



Los Angeles Department of Public Health Substance Abuse Prevention and Control March 25, 2021



# Welcome!



## **School Re-Openings: Red-Tier**

- COVID-19 cases have stabilized
- Vaccines offered to school staff
- Schools are able to offer in-person learning for students, with strict adherence to safety protocols



## **Prevention Contracts: Updates**

- Contract Extensions
- RSFQ and WOS Updates
- Q&A



# **SAPC Director Updates**

- Interface between Prevention & Treatment
- COVID-19 Situational Update, Vaccines
- Meth Task Force
- Harm Reduction and SB 57



Los Angeles Department of Public Health Substance Abuse Prevention and Control March 25, 2021



#### **Bridge Between Prevention and Treatment = Engagement**

## **Engagement = Opportunity**

#### **Prevention**

- Primary
- Secondary
- Tertiary
- School-based
- Community-based
- Public messaging and education

#### **Engagement Services**

#### **At-Risk Populations**

ASAM 1.0-AR = ASAM 0.5 with DMC-ODS Waiver Renewal

#### **Pre-Contemplative Populations**

Harm Reduction Services

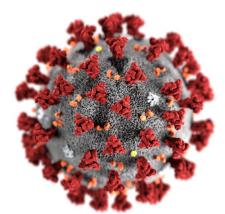
#### **Treatment**

- Recovery Services
- Outpatient treatment
- Opioid Treatment Programs
- Residential treatment
- Inpatient treatment
- Withdrawal Management
- Case Management
- Etc.



## **COVID-19 Situational Updates**

 COVID-19 cases have stabilized; reduced community transmission.



- Vaccine
  - Substance Use Prevention and Treatment Staff → Should have already received vaccines due to being a prioritized population
  - As of mid-March, behavioral health (SUD and MH) clients are also prioritized populations in vaccinations due to increased risks for severe illness or death from COVID-19 infections.
- Transmission precautions still needed



#### **Meth Task Force**

- DPH-SAPC is convening a Meth Task Force to inform prevention and treatment strategies and address both the upstream and downstream drivers of meth use and abuse.
  - Comprised of SAPC leads, substance use prevention and treatment providers, health and mental health providers, homeless and housing providers, first responders, and other pertinent stakeholders.



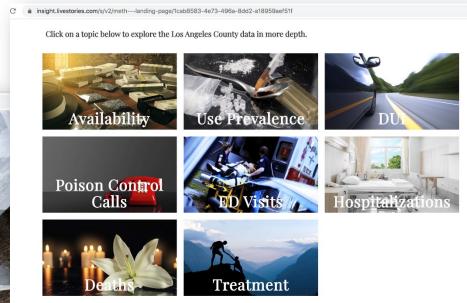
Methamphetamine Prevention Committee Methamphetamine Treatment Committee



#### **Meth Data Dashboard**

- Developed by SAPC to provide datadriven approach to its meth prevention and treatment strategy.
- Website accessible to all at: <a href="https://insight.livestories.com/s/v2/">https://insight.livestories.com/s/v2/</a> <a href="mailto:meth---landing-page/1cab8583-4e73-496a-8dd2-a18959aef51f">https://insight.livestories.com/s/v2/</a> <a href="mailto:meth---landing-page/1cab8583-4e73-496a-8dd2-a18959aef51f">meth---landing-page/1cab8583-4e73-496a-8dd2-a18959aef51f</a> (available from SAPC website in "Data Reports and Briefs" section)

- Provides most recent data collected relevant to LAC.
- Contains meth data related to accessibility,
   DUI, ED visits, Hospitalizations, Poison
   Control, Deaths, and Treatment.





### **Harm Reduction and SB 57**

- Broadening our tent to increase the penetration rates of those who need and access substance use services.
- Harm reduction helps us transcend the shame that is often attached to drug use and allows us to engage perhaps the most important group of individuals we need to engage in the substance use field – those who aren't yet ready for treatment.
- SB 57 (Senator Weiner)
  - If passed, authorizes safe consumption site (SCS) pilots in LA, SF, and Oakland.
  - Evidence for SCS
    - Reduced overdoses and mortality
    - Reduced morbidity (communicable disease transmission such as HIV and hepatitis, reduced injection-related infections, etc)
    - Increased access to health and social services
    - Reduced public injections and enhanced safe disposal of syringes

# Thank You!



"The opposite of addiction is not sobriety; the opposite of addiction is connection."

