



County of San Diego
Methamphetamine Strike Force



STATUS REPORT

October 31, 2000





County of San Diego Board of Supervisors

Dianne Jacob, Chairwoman
District 2

Ron Roberts, Vice Chairman
District 4

Greg Cox
District 1

Pam Slater
District 3

Bill Horn
District 5

Walter F. Ekard
Chief Administrative Officer

Steven A. Escoboza, Interim Director
Health and Human Services Agency

Al Medina, Alcohol and Drug Program Administrator
Health and Human Services Agency



METHAMPHETAMINE STRIKE FORCE Recommendations At-A-Glance

Methamphetamine Strike Force members developed these recommendations through an action planning process during the fall of 1996. The County of San Diego Board of Supervisors adopted this set of comprehensive recommendations in December 1996. Progress on implementation of these recommendations is referenced later in this Status Report.

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 factors.
3. Reduce access to methamphetamine in key locations with clear policies, consistent sanctions, and adequate enforcement.
4. Encourage school districts to develop and enforce alcohol, tobacco, and other drug policies, and provide 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 effectiveness and cost benefits of treatment.
9. Seek new funding to expand treatment services, especially for adolescents.
10. Direct courts to develop sentencing strategies to more effectively manage the behavior of drug offenders.
11. Improve abilities to target consumers of treatment and to assess/identify risk.
12. Pilot an integrated treatment approach involving Drug Courts and an enhanced Probationers-in-Recovery model.

Interdiction

13. Establish the Methamphetamine Hotline.
14. 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.)
15. Pursue stronger statewide regulation of precursor chemicals and stiffer penalties for "rogue" companies that distribute precursor chemicals.
16. Use community-policing strategies to engage the public in methamphetamine issues.
17. Increase cooperation with Mexico by exchanging information and offering interdiction training for Mexican personnel.



COUNTY OF SAN DIEGO

Methamphetamine Strike Force Status Report Progress and Recommendations

TABLE OF CONTENTS

INTRODUCTION	1
■ Meth Strike Force Structure	
THE REPORT CARD	3
A Quantitative Look: What Do the Numbers Say?	
REPORT CARD TRENDS	5
A PROGRESS REPORT	6
on Actions of the Methamphetamine Strike Force	
■ The Coordinating Committee	
■ The Research Team	
■ Vista Partners Project	
■ Media Action Team	
■ Methamphetamine Hotline	
METHAMPHETAMINE IN CONTEXT:	12
Progress in Creating Comprehensive Alcohol, Tobacco, and Other Drug Program Efforts	
■ Drug Court Expansion	
■ Other Treatment Enhancements	
• County Efforts	
• Other Efforts: MATRIX / HEARTT Program	
■ Screening and Brief Intervention Services Expansion	
■ Drug Endangered Children Project	
RECOMMENDATIONS FOR ACTION	16
■ Stay the Course	
■ Regional Coordination	
NEXT STEPS: The Coming Year	17
Appendix A: Sources for Report Card Data	18
Appendix B: Methamphetamine Strike Force Roster	19



INTRODUCTION

Methamphetamine (commonly called “meth”) is a dangerous stimulant that has captured national attention because of serious health, social, and criminal problems associated with its use. The San Diego region has a long history of methamphetamine use, dating back to the early formation of biker clubs in post World War II. Because of our proximity to the border, our region faces special challenges in efforts to reduce the impact of this hazardous drug.

In March 1996, after receiving reports that showed methamphetamine problems had reached near epidemic proportions, the Board of Supervisors authorized the formation of a multi-disciplinary Methamphetamine Strike Force.

The 70-member Meth Strike Force includes local, state, and federal representatives from public health, law enforcement, judiciary, education, treatment, prevention, and intervention agencies. A membership roster is provided in the Appendix B. The Board of Supervisors asked the Meth 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.

The Meth Strike Force returned to the Board in December 1996 with their Plan for Action and requested authority to implement a comprehensive set of 17 recommendations focusing on prevention, intervention, treatment, and interdiction. The need to address methamphetamine in the context of all alcohol and other drug issues is a core value contained in the Methamphetamine Strike Force recommendations.

The Meth Strike Force functions primarily as a coordinating and planning body to promote implementation of its original recommendations, as listed in the Recommendations At-A-Glance page at the front of this report. By leveraging multiple resources, the Meth Strike Force has had a large impact by:

- Raising public awareness that methamphetamine is everyone’s problem.
- Leveraging resources through inter-agency cooperation.
- Attracting new, methamphetamine-specific resources to the area.

This report is the latest in a series of annual reports to the Board of Supervisors that tracks progress, accomplishments, and future directions for the Methamphetamine Strike Force. In addition, the report contains a Report Card that displays community-level measures of methamphetamine problems.

