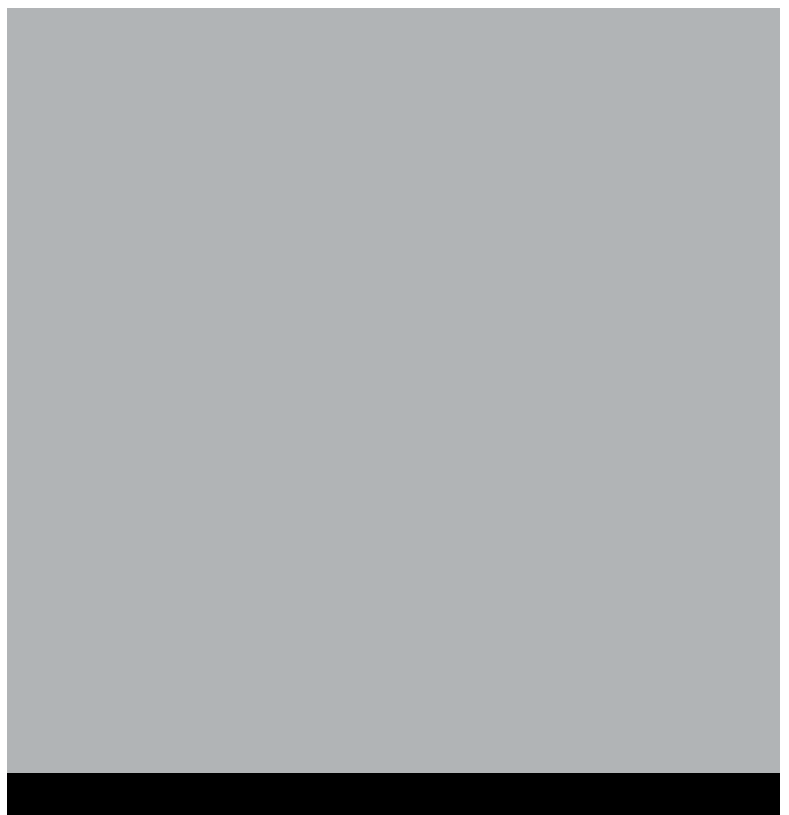




**County of San Diego
Methamphetamine Strike Force**

Status Report

February 2009







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 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 Methamphetamine Strike Force (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 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. The Strike Force has been cited as a model by the California Governor’s Prevention Advisory Committee in the summary report on Methamphetamine Findings and Recommendations in December 2005. 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 eighth 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:

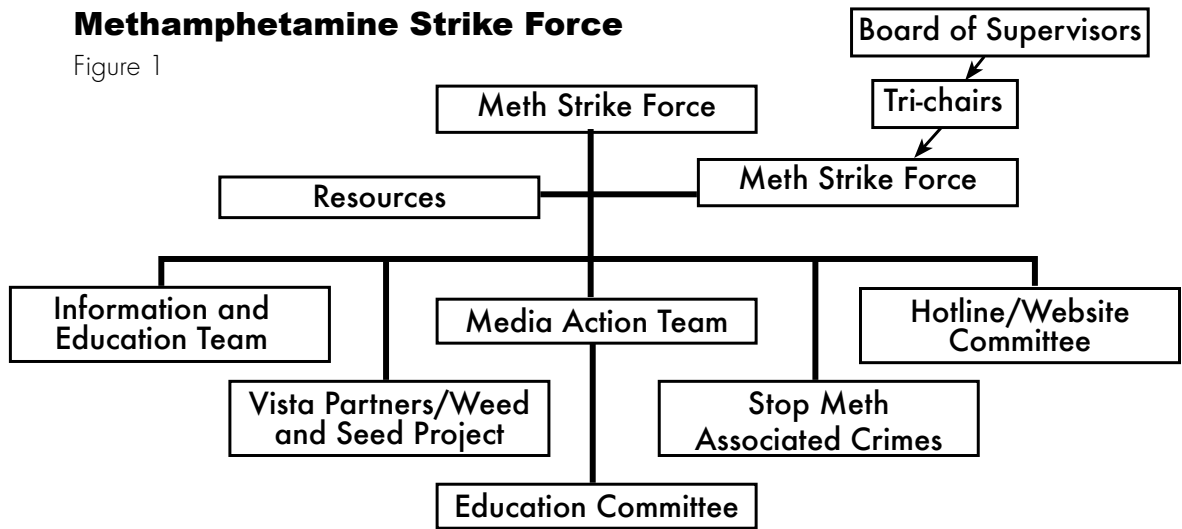
- 1) The Report Card on page 3 reports calendar year 2007 data; and
- 2) The Status Report narrative covers Strike Force progress from 2005 to 2007.

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, Nick Macchione, Director of the Health and Human Services Agency (HHSA); and Raymond Fernandez, Deputy Chief Administrative Officer, Public Safety Group.
- **The Information and Education Team** functions in an ad-hoc fashion to examine Report Card 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 <<http://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 Stop Meth Associated Crimes (SMAC)** Committee was established in 2005 to implement strategies to break the link between meth use and crimes such as identity theft.
- **The Education Committee** began in February 2008 to work on enhancing the School Attendance Review Board as an early intervention tool, and to infuse a meth-specific curriculum in school-based prevention efforts.