- Johann Hari

# Methamphetamine: Evidence-Based Strategies

March 25, 2021

#### **Steven Shoptaw PhD**

Director, UCLA Dept Fam Med: Center for Behavioral and Addiction Medicine Director, UCLA CHIPTS P30MH058107 MPI, Big South/West Node, NIDA CCTN UG1DA020024







### **Objectives**



- Understand the epidemiology of stimulant use disorder, globally and in endemic areas
- Understand cultural links with methamphetamine use
- Review evidence for advancements in pharmacotherapies and behavioral therapies that can be brought into practice
  - A road map that offers hope for the near future





#### **Addiction: Definitional Constructs**





#### **DSM-5** Definition: Stimulant Use Disorder

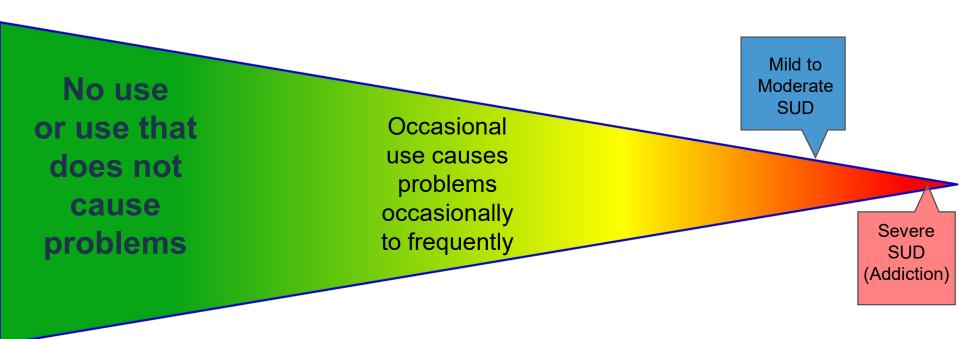
Maladaptive pattern of use, *clinically significant impairment or distress* and 2+ of the following in the same 12-month period:

- 1. Tolerance
- 2. Withdrawal
- 3. Used for longer periods than intended
- 4. Can't cut down or quit
- 5. Time spent getting, using or recovering
- 6. Give up social, work or fun activities
- 7. Craving or a strong desire or urge to use a substance
- 8. Continued use despite knowledge of negative consequences
- 9. Failure to fulfill major role obligations
- 10. Use in physically hazardous situations
- 11.Continued use despite social and interpersonal problems





## Definitions of a Spectrum: Stimulant Use to Stimulant Use Disorder, Mild to Moderate to Severe





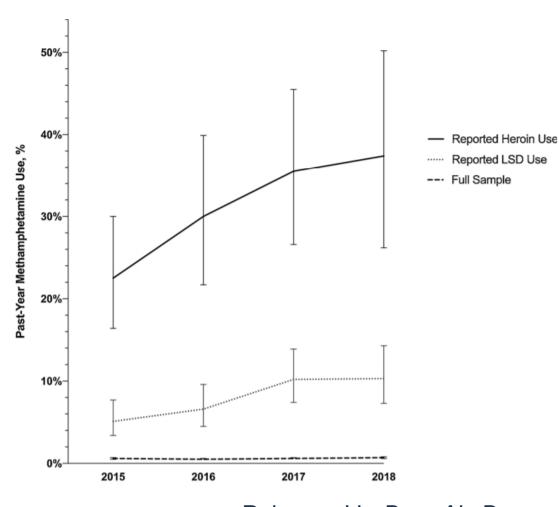


## **Current Epidemiology**





## **NSDUH**, Methamphetamine U.S.



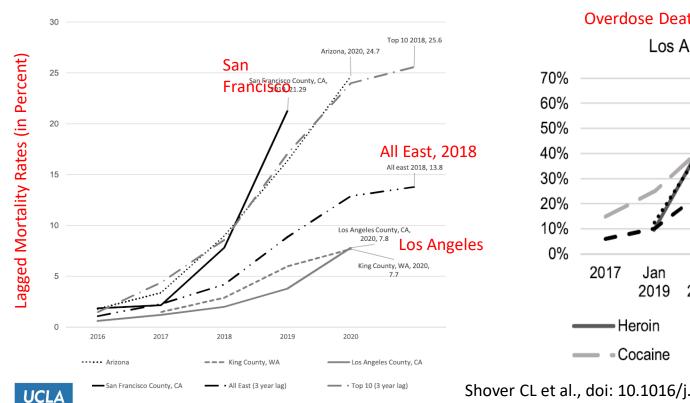
- General population estimates remain low (0.7%)
- Dramatic rises in meth use among people who report using heroin and LSD

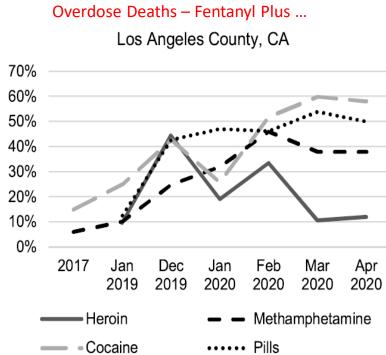
Palamar JJ. *Drug Alc Dep.* 2020 Jun 3;213:108089





### **Fentanyl Overdose Deaths 2016-2020**

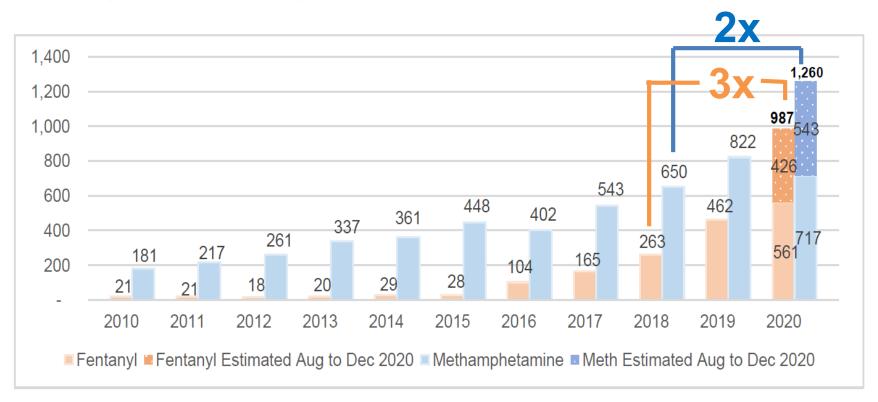




Shover CL et al., doi: 10.1016/j.drugalcdep.2020.108314.