The Status Report summarizes Meth Strike Force-specific progress, as well as the collective work of member agencies, government, and the private sector which have banded together to address common problems related to methamphetamine. The Meth Strike Force, through its innovative structure,

coupled with the active participation of the diverse membership, has stimulated collaborative efforts that are described in detail later in this report.

To ensure progress in implementing the action plan documented in the Meth Strike Force report, *Translating Ideas Into Action*, the Meth Strike Force formed several teams. One of these original teams was the Resource Team which was disbanded in the fall of 1998 after completing work to develop, recruit and select the community for what is now known as the Vista Partners Project.

The current structure of the Methamphetamine Strike Force is outlined in the following chart.



- **The Coordinating Committee** provides overall coordination and leadership for the Meth Strike Force. Until June, it operated under the leadership of co-chairs Robert K. Ross, M.D., former Director of the County's Health and Human Services Agency, and Undersheriff Jack Drown. Steven A. Escoboza, Interim Director of the Health and Human Services Agency, assumed the co-chair vacated by Dr. Ross, along with the continuing leadership of Undersheriff Drown.
- **The Media Action Team** coordinates the media effort by creating newsworthy events and other opportunities to increase media coverage about methamphetamine problems and solutions.
- **The Research Team** examines data, identifies areas for further inquiry, coordinates training, and conducts focus groups to identify research-based approaches to prevention, intervention, and treatment.
- **The Vista Partners Project** puts into practice the Meth Strike Force's philosophy of using a balanced approach to prevention, intervention, treatment, and interdiction in the City of Vista. ■

A QUANTITATIVE LOOK:

What Do the Numbers Say?

“Cautious optimism continues,” said Jack Drown, Undersheriff and co-chair of the Meth Strike Force, as he reviewed the data in this year’s Report Card. This year’s figures generally continue in the positive direction set last year – and this is good news for all in San Diego County.

This Report Card lists ten separate, but related, methamphetamine indicators in San Diego County. The Report Card was developed by a team of data experts and approved for use as a long-term “picture frame” by the Coordinating Committee. The data has been tracked since 1995 — one year before the Strike Force was formed — and is reported in six-month increments.

The Report Card notes change in two ways: a) between the first and last (available) reporting period; and b) annually between 1998 and 1999.

These indicators should be examined using two guidelines:

- Review the indicators as a set, as no single indicator provides the complete story. As a cluster, more confidence can be taken in interpreting or giving meaning to these numbers.
- A “real trend” exists when there is movement in the same direction over seven consecutive periods. In San Diego County’s case, methamphetamine problems show ups and downs, though 1997 was a peak year.

Methamphetamine

Indicator	1999	
	Period 1 Jan-Jun	
1. Total Meth Deaths	89	
2. Related Emergency Department Mentions	670	
3. Drug Treatment Admissions	2018	
4. Positive Meth Tests: Adult Arrestees	43%	
5. Positive Meth Tests: Juvenile Arrestees	17%	
6. Lab Cleanup/Seizure* County Cleanup: DEA/NTF Seizures:	21 19	
7. Number of Arrests for Meth Sales & Possession		Data not available
8. Availability Measures “Easy to get” Price: Per “8-Ball” (1/8 oz.) Purity		NA \$140-\$180 NA
9. Hotline Calls	NA	
10. Strike Force-Generated Media Stories	NA	

Sources for Report Card Information available at www.sandiegocounty.gov

* County of San Diego

Strike Force Report Card

5	1996		1997		1998		1999				
Period 2 Jul-Dec	Period 3 Jan-Jun	Period 4 Jul-Dec	Period 5 Jan-Jun	Period 6 Jul-Dec	Period 7 Jan-Jun	Period 8 Jul-Dec	Period 9 Jan-Jun	Period 10 Jul-Dec	Change From Period 1 to 10 (1995-1999)	Change From 1998 to 1999	Comments/ Trends
61	55	69	71	85	55	55	51	57	-36%	-2%	
440	464	691	799	1049	845	628	Data not available		-6% (Period 1 to 8)	-20% (1997 to 1998)	Final 1999 data not available until 2001.
1924	1589	1520	1800	2019	2255	2143	2022	2213	+10%	-4%	
31%	27%	38%	38%	46%	37%	29%	31%	28%	-15%	-3%	1999 based on amphetamine positive results.
5%	7%	11%	15%	21%	13%	12%	14%	18%	+1%	+3%	Beginning 1999, juvenile category includes females.
19	21	13	9	4	8	10	18	28	+33%	+156%	Most of the increase in clean-ups is attributed to one master lab with multiple dumpsites.
19	30	29	33	16	20	24	34	28	+47%	+41%	
available	3114	3622	4201	4441	4036	3417	3693	3826	+23% (Period 3 to 10)	+1%	Arrests in 1999 down 13% from a peak in 1997
80	NA	73% \$120-\$180 15% - 97%	72% \$100-\$180 20-40%	66%	68% \$125-\$180 20% - 40%	59%	75% \$130-\$150 15%-40%	54%	-19% Period 4-10 Stable	+1% Stable Stable	
NA	NA	245 began 12/96	736	468	269	163	232	153	-80% (Period 5-10)	-11%	
NA	NA	32 (began 12/96)	73	47	7	17	19	97	+33% (Period 5-10)	+383%	381 paid traffic announcements with Hotline in July and 269 in August.

