mother’s home. Alex found the detox process devastatingly difficult:

It was terrible, it was terrible...They say heroin is really bad, but so is meth. I think people who have never used should realize how bad it is because it took me like three months of sleeping, and I’m not lying. I was so burnt out and tore down, beat up, I just could not get myself together. I don’t mean like sleeping all day long, but I had to rest and eat and rest and eat.

Alex was fairly certain that on her own, she wouldn’t be able to quit. She was relieved when she got into treatment and was put into the Matrix program.

I didn’t know how to take the first step; [the counselors] teach you how to do that—they teach you the triggers and stuff. I didn’t know any of that; I didn’t even know what a trigger was...But they taught me what a trigger was, and how to recognize [it]...Before, it was just so random—to just think that you want to use, and then just start savoring it and just go do it...They taught me how to slow it down, fight the urge, run the tape back in your mind and think, “Okay, I’ve gotten this far”—even though it wasn’t very far. Just knowing that I wasn’t in jail, that my family was talking to me again; I didn’t want to move backwards and my counselor...helped me out a lot.

Living in a small community where drugs are prevalent and many of her life-long friends were users presented another challenge. At first, Alex felt very isolated in her recovery:

It’s hard, it really is; I’ll never know how I did it...Once you start telling people [who use] that you’re getting clean, they kind of don’t want to be around you anyway—especially when they notice that you’re serious about it. So all you have to do is just take that first step and tell people that you’re getting clean. They kind of die off that way; then [you have to] be strong and not let them in your house and just stay away from them.

She unexpectedly found support in her Matrix group:

The people that are going through the Matrix with you, that was my first strong support right there...We all loved each other and still do; we still see each other. Even the ones that are doing bad, we see them and give them encouragement...They were my first [new friends], and then you’re required to go to NA meetings; so you meet more people there.

The father of her oldest daughter is also in recovery; both he and Alex have 18 months of sobriety. They found support in each other, and are now planning to marry. As soon as her two youngest children are old enough for daycare, Alex plans to go back to school. Her dream is to become a medical assistant. She is grateful to have a future to plan for:

I actually have something to stand on now, my little rock. [My recovery] opened so many doors for me. Whereas before I didn't care about myself too much; now I do.

Jerry (Taft Clinic)

Jerry grew up in Los Angeles, 100 miles away, and began drinking alcohol at an early age. He had always been a heavy drinker, but his history with methamphetamine started when friends introduced him to the drug when he was 13 years old. Meth, however, is a substance Jerry said he can take or leave. He was far more engaged in marijuana and alcohol use—and claimed that cigarettes are the very hardest addiction he's ever kicked.

Busted for possession at 21 years of age, Jerry was placed in the PC1000 program in early 2006. While he never tested dirty, he continued to use while he was enrolled in the program:

I went to PC1000 [classes] and did meth just once in a while...I wouldn't let myself get to where I *had* to do it...I was working really long hours and I'd do it just for that, so I could stay up. I never came dirty on the PC1000 or anything like that; I was always doing my program as clean as I possibly could.

Jerry explained that he was “switched” into Prop 36 because the courts claimed he wasn't attending his PC1000 classes regularly:

The judge called me up and told me I wasn't coming to program. I was coming every day, but I didn't have the money to pay for every single class, so I'd get behind. And supposedly it wouldn't pop up if I didn't pay. So it didn't show up on the machines that I was coming because I wasn't paying for my class. I tried to tell him that I was coming and that I had this paper and he said, “I don't care,” or whatever, “You need to get sent to Prop 36.” And he put me on probation for three years. That was something that had no sense to it; I was only a couple of days from graduating from PC1000.

When he came into the Matrix program, Jerry was ready to get clean, motivated by the need to feel better physically:

I've messed with my body for so long; I've been smoking cigarettes since I was like 10 or 11; smoking weed from around that time, too. I just felt like it was the right thing to do.

Jerry described the Matrix program as “structured in a way that you have to do some things that you really don't want to do,” but he likes and trusts his counselor, whom he credits for motivating him to stay in and take the program seriously. Jerry also wasn't impressed with the Narcotics Anonymous meetings he was required to attend; he stated that he knows most of the people who go to the meetings and knows that many of them are lying about their use:

It don't matter how much you do [drugs]; it matters if you want to stay in [recovery]. Most of the people that go there are just lying. They're lying because they say they won't do

drugs, but they do drugs...Everyone says, "I can't leave it, I can't do this." I don't like that. It's all in your head—if you want to leave it you'll leave it, if you don't it's an excuse. And the other part I don't care about is the folders; doing all the stuff but it's still the same questions over and over again.

By the same token, Jerry hasn't given up his old friendship networks.

My friends tell me, "You have a lot of will power; you don't have any problem being around us?" I said, "Nope, if you don't want to do it, you're not going to do it. Period. It's as simple as that." I'm the one that always does the driving and everything. I admit that I'll drink one beer once in a while but just with food.