## Fentanyl and Methamphetamine in Los Angeles

Figure 4. Number of Fentanyl and Methamphetamine Overdose Deaths by Year, 2010-2020



<u>Note</u>: Predicted values for fentanyl (n=426) and methamphetamine (n=543) from August to December 2020 (dotted bar graph) were added to project full year drug overdose deaths in 2020 to allow for comparisons with other years.

Accidental Drug Overdose Deaths in Los Angeles County Before and During the COVID-19 Pandemic. Health Outcomes and Data Analytics Unit, Substance Abuse Prevention and Control, Los Angeles County Department of Public Health, January 2021

#### **Culture and Comorbidities**





### **Methamphetamine: Effects and Function**

Physical		Psychological		
<b>↑</b>	Heart Rate	<b>↑</b>	Confidence	
<b>↑</b>	Blood Pressure	<b>↑</b>	Alertness	
<b>↑</b>	Pupil Size	$\uparrow$	Mood	
<b>↑</b>	Respiration	$\uparrow$	Sex Drive	
<b>↑</b>	Sensory Acuity	$\uparrow$	Talkativeness	
<b>↑</b>	Energy	<b>↑</b>	Energy	
$\downarrow$	Appetite	$\downarrow$	Boredom	
$\downarrow$	Sleep	$\downarrow$	Loneliness	
$\downarrow$	Reaction Time	$\downarrow$	Timidity	

Shift Workers
Women
Gay Men
Bikers – Gangs
Rural
Youth















#### **Functions of Meth in MSM**

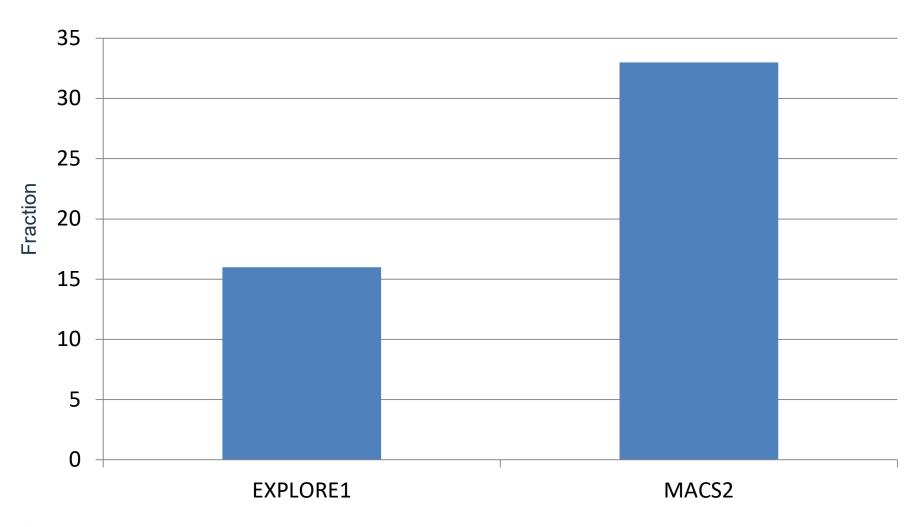
- Issues of identity (gay, drug user, HIV status)<sup>1</sup>
- Enhance sexual functioning<sup>2</sup>
- Boosts self confidence <sup>2</sup>
- Increases productivity<sup>2</sup>
- Weight loss/strong body experiences <sup>2</sup>
- Brightens mood <sup>2</sup>
- Aging/living with AIDS <sup>3</sup>

<sup>1</sup>Reback, 1997; <sup>2</sup>Halkitis et al., 2005a, b; <sup>3</sup>Kurtz 2005;

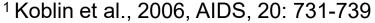




# Methamphetamine Use, HIV Incidence in MSM: Attributable Fraction







<sup>&</sup>lt;sup>2</sup> Ostrow et al., 2009, JAIDS, 51: 349-355





MMSM And Substances Cohort at UCLA Linking Infections Noting Effects

Pamina Gorbach, DrPH & Steven Shoptaw, PhD - Pls Grace Aldrovandi, Ronald Brookmeyer Jennifer Fulcher, Marjan Javanbakht Nina Harawa, Amy Ragsdale