Other ad-hoc committees conduct the planning and implementation for special campaigns, such as work on Older Adults and Meth or the Hotline Magnet distribution campaign, both described later in this report.

II. METHAMPHETAMINE STRIKE FORCE REPORT CARD

2008 Methamphetamine Strike Force Report Card

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	Change 2000-2007	Change 2006-2007
1. Total Meth Deaths	136 (5.66) ¹	145 (5.90)	167 (6.64)	210 (8.19)	206 (7.91)	240 (9.11)	174 (6.59)	184 (6.91)	+35%	+06%
2. Related Emergency Mentions * is proportion of all substance abuse mentions	747 (31.1)	673 (27.4)	598 (23.8)	558 (21.8) *25%	797 (30.7) *27%	1477 (56.4) *33%	1160 (43.9) *31%	826 (31) *30.8%	+11%	-29%
3. Drug Treatment Admissions for Meth Primary Drug of Choice	4475 (186.3)	5578 (226.8)	7023 (279.4)	6410 (250)	5714 (187.2)	5193 (197.2)	5632 (213.3)	5467 (205.3)	+18%	-03%
4. Positive Meth Tests: Adult Arrestees Juvenile Arrestees	28% 11%	34% 9%	34% 12%	40% 15%	43% 12%	46% 21%	39% 10%	31% 8%	+10% -27%	-7% -2%
5. Lab Cleanup/Seizure County Cleanup: DE/NTF Seizures:	47 33	22 26	19 32	26 16	24 24	13 15	10 5	14 3	-70% -91%	+40% -40%
6. Number of Arrests for Meth Sales and Possession	6820 (283.88)	6372 (259.09)	6343 (252.32)	7729 (301.41)	8447 (324.33)	8964 (340.46)	7370 (279.09)	5502 (207)	-19%	-25%
7. Availability Measures "Easy to get" Price: Per "8-Ball": :1/8 oz Purity	70% \$160 25%-53%	66% \$100-\$125 30%-40%	67% \$100-125 10%-99%	65% \$100-125 10%-99%	83% \$100-140 70%-100%	81% \$100-150 50%-95%	76% \$140-180 50-80%	70% \$120-\$300 40-90%	Price slightly up; purity down	Wider range in purity & increase in price
8. Number of Drug Endangered Children	244	176	284	128	269	396	374	375	+35%	0%
9. Hotline Calls	236	265	375	444	834	457	872 ¹	1175	+398%	+35%
10. Strike Force-Generated Media Stories	132	101	75	59	51	29	96	242	+83%	+152%

Note: Data on 1995-1999 is available at www.no2meth.org

¹ Figures in parenthesis represent rate per 100,000

Strike Force convened by Board of Supervisors Meth Hotline opens	DEC Opens in North County	Vista Partners Project Begins	Prop 36 Begins	DAWN ER Mention System Changed	DEC Expands Countywide	Meth Production Shifts to Mexico	Nat'l Pseudoephedrine Controls Established	Mexico Limits Pseudoephedrine Imports
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1996 1997 1999 2001 2002-03 2003 2004-05 2005 2005-2007



REPORT CARD ANALYSIS

The Report Card (see page 3) reflects ten indicators on the impact of methamphetamine in San Diego County. The Report Card includes data from 2000 through 2007. This snapshot of the region's methamphetamine problems includes annual changes as well as changes since 2000. (Prior year's data is available at the Strike Force web site www.no2meth.org\data.htm). 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 2007, 184 persons seen by the Medical Examiner died with methamphetamine in their system. This is a .06 percent increase from 2006; no trend can be determined by these small decreases or increases. When compared to the approximately 20,000 people who die every year in San Diego County, the range across the period is relatively small.

Additionally, 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 re-structured in 2003 to include more County emergency departments, which has subsequently increased reporting.

As a control for sampling sizes, the Report Card now also includes the proportion – not just the raw number or rate per 100,000 – of all substances mentioned in emergency rooms. Beginning next year, the Strike Force Report Card will use a new database developed by San Diego County Emergency Medical Services that is more comprehensive than the current sample collected by DAWN.

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, comparisons to other cities can no longer be completed. 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. Rates exclude ages 0-10.