Jerry said his biggest problem after he quit using was boredom. He took up street racing "to get the adrenalin rush." He looked into going back to school, but he wanted to join the California Highway Patrol, and found out that he couldn't because his drug conviction was a felony. Now he drifts, working occasionally in his family's business. He's not concerned that he'll "go back out."

The stuff's around me all the time. If I wanted to be doing it, I'd be doing it.

Donna and Mark (Taft Clinic)

Donna and Mark are in their mid-thirties, and are the parents of three children under 8 years of age. They've been together for 17 years. Both come from drug-using families. Mark started using meth at 12:

I was raised up in it pretty much; my dad was into it real heavy so I was always around it. It was always hid from us to an extent and I just sort of experimented; I got into dad's stash one time.

Mark was never into alcohol but he had smoked marijuana. Donna started a little later; it was her new boyfriend, Mark, that got her started, but her mother was also a user:

My first involvement [with drugs] was probably at the age of 10, watching my mom in her addiction. It took a while before I realized what she was doing but after awhile I caught on to it. The first time I tried it I was 17...I tried it a couple of times here and there, and then it just kind of kept escalating until it was really a habit.

By this time, Mark's father was using marijuana, but had given up meth. Mark's parents found out about his drug use when he was 13, and put him in rehab:

I made it through the rehab; I had close to a year clean and I got out and decided that wasn't what I wanted and started using. I got the choice to either quit doing drugs and stay at home or keep doing drugs and move out; so I moved out when I was 14. I lived on the streets until I was 15, and then moved to my grandma's house here in Taft. It just pretty much escalated and got out of control from there.

He met Donna when he was 17 and she was 14. They moved in together when her mother kicked her out of the house:

I was still in high school, I did graduate high school and I used it the one time but it wasn't really my thing. I never really fit in with the people that partied and stuff, even though it was in my family and obviously in the people I associated with...I didn't start using on a constant basis until I was probably between 19 and 22.

Mark, with only a 9th grade education and no skills, began selling drugs to earn money. After graduating high school, Donna went to work full time. She had their first child when she was 26. She was able to stop using during each pregnancy, but "Of course, afterwards I went back":

At that time I didn't want to believe that I had a problem; I thought that because I held a job, and I was home with my kids, that it was okay. I thought I was different from everyone else, but I wasn't.

She finally realized just how much of a problem her drug use was becoming:

It became a problem when you would sit down to pay your bills and you would set out so much money for meth; you'd cut short the bills. We always had food in our house and paid our bills but there was no extra money because it all went to meth. I started realizing it was a problem when I would start getting rid of things that I owned for it; when I would borrow money from my family to get it. I realized that I had a problem, but I did not know how to stop or what to do.

When some of Mark's drug-dealing associates were busted, Mark stopped selling, but continued to use. Eventually Donna's and Mark's drug use escalated into domestic violence. Someone made a CPS referral, and Donna found herself under arrest:

CPS and the Sheriff's Office got involved; they came to my house and I was under the influence. I had marijuana at my house. I had actually a marijuana plant at my house; I had my children there, so my children got taken. It was a failure to protect because we were under the influence. I lost my children in one day, my job, my freedom, everything you can lose. I had lost my mom in 2006 and in July of 2007 is when this all came about.

Devastated by the loss of her children, and depressed and sick as she came down off the drugs in jail, Donna found she could barely function.

The way the authorities [acted], it was a punishment: "You will not get your kids back in less than six months; you have to jump through so many hoops." It seemed so overwhelming at the time. They want you to stay clean, get a job, go to your visits, enroll in substance abuse, go to meetings; all these things that I didn't know what to do. I didn't even know how to get started let alone stay clean.

Donna had even bigger problems before her. Because she had a prior grand theft felony from a joy ride she took with friends in a stolen car, she was not eligible for Prop 36:

It was really overwhelming, I didn't know if I could make it with having pending charges. I didn't know because I was facing felony drug charges which could have gotten me anywhere between three and five years. The thought of being away from my children for six months was bad enough; and then the idea of not seeing my kids for another three to five years was really devastating.

Mark was also arrested; however, not having a felony on his record, he was released into Prop 36. CPS stepped in at this point to offer Donna the option of treatment:

We were willing to do anything that it took to get our family back together; to get our lives back together. So we enrolled, and it was one of the best things that could have happened. But there isn't anything that I wouldn't do to get my children back. The pain that I was suffering wasn't anything compared to what I could imagine that they had to go through. We were fortunate that our children were placed with family, but I couldn't imagine what they went through.

Mark also agreed to treatment. He talked about his motivation:

We went to family court and they wanted us to complete the Substance Abuse Program; they said that was the main reason why our children were taken which I can understand...Losing my kids [was motivation], and I pretty much knew the way I was headed I wasn't too far from death. I was to the point before I got clean, to get up in the morning I would have to do a shot; then all through the day I'd do shots all day long. I knew it was a problem but I guess I'd just been doing it for so long because I had a 23-year drug addiction; that's just what I knew.