NIDA U01DA036267 9/30/13-4/30/23





#### mSTUDY: Cohort Overview

Men of Color who
Have Sex With Men
581 enrolled

As of January 2020

Currently enrolled

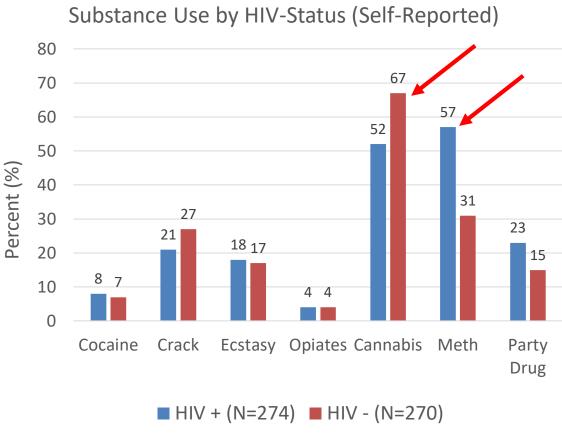
274 HIV+

270 HIV-

11 seroconverters

*Incidence 3.4%* 

8 known deaths







#### Drug and Alcohol Dependence

DRUIS AND ALCOHO Copporations

journal homepage: www.elsevier.com/locate/drugalcdep

Speed kills: Associations between methamphetamine use, HIV infection, tobacco use, and accelerated mortality among gay and bisexual men in Los Angeles, CA 20years after methamphetamine dependence treatment



R. Colby Passaro<sup>a,b,\*</sup>, Keenan Ramsey<sup>c,d</sup>, Eddy R. Segura<sup>b,e</sup>, Jordan E. Lake<sup>b,f</sup>, Cathy J. Reback<sup>g,h</sup>, Jesse L. Clark<sup>b,g</sup>, Steve Shoptaw<sup>b,c,g</sup>

Jesse L. Clark , steve shoptaw				
Risk Group	Mortality Rate			
10-Year Standardized Mortality Ratio				
GBM + Meth	3.95 (2.89-5.01)			
20-Year Standardized Mortality Ratio				
GBM + Meth	3.39 (2.49-4.09)			
10-Year Crude Mortality Rate				
GBM + Meth	2.3 per 1,000 PY			
GBM + Meth + HIV	5.2 per 1,000 PY			
20-Year Crude Mortality Rate				
GBM + Meth + HIV	3.4 per 1,000 PY			
GBM + Meth + HIV + Tobacco use	16.9 per 1,000 PY			



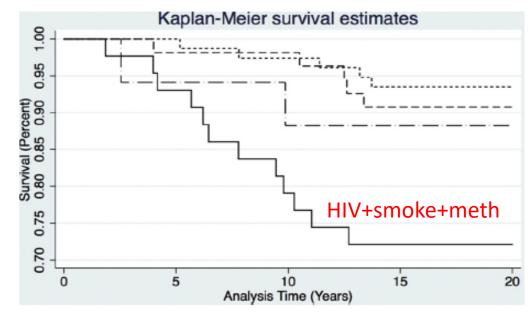


Fig. 2. Kaplan-Meier (K-M) Survival Curves for GBM Treated for Methamphetamine Dependence in Los Angeles, CA between 1998-2000, stratified by HIV status and Tobacco Use; N = 191.

Short-dashed line = HIV infection, but no tobacco use; Dashed line = No HIV infection or tobacco use; Dash-dot line = Tobacco use, but no HIV infection; Solid line = Concomitant HIV infection and tobacco use.

#### **Summary Culture and Comorbidities**

- Methamphetamine has unique, functional purposes in subgroups of regular users, but addiction is the same
- Among MSM, there is measurable and significant benefit to social determinants of health and some STIs related lower levels of reported frequency of methamphetamine use (proxy for dose)
- Smoking is bad for everyone, but especially for meth-using MSM living with HIV



