





County of San Diego Methamphetamine Strike Force

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METHAMPHETAMINE STRIKE FORCE

Recommendations

The following recommendations were revised in 2000 and are based on the original recommendations developed by the Methamphetamine Strike Force (Strike Force) in 1996. The revised recommendations reflect a clearer understanding of current methamphetamine problems and the need for a systematic approach to address those problems within the San Diego region.

PREVENTION

1. Use a comprehensive media strategy to inform the public and policymakers.
2. Understand and match appropriate strategies for individual, family, and community risk and protective factors.
3. Reduce access to methamphetamine in key locations with clear policies, consistent sanctions, and strategic enforcement.
4. Within school districts, promote the development and enforcement of alcohol, tobacco, and other drug policies, and support education programs through collaboration with community resources.

INTERVENTION

5. Expand our system's capacity to perform interventions at earlier points and in community-based settings.
6. Learn more about effective interventions, and create teams to replicate workable programs in culturally appropriate and relevant ways in new communities.
7. Develop more funding to help cities and other systems create and evaluate cost-effective intervention programs.

TREATMENT

8. Educate the public and policymakers about the needs, effectiveness and cost benefits of treatment.
9. Seek permanent and stable funding to expand treatment services.
10. Improve abilities to target consumers of treatment and to assess/identify risk.
11. Develop an integrated systemic criminal justice approach with substance abusing-offenders, using screening, assessment, monitoring and treatment.

INTERDICTION

12. Use the Methamphetamine Hotline as a way to engage the public.
13. Increase penalties on methamphetamine sales to equalize with heroin, cocaine, and other illicit drugs. (Note: Judges abstained from participating in this recommendation because the California Cannons of Ethics prohibits advocacy by judges regarding sentencing laws).
14. Pursue stronger enforcement of the statewide ordinance on precursor chemicals and seek stiffer penalties for companies that distribute precursor and essential chemicals and equipment used to manufacture methamphetamine.
15. Expand community-policing strategies to engage the public in methamphetamine issues.

SYSTEMS

16. Promote training regarding methamphetamine issues across disciplines, in a variety of user-friendly settings, for health, social service, enforcement and other professionals.
17. Encourage regional and binational cooperation on border issues in health and enforcement across the four core strategies adopted by the Methamphetamine Strike Force.

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METHAMPHETAMINE STRIKE FORCE HISTORY

In March 1996, after receiving reports showing methamphetamine problems had reached near epidemic proportions, the County Board of Supervisors, at Supervisor Dianne Jacob's request, authorized the formation of the multi-disciplinary Strike Force. The 70-member organization includes local, state, and federal representatives from public health, law enforcement, judiciary, education, treatment, prevention, and intervention agencies. A membership roster is provided in Appendix D.

The Board of Supervisors asked the Strike Force to research local methamphetamine problems, develop a set of recommendations, and return to the Board with an action plan to implement the recommendations.

In December 1996, the Strike Force submitted the Translating Ideas into Action plan to the Board, and was authorized to implement a comprehensive set of 17 recommendations focusing on prevention, intervention, treatment, and interdiction. While the Strike Force has continued to concentrate on methamphetamine, the plan recognizes that methamphetamine must be addressed within the context of all alcohol and other drug issues. The Strike Force functions primarily as a coordinating and planning body to promote implementation of its recommendations.

Through a collaborative effort, with limited direct resources, the Strike Force has:

- Raised public awareness that methamphetamine is everyone's problem.
- Leveraged resources through inter-agency cooperation.
- Increased understanding of how to integrate health and enforcement strategies in child welfare, justice, treatment and law enforcement programs.
- Attracted new, methamphetamine-specific resources to the San Diego region.

I. OVERVIEW OF THE METHAMPHETAMINE STRIKE FORCE

Methamphetamine (commonly called “meth”, “crank” or “crystal”) is a highly addictive stimulant that can devastate individual users, their families, neighborhoods and community systems.

Methamphetamine use and related problems are chronic and persistent in the San Diego region, dating from a time in the late 1980’s when the region was known as the “methamphetamine capital of the world.” Today, thanks in large part to the efforts of the Methamphetamine Strike Force (Strike Force), the region has managed to stabilize methamphetamine problems at a time when many parts of the country have experienced triple digit increases.

The Strike Force has been acclaimed as a national model in addressing methamphetamine and other drug problems, and was recently cited as a model by the California Governor’s Prevention Advisory Committee in a major report on methamphetamine. Communities across the country have replicated the Strike Force’s collaborative, comprehensive method, working across disciplinary boundaries to reduce and prevent meth-related problems. The Strike Force receives requests for information and assistance regularly from other states and occasionally from other countries.

This Status Report and Report Card is the seventh in a series of regular reports to the County of San Diego Board of Supervisors that tracks progress, accomplishments, and future directions for the Strike Force. This document covers two periods of time:

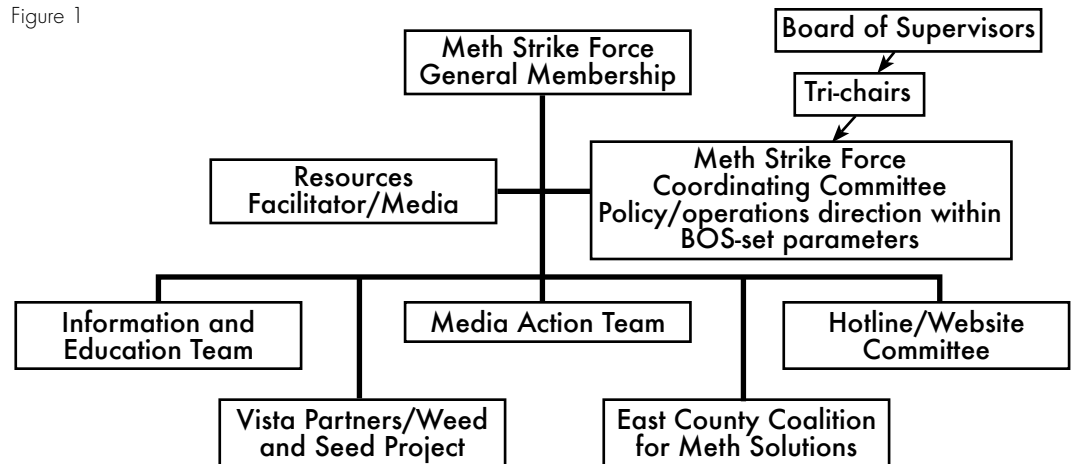
- 1) The Report Card on page 3 tracks calendar year 2005 data; and
- 2) The Status Report narrative covers Strike Force progress over the last two-year period.

The Report Card lists ten community-level measures that describe the methamphetamine problem. The Status Report summarizes our region’s progress in the fight against methamphetamine, looking at both the Strike Force activities and the outcomes of related initiatives that reflect the collective work of member agencies, government, and the private sector. The Strike Force, with its innovative structure and active and diverse membership, has stimulated many collaborative efforts that are described later in this report.