Mark and Donna both had very positive things to say about the Matrix Model. Donna explained:

I went through rehab before and it was nothing like this. I mean, I got so much more out of the program than you would think. It taught me so many different aspects of addiction than you actually know. It's not just the using that's the problem. I mean, it teaches you to recognize the feelings that you're having; to associate the places that you've used and the people you've been around and how it all affects how you feel with your recovery. And [we had] the best counselor. I would hope that many more people get to spend time with him. The one-on-one counseling helped a lot; group counseling works. You just learn so much that can help you in your everyday life if you choose to use it...My life has changed dramatically in one year.

In the past year, Mark has become a heavy equipment operator. Donna plans to go back to college; she would like to go into social work, but because of her felony conviction is more limited in her options than Mark. She is considering becoming a substance abuse counselor. She said:

You'd be surprised how many people who are out there still using kind of wish they had what you have when they see how your life has changed. But they just don't know how to get it.

11.6 Patterns and Trends in Client Interviews

Interviews were conducted with only eight of the 116 clients who successfully completed treatment (of the 411 clients who received grant-funded services). Clients were randomly selected by project staff from among those who had graduated from Matrix and who were still testing clean nearly a year after entering the program. Information collected from the client interviews is not generalizable across the entire population of those served, or even among those with successful program completion. Rather, it is presented for the insight it offers regarding clients' drug using histories, motivation for remaining in treatment, and responses to the treatment model.

Of the eight clients interviewed, two from Wasco (Diego and Dora) and two from Taft (Jerry and Mark) came from families in which they witnessed drug using behavior from an early age. Mark, at 12 years of age, was the youngest of the eight to try methamphetamine, and had already been drinking and smoking marijuana for two years at the time he took his first hit. Taft clients Alex and Jerry both started at 13, as did Wasco client Diego. Dora, Ramon and Donna started in high school, between 15 and 17 years of age. Of the eight clients, only Michael started as an adult (age 26), but Michael also had a history of marijuana use dating from his teen years. Although one client indicated having gotten into his father's "stash," seven clients were given their first methamphetamine by drug-using peers. In at least three cases, clients cited their continued use of methamphetamine as a way to garner the energy necessary to meet their financial and familial obligations. One of the most important "benefits" of meth use for these clients was the vitality they experienced after using—being able to put in long hours at home and at work and still have energy left over, at least until they crashed. All of the clients eventually found their social lives revolving around drug use and drug-using friends.

Every one of the eight clients came into treatment through the criminal justice system, either through Prop 36 or on parole. Seven of the eight clients were parents, and without exception, these clients cited the desire to retain or regain custody of their children as the primary motivating factor for staying in treatment. By the time of the interview, only Michael and Dora were still awaiting the return of their children, scheduled for later that month. Michael and Dora were the only clients to have lost permanent custody of children, having lost five of their seven children to adoption.

Clients varied in their responses to treatment, and specifically, to the Matrix Treatment Model used at the West Kern clinics. Of the Wasco clients, Diego and Michael were best able to articulate aspects of the Matrix curriculum that had been of use to them in their recovery. Tools they cited as being particularly useful were understanding brain chemistry and how their behavior was linked to it, recognizing triggers, and how to use thought-stopping behaviors. Perhaps coincidentally, these two clients had the same counselor, and that counselor had received the highest fidelity ratings of any counselor at the clinic in terms of how he implemented and facilitated the Matrix curriculum.

In Taft, all four clients had worked with the same counselor. Three of the clients (Donna, Mark, and Alex) credited the tools they had learned in Matrix as critical to maintaining their recovery. Four clients, one from Wasco and three from Taft, compared Matrix favorably to treatment programs they had attended in the past. They liked the fact that they were learning concrete tools that could be used on a daily basis, that the groups didn't glamorize drug use, and that they were able to develop strong relationships with other members of the group that lasted well beyond their time in treatment together. While every one of the eight clients acknowledged the role of personal responsibility in the recovery process, those who expressed a value for Matrix were also the more likely to articulate the need to create new social ties through church, AA, and/or other contexts in which their past drug use could be acknowledged, and their commitment to recovery reinforced by peers.

11.7 Treatment Outcomes in West Kern

KCMH chose the evidence-based Matrix Model for delivering treatment in West Kern, and, as mentioned earlier, a total of 411 individuals meeting the eligibility criteria were served over the three years of the grant. The grant called for follow-up interviews to be conducted with a minimum of 85% of all clients at 6 months post-intake, and 80% of all clients at 12 months post-intake, regardless of whether the client had completed the treatment program. This required having KCMH staff literally "track down" clients, many of whom dropped out of the program before completing treatment. Interviews were conducted in homes, in parks, in jails, at the clinic or in any other venue selected by the client. During the follow-up interviews, KCMH staff asked clients to participate in a voluntary saliva test to determine whether the client was under the influence of any one of five substances, including methamphetamine. Clients were assured confidentiality regarding the outcome of the test and allowed to keep the test strip.