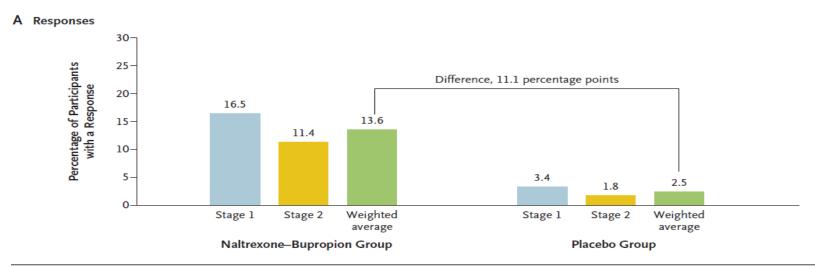


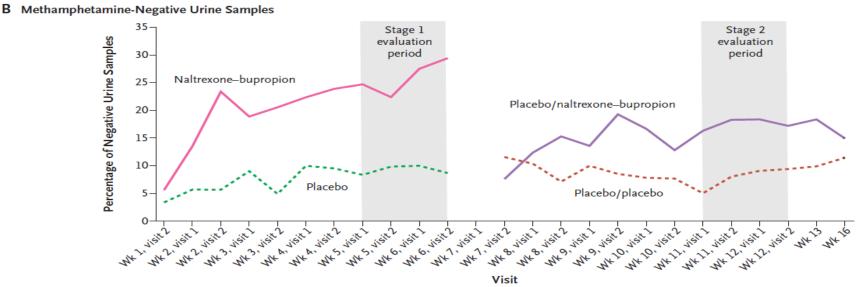
## **Pharmacotherapies**

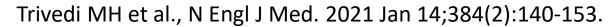




#### **Broadly Effective Medication for Meth Use Disorder**



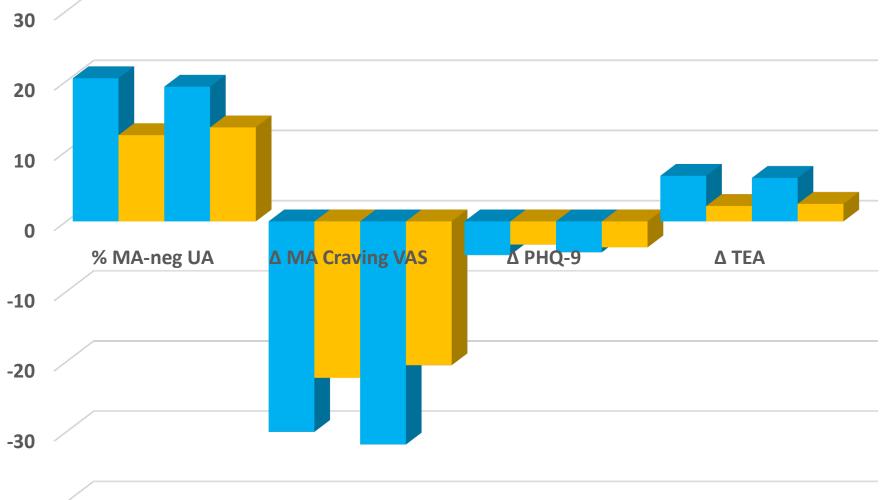




#### **Secondary Outcomes**

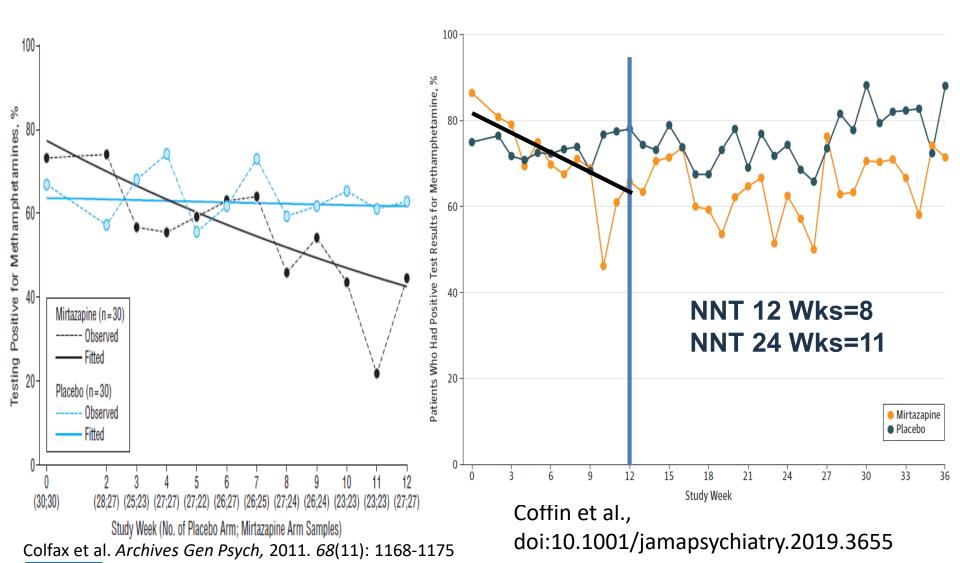
-40

- Stage 1 XR-NTX+Bup (N=109) Stage 1 Placebo (N=294)
- Stage 2 XR-NTX+Bup (N=114) Stage 2 Placebo (N=111)





# Pharmacotherapy for Stimulant Use in MSM: Mirtazapine 30 mg/day





### **Secondary Outcomes**

- 30mg Mirtazapine significantly reduces over placebo SDUA sex among men who have sex with men in both trials
- Mirtazapine maintained outcomes over 36 weeks most reductions occurred in first 12 weeks
- FDA requires interaction safety study between Mirtazapine and methadone at relevant doses of IV methamphetamine prior to broad Phase 3 study



# Rethinking Treatment for Methamphetamine Use Disorder

#### Two medication approaches have promise:

- Mirtazapine has two trial showing parallel results at 12 weeks
  - Both conducted in San Francisco
  - Both conducted only in MSM
- XR-NTX+Bup has one, fully-powered RCT showing ~19% reduction of methamphetamine use over placebo in the last two weeks of trial periods
  - Cannot be used in persons with moderate to severe opioid use disorder and methamphetamine co-use
- Is it time to consider medication foundation to treating methamphetamine use disorder? Much as for alcohol use disorder?