METHAMPHETAMINE-RELATED DEATHS

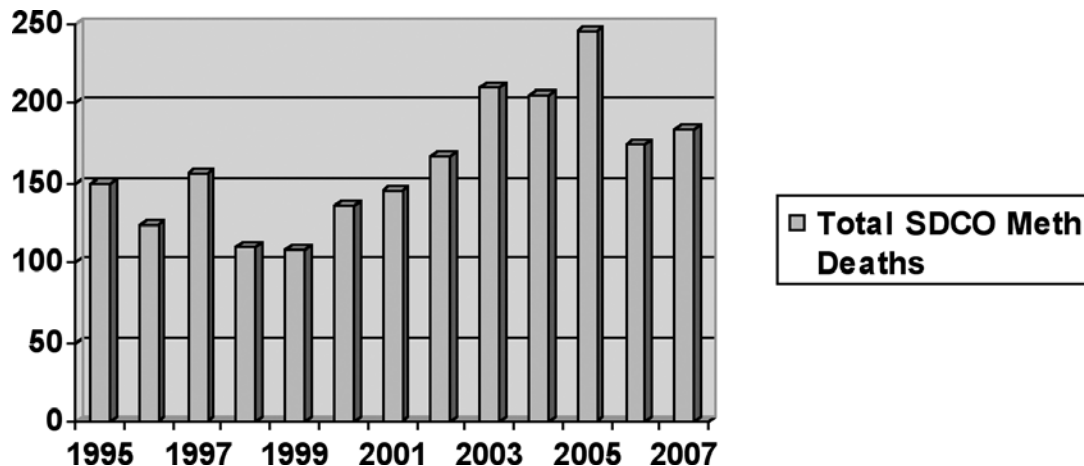
Meth-related deaths have remained relatively stable following an all time high in 2005. Several factors are suggested in looking at patterns of death.

- An aging cohort of meth users (more than 60 percent 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;
- The Medical Examiner's office is better trained to see and document these deaths.

Twenty two percent of homicides involve meth; 6 of 11 officer-involved shootings in 2007 involved methamphetamine. Deaths ranged from infants to a 69 year old, though 80 percent of all deaths occurred in the 30-68 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 25 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



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”

Emergency department mentions in 2007 decreased by 29 percent compared to 2006 although as seen in Figure 3, the proportion of meth cases as part of all substance abuse mentions has remained stable. It is important to note that because DAWN is a sample that changes in size over the years, this proportion figure is the best guide to understanding how much methamphetamine impacts local emergency rooms. Figure 3 identifies the proportion of methamphetamine mentions for the last four reporting years:

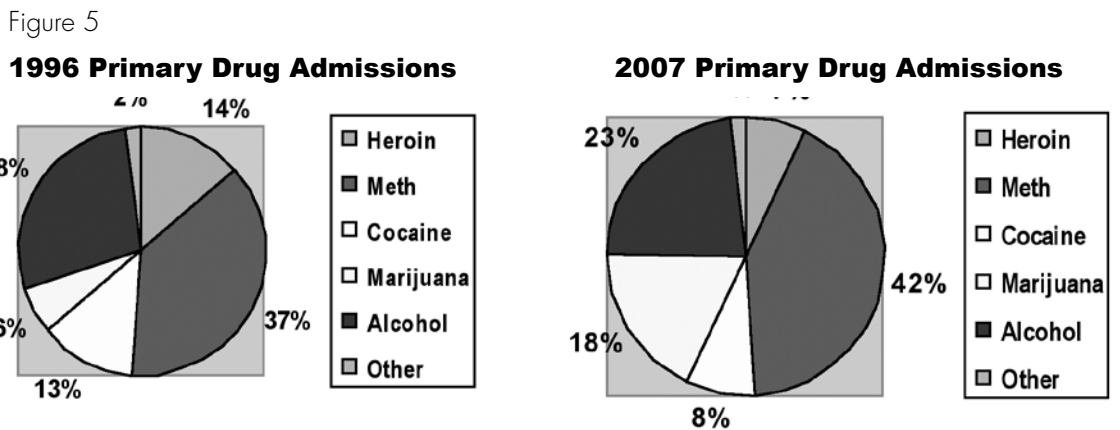
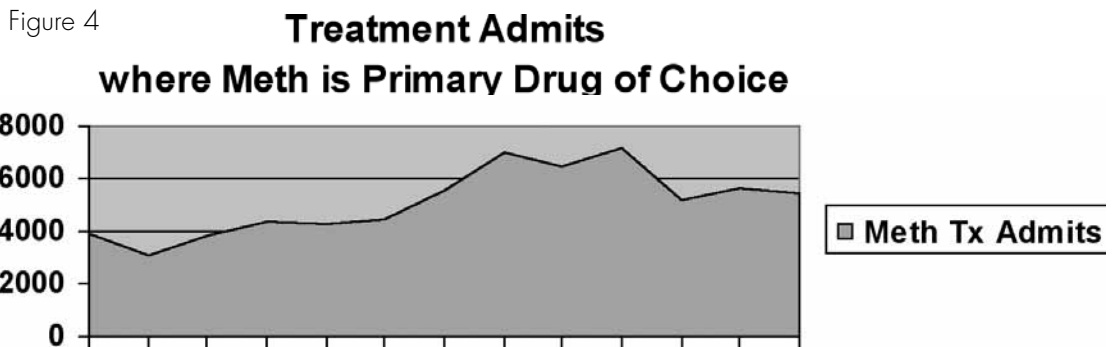
Figure 3

Meth Mentions as Proportion of All Substance Abuse Mentions				
2003	2004	2005	2006	2007
25%	27%	33%	31%	31%

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. Since 2000, the region has seen an 11 percent increase in the number of people in treatment for meth use. Over the last three years, the proportion of the treatment population with meth as a primary drug of choice has slightly decreased from 46.2 percent of the whole treatment population in 2005 to 42.1 percent in 2007. Figure 4 below pictures the total numbers of persons seeking treatment for methamphetamine in the public system of care.

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. The Strike Force has placed a high priority on the availability of residential treatment for meth addiction, and has used outreach and education to increase requests for assistance.