A substantial number of clients entered treatment during the last year of grant funding, and most of these individuals did not receive services long enough to participate in the 12-month (or even the 6-month) post-intake assessment. Nevertheless, over 80% of those eligible to participate in the 6-month and 12-month post-intake assessment did so. During the 6-month interview, 256 clients took part in the drug screen, representing 68% of clients who were eligible for the 6-month follow-up and 89% of clients who actually took part in the 6-month interview. Of all clients who participated in the 6-month follow-up, 71% tested negative for drugs, 13% tested positive for drugs, and the remainder did not participate in testing. During the 12-month interview, 168 clients participated in the drug screen; this is 58% of clients who were eligible to participate in the 12-month follow-up. Similar to the 6-month swab test, 75% of clients tested negative, and 12% tested positive for drugs. These figures compare very positively to previous treatment modalities used in Kern County, nearly doubling the number of individuals who test negative for drugs post-treatment.

12. Key Findings

The original purpose of this study was threefold:

- To assess, to the extent possible, the percentage of total cases, by agency, in which methamphetamine is a factor;
- To estimate the costs of providing county services to methamphetamine users; and
- Through a series of interviews with key informants in the community, to identify the pathways through which methamphetamine use and dependence impacts the overall well-being of communities in Kern County.

As discussed throughout this report, the degree to which each of these objectives could be met varied based on the available data, and the willingness of agencies to share existing information and participate in data collection. This section of the report addresses the extent to which each objective was met.

12.1 Methamphetamine Involvement in Agency Caseloads

The initial purpose of this study was not to estimate prevalence of methamphetamine use (in other words, how many people are actually using methamphetamine), but rather to determine how methamphetamine-related cases impact agency caseloads—and, therefore, agency resources. This became more of a challenge than anyone involved in the study anticipated, for reasons that are discussed in detail below.

As mentioned in Section 1 of this report, many agencies (e.g., Department of Human Services, Fire Department) do not collect information about their clients' use of illegal substances, unless the client offers the information during an event or encounter. In interviews with staff at the Department of Human Services, key informants indicated frustration with a system that does not allow them to drug test clients, even when they have cause to believe that substance abuse may be an issue. While understanding and supporting the need to protect the privacy of individuals, and to avoid objectifying and humiliating clients, staff explained that substance abuse is a primary reason that clients fail in job placements—and struggle as parents. While admitting that it is “not a popular position” in the social work field, key informants nevertheless felt that having the opportunity to address substance abuse early on would allow them to more effectively direct services to the family, limit the expenditure of critical resources (such as job placement) for clients who are not yet stable enough to manage them, and lead to better long term outcomes for families. Regardless of the opinions of DHS staff, however, clients are not drug tested unless they are cited for a law infraction and assigned to Prop 36, or they admit use.

Even agencies that do collect information about clients' use of illegal substances (e.g., the District Attorney's Office; the Sheriff's Office; Probation) do not necessarily disaggregate the data in a way that allows for a clear picture of methamphetamine use. For example, possession of methamphetamine, cocaine, or PCP are all filed and tracked

under Health & Safety Code 11377(a). While both the District Attorney and the Public Defender's Office agree that in Kern County, cocaine and PCP make up a very small percentage of all cases filed under 11377(a), it is not possible to disaggregate the numbers without a file by file review—a time-consuming and costly process.

These problems in assessing the impact of methamphetamine on agency caseload are compounded by the fact that methamphetamine use is not always the presenting issue, even when individuals who enter the county system are addicted to the substance. For example, a person may be charged with a criminal act as a result of methamphetamine use (e.g., assault, domestic violence) or attempting to gain the resources to purchase methamphetamine (grand theft auto, armed robbery), yet the fact that a crime is methamphetamine-related may never become part of the public record. In a study of 142 randomly selected cases filed between May 1 and May 10, 2008, Assistant District Attorney Dan Sparks found that 58 (40.8%) were directly involved with the possession, sales or use of methamphetamine, but that in another eight cases, the individual involved had a known history of methamphetamine involvement. This brought the total number of methamphetamine-involved cases to 66, or 46.5% of the total cases reviewed. Even this small study, limited as it was, provides a staggering glimpse as to the potential impact of methamphetamine on county resources.

Modeled in part after a study conducted in Santa Cruz, California in 2007 (Applied Survey Research 2007), the May 2008 Snapshot Study examined the impact of methamphetamine from another perspective, one that involved having agency staff across the county document their encounters with clients over a period of 30 days, and having them note whether methamphetamine involvement was either confirmed or suspected in the encounter. This study had many flaws. The first is that it captured only people who happened to come into contact with a county agency, the Bakersfield Police Department, or the Alliance Against Family Violence & Sexual Assault during an arbitrarily determined one-month period—May 2008. Variation in seasonal patterns of drug use and law enforcement crackdowns may well have impacted the study. Given that resources did not allow for a year-long study, and that agencies were unlikely to welcome the additional work that such a study entails, the decision was made to go forward using the more limited time frame of one month.