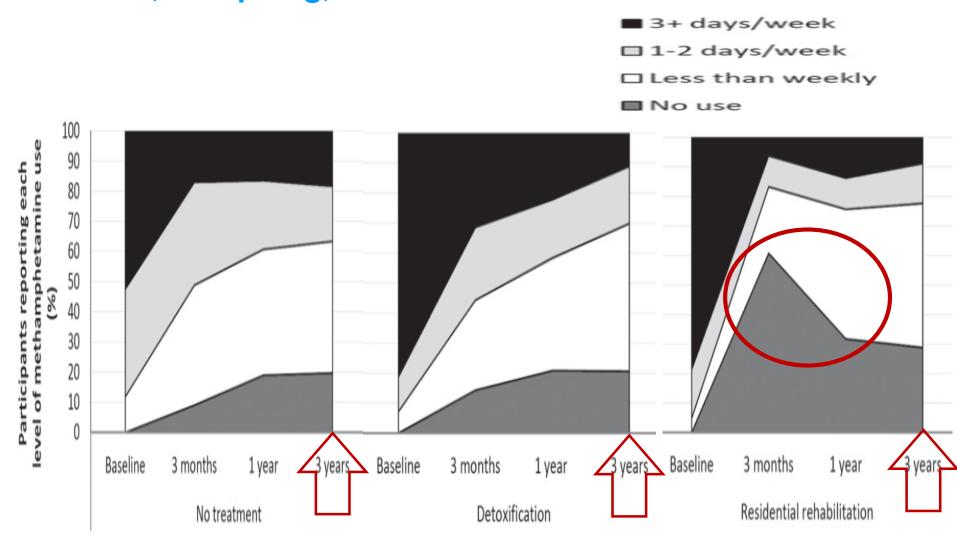


## **Behavior Therapies**





# **Quasi-experimental Treatment Outcomes - MATES study:** Chronic, Relapsing, Effective?







## **Fishbowl**

- Urine results determine number of draws
- First negative = 3
   draws with increases
   by 1 for each
   consecutive negative
   sample to a cap
- Prizes are:
  - 50 "good job"
  - 30 "low prize" (\$1-2)
  - 17 "medium prize" (\$5-10)
  - 3 "big prize" (\$50)





# **Vouchers/Cash**

				Week
Week	M/Tu	Γh/F	Bonus	Total
Week 1	\$5.00	\$7.50	\$10.00	\$22.50
Week 2	\$10.00	\$12.50	\$10.00	\$32.50
Week 3	\$15.00	\$17.50	\$10.00	\$42.50
Week 4	\$20.00	\$22.50	\$10.00	\$52.50
Week 5	\$25.00	\$27.50	\$10.00	\$62.50
Week 6	\$30.00	\$30.00	\$10.00	\$70.00
Week 7	\$30.00	\$30.00	\$10.00	\$70.00
Week 8	\$30.00	\$30.00	\$10.00	\$70.00
Week 9	\$30.00	\$30.00	\$10.00	\$70.00
Week 10	\$30.00	\$30.00	\$10.00	\$70.00
Week 11	\$30.00	\$30.00	\$10.00	\$70.00
Week 12	\$30.00	\$30.00	\$10.00	\$70.00
Totals				\$702.50





# **Key Points**

- You get what you pay for lower limits of CM efficacy ~\$200 (or a \$300 program)
  - Average payout is about 66% of total
- Use a signed contract to explain the program
- No arguments. No tolerance for "emergency"
- Rapid Reset If a positive or missed sample:
  - Returns to initial value for next negative sample (i.e., \$5);
  - After consecutive negative samples, return to place in schedule continue escalation

# **Considerations**

- Must achieve first reward; if not, CM won't work
  - People with very heavy meth use have problems
- Sample integrity strong chain of custody of urine samples required
- Linkages to talk therapy or medications nice, but not required
- Reinforcements (including verbal) are positive; no preachy/teachy.
- Consistent with brain disease for addiction model





# Contingency Management: How Well it Works

# **Meta Analyses of Contingency Management**

- d=0.46 (Benishek et al., **2014**, *109:*1426-1436) Prize based only
- d=0.58 (Dutra et al., 2008, Am J Psychiatry 165:179-187)
- d=0.52 (Griffith et al., **2000**, *Drug Alc Dep 58*:55-66)
- d=0.40 (Prendergast et al., **2006**, *Addiction 101*:1546-1560)

If Contingency Management were a medication it would be standard of care



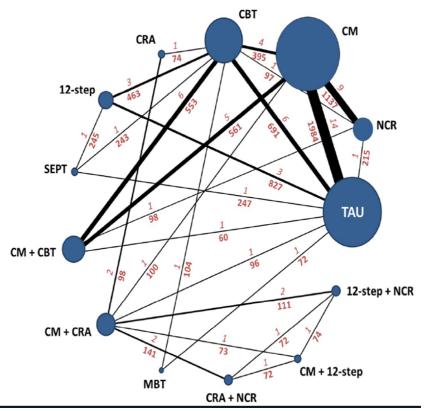


# Meta-analysis of Behavioral Therapies for Stimulant Use Disorder



Psychosocial interventions for cocaine and amphetamine addiction





 CM +/- either community reinforcement approach or CBT had superior efficacy and acceptability compared to TAU at 12 weeks and at end of treatment.