To implement the action plan spelled out in the original Strike Force report, *Translating Ideas into Action*, the Strike Force is structured according to the following functional chart:

Methamphetamine Strike Force

Figure 1



- The Coordinating Committee provides overall coordination and guidance for the Methamphetamine Strike Force under the leadership of tri-chairs Bonnie Dumanis, District Attorney, Jean M. Shepard, Director of the Health and Human Services Agency (HHSA), and Harold Tuck, Deputy Chief Administrative Officer, Public Safety Group.
- The Information and Education Team functions in an ad-hoc fashion to examine data, identify areas for further inquiry, and coordinate training and a periodic Research Forum; members participate in the Local Coordinating Committee for the Substance Abuse Monitoring (SAM) program.
- The Media Action Team coordinates the media effort by creating newsworthy events and other opportunities for media coverage regarding methamphetamine problems and solutions.
- The Hotline/Web Site Committee functions in an ad-hoc fashion to manage hotline operations and the web site for the Strike Force. The web site has its own domain name (www.no2meth.org) and is registered with major search-engines. The web site was restructured in 2006 to increase usability.
- The Vista Weed and Seed Project, known formerly as the Partners Project, implements a balanced approach to prevention, intervention, treatment, and interdiction in the City of Vista. This project began as a Strike Force pilot project, and is now wholly operated by the City of Vista with federal Weed and Seed project funding in Vista's Townsite neighborhood.
- The East County Coalition for Meth Solutions, which began in the fall of 2002, brings together representatives from the East County region to problem-solve and address methamphetamine issues and implement Strike Force recommendations in the suburban portion of this region.

Other ad-hoc committees conduct the planning and implementation for special campaigns, such as the 2005-06 Stop Meth Associated Crimes (SMAC) or the Meth Pipe campaign, both described later in this report.

II. METHAMPHETAMINE STRIKE FORCE REPORT CARD

Methamphetamine Strike Force Report Card: 2005 Data for 2006 Report

Indicator	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Change 1995-2005 ¹	Change 2004-2005	Comment
1. Total Meth Deaths	150 (6.73)	124 (5.54)	156 (6.89)	110 (4.77)	108 (4.60)	136 (5.66)	145 (5.90)	167 (6.64)	210 (8.19)	206 (7.91)	240 (9.11)	+60% (+35.4%)	+16.5% (+15%)	() are rates per 100,000
2. Related Emergency Department Drug Abuse Episode ²	685 (30.72)	666 (29.77)	976 (43.10)	721 (31.25)	583 (24.82)	747 (31.09)	673 (27.36)	598 (23.79)	558 (21.76)	797 (30.60)	1477* (50.81)	+116% (65.4%)	+85% (+66%)	DAWN reconfigured in 2003, so raw numbers are less reliable.
3. Drug Treatment Admissions (Meth primary drug of choice)	3942 (176.79)	3109 (138.98)	3819 (168.63)	4398 (190.64)	4235 (180.31)	4475 (186.27)	5578 (226.81)	7023 (279.37)	6410 (249.97)	5714 (219.98)	5193 (197.23)	32% (+11.6%)	-9% (-10%)	*Reflects meth as the proportion of all substance abuse mentions.
4. Positive Meth Tests: Adult Arrestees	37%	31%	41%	34%	29%	28%	34%	34%	40%	43%	46%	+9%	+3%	
5. Positive Meth Tests: Juvenile Arrestees	11%	9%	18%	13%	16%	11%	9%	12%	15%	12%	21%	+10%	+9%	
6. Lab Cleanup/Seizure ³ County Cleanup: DEAN/TF Seizures:	40 38	34 59	13 49	18 44	46 62	47 33	22 26	19 32	26 16	24 24	13 15	-68% -62%	-46% -38%	
7. Number of Arrests for Meth Sales and Possession	N/A	6736 (301.11)	8642 (381.59)	7453 (323.07)	7519 (320.14)	6820 (283.88)	6372 (259.09)	6343 (252.32)	7729 (301.41)	8447 (324.33)	8964 (340.46)	33%	6% -2%	2005 DEA Lab submissions are at all time high of 67% purity.
8. Availability Measures "Easy to get" Price: Per "8-Ball": 1/8 oz Purity POE Seizures (kilos)	N/A \$140-180 N/A	N/A \$120-180 15%-97%	71% \$100-180 20%-40%	67% \$125-180 20%-40%	64% \$130-150 15%-40%	70% \$160 25%-53%	\$100-\$125 30%-40% 490kg	67% \$100-125 10%-99% 393kg	65% \$100-125 10%-99% 522kg	83% \$100-140 70%-100% 431kg	81% \$100-150 50%-95% 801kg	+10% lower range Smaller range of purity at high end	Slight increase in price range; higher purity	Port of Entry seizures nearly doubled from 04 to 05.
9. Hotline Calls	N/A	245 ⁴	1204	432	385	236	265	375	444	834	457	-62%	-45%	
10. Strike Force-Generated Media Stories	N/A	32 ⁴	120	24	116	132	101	75	59	51	29	-43%	-43%	

¹ If 1995 data is unavailable, first full year of reporting was used.

² Beginning 2001, ED data reflects methamphetamine only mentions. Prior years include amphetamines.

³ County figures include residual clean-ups and dumping of toxic material. Drug Enforcement Administration (DEA) is source for seizure data.

⁴ Began December of 1996.

REPORT CARD ANALYSIS

The Report Card (see page 3) represents an eleven-year snapshot of the region's methamphetamine problems from 1995 through 2005. The most recent annual changes are provided along with changes over an eleven-year period. It is recommended that the reader keep the following in mind, while reviewing report card data:

- No single indicator tells the complete story; the reader must look at relationships between indicators to ascertain meaning.
- Small changes do not signify definitive causal relationships or statistical significance.
- The numbers themselves must be considered in context. The raw local numbers represented in the Report Card are often quite small. For example, in 2005, 245 persons seen by the Medical Examiner died with methamphetamine in their system. This is a 16.5 percent increase from 2004 and is the highest death rate over the eleven years. However, when compared to the approximately 20,000 people who die every year in San Diego County, the range across the period is relatively small.

Readers should be aware of data limitations. For example, despite the best laid plans, several of the indicator collection methods have changed. One of the most significant changes occurred in the Drug Abuse Warning Network (DAWN), a federal system operated since 1972 to collect drug-related incidents in hospital emergency rooms. DAWN was restructured in 2003 to include more County emergency departments, which has subsequently increased reporting. The Report Card now includes the proportion –not just the raw number or rate per 100,000 – of all substances mentioned in emergency rooms.

Similarly, the sampling of drug use among arrestees, now called Substance Abuse Monitoring (SAM), has changed from its original Drug Use Forecasting (DUF) days when San Diego was one site among over 70 sites in a national system. SAM remains as the only such database in the country after federal funding was cut in 2004; unfortunately no comparisons can be made to other cities now. San Diego County's SAM project is supported by Federal Alcohol and Drug Abuse Block Grant funds and some local funding.

In addition, death, emergency room, meth treatment and arrest data are also converted into rates per 100,000 populations, based on the 2000 Census estimates, in order to adjust for population growth in the region. In 2004, with advice from demographics experts, a decision was made to exclude ages 0-10, and rates were recalculated for all past years.