A second flaw in the Snapshot Study was the variation between agencies in how data were collected. This is discussed in Section 1.3, and addressed within the context of each agency's findings, as well. While some agencies (notably the Police Department and Sheriff's Office) randomly assigned staff, taking into consideration both the work shifts and the geographic distribution of officers, other agencies (for example, Department of Human Services) attempted to engage all staff in the data collection process. In both cases, problems arose with quality control. Law enforcement assignments were subject to displacement by vacation, illness, and other factors. Across all agencies, despite the attempt of both the research team and agency supervisors to ensure consistent data collection practices, some staff filled out logs incorrectly. The sheer volume of cases in both Adult and Juvenile Probation was so large that supervisors elected to have staff document only those cases that were confirmed or suspected to be metham-

phetamine-involved, rather than *all* cases. Probation then provided the research team with the total number of cases reviewed over the month, in order to determine roughly the percentage of cases that involved methamphetamine. In this case, supervisors later agreed that the numbers look very low overall.

A third flaw is that the study relied not just on direct evidence of methamphetamine involvement (possession of paraphernalia or the substance itself), or on the admission of the client, but on the staff's observation and judgment. While some staff may have been over-zealous in assigning methamphetamine involvement without confirming evidence, key informant interviews suggest that the greater likelihood was underreporting of methamphetamine involvement. Law enforcement and first responders, in particular, are trained to *not* infer substance use in the absence of direct data.

Given these flaws, we are limited in what we can say about the data obtained through the Snapshot Study. Variation in data collection practices across agencies makes it impossible, for example, to generalize the data to the county as a whole—and in most cases, even to the agency as a whole. What we *can* do is draw a picture of methamphetamine involvement exclusively among those clients who were seen by participating staff during May of 2008. In other words, we can talk about the data collected by the 68 social workers who documented their encounters, but we cannot generalize these data to all clients who had involvement with the Department of Human Services during May of 2008, nor can we make a direct comparison of data between the Department of Human Services and, for example, the Sheriff's Office. Despite this limitation, and the likelihood of underreporting, the data that were collected are startling and beg for a more rigorous examination:

- Sheriff's deputies in outlying areas of the county fully documented 936 calls and/or encounters; 21.5% had confirmed methamphetamine involvement, and methamphetamine was suspected in another 14.4%, for a total of 35.9% of all calls/encounters.
- Sheriff's deputies in metropolitan Bakersfield fully documented 848 calls and/or encounters; 17.6% had confirmed methamphetamine involvement, and methamphetamine was suspected in another 15.5%, for a total of 33.1% of all calls/encounters.
- Bakersfield Police officers fully documented 1,927 calls and/or encounters; 9.0% had confirmed methamphetamine involvement, and methamphetamine was suspected in another 11.0%, for a total of 20.0% of all calls/encounters.
- Social workers in the Department of Human Services fully documented 895 encounters; 14.0% had confirmed methamphetamine involvement and methamphetamine was suspected in another 13.0%, for a total of 27.0% of all encounters.
- Of 750 new cases and revocations processed during the month of May 2008, Probation officers in the Adult Probation Division documented 175 confirmed cases of methamphetamine involvement—constituting 36.8% of all cases.
- Among cases documented in the Juvenile Probation Division, 12.2% had confirmed methamphetamine involvement; in addition, a review of a random sample of formal

probation cases showed that 17% of the 1,051 referrals to Juvenile Probation Division during May were in some way methamphetamine-involved.

- Only 6 of the 1,495 calls to the Kern County Fire Department were documented as having confirmed methamphetamine involvement; however, when alcohol and other narcotics (primarily prescription medication) is added to the methamphetamine cases, they constitute a total of 14.0% of all logbook entries and when suspected cases are added to confirmed cases, the total rises to 32.5%.
- Of 340 randomly selected patients entering the Kern Medical Center Emergency Department during the period May 10 through June 10, 2008, 107, or 31.5%, answered “yes” to the question, “Have you ever used methamphetamine?” Physicians suspected methamphetamine involvement in another 4.1% of cases.
- Roughly 80% of the over 4,200 substance abuse clients served by Kern County Mental Health between July 2007 and June 2008 came into treatment through Prop 36—meaning that they had direct involvement with at least law enforcement and the criminal justice system, as well as substance abuse treatment providers. About half of these individuals named methamphetamine as their drug of choice. A significant percentage have children who are impacted either directly or indirectly by their parents’ substance abuse.

Despite the problems inherent in the research design, these data are remarkably similar to the more systematically collected and reliable data available through the Criminal Justice Information Systems (CJIS) and accessed through the District Attorney’s Office. Between 2001 and 2007, methamphetamine offenses constituted between 24.7% and 39.2% of all felony defendants in Kern County.

12.2 The Fiscal Burden Imposed by Methamphetamine in Kern County

Initially, one of the primary objectives of this study was to estimate the fiscal impact of methamphetamine on agency personnel and resources. As discussed in Section 1.3, this was an even more challenging task than we had anticipated. For example, as one measure of cost, we had hoped to use the Snapshot Study to roughly calculate the percent of a line worker’s total caseload that consists of individuals directly involved with methamphetamine. However, as members of the Public Defender’s staff pointed out, the amount of time it takes to defend (or prosecute) a murder case is in all likelihood going to be much greater than the amount of time it takes to defend (or prosecute) a drug possession case. Consequently, in theory, drug offenses could constitute 60% of lawyer’s cases, yet account for a much smaller percentage of her total time.