# **Motivational Interviewing: Basic Assumptions**

- People change thinking and behavior along a series of stages
- Individuals may enter treatment at different "stages of change"
- The natural change process can be changed using MI techniques
- MI engages individuals in longer term treatment and promotes specific behavior changes
- Confrontation of "denial" is counterproductive and may be harmful





# Meta analysis MI and CM

- Meta-analysis (N = 84) was performed to estimate the pooled effect size of Motivational Interviewing (MI) and contingency management at different follow-up periods.
- CM had a significant effect at 3-month follow-up, only.
- MI had a significant effect at 6-month follow-up, only.
- CM had small and medium effects on multiple substances at 3-month follow-up (i.e., tobacco, marijuana, stimulants, polysubstances), but not at 6-month follow-up.
- MI had 1 significant medium effect at 3-month follow-up (i.e., marijuana), but several significant small effects at 6-month follow-up (i.e., alcohol, tobacco, polysubstances).

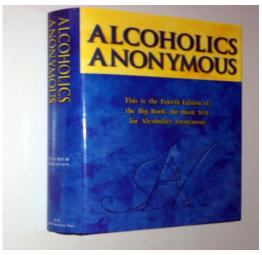
Cayegh CS et al. Psych. Addict Behav. 2017. 31:403-414





# **Summary on Behavioral Therapies**





- Challenge is to get effective treatments into health systems
- Contingency Management highly efficacious with consistent signal
- Motivational Interviewing brief sessions
- Cognitive Behavioral Therapy "teachy" with meetings with therapist over weeks/months
- 12-Steps is an ubiquitous social fellowship





# **Prevention: The Missing Piece**







# **Take Homes for Today:**

- There are two medications with promising data for methamphetamine use disorder:
  - Fully-powered trial of XR-NTX+bupropion
  - Two small trials of mirtazapine 30 mg in MSM (in San Francisco)
- Evidence now demands rethinking on how to approach treatment:
  - Medication for Methamphetamine Use Disorder?
- Contingency management is most efficacious behavioral therapy
  - Need to scale-up locally
  - Integrate with existing treatments
  - Demand quality improvement
- Need for prevention NOW!



# **Thank You!**

Steven Shoptaw PhD Sshoptaw@mednet.ucla.edu





# **Los Angeles Friday Night Live Partnership**







## **FNL Mission Statement**

Friday Night Live builds partnerships for positive and healthy youth development which engage youth as active leaders and resources in their communities.



# **Youth Development**

Youth development is an ongoing process in which young people are engaged in building the skills, attitudes, knowledge and experiences that prepare them for the present and future



# **Standards of Practice**



Safe Environment



Opportunities for Community Engagement



Opportunities for Leadership and Advocacy



Opportunities to Build Caring and Meaningful Relationships with Peers and Adults



Opportunities to Engage in Interesting and Relevant Skill **Development Activities** 



# **Environmental Prevention Project – Lee Law Montebello**







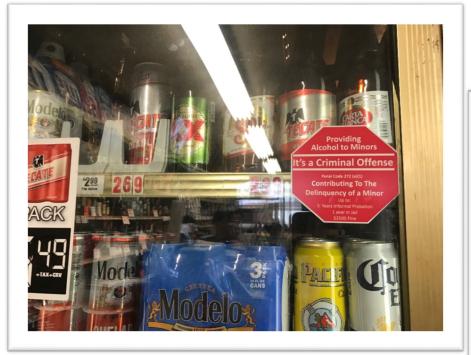


**Environmental Prevention Project - Merchant Education** 





# Environmental Prevention Project – Merchant Education Montebello (Sticker Shock)







# Roadwatch - Long Beach







## **Education and Advocacy**







## **Distracted Driving - Norwalk**







# **FNL Youth Council**

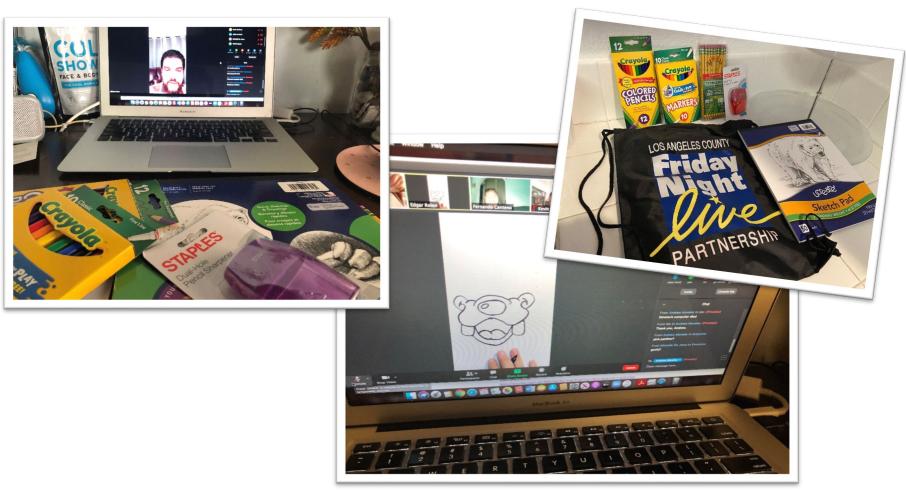








## **Zoom Art Sessions – Virtual Chapter Activity**

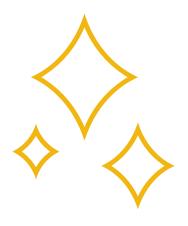








# What's New?



**Virtual Lunch Bunch** 

**Virtual Art Sessions** 

**Virtual Youth Summits** 

**FNL Hiking Group** 

**Youth Council** 

**Coalitiion Partnerships** 



# **FNL Contacts**

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Monica Sanchez, Ph.D.