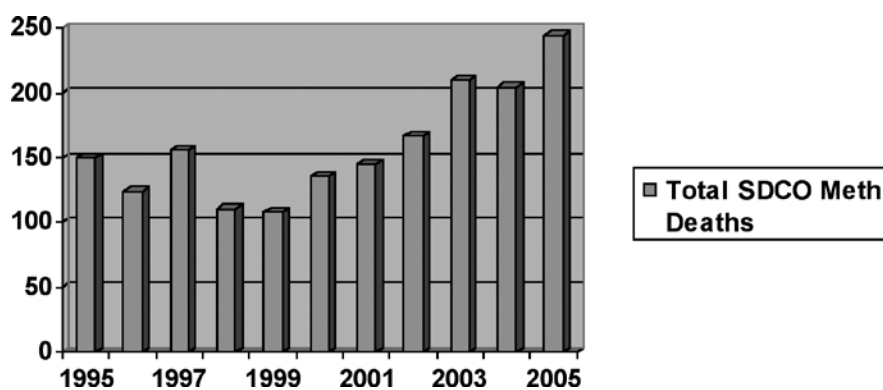
METHAMPHETAMINE-RELATED DEATHS

Unfortunately, meth-related deaths grew in 2005 to an all time high. Several reasons for this increase are suggested:

- An aging cohort of meth users (almost half of deaths are persons over 40 years) are experiencing acute and chronic medical issues;
- Younger (under 29 years old) Latino men are dying in drug trade-related homicides;
- Our Medical Examiner's office is better trained to see and document these deaths.

One in five homicides involves meth; 13 of 17 of officer-involved shootings in 2005 involved methamphetamine. Deaths ranged from infants to an 80 year old, though 70 percent of all deaths occurred in the 30-59 year old range. Detailed demographic information about these deaths is available in Appendix B of this report. The pattern of death is stable. The most typical death still is a white male about 40 years old; Latinos, in the next highest group, compose 30 percent of all deaths. Keep in mind that these figures only reflect cases that are reviewed by the Medical Examiner and that meet criteria for drug testing, which include all suspicious deaths, homicides and suicides.

Figure 2 **San Diego County Methamphetamine Deaths**



These death figures do not include an important group of people: those victims without meth in their system, where the perpetrator may have been under the influence of meth. The current data collection system does not have the capacity to collect and report this information.

EMERGENCY DEPARTMENT “MENTIONS”

A significant increase (85 percent) was reported in 2005 compared to 2004 in terms of raw numbers. However, because the DAWN system was redesigned over 2002-03 to provide more real-time data and draw from reviews of all medical charts, epidemiology experts suggested that the proportion of all substance mentions is the best measure. This proportion figure is only available for the last three years, and increased from 20.7 percent of all substance abuse mentions in 2003, to 25.95 percent of all mentions in 2005.

METH TREATMENT ADMISSIONS

Since its inception, the Strike Force has promoted treatment expansion as part of an integrated approach to deal with substance abusing offenders. Treatment is a critical ingredient of a comprehensive effort, and the availability of treatment essentially impacts the number of meth users who recover from addiction. Over the eleven years, despite a decrease in the last two years, the region has seen a 32 percent increase in the number of people in treatment for meth use. In addition, the proportion the treatment population with meth as a primary drug of choice increased from 36.8 percent of all treatment population in 1995 to 46.2 percent in 2005, as seen in Figure 4 next page.

San Diego treatment service providers are experts in helping meth users recover. Our long history has helped local programs identify and use more effective strategies for a variety of

populations. In fact, the Strike Force helped sponsor a treatment conference in September 2004 to support effective treatment practices. The Strike Force has placed a high priority on the availability of residential treatment for meth addiction.

Figure 3

Treatment Admits where Meth is Primary Drug of Choice

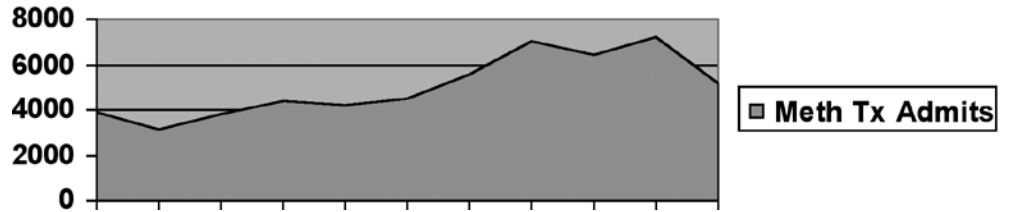
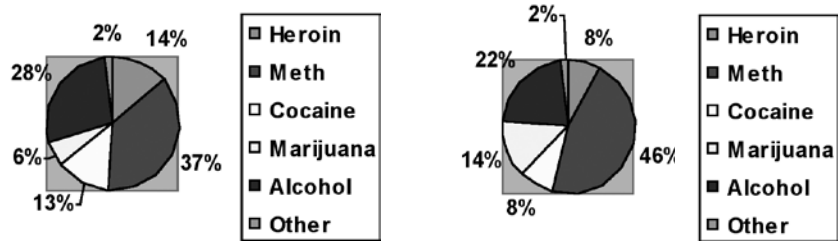


Figure 4

1995 Primary Drug Admissions

2005 Primary Drug Admissions



POSITIVE DRUG TESTS AMONG ARRESTEES

Positive methamphetamine test rates for arrestees increased in 2005 compared to 2004 for both adults and juveniles (See Figures 5 and 6). Forty six percent of adult arrestees tested positive for meth, now at a high point. This figure reflects a slight decrease for women, and slight increase for men compared to the prior year. Juvenile rates remain within ten percentage points from the baseline year of 1995.

Figure 5

Percentage of Adult Arrestees with Positive Meth Tests

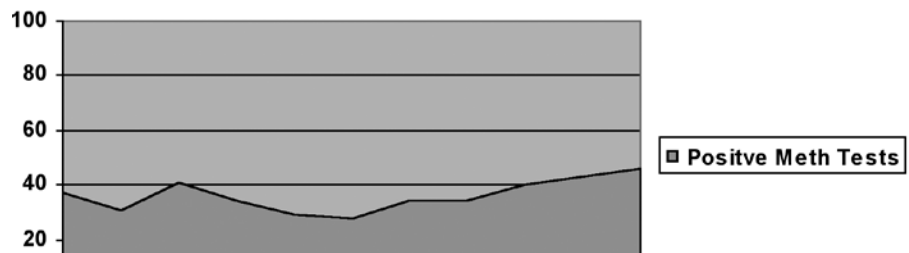
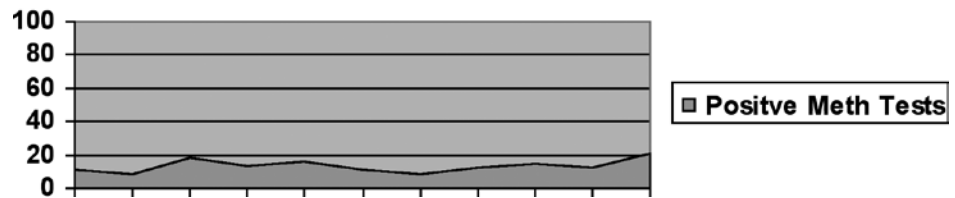


Figure 6

Percentage of Juvenile Arrestees with Positive Meth Tests



METHAMPHETAMINE-RELATED ARRESTS

The number of arrests for meth sales and possession increased six percent in the last year, reflecting a 33 percent increase over the last eleven years. The 2005 figure is the highest number of arrests in the eleven-year period and reflects the priority given to methamphetamine throughout the law enforcement system.