POSITIVE DRUG TESTS AMONG ARRESTEES

Positive methamphetamine test rates for arrestees decreased for both adults and juveniles in 2007 compared to the prior year (see Figures 6 and 7). Compared to 46 percent of adults in 2005, the adult average positive methamphetamine test rate was 31 percent in 2007. Likewise, juvenile test rates dropped from an all-time high of 21 percent in 2005 to an all-time low of 8 percent in 2007.

Figure 6

Percentage of Adult Arrestees with Positive Meth Tests

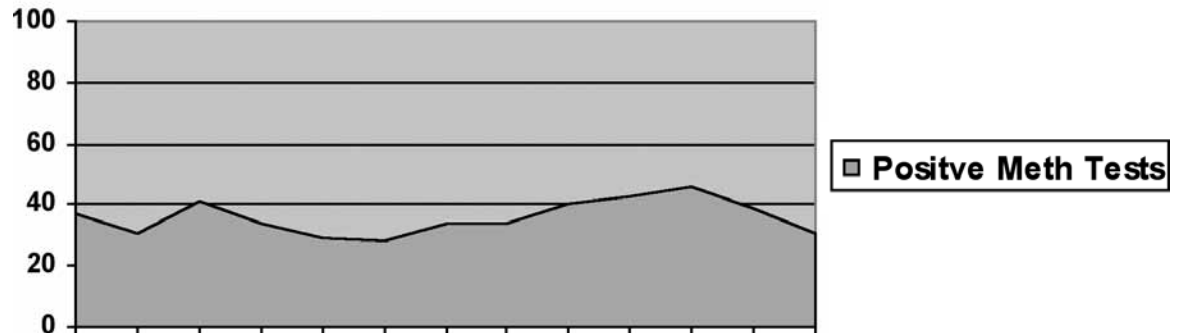
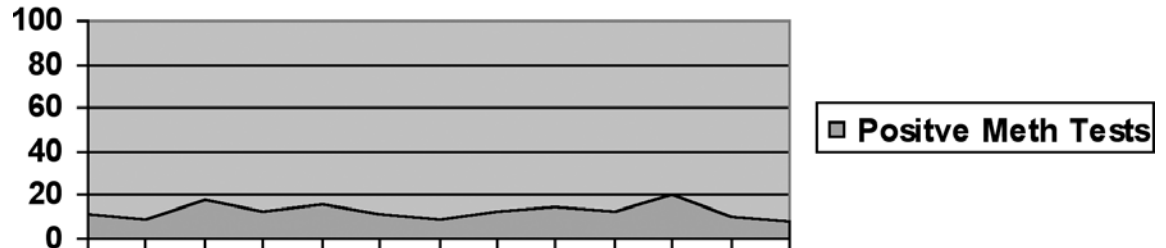


Figure 7

Percentage of Juvenile Arrestees with Positive Meth Tests



METHAMPHETAMINE-RELATED ARRESTS

The number of arrests for meth sales and possession decreased 25 percent from 2006 to 2007. The number of arrests decreased 19 percent from 2000 to 2007; this figure is consistent with decreases in other indicator areas.

METHAMPHETAMINE LABS

Methamphetamine manufacturing activity is recorded in two ways: clean-up activity and actual lab seizures (see Figures 8 & 9). In 2007, compared to the prior year, clean-ups, primarily lab "dump sites," increased by 40 percent, and labs seizures decreased 40 percent; this rate juxtaposition probably reflects the fact that a single lab results in multiple clean-up sites. Both figures represent a large drop over the twelve-year period, and reflect the more recent phenomenon of imported meth from Mexico as the primary local source of methamphetamine.



Figure 8: Lab Operation



Figure 9: Lab Clean-up

Figure 10 Lab Seizures in Baja California

Year	Labs Seized
1999	20
2000	33
2001	64
2002	74
2003	47
2004	47
2005	18
2006	11
2007	8

Despite local efforts to minimize lab activity and the apparent decrease in local labs, smuggling of methamphetamine across the border continues to make methamphetamine available. The number of seizures of methamphetamine and related chemicals at the California Ports of Entry has decreased. In 2007, there was only one seizure of red phosphorus, one Hydrolic acid and one seizure of pseudoephedrine tabs. This is a decrease from 2005, when 14 seizures of precursors, including iodine, Hydriodic Acid, Red Phosphorus, Pseudoephedrine, and Ephedrine, were made.

The lab seizure rates shown in Figure 10 reflect the fact that the Mexican government has strengthened its policy on precursor chemicals over the last two years. Beginning in 2008, no pseudoephedrine imports are allowed. Given the San Diego Region's proximity to the U.S./Mexico Border, work to limit the availability of methamphetamine must be a sustained binational effort among all law enforcement agencies on both sides of the border.

DRUG ENDANGERED CHILDREN

Drug Engdangered Children (DEC) case numbers are now included on the Report Card front page; additional details can be viewed in the Appendix C. As DEC's capacity to intervene has grown since its inception in 1999, so have the numbers of cases. The number of DEC cases was stable with 374 cases in 2006, and 375 cases in 2007.