This leads to another, and more egregious, problem in attempting to calculate costs associated with methamphetamine. None of the agencies participating in this study has a system in place to track personnel time expended by individual case; nor did they complete time studies as part of the May Snapshot to determine what percentage of time staff spent on methamphetamine-related cases. The question of how feasible such a study would be was greeted with a marked lack of enthusiasm; one supervisor went so far as to say that such a request would result in a “full-scale mutiny” by the

members of his department. The sheer volume of work county and law enforcement staff face each day leaves little time for more paperwork; yet, without a systematic time study, we cannot estimate the percentage of total time county staff devote to methamphetamine-related cases, and therefore cannot calculate a cost.

Another way of examining cost that the research team considered was to follow a “typical” case in which methamphetamine involvement led to removal of a child from the home. As one of the family court judges pointed out, cost calculations for a single case would need to include, at a minimum, (1) court costs for two courts—criminal and family law, (2) representation of each family member by a lawyer, (3) the involvement of social workers and case managers, (4) the involvement of Probation officers, and (5) placement costs for the child first at the Jamison Children’s Center and then in foster care—as well as a myriad of other professionals who may play a role in a given case, such as a mental health therapist or public health nurse. A Taft law enforcement officer added that costs begin well before the involvement of the District Attorney and Public Defender, with the initial arrest of the adult and removal of the child by law enforcement and a social worker. Yet, the officer added, law enforcement could be taking many more children into protective custody; officers are prohibited from doing so by the time, paperwork, and limited personnel available to transport children to the Jamison Children’s Center in Bakersfield. Only when a threat to the child is obvious and immediate will law enforcement take a child into protective custody. Given the undeniable prevalence of methamphetamine abuse in Kern County, to do otherwise would result in a catastrophic burden on an already overwhelmed child welfare system.

For all these reasons, we found that we could not with any degree of reliability estimate the fiscal costs associated with methamphetamine possession, sales or manufacture in Kern County. Nevertheless, the “hard” data that *were* available from agencies, in addition to the Snapshot Study, the case study of the West Kern communities, and feedback from agency administrators and personnel, make a compelling case about not only the cost burden in agency time and resources, but also the human cost of methamphetamine use to families and communities throughout Kern County.

12.3 The Impact of Methamphetamine on Children and Families

Information gathered from professionals across many different disciplines paint a disturbing picture of the impact of methamphetamine on communities and county institutions. The case study of the West Kern communities of Taft and Wasco, in contrast, provides an intimate close-up into how real people became involved with methamphetamine, and its impact on families and local institutions. It is important to note here that the communities of Taft and Wasco were the focus of this case study by virtue of having received federal funding through Kern County Mental Health for substance abuse treatment, and not because either community has the highest methamphetamine prevalence rate in the county. In fact, based on cases filed between 2001 and 2007 for eight incorporated cities in Kern County, Mojave, Lake Isabella, and Shafter all have higher per capita prevalence rates for methamphetamine-related offenses (see Figure 2.5). In this regard, Taft and Wasco are “typical” Kern County communities.

Key informant interviews, focus groups, and public opinion polls conducted in Wasco and Taft all suggest high rates of prevalence in the general population. In the public opinion polls conducted Taft and Wasco, 51.9% Taft respondents and 41.8% of Wasco respondents indicated that they know someone in their community who either currently uses methamphetamine or who used it in the past. In both Taft and Wasco, about one-third of respondents indicated that people who use meth get it from friends. Nearly as many respondents indicated that they get it from dealers. Taft respondents (13.5%) were three times as likely as Wasco respondents (4.5%) to indicate that people who use methamphetamine manufacture it themselves. When asked where people in their community go to get help with a methamphetamine problem, about 1 in 5 individuals indicated that people go to the Kern County Mental Health Clinic for treatment. Roughly 1 in 10 indicated that people seek help from their church or that they seek help from Alcoholics Anonymous or Narcotics Anonymous.

These figures confirm information received in key informant interviews from local law enforcement officers, treatment providers, pastors, school administrators, and others. In both Taft and Wasco, law enforcement officers attributed 60% or more of their cases to methamphetamine, either directly (DUI, possession, sales, manufacture), or indirectly (assault, domestic violence, identity theft, burglary, armed robbery). Pastors indicated that significant numbers of their congregants have used methamphetamine, and many are still struggling to recover from their addiction. A school administrator in Taft and a West Kern judge who operates out of Shafter attributed methamphetamine involvement in parents to truancy, as well as to neglect and abuse.