METHAMPHETAMINE LABS

Methamphetamine manufacturing activity is recorded in two ways: clean-up activity and actual lab seizures (see Figures 7 & 8). Clean-ups, primarily lab "dump sites," decreased by 46 percent, and labs seizures decreased 38 percent in 2005. Both figures represent a large drop over the ten-year period, and reflect the more recent phenomenon of imported meth from Mexico as the primary local source of methamphetamine.

Figure 7: Lab Site



Figure 8: Dump Site



Despite county efforts to minimize lab activity and the apparent decrease in local labs, smuggling of methamphetamine across the border makes methamphetamine very available. The number of seizures of methamphetamine and related chemicals at the California Ports of Entry has increased. In 2004, there were 14 seizures of precursors, including iodine, Hydriodic Acid, Red Phosphorus, Pseudoephedrine, and Ephedrine. In the first five months of 2006 there were 26 seizures.

Figure 9

Lab Seizures in Baja California

Year	Labs Seized
1999	20
2000	33
2001	64
2002	74
2003	47
2004	47
2005	18

Given the San Diego Region's proximity to the U.S./Mexico Border, work to limit the availability of methamphetamine must be a binational effort among all law enforcement agencies on both sides of the border.

METHAMPHETAMINE HOTLINE AND WEBSITE

The Methamphetamine Hotline (877-no2-meth) and Website (www.no2meth.org) continue to grow in their capacity to engage the public. In 2005, 457 calls were made to the Hotline and Website, a decrease from the dramatic opening year in 1997, but higher than the average number of calls since then. One exception is 2004, when Operation Speed BUMP dramatically increased calls. In 2005, Hotline calls resulted in 16 arrests and 53 Drug Endangered Children cases.

MEDIA ADVOCACY

The Strike Force's media campaign has been used to educate the public about the dangers of methamphetamine use and labs, to highlight successes, and to motivate citizens to take action in their communities. In 2005, a total of 29 media appearances were generated by the Strike Force, including television, print and radio stories. In the first six months of 2006, 17 appearances were generated, reflecting a 17 percent increase from 2005. While this local media effort may appear to be less than in previous years, the overall media coverage regarding meth has actually increased. That is, our local media efforts have been overshadowed by meth stories from many parts of the nation that have never had meth problems before. Additional methamphetamine-related media advocacy resources will be made available to continue this important effort.

III. THE EMERGENCE OF A NATIONAL “METH EPIDEMIC”

It has been clear that San Diego has a chronic and persistent problem with meth, despite local advances in terms of lab seizures, enforcement efforts and treatment strategies. Recently, meth has gained a larger, national dimension and meth problems now impact the entire country. The National Association of Counties has conducted a meth survey among local officials on meth-related crime and child welfare problems. In 2005, this survey, of 500 counties in 45 states, noted 90-100% increases in crime and 58 percent said that meth was the largest drug problem.

In 2006, in a repeat of the same survey, with 44 states and 500 officials responding, 48 percent of respondents rated meth as the number one drug problem, more than all other illicit drugs combined. One hundred percent of Western states rated meth as number one, with rankings generally decreasing towards the East; Southeast states ranked meth in the forty percentile range. Respondents noted that meth-related crime is growing, with large impacts on public safety workloads. Respondents also recognized 71 percent of meth as being imported from Mexico. While San Diego may have the longest history with meth, it is clear now that we are no longer alone in this struggle.

IV. IMPROVING EFFECTIVENESS THROUGH COLLABORATION

Despite success on many fronts, the San Diego region remains flooded with the easy availability of methamphetamine, resulting from the abundance of the materials and chemicals, a porous border and a wide variety of available recipes necessary for production. These factors have contributed to a fairly stable, high-level problem in the region, as reflected in the ten Report Card indicators.

This persistent, chronic problem must be countered by an equally persistent, dedicated effort to reduce meth problems. In the last two years, the Strike Force has laid a new foundation for more positive outcomes:

- Development of sustained leadership, with three County offices sharing a commitment to the Strike Force under the leadership of District Attorney Bonnie Dumanis, Health and Human Services Agency Director Jean M. Shepard and Public Safety Group Director Harold Tuck.
- Development of a Methamphetamine Strategic Prevention plan and partnering with contracted prevention service providers in areas of media, crime-free housing and drug paraphernalia controls. This is a reflection of the effective mobilization of Methamphetamine Strike Force member energy, and has resulted in efforts such as the organizing and implementation of the Stop Meth Associated Crimes (SMAC) campaign. SMAC in particular is a way to reach the public and bring the meth problem “home” to all San Diego County residents by illustrating the connection between meth and fraud. From May to July 2006, more than 300 community members reported problems with truncation, where receipts on purchases did not have credit card information properly obliterated in accordance with State law. This expanded collaboration, with the public and with new agencies, will benefit the region.

The Strike Force will continue in the coming year to build on this collaboration to maximize synergy and leverage new resources in the region.

APPENDIX A**PROGRESS ON RECENT STRIKE FORCE OBJECTIVES:****Break The Link Between Meth Use, Crime And Violence.**

Recognizing that meth can fuel crime and violence, the Strike Force used its collaborative approach to collect data, better understand the nexus between methamphetamine and a range of criminal activity, and craft a problem solving agenda on several meth-related issues in the past year.

SMAC began by confirming the relationship between meth and “paper crimes” (identity theft, fraud, and forgery) by conducting focus groups with recovering methamphetamine users, looking at prosecution databases and conducting a survey among investigators and law enforcement. The planning committee, chaired by Damon Mosler, Chief of Narcotics at the District Attorney’s office, has developed and is currently working on a four-prong prevention agenda:

- 1) Seek compliance with laws requiring truncation of receipts,
- 2) promote safe shredding,
- 3) upgrade mailboxes to reduce theft, and
- 4) upgrade physical site features at businesses, such as locking dumpsters.

Likewise, the Strike Force held several meetings last spring with domestic violence stakeholders to understand the nexus between meth and family violence. Data suggests that meth escalates the level of violence against victims. In addition, meth use by victims is more likely to result in injuries that require emergency medical treatment. More needs to be understood about perpetrator meth use, but the Strike Force will continue to work with stakeholders to articulate a prevention agenda. The Strike Force has endorsed a major effort that adds an option for integrated substance abuse and domestic violence treatment to the array of treatment options for offenders. This effort, spearheaded by Judge Susan Finlay, was launched in October 2006.

Seek Greater Awareness of Meth Problems and More Treatment Opportunities for Women

Supervisor Dianne Jacob again demonstrated leadership on methamphetamine problems by convening a special Board of Supervisors-hosted conference on Women and Meth in the fall of 2004. This session helped to clarify the gender-specific features of meth use among women, and identify the needs of women in treatment. Supervisor Jacob built on this session to develop a system to give women - in and leaving jail - a brochure about meth treatment. She and her staff worked with women’s recovery programs to design this new initiative, Speed into Recovery. As of this fall, 74 women entering treatment stated they had seen the brochure.