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 2006, 872 calls were made to the Hotline and Website, a 91 percent increase from the prior year. The Crystal Darkness media event in December 2007 stimulated a record 400 calls over the week in and around the airing of the documentary, contributing to a 35 percent increase in 2007 compared to 2006. The Hotline magnet distribution event in July 2008 also contributed to a short term increase in calls.

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. The number of appearances was at an all-time low in 2005, with 29 stories aired or printed. However, this figure jumped to 96 in 2006 and 242 in 2007. The 2007 figure represents a 152 percent increase compared to media appearances in 2000. This increase is at least partially driven by increased work on the part of the Health and Human Services Agency Office of Media and Public Affairs, which hosted several "Get Off of Meth" news events in the last year.

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. In recent years, meth has gained a larger, national dimension and meth problems now impact the entire country. The National Association of Counties has established programs to counter methamphetamine problems, including a Meth Action Clearinghouse, a quarterly newsletter, periodic conferences and teleconferences, and data collection. The trends shared in this Status Report, in terms of slight decreases in purity and increases in price, have been reported in other parts of the country. Nationally, methamphetamine treatment admissions compose less than 10 percent of all admissions; high levels of methamphetamine problems are still more dominant in Western states. While San Diego may have the longest history with meth, it is clear now that we are definitely not alone in this struggle.

IV. IMPROVING EFFECTIVENESS THROUGH COLLABORATION

With some success on several indicators, the San Diego region must remain vigilant because dynamic variables outside of local control are large influences on problem levels. Strike Force leadership is encouraged with progress, but suggests the region needs “to keep our eyes on the prize” with efforts to significantly reduce meth problems.

This persistent, chronic problem must be countered by an equally persistent, dedicated reduction effort. 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 Nick Macchione and Public Safety Group Director Raymond Fernandez.
- Implementation of the Methamphetamine Prevention Initiative among County contracted prevention providers.
- Development of new partnerships on meth-fueled family violence, through the Aging and Independent Services (AIS) branch of HHSA, and with the San Diego Domestic Violence Council.
- Expanded education and outreach through media, school-based prevention and community outreach.

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

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 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 and implement a problem-solving agenda on several meth-related issues in the past year.

Beginning in 2005, the Stop Meth Associated Crime (SMAC) campaign began 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, promotes 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.

In 2006, the Strike Force, in collaboration with law enforcement and prevention partners, launched the “Glass Pipe” campaign which resulted in the seizure of more than 10,000 glass pipes in the East Region. The sale of glass pipes used to smoke methamphetamine and crack cocaine is a violation of the California Health and Safety Code 11364.7. More than 120 media stories were generated through this effort.

Based on the campaign’s success, and the continued proliferation of paraphernalia in the County, the Strike Force, in partnership with law enforcement and Health Advocates Rejecting Marijuana (HARM), began an effort to enforce the same law against an expanded list of drug paraphernalia that includes bongs. This enforcement and related prosecution is currently in progress.

Aging and Independent Services (AIS) has collected data collection on meth-related financial, emotional and physical abuse of older adults. AIS also conducted training for their workforce on the nexus between meth and family violence.

The San Diego Domestic Violence Council is working with the Strike Force on data collection to better understand the phenomenon, as well as strategies to prevent meth-related 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 now has a formal relationship with the Council’s substance abuse committee to develop and advance prevention efforts in this area.

APPENDIX A, cont.

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, Strike Force partners are now producing a training video for use by local law enforcement agencies during roll call for patrol officers. More knowledge and recognition of DEC cases and subsequent involvement of the DEC team will no doubt result in increased number of child rescues and entry into the Dependency Court system.

Promote Methamphetamine-Specific, Coordinated Efforts Among Nine Regional Prevention Programs

The Meth Prevention Initiative for County-contracted prevention service providers is now firmly in place. This plan brings regional skills, energy and experience to a common page regarding how to prevent meth problems. The Meth Prevention Initiative is focused on three areas: neighborhood safety, including crime-free housing; methamphetamine-related health effects, especially how meth use relates to HIV and other sexually-transmitted diseases; and business policies and practices, such as the availability of substance content in children's video games or the retail sales of glass pipes used to smoke methamphetamine or "crack" cocaine.

Expand Outreach and Education about Methamphetamine

Expanded efforts to reach target populations through the HHSA "Get Off Meth" campaign have resulted in a shift in the type of call received at the Meth Hotline. The largest number of calls is now a call for assistance; in the early history of the Meth Hotline the majority of calls were to report meth crimes. The "Get off Meth" brochure was redesigned for a broader audience, and is distributed at health facilities and public health centers, along with the original site at the Las Colinas women's detention facility.

In addition, the San Diego Prevention Coalition hosted the "Crystal Darkness" campaign, centered around the airing of a 30-minute documentary in December 2007. Fifteen host sites were organized with expert panels at community locations. This campaign significantly increased the public discussion about meth.

In another effort, a new Strike Force Education Committee is working to infuse a meth prevention module in existing school-based prevention, and hopes to strengthen capacity of School Attendance Review Boards to intervene with student alcohol and other drug problems.