Everyone interviewed had stories to tell about people they know who are addicted to methamphetamine, but it is the first person accounts of randomly selected individuals who have completed substance abuse treatment and are in recovery that provide the most immediate insight into methamphetamine use and its impact on families. Of the eight clients interviewed, four came from families in which they witnessed drug using behavior from an early age. The youngest of the eight clients interviewed tried methamphetamine for the first time at 12 years of age, and had already been drinking and smoking marijuana for two years. Three other clients started at 13—meaning that of the eight clients interviewed, half began their drug-use careers while in middle school or younger. Another three clients started in high school, between 15 and 17 years of age. Of the eight clients, only one started as an adult in his twenties, but this client also had a history of marijuana use dating from his teen years. Although one client indicated having gotten into his father's "stash," seven clients were given their first methamphetamine by drug-using peers. In at least three cases, clients cited their continued use of methamphetamine as a way to garner the energy necessary to meet their financial and familial obligations. One of the most important "benefits" of meth use for these clients was the vitality they experienced after using—being able to put in long hours at home and at work and still have energy left over. All of the clients eventually found their social lives revolving around drug use and drug-using friends.

Every one of the eight clients came into treatment through the criminal justice system, either through Prop 36 or on parole. Perhaps the most poignant insight came from a Wasco client whose addiction cost him, in the short term, the thing he held most dear:

They took my daughter right from me...And I couldn't do anything about it, except to look at my daughter with tears in my eyes. It tears you up inside. I was out there for six months wondering where my daughter was, was there something happening to my daughter right now?...I wouldn't ever want anything to happen to my daughter. And then I'm realizing that it was my fault for putting her into that situation.

Seven of the eight clients were parents, and without exception, these clients cited the desire to retain or regain custody of their children as the primary motivating factor for staying in treatment. Two of the clients, a married couple, had lost five of their seven children to adoption, and were trying desperately to get back their two oldest children, ages 11 and 12. Recovery, for these individuals, has been a long road—one in which relapse has been part of the recovery process, and has come at a significant financial and social cost.

While only eight clients in the Substance Abuse System of Care were interviewed, all of them from Taft and Wasco, it is noteworthy that all of them started their substance abuse careers as adolescents. Drug treatment programs for youth in Kern County are, in the words of one professional, “virtually non-existent,” limited in scope and capacity, and without a residential treatment option. By the time most clients get into treatment—usually through a CPS referral or Prop 36, or both—their drug use is entrenched. Those not eligible for Prop 36 will end up incarcerated for a shorter or longer period of time, depending on their crime, but everyone was in agreement that substance abuse treatment is limited or non-existent in local jails and prisons.

12.4 Prop 36

Personnel across all agencies gave mixed reviews regarding Prop 36. The *concept* behind Prop 36—treatment as opposed to incarceration for non-violent drug offenders—was supported by key informants in the Public Defender's Office, Kern County Mental Health, the Department of Human Services, and even by some Probation officers. Key informants in law enforcement and the District Attorney's Office, on the other hand, expressed the belief that Prop 36 simply delays punishment, increases paperwork, demoralizes officers who have to re-arrest the same offenders multiple times without a resulting punishment, and makes the community less safe for the general public. Personnel in nearly every agency, including those most supportive of Prop 36, acknowledged concern over the fact that, as the law is currently written, a presiding judge cannot use graduated sanctions that include time in jail for non-compliant offenders.

An evaluation study conducted by UCLA's Integrated Substance Abuse Programs at the Semel Institute for Neuroscience and Human Behavior (2008) indicates nearly half of the 30,000 individuals across the State impacted by Prop 36 are receiving treatment for the first time—treatment they would not receive if incarcerated. The report indicated

that Prop 36 offenders are more likely to be rearrested for drug and property crimes than pre-Prop 36 offenders who spent more time incarcerated and less time on the streets. Contrary to expectations, however, violent crime in the State has decreased significantly since the enactment of Prop 36, although drug-related arrests and arrests for property crimes have increased. Even with the re-arrest rate, the study found that cost savings were significant over the first few years of the program—about \$2.50 for every \$1 spent on treatment. This savings increased dramatically—\$4.00 for every \$1.00 spent—for those who actually completed their treatment program.

The UCLA study recommended several steps to improve Prop 36, including a “dosage” of at least 90 days of treatment, use of a tiered system of sanctions (from increased drug testing to incarceration), and adoption of “process improvement” practices that have been shown to substantially decrease the number of initial no-shows (about 15% of those cited statewide). Increasing dosage would require finding new strategies for retaining clients once they enter treatment. Implementing a process of tiered sanctions would require a change in the law. Adoption of process improvement practices would require training and capacity building at the county level.

Both supporters and detractors agree that the budget cuts to Prop 36 currently under consideration at the State may prove challenging for California counties. Regardless of funding, Prop 36 remains law, and non-violent offenders will continue to be diverted; however, under the proposed budget cuts, treatment resources will shrink substantially, waiting lists will increase, and counties will be caught between the need to respond to drug-related crime and the inability to respond effectively either through incarceration or treatment. Creative and innovative approaches to treatment will be required if counties are to respond effectively.

12.5 Recommendations

A key implication of this report is that a comprehensive strategy to combat methamphetamine abuse in Kern County must encompass three key areas: public awareness, treatment, and prevention.