Enhance the Strike Force’s Web Site as a Useful Tool

Updating the website and improving its usefulness is a goal selected by the Methamphetamine Strike Force. In the last two years, responsibilities for technical support to maintain the site have been transferred to the Narcotic Information Network. A new look and site map were developed and implemented this fall. The site now provides better access to help, training materials and data.

Expand Programming to Prevent Child Exposure to Methamphetamine

Since 2003, the Drug Endangered Children (DEC) project has been expanded to have a presence in every region of San Diego County. The Health and Human Services Agency has used various resources, to allow staff to join the law enforcement teams at methamphetamine and other drug-related busts. In addition, the Strike Force helped to conduct a DEC conference in May 2006 that was attended by almost 200 professionals from a variety of disciplines. The Strike Force continues to recommend educating additional law enforcement agencies about the DEC protocol.

Moreover, under the leadership of Toni McKean, project coordinator for the East County Coalition for Meth Solutions, a committee secured grant resources to develop a methamphetamine video geared to parent audiences, including those in recovery programs. The video was released this past fall. Due to the overwhelmingly positive response received from the video, the Strike Force believes additional funding should be secured.

Promote Methamphetamine Specific, Coordinated Efforts Among Nine Regional Prevention Programs

In 2004, the Strike Force began working with the regional prevention programs to develop a Meth Strategic Plan, which has evolved into the Meth Prevention Initiative for County-contracted prevention service providers. This plan brings regional skills, energy and experience to a common page regarding how to prevent meth problems. The methamphetamine prevention initiative is focused on three areas: neighborhood safety, including crime-free housing; methamphetamine-related health effects, especially how methamphetamine use relates to HIV and other sexually-transmitted diseases; and business policies and practices, such as the availability of illegal methamphetamine in bars or the retail sales of glass pipes used to smoke methamphetamine or "crack" cocaine.

Celebrate Success

In December, the Strike Force will celebrate ten years of working as a productive collaboration. Given that the Strike Force primarily depends on the kindness and energy of its members, this is a significant achievement in itself. The updated web site features a new document that "tells our story" along with links for Action Steps that others may find helpful. This Ten-Year Story celebrates the vision and leadership of the Methamphetamine Strike Force founder, Supervisor Dianne Jacob, along with past and present leaders that have helped the Strike Force flourish.

We are proud of our persistence in this marathon, and believe our region's capacity for problem solving has increased as a result of our engagement in these working relationships, experience with multidisciplinary strategies, and commitment to data-based planning.

APPENDIX B**DETAILED
INFORMATION
ON DEATHS AND
METHAMPHETAMINE
USE**

Source: San Diego County
Medical Examiner, June 2005

Methamphetamine Related Deaths in San Diego County

Year	Total
1995	150
1996	124
1997	156
1998	110
1999	108
2000	140
2001	150
2002	166
2003	210
2004	205
2005	245

Methamphetamine related deaths are all deaths investigated by the County Medical Examiner in which methamphetamine was detected in the body at the time of the death or fatal event including all accidents, homicides and suicides in San Diego County.

2005 Methamphetamine Related Deaths - Manner

Manner	Total	% of Meth. related deaths 2005 (2004 2003 2002)	% all deaths of this manner 2005 (2004 2003 2002)
Accident (Drug Related) 31 with other drugs, 12 with acute vascular events, 65 with meth alone +/- chronic disease	108	44% (50% 45% 44%)	
Accident (Motor Vehicle)	35	14% (12% 11% 17%)	10% (7% 7% 8%)
Accident (Other) (1 aircraft, 1 colon perforation, 2 drowning, 2 exposure, 3 fall, 2 fire, 1 hit by trolley, 1 hit by grader, 1 due to trauma)	14	6% (6% 6% 5%)	
Natural with methamphetamine present	13	5% (3% 3% 7%)	
Homicide (Including 13 of 17 Law enforcement related shootings)	42	17% (15% 17% 13%)	33% (21% 22% 12%)
Suicide	27	11% (10% 16% 12%)	8.5% (6% 10% 6%)
Other or Undetermined 1 restraint + cocaine and methamphetamine	2	1% (3% 1% 1%)	
Perinatal/Fetal Death (ME jurisdiction is not generally assumed in these cases unless maternal or fetal trauma is suspected)	4	1% (1% 1% 1%)	
TOTAL	245		9.4% of all ME cases 7.8% in 04, 7.9% in 03, 6.8% in 02)

2005 Deaths Due to Drug Intoxication Drug Related Accidents

Accident – Drug Related	Total
Overdose on Methamphetamine Only (3 ingested baggies of methamphetamine)	13
Overdose on Another Drug(s) plus Methamphetamine* (Including Morphine/Heroin-15, Alcohol, Cocaine, 1 propane, 1 pesticide, other prescription meds)	31
Contributing Chronic Natural Disease (46 with cardiac disease, 4 chronic asthma, 6 hepatic cirrhosis/fibrosis, 7 diabetes)	52
Acute Natural Disease with meth as a contributing factor (8 brain hemorrhage, 1 acute cardiac, 1 brain infarction thrombosis/dissection, 2 ruptured aortic dissections)	12
TOTAL	108