Methamphetamine Related Deaths in San Diego County

APPENDIX B

DETAILED INFORMATION ON DEATHS AND METHAMPHETAMINE TREATMENT ADMIS- SION DATA

Source: San Diego County
Medical Examiner, June 2008

Year	Total
1995	150
1996	124
1997	156
1998	110
1999	108
2000	140
2001	150
2002	166
2003	210
2004	205
2005	245
2006	174
2007	184

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.

Methamphetamine Related Deaths – Manner 2007

Manner	Total	% of Meth. related deaths			% all deaths of this manner		
		2007 (2004)	2006 (2003)	2005 (2002)	2007 (2004)	2006 (2003)	2005 (2002)
Accident (Drug Related) 27 with other drugs, 13 contributing to fatal natural disease, 47 with meth alone +/- chronic disease	88	48%	45%	44%			
		(50%)	(45%)	(44%)			
Accident (Motor Vehicle)	20	11%	14%	14%	6%	7%	10%
		(12%)	(11%)	(17%)	(7%)	(7%)	(8%)
Accident (Other) (3 drowning, 2 fire, 1 fall from height, 1 industrial accident, 1 hyperthermia)	8	4%	5%	6%			
		(6%)	(6%)	(5%)			
Natural with methamphetamine present	6	3%	4%	5%			
		(3%)	(3%)	(7%)			
Homicide (Including 6 of 11 Law Enforcement shootings)	30	16%	15%	17%	22%	17%	33%
		(15%)	(17%)	(13%)	(21%)	(22%)	(12%)
Suicide	29	16%	14%	11%	8%	8%	8.5%
		(10%)	(16%)	(12%)	(6%)	(10%)	(6%)
Other or Undetermined	1	0.5%	2%	1%			
		(3%)	(1%)	(1%)			
Perinatal/Fetal Death (ME jurisdiction is not generally assumed in these cases unless maternal or fetal trauma is suspected)	2	1%	0%	1%			
		(1%)	(1%)	(1%)			
TOTAL	184				6%	6%	9.4%
					7.8%	7.9%	6.8%

APPENDIX B, cont.**Methamphetamine Related Deaths – 2007 Manner vs. Age**

Manner	<1 Year	1-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60 + Years	Unknown	TOTAL
Accidental (Drug Related)	-		6	12	34	30	5	1	88
Accidental (Motor Vehicle)	-	-	7	3	3	5	2	-	20
Accidental (Other)	-	-	-	3	1	3	1	-	8
Natural with methamphetamine present	-	-	-	1	3	2	-	-	6
Homicide	-	1	14	7	4	3	1	-	30
Suicide	-	-	6	6	11	6	-	-	29
Other/Undetermined	1	1	-	-	-	-	-	-	2
Fetal/Perinatal Death	1	-	-	-	-	-	-	-	1
TOTAL	2	2	33	32	56	49	9	1	184

Ethnicity and Gender 2007

Ethnicity	# Of Deaths	Male	Female	% of Total Meth. Deaths
American Indian	3	2	1	2%
Black	17	14	5	10%
Filipino	2	0	2	1%
Hispanic	46	40	6	25%
Samoan	1	1	0	0.5%
Vietnamese	1	1	0	0.5%
White	111	85	26	60%
Other	1	1	0	0.5%
TOTAL	184	144	40	—

APPENDIX B, cont.**2007 Occupation Status**

Trade	Customer Service	Other	Unemployed	Unknown
Acoustic Worker 1	Auto Sales 1	Bio-Chemist 1	None 4	Undetermined 7
Auto Restorer 1	Barber 1	Civil Service 1	Unemployed 1	Unknown 14
Building Framer 1	Business Office Clerk 1	Disabled 2	Never Worked 1	Blank 34
Business Owner 2	Bus Boy 1	Disc Jockey 1		
Carpenter 3	Bus Operator 1	Firefighter 1		
Composite Maker 1	Car Salesman 2	Homemaker 2		
Concrete Construction 1	Clerical/Clerk 2	Infant 2		
Construction 14	Computer Specialist/Tech 2	Musician 1		
Contractor 1	Cook 1	Pianist 1		
Crane Operator 1	Counselor 1	Student 4		
Draftsman 1	Country Club Manager 1	Seaman 1		
Electrician 1	Custodian 1	Retired USMC 1		
Farmer 1	Customer Service 2			
Foreman 1	Delivery Person 1			
General contractor – Owner 1	Food Preparer 1			
Handyman 2	Grocery Store Clerk 1			
Horse Trainer 1	Hairstylist 1			
Laborer 4	Home Care Provider 1			
Landscaper 1	Landlord 1			
Machinist 2	Medical Doctor 1			
Manager 2	Nurses Aid 1			
Mechanic 3	Pawn Shop Clerk 1			
Office Contractor 1	Sales 5			
Painter 1	Telecommunications 1			
Pipe Fitter 1	Shuttle Driver 1			
Plumber 2	Shipping/Receiving Clerk 1			
Press Operator 1	Section Leader 1			
Roofer 1	Receptionist 1			
Sand Blaster 1	Postal Service 2			
Stocker 1	Physical Therapist 1			
Tattoo Artist 1	Waitress 1			
Tile Setter 2				
Tree Trimmer 1				
Truck Driver 3				
Upholsterer 1				
Warehouse Manager 1				
Warehouse Worker 1				