See Appendix A, page 18.

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

** Figures represent percentage of those interviewed in jail who say meth is "easy to get" (ADAM surveys).



REPORT CARD TRENDS

The Report Card provides a relatively clear picture in quantifiable terms of methamphetamine problems in San Diego County. A number of specific questions are answered through a review of these numbers, such as how many San Diego County residents have died from methamphetamine, and how many arrests related to methamphetamine were made. The reader is able to see the numbers and compare changes across timelines.

The Report Card reveals that several indicators have remained relatively stable over the last year, such as price of methamphetamine and the rates of drug tests that were positive for methamphetamine among juvenile arrestees. Several indicators deserve special mention because of the change that has occurred:

■ Methamphetamine-Related Deaths

San Diego County can cautiously celebrate the fact that methamphetamine-related death rates have fallen for two years in a row. In 1999, deaths attributed to methamphetamine were 2 percent lower than in 1998, and 36 percent lower than the 1995 baseline period. In comparison, death rates are lower for alcohol and cocaine in the past year; however, heroin overdose deaths rose 2 percent.

■ Emergency Department “Mentions”

This is another good news item. In 1998, there was a 20-percent drop from 1997 in hospital emergency room “mentions” of drug use and a 6-percent overall drop from 1995. A mention occurs each time an emergency room patient mentions using a drug; each drug reported counts as a separate “mention.” Preliminary unpublished 1999 figures suggest the decline has continued into 1999. This data is one year behind other indicators, as local information is given directly to the federal system, and time elapses before the analysis is returned. This drop in emergency room mentions in 1998 parallels a drop in other indicators in the same year, as published in the 1999 Status Report.

■ Positive Drug Tests Among Arrestees

The San Diego Association of Governments (SANDAG) participates in the federal Arrestee Drug Abuse Monitoring (ADAM) program, which tests and interviews persons in the jails to document illicit drug use among arrestees. ADAM staff also conducts special in-depth interviews with persons who test positive for methamphetamine; these interviews rate how “easy to get” meth is and thus yield arrestee rating of meth availability which is another indicator on the Report Card.

The good news in the 1999 data is that positive meth tests among adult arrestees have dropped 15 percent from 1995, and dropped 3 percent compared to 1998. This downward turn has occurred for

other illicit drugs, as well. On the other hand, positive meth tests for juveniles showed a slight increase (3 percent) compared to last year.

■ Meth Labs

The Report Card shows a dramatic increase in two indicators. First, the Report Card tracks the number of times the County Hazmat (Hazardous Materials) Team is called out to clean toxic or “dump” sites. Dumpsites aren’t necessarily labs, but are locations where toxic chemicals used to manufacture methamphetamine have been discarded. According to the Hazmat officials, the large increase this past year is mostly attributable to a single mega-lab that used multiple dumpsites. These officials suggest that the increase is not reflective of a dramatic increase in the number of active labs, but shows the consequence of a very large manufacturing operation in the County.

Second, lab seizure figures obtained from the Drug Enforcement Administration are included and show an increase. Experts in this area debate whether the increase reflects more lab activity or better law enforcement efforts to track and seize labs. In addition, this figure includes both operational and non-operational labs. An example of a non-operational lab would be a “box lab”, which is a cardboard box filled with the necessary meth-manufacturing ingredients that is being transported in the trunks of cars to lab sites for set up. Experts suggest that part of the increase in lab data actually reflect broader definitions of labs rather than actual increases in the number of labs.

■ Methamphetamine Hotline

Incoming calls to the Meth Hotline (1-877-NO 2 METH) continue to decrease, despite efforts to reverse this slide. This trend is not good news, particularly since media stories on meth have increased substantially. Calls no longer seem to be related to the amount of media coverage garnered by the Media Action Team. More discussion of this issue is found in the body of this report.