2005 Methamphetamine Related Deaths - Age

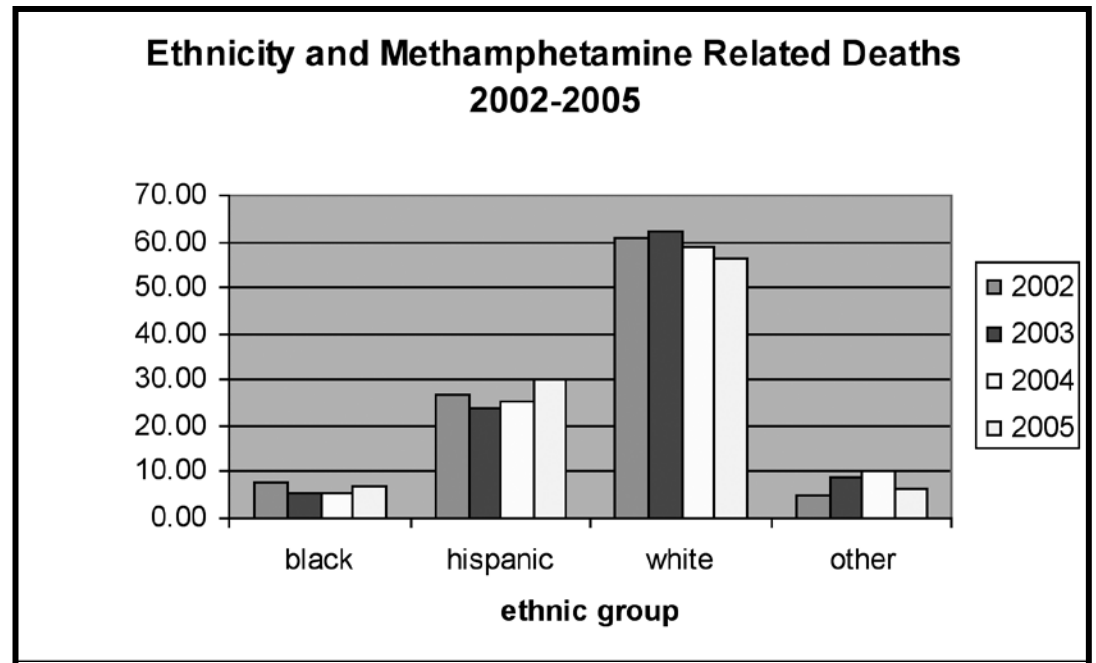
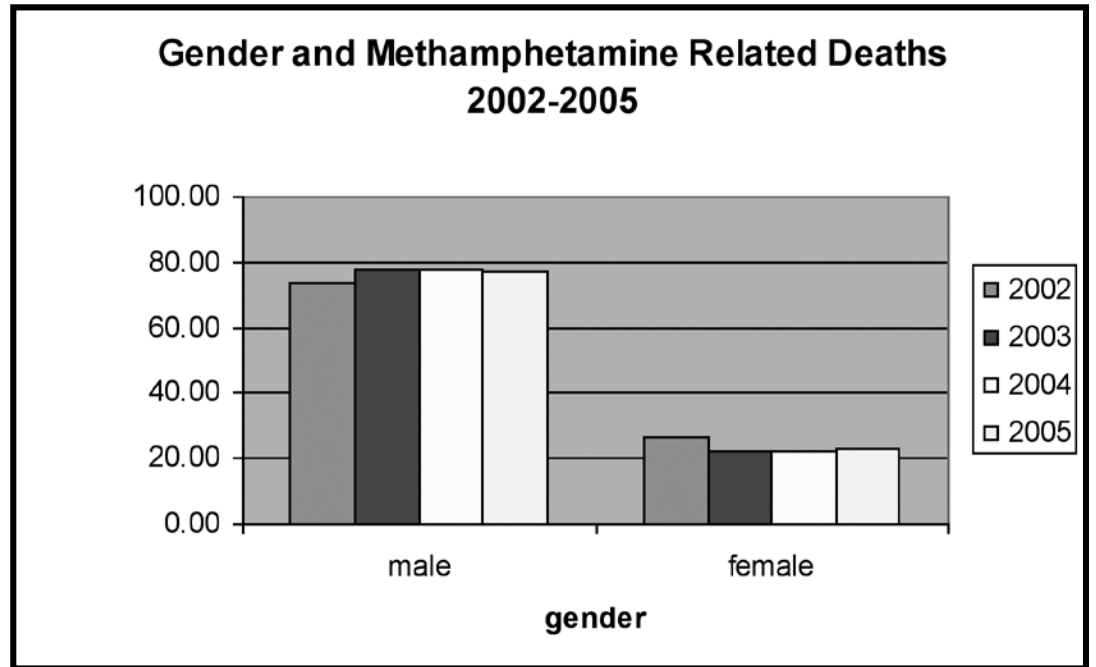
Age	# Of Deaths	% Of Total	% Of Total (2004)	% Of Total (2003)	% Of Total (2002)
< 1 Year	4	2%	2%	<1%	<1%
1-19 Years	10	4%	4%	4%	4%
20-29 Years	52	17%	18%	22%	22%
30-39 Years	54	21%	25%	24%	28%
40-49 Years	77	32%	30%	30%	32%
50-59 Years	36	15%	20%	16%	13%
60 + Years (oldest 80)	12	5%	1%	2%	1%
TOTAL	245				

APPENDIX B, cont. 2005 Methamphetamine Related Deaths – Manner vs. Age

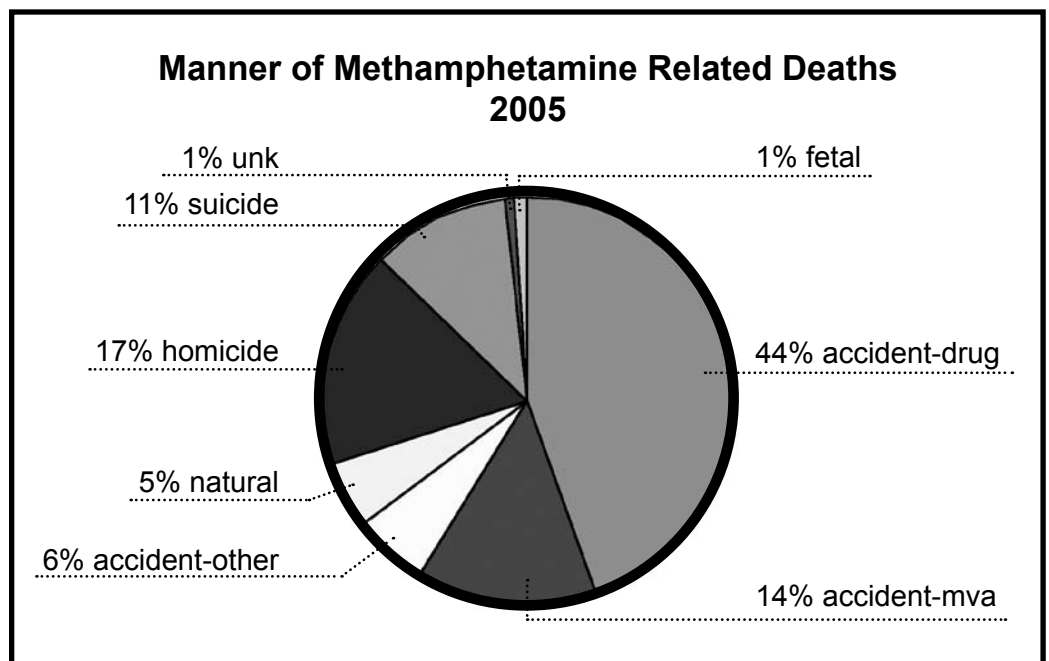
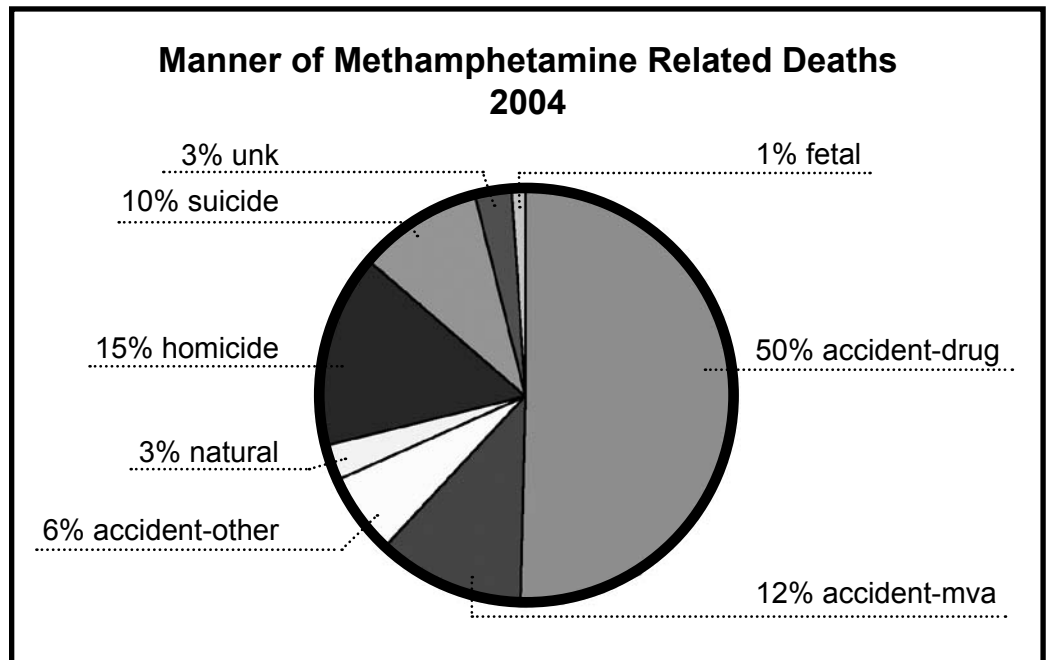
Manner	<1 Year	1-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60+ Years	TOTAL
Accidental (Drug Related)		4	8	16	45	26	9	108
Accidental (Motor Vehicle)		3	12	10	6	4		35
Accidental (Other)			2	4	4	2	2	14
Natural with meth present				2	9	1	1	13
Homicide		3	20	12	6	1		42
Suicide			9	9	7	2		27
Other		1		1				2
Fetal/Perinatal	4							4
TOTAL	4	11	51	54	77	36	3	245