APPENDIX B, cont.**Detailed Information on Calendar Year 2007
Treatment Admissions for Meth as Primary Drug of Choice**

Gender	Frequency	Percent
Male	3074	56.2
Female	2391	43.7
Not identified	2	.0
Total	5467	100.0

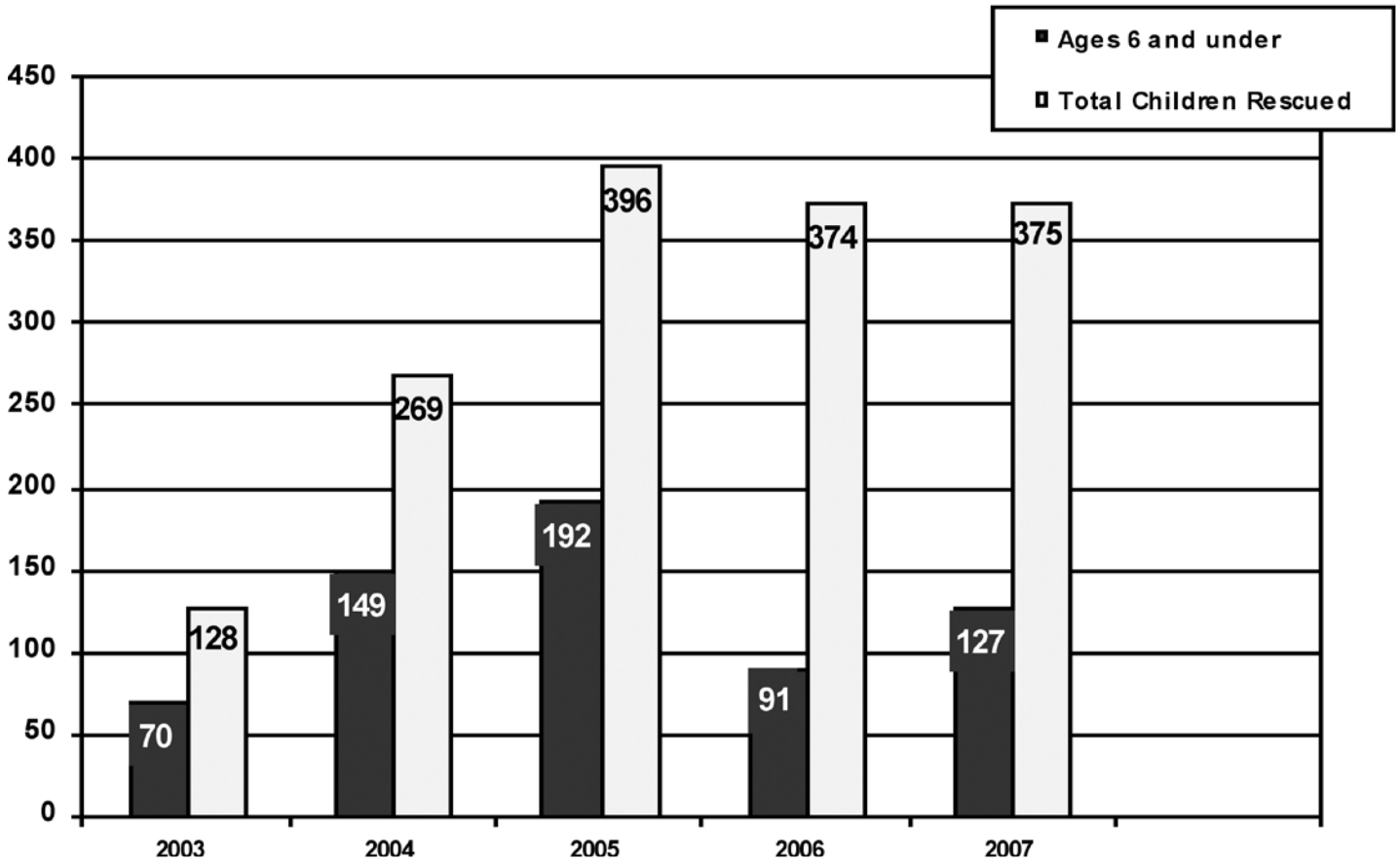
Race/Ethnicity	Frequency	Percent
Valid White	2819	51.6
Black/African American	331	6.1
Mexican/Latino	1771	32.4
Asian/Pacific Islander	233	4.3
Native American	74	1.4
Other	239	4.4
Total	5467	100.0

Region	Frequency	Percent
Valid Central Region	871	15.9
South Region	819	15.0
East Region	899	16.4
North Central Region	322	5.9
North Coastal Region	501	9.2
North Inland Region	650	11.9
Homeless/Unk	1405	25.7
Total	5467	100.0

Age Range	Frequency	Percent
Valid <16 Years	97	1.8
16 - 17 Years	141	2.6
18-21 Years	494	9.0
22-25 Years	800	14.6
26-35 Years	1653	30.2
36-45 Years	1654	30.3
46-55 Years	567	10.4
>55 Years	61	1.1
Total	5467	100.0

Treatment Modality	Frequency	Percent
Valid Residential	2022	37.0
Detoxification	669	12.2
Non-Residential	2776	50.8
Total	5467	100.0

APPENDIX C
DRUG ENDANGERED
CHILDREN
STATISTICS



APPENDIX D

The Strike Force acknowledges the passing in 2008 of two of the founding members, who made tremendous contributions to the work of the Methamphetamine Strike Force as well as in their respective fields: Rich Gorman, Executive Director of the California Border Alliance Group (CBAG) and Cleo Malone, PhD., Executive Director of the Palavra Tree.