Sanchez Monica@lacoe.edu

March 25, 2021

# PROVIDER'S MEETING



Presented by:

Maurina Cintron, Co-Chair of Los Angeles Drug & Alcohol Policy Alliance Veronica De Lara, Co-Chair of the California Alcohol Policy Alliance Cassandra Meraz, Member of CAPA LGBTQ+ Caucus



## L.A. DAPA

Los Angeles Drug and Alcohol Policy Alliance promotes evidencebased public health policies and organizes campaigns with diverse communities and youth against the alcohol industry's harmful practices.

Vision: Envisions healthy communities free from the negative impacts of alcohol and other drugs.

## B.I.E.N.

# EMPOWERING NEIGHBORHOODS TO THRIVE, NOT JUST SURVIVE.

B.I.E.N. is a public health and social justice driven campaign that amplifies the voices of Los Angeles neighborhoods through empowered advocacy.



Our next meeting will be April 15, 2021 from 10:30-12:30



## L.A. DAPA COMMITTEES



## **COMMUNICATION COMMITTEE**







@LosAngelesDAPA



Los Angeles DAPA (ladapa.alliance)



## L.A. DAPA COMMITTEES

## **COMMUNITY COMMITTEE**



Stream Live on FB (ladapa.alliance)
April 5, 2021
1 pm - 2:30 pm



## **POLICY COMMITTEE**

#### Restaurant Beverage Program (RBP):

The RBP Ordinance seeks to dramatically shorten the processing time and lower the cost for restaurant owners in the City of Los Angeles to get a local permit to serve alcohol. Currently, it is being framed as a COVID relief and jobs creation package.

#### Deemed Approved Ordinance (DAO):

LA DAPA has met several times with the LA City Planning
Department to provide input into their proposed Deemed
Approved Ordinance, or DAO. The DAO would establish a set of
performance standards for alcohol businesses that opened
before a CUB was required.

#### Neighborhood Empowerment Tool (N.E.T):

NET is a planning and land use tool sponsored by LA DAPA that would protect vulnerable communities from an excessive density of alcohol retailers by allowing the creation of sensitive use zones where no new alcohol businesses would be allowed. NET is being rolled out early – mid in 2021

# California Alcohol Policy Alliance



CAPA shall unite diverse organizations and communities in California to protect health and safety, and prevent alcohol-related harm through statewide action.

- ABC Alcohol Deregulation (including L.A. DAPA)
- SB58 Defeated
- CAPA Meets the 2<sup>nd</sup> & 4<sup>th</sup> Monday of Every Month









# LGBTQ+ CAUCUS



#### **MISSION & VISION**

Our mission is to amplify LGBTQ+ Voices to advocate for policies that protect our community

Our goal is to organize and activate a collective to address issues impacting the quality of life of the LGBTQ+ community

#### **MEETING DATES**

1st Wednesday of every month from 10 am-12 pm

Follow us on Instagram: @LGBTQ\_CAUCUS & Twitter: @CALGBTQ

## **PROJECTS**

Social Media Projects Every Month designated for celebrating the LGBTQ+ community

<u>February</u>: Aromantic Spectrum Awareness Week

March: Bisexual Health Awareness Month
April: Day of Silence & Lesbian Visibility Day



# **Contact Info**



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Twitter: @CALGBTQ



Mission: KEY empowers youth to become leaders in their community by providing knowledge, skills and tools that promote safe and healthy choices

## **Vision**

- Create opportunities for youth in LA county to build leadership and advocacy skills
- Enhance youth knowledge on trending health issues
- Develop a youth voice on pressing community issues



www.aadapinc.org 323.293.6284











#### YDAPP & KNOWLEDGE EMPOWERS YOUTH PRESENT



This presentation is designed to educate youth on the basics of Prescription Drugs (Rx) and Safe Disposal.

**Topic:** Prescription Drugs

When: Thursday, December 10, 2020

**Time**: 5:00 p.m. - 6:00 p.m. **Zoom Meeting ID**: 816 224 6139

Password: 1234



#### For More Information Contact:

Aida Martinez at amartinez@kyccla.org





This material was made possible by funding from the County of Los Angeles Department of Public Health, Substance Abuse Prevention and Control





DATE: MAY 27<sup>TH</sup>, 2021

TIME: 4 PM TO 6 PM

THEME: MENTAL HEALTH

# **KEY Meeting Information**

When: Third TUESDAY of the Month

Next Meeting: April 20<sup>th</sup>, 2021

Time: 10:30 am - 12:00 pm

Link: <a href="https://us02web.zoom.us/u/kdKbDGwwlu">https://us02web.zoom.us/u/kdKbDGwwlu</a>

More Information: Marlon Pascual, Lead

mpascual@aadapinc.org or

tsaruwatari@aadapinc.org