2005 Methamphetamine Related Deaths – Ethnicity and Gender

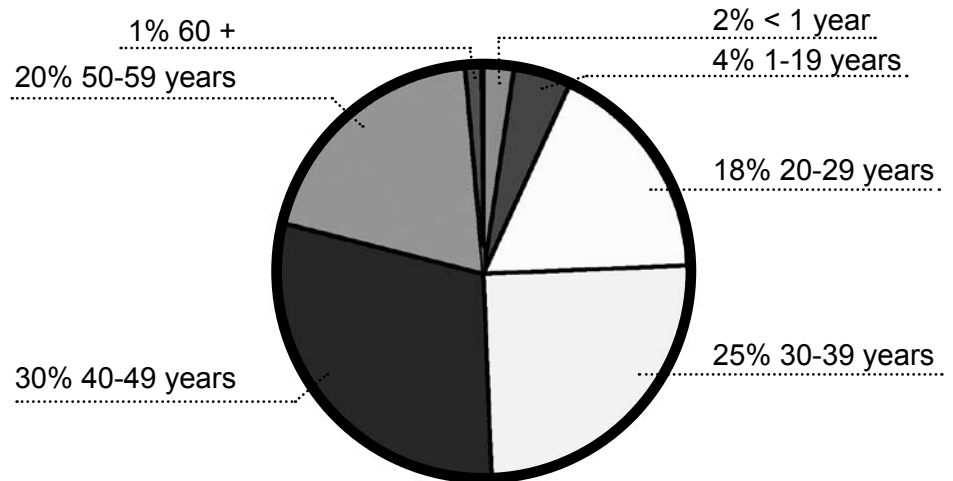
Ethnicity	# Of Deaths	Male	Female	% of Total Meth. Deaths
American Indian	5	3	2	2%
Black	17	14	3	7%
Filipino	2	1	1	8%
Hawaiian	1	1	0	1%
Hispanic	75	68	7	30%
Japanese	2	1	1	8%
Vietnamese	3	2	1	1%
White	138	99	39	57%
Other	2	1	1	8%
TOTAL	245	190	55	



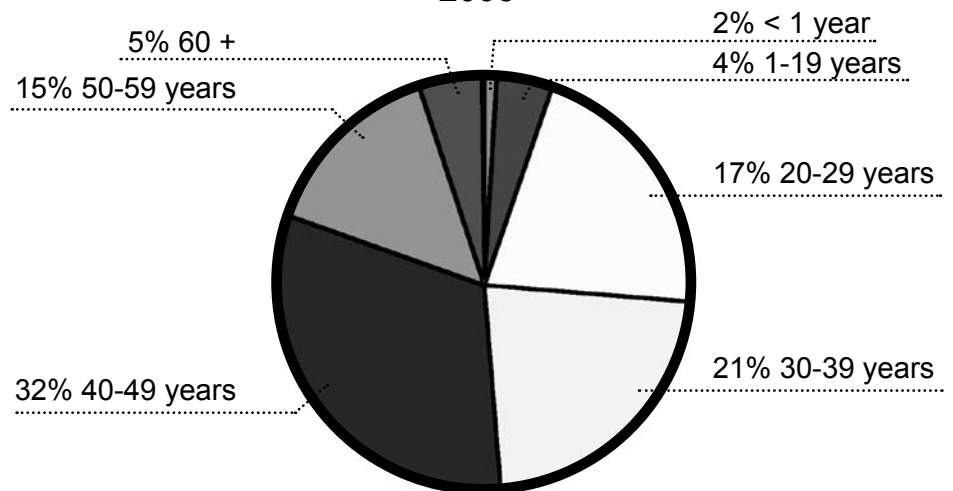
APPENDIX B, cont.



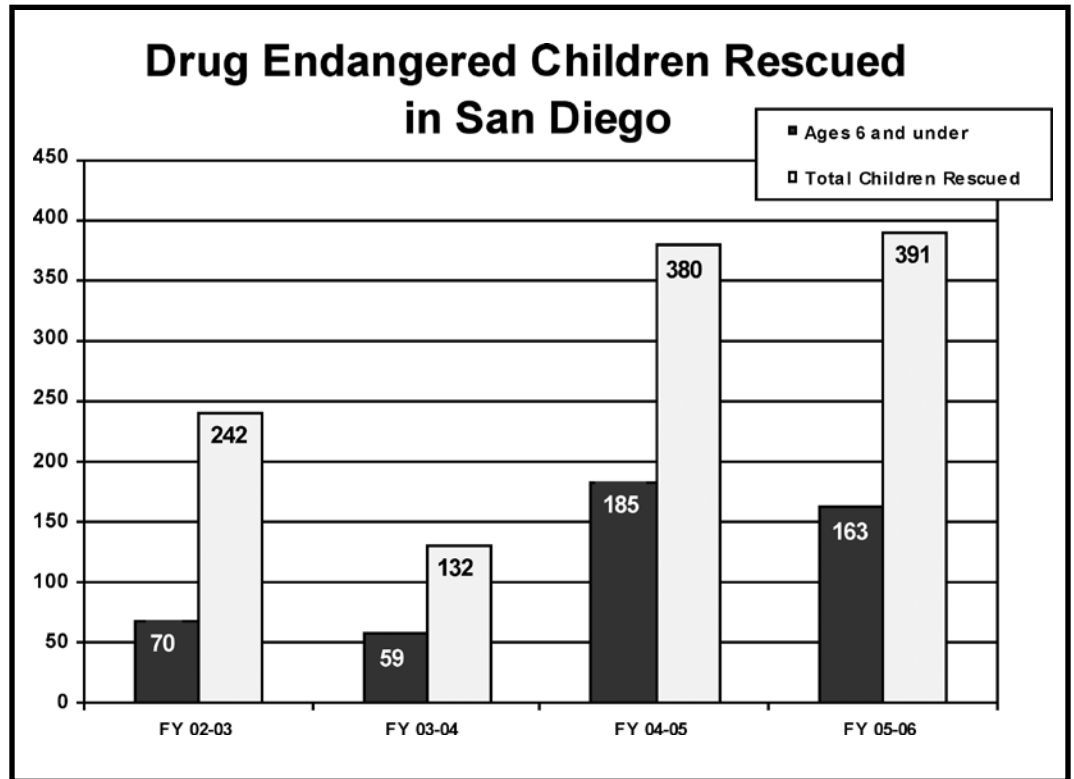
Age and Methamphetamine Related Deaths 2004