(1) Public Awareness

The data contained in this report make the case that methamphetamine abuse is a community issue—not merely the anti-social activity of a small and marginalized criminal element. Not only is methamphetamine the predominant drug of choice in Kern County, methamphetamine use often begins in the early teen years. Data from CJIS, the May Snapshot Study, and the public opinion polls conducted in West Kern suggest high prevalence rates, particularly among White and Latino segments of the community. Public awareness should focus on educating the community about the public health consequences of methamphetamine use. In particular, parents and professionals who work with adolescents should be trained in how to identify and intervene in drug-using behavior. Efforts to raise public awareness can be integrated with goals in treatment and prevention.

(2) Treatment

The easy availability of treatment is a key concern in reducing the impact of methamphetamine use, but so is recruitment and retention of clients. Methamphetamine addicts rarely seek treatment of their own volition; instead, they usually enter treatment as a result of a court order, or in order to preclude loss of custody. Cultural barriers may also impact the willingness of substance abusers to seek treatment. Among the strategies that might be considered:

- Address cultural barriers by offering treatment programs in and through faith-based institutions such as churches, synagogues, and mosques. For instance, pastors in Taft and Wasco were very much in touch with the problem of methamphetamine abuse in their communities. The pastor in Taft expressed the belief that outreach through “kitchen table fellowship” is an effective strategy to reduce social isolation, provide support, and strengthen families. He offered meals at the church on certain evenings each month, where congregants could sit together, share a meal, and talk about their lives. Several of the clients interviewed in both Taft and Wasco indicated that church provided a drug-free social setting where they could build friendships and garner the support they need to “stay clean.” Settings such as church basements may seem less intimidating and more welcoming than treatment clinics.
- Use the “political capital” of community leaders across all sectors to raise awareness and de-stigmatize methamphetamine use, so that substance abusers are more willing to seek treatment. This can be accomplished through the use of public awareness campaigns and the creation of non-threatening and welcoming venues in which to offer treatment services.
- Offer treatment in workplace settings. The widespread prevalence of methamphetamine use means that employers, as well as social service agencies and even law enforcement are often very much aware of the problem, but will sometimes choose to look the other way. In Taft, for example, key informants explained that drug use is still epidemic among oil field workers, but that many workers have learned how to circumvent drug testing—and that sometimes employers knowingly rehire individuals who were “fired” for drug use after a short period of time. It may be possible to forge partnerships whereby employers are given incentives (e.g., tax breaks) for providing treatment at workplaces—accompanied by regular drug testing in order to reduce public safety concerns.
- Revisit the Drug Court model. Drug Court requires individuals to come before a judge, submit to random and more frequent drug testing, and participate proactively in a case management system, the goal of which is to move the individual toward employment, mental wellness, and independence. Drug Court includes the use of graduated sanctions to increase compliance and accountability.
- Invest in adolescent treatment programs. Studies show that most addicts begin their drug-using careers as adolescents, a finding confirmed through interviews with

substance abuse treatment clients in West Kern. By identifying and intervening early in an adolescent's drug-using career, we have an opportunity to alter the negative trajectory of methamphetamine use.

(3) Prevention

Nearly everyone interviewed throughout the course of this study—from the District Attorney to the Public Defender, from pastors to judges, from law enforcement to social workers, from treatment providers to clients—agreed that prevention is “the answer.” Yet everyone struggled to define what effective prevention looks like, given the prevalence of substance abuse in our communities, the growing number of families in which methamphetamine addiction has become a multigenerational problem, and the limited public resources available. Recommendations include:

- Use grassroots partnerships to increase awareness and strengthen families. Law enforcement officers in both West Kern communities discussed the fact that if they removed children from the homes of every substance abuser they came into contact with, nearly all their time would be spent in transporting children into Bakersfield—and into an already overburdened child welfare system. Family strengthening activities can be as simple as providing a fun and positive venue in which children and parents can interact with each other under the guidance of individuals trained in Parent Project, Strengthening Families, and/or other evidence-based programs that have been shown to build and support positive family dynamics.
- Adapt strategies from environmental risk reduction programs in the alcohol field to minimize the availability of methamphetamine to young people. Strategies in this area might include the development of parent partnerships that oversee parties and other social events in which youth congregate; citing parents under the Social Host Ordinance when alcohol is served to minors; and creating a community environment that focuses on reducing adolescent substance use through the development of strong social supports.

Given the fiscal crisis facing the State of California and Kern County, prevention may be the only feasible alternative to the costs associated with criminal activity, arrest, prosecution and incarceration, and the heavy, heavy social cost of methamphetamine use, particularly to children. It is also true, however, that as non-mandated programs, prevention services have been the first cuts made across county departments. It may be that in order to be effective in the current climate, prevention will have to become a grassroots effort that harnesses the resources of families, schools, businesses, the faith-based community, and local institutions, as well as county government, toward a common goal. Using both education and environmental strategies to address the problem, and doing so collaboratively, may offer an unprecedented opportunity to reduce methamphetamine abuse in Kern County.

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