MSF Roster**TRI-CHAIRS**

*Bonnie Dumanis, District Attorney
Public Safety Group
County of San Diego*

*Nick Macchione, Director
Health and Human Services Agency
County of San Diego*

*Raymond Fernandez, 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

Jennifer Schaffer, PhD, Director of Behavioral Health Services

Behavioral Health Services

Susan Bower, Deputy Director, Alcohol and Drug Services

Wendy Maramba, Assistant Administrator, Alcohol and Drug Services

Linda Bridgeman-Smith, Prevention Services Manager, Alcohol and Drug Services

Viviana Criado, Older Adult Coordinator, Adult Mental Health Services

Aging and Independent Services

Jennifer Brandsford-Koons, Program Manager, Adult Protective Services & Senior Mental Health

Joan Tierney, Adult Protective Services Supervisor

Child Welfare Services

Ed Cadena, Assistant Deputy Director

Patricia Devlin, DEC Coordinator, Child Welfare Services

Claudia Bell, 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

Lori Jones, Community Health Program Specialist

Office of Media and Public Affairs

Jose Alvarez, Media/Public Relations Specialist

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

Heather Anderson, Program Manager

District Attorney's Office

Damon Mosler, Chief of Narcotics Division

Sheriff Department

Bill Gore, Assistant Sheriff

Ed Prendergast, Commander

Joe Mata, Sergeant

Probation Department

Mack Jenkins, Chief Probation Officer

Michael Epps, Supervising Probation Officer

Scott Countryman, Supervising Probation Officer

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

City of Vista

Kathy Valdez, Coordinator, City of Vista Weed and Seed

Superior Court

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

Carol Conner, Special Projects Manager, Central Division

Education

Chris Boyd, Life Skills Program Manager, San Diego Unified School District

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

Higher Education

Nafissatou Cisse, Community Health Representative, UCSD EDGE/FASTLANE Research Study

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

Paula Williams, Staff Research Associate, UCSD FASTLANE Research Study

Jim Zians, Ph.D., Project Director, UCSD EDGE/FASTLANE Research Study

APPENDIX D, cont.

Federal/State Agencies

Drug Enforcement Administration, San Diego Division

Ralph W. Partridge, Special Agent in Charge

Jacqueline Borboa, Demand Reduction Coordinator

Mark Pothier, Special Agent

California Border Alliance Group

Richard Gorman, Executive Director

Kean McAdams, Interim Executive Director

Scott Gaukel, Demand Reduction Coordinator

State of California Department of Corrections

Liz Tolison, Parole Supervisor

Mary Beth Wilson, Parole and Community Team Agent

California Department of Justice

San Diego Law Enforcement Coordination Center

Steve Lough, Precursor Chemical Coordinator

Judy Van Winkle, Criminal Intelligence Supervisor

Bureau of Narcotics Enforcement

David King, Special Agent in Charge

Ernesto Limon, Special Agent

Local Law Enforcement

Escondido Police Department

Jim Maher, Chief of Police

Craig Carter, Lieutenant

Jim Lanigan, Sergeant

San Diego Police Department, Narcotics

Todd Jarvis, Sergeant

Private/Community

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

Bruce Frankel, Executive Director, San Diego Prevention Coalition

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

Susan Caldwell, Program Manager, East County Community Change, Institute for Public Strategies

Steven Gomez, Substance Abuse Counselor, Southern Indian Health Center

Dawn Griffin, President, San Diego Domestic Violence Council

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

Mary Harrison, Executive Director, Communities against Substance Abuse

Kim Herbstritt, Executive Director, Institute for Public Strategies

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

Paul Krupski, Prevention Specialist, SAY San Diego

Bill Meyer, Director of Criminal Justice Programs, McAlister Institute

John de Miranda, Executive Director, Stepping Stone, Inc.

Barbara Morton, Resources Development Director, CRASH, Inc.

Deborah Parker, Futures Associates

Denise Reed, Interim Executive Director, Palavra Tree, Inc.

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

Judi Strang, Executive Director, San Dieguito Alliance for Drugfree Youth

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

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

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. Positive methamphetamine tests - adult and juvenile: Substance Abuse Monitoring (SAM), a program operated by the San Diego Association of Governments (SANDAG).
5. County clean-ups: County of San Diego Environmental Health Department:
Lab seizures: Drug Enforcement Agency (DEA).
6. Number of arrests: Automated Regional Justice Information System (ARJIS).
7. Availability measures:
 - Methamphetamine "easy to get:" ADAM interviews.
 - Price & Purity: San Diego Local Coordination Center (SDLECC).
8. County of San Diego Child Welfare Services
9. Hotline calls: San Diego Local Coordination Center (SDLECC).
10. Media stories: Institute for Public Strategies (IPS).