Age and Methamphetamine Related Deaths 2005



APPENDIX C
DRUG ENDANGERED
CHILDREN
STATISTICS



APPENDIX D**MSF Roster****TRI-CHAIRS**

Bonnie Dumanis, District Attorney
County of San Diego

Jean M. Shepard, Director
Health and Human Services Agency
County of San Diego

Harold Tuck, Deputy Chief Administrative Officer
Public Safety Group
County of San Diego

Facilitator

Angela Goldberg, Independent Contractor

County of San Diego Board of Supervisors

Jennifer Stone, Communications Advisor, Supervisor Dianne Jacob, District 2

County of San Diego Health and Human Services Agency**Alcohol and Drug Services**

Connie Moreno-Peraza, Deputy Director
Susan Bower, Assistant Administrator
Bill Crane, Prevention Services Manager
Louise Lecklitner, Program Manager

Child Welfare Services

Debra Zanders-Willis, Assistant Deputy Director
Claudia Bell, Social Worker
Mary Horning, Social Worker
Lori Newhart, DEC Social Worker
Andrea Senior, DEC Social Worker
Lucy Millan, DEC Social Worker

HIV, STD and Hepatitis Branch of Public Health Services

Terry Cunningham, Chief
Lauren Farber, Clinical Services Coordinator
Lori Jones, Community Health Program Specialist

North Central/North Inland /North Coastal Regions

Nick Macchione, Regional General Manager

County of San Diego, Department of Media and Public Relations

Sonja Schmidt, Media/Public Relations Specialist

APPENDIX D, cont. County of San Diego Public Safety Group**Executive Office**

Heather Dauler, Program Manager

District Attorney's Office

Damon Mosler, Chief of Narcotics Division

Bill Wood, Deputy District Attorney

Sheriff Department

Bill Gore, Assistant Sheriff

Margaret Sanfilippo, Lieutenant

Probation Department

Vincent Iaria, Chief Probation Officer

Chris Henley, Prop 36 Director

Scott Countryman, Supervising Probation Officer

Thomas Alexander, Substance Abuse Manager

Office of the Public Defender

Carl "Rusty" Arnesen, Assistant Public Defender

Department of Medical Examiner

Dr. Christina Stanley, Chief Deputy Medical Examiner

County of San Diego Land Use and Environmental Group**Department of Environmental Health Services**

Nick Vent, Program Manager

Other Local Government Agencies**San Diego Association of Governments (SANDAG)**

Cynthia Burke, Director, Criminal Justice Research Unit

Superior Court

The Honorable Patricia K. Cookson, Judge, East County Division

Carol Conner, Special Projects Manager, Central Division

Education

Fred Becker, Director, Becker Institute

Jim Crittenden, Project Specialist, San Diego County Office of Education, Safe Schools Unit

Federal/State Agencies

Drug Enforcement Administration, San Diego Division

John Fernandes, Special Agent in Charge
Gene Sugimoto, Group Supervisor
Dan Simmons, Public Information Officer
Mark A. Pothier, Special Agent, United States Department of Justice

California Border Alliance Group

Richard Gorman, Executive Director
Kean McAdams, Deputy Director
Scott Gaukel, Demand Reduction Coordinator

State of California Department of Corrections

Liz Tolison, Parole Supervisor

California Department of Justice

San Diego Narcotics Information Network,

Ugene Stephens, Director
Steve Lough, Precursor Chemical Coordinator
Judy Van Winkle, Criminal Intelligence Supervisor

Bureau of Narcotics Enforcement

Les Suzuki, Assistant Special Agent in Charge
David King, Special Agent Supervisor

Local Law Enforcement

San Diego Police Department, Narcotics

Alex Gorza, Sergeant

Private/Community

Private Citizens

Michael Ann Haight, M.A.
Suzie Pennell

Health Care Association of San Diego and Imperial Counties

Sapna Dharkar-Surber, Program Coordinator

Scripps Mercy Hospital, Division of Trauma

Michael Sise, M.D.
Beth Sise, M.S.N., J.D., Coordinator for Community Outreach

Identity Theft Resource Center

Jay Foley, Co-director

APPENDIX D, cont. Community Based Organizations

Claudette Allen, Program Director, Vista Hill Foundation

Mary Baum, ATOD Prevention Coordinator, SAY-San Diego, Mid-City CAN

Veronica Baeza, Executive Director, San Diego-Tijuana Border Initiative

John Byrom, Prevention Specialist, Vista Community Clinic

Marc D'Hondt, Interim Executive Director, Stepping Stone, Inc.

Rob Hall, Media Specialist, SAY-San Diego, North City Prevention Coalition

Mary Harrison, Executive Director, Communities against Substance Abuse

Sheri Kirshenbaum, Clinical Coordinator, Jewish Family Services, HIV Services

Paul Krupski, Prevention Specialist

Frank Lopez, Program Coordinator, South Bay Partnership

Cleo Malone, Ph.D., Executive Director, Palavra Tree, Inc.

Kevin McClure, Executive Director, San Diego Prevention Coalition

Barbara Morton, Resources Development Director, CRASH, Inc.

Eric Mosley, Director of Criminal Justice Programs, McAlister Institute

Robin Pollini, Researcher, UCSD School of Medicine, Division of International Health and Cross Cultural Medicine

John Redman, Executive Director, Californians for Drug Free Youth

John R. Richardson, Division Manager, Mental Health Systems, Inc., Alcohol and Drug Programs

Dan Skiles, Senior Preventionist, Institute for Public Strategies

Judi Strang, Executive Director, San Dieguito Alliance

Roxy Walnum, Program Manager, Mental Health Systems, Inc., Pegasus East

Glen Webber, Administrator, San Diego Freedom Ranch, Inc.

Kathy Valenzuela, Interim Executive Director, North County Serenity House, Inc.

Partners Projects

Toni McKean, Coordinator, East County Coalition for Meth Solutions

Kathy Valdez, Coordinator, City of Vista Weed and Seed

APPENDIX E**REPORT CARD INFORMATION SOURCES**

1. Total methamphetamine deaths: County of San Diego Medical Examiner's Office.
2. Related emergency room mentions: Drug Abuse Warning Network (DAWN), a national information system.
3. Drug treatment admissions: County of San Diego, Health and Human Services Agency, Alcohol and Drug Services.
4. & 5. Positive methamphetamine tests - adult and juvenile: Substance Abuse Monitoring (SAM), a program operated by the San Diego Association of Governments (SANDAG).
6. County clean-ups: County of San Diego Environmental Health Department:
Lab seizures: Drug Enforcement Agency (DEA).
7. Number of arrests: Automated Regional Justice Information System (ARJIS).
8. Availability measures:
 - Methamphetamine "easy to get:" ADAM interviews.
 - Price & Purity: Narcotic Information Network (NIN).
9. Hotline calls: Narcotic Information Network (NIN).
10. Media stories: Institute for Public Strategies (IPS).