■ Media Stories

During 1999, there was a significant increase (+383 percent) in media stories that resulted from the Meth Media Action Team’s efforts to keep meth in the headlines. The Media Action Team focused media on problems and solutions related to meth. The Team concentrated on the Coordinating Committee’s three priority issues: 1) the need to expand Drug Courts; 2) the Drug Endangered Children Project; and 3) precursor chemical controls. Though progress has been made on these issues, the stories haven’t necessarily contained messages to call the Hotline, despite the Media Action Team’s emphasis of the Hotline with media representatives. This may account for the lack of correlation between Hotline call rates and media stories. ■



A PROGRESS REPORT ON ACTIONS of the Methamphetamine Strike Force

The Methamphetamine Strike Force provides opportunities for members to coordinate efforts to reduce methamphetamine-related problems. The 1999 Status Report set forth six goals for 2000 as part of the conclusions in the last Status Report. Of those, the following five were met:

- Increased news coverage (+383%) of methamphetamine-related issues in news media outlets, resulting in increased public awareness of methamphetamine problems and solutions;
- Participated in collaborative efforts to educate vendors about precursor chemical control ordinances through the California Precursor Work Group and San Diego Police Department efforts;
- Maintained diverse participation among members in regular quarterly meetings;
- Promoted the implementation of the Vista Partners Project as described on page 7 on Meth Strike Force actions; and
- Assisted with planning for a systematic criminal justice treatment approach.

As noted on page 11, the objective to increase calls to the Meth Hotline was not met; ongoing efforts are underway to increase Hotline staff, vitalize the media messages, and publicize the Hotline with audiences that may easily identify individual, neighborhood, or community problems associated with meth.

The Coordinating Committee

The Coordinating Committee continued to establish priorities and provide leadership to the Meth Strike Force during the year. A special meeting was held in June 1999 to establish priorities for the coming year, which included planning and supporting the criminal justice re-design effort that is described on page 12. The Committee also helped focus media message priorities. This leadership team is also involved in special events, such as testifying for the Congressional Hearing on problems and solutions associated with methamphetamine that was held in San Diego, and presenting a workshop on the strategies of the Meth Strike Force at a San Francisco conference on prevention. The committee meets monthly to plan and conduct the business of the Meth Strike Force to ensure overall coordination between the agencies involved with the effort, and to set the agenda for quarterly meetings.

The Research Team

This Team was organized originally to research "best practices" in the prevention, intervention, and treatment areas; this mandate was completed in FY 1998-99 with the publication of the Research Team Findings (Recommendations #2, #6, and #11). The Research Team broke new ground this past year by coordinating training and by exploring youth beliefs about methamphetamine. Members represent Scripps Mercy Hospital, the Health and Human Services Agency, the San Diego Association of Governments (SANDAG), and McAlister Institute.

The Research Team also developed workshops for the Substance Abuse Summit V in May. Summit participants rated the workshops on “club drugs” and the Drug Endangered Children Project as two of the most successful at the conference.

Last spring, members of the Team conducted focus groups with at-risk youth from two local programs. Members are analyzing these findings, and intend to publish them in a professional journal within the next year.

Vista Partners Project

The Vista Partners Project (VPP) is a pilot project that is implementing the 17 recommendations of the Meth Strike Force in a single, defined community—the City of Vista. The Project was initiated in the spring of 1999 when the Vista City Council unanimously adopted the project. The City of Vista has become a proactive force in preventing meth and other drug-related problems in the community.

The Vista Partners Project’s second calendar year began in January 2000 with the arrival of a new project coordinator who brought strong management skills that build upon the investments made through earlier staff and volunteer efforts.

The VPP receives guidance from a local Steering Committee led by co-chairs Vista Mayor Gloria McClellan and Captain Scott McClintock of the Sheriff Department’s Vista Station. Members include community and business members, clergy, Vista Unified School District, and two youth from the Vista Youth Commission. General Membership meetings for the entire community are held every two months.

The Project seeks to integrate and implement prevention, intervention, treatment, and interdiction strategies, according to the principles described in the Meth Strike Force Action Plan, and specifically addresses Recommendations #1, #4, #5, #11, and #16.

• Prevention

A Prevention/Intervention Team works to promote prevention and intervention strategies in Vista. A community development specialist leads the prevention education effort by coordinating presentations and trainings. In the first six months of this year, project staff and volunteers provided more than 30 trainings on methamphetamine awareness and drug education to a wide variety of audiences, including students, school staff, residents, and business organizations. Staff also participated in a wide variety of community meetings and events. In conjunction with Vista Parks and Recreation and the Bureau of Narcotic Enforcement, the Vista Partners Project facilitated the planning process for the North County Youth-to-Youth Conference held last March, in which more than 200 youth participated. Numerous community volunteers, businesses, law enforcement, military, the Vista Unified School District, and other collaboratives joined VPP in both the planning and in the event itself. As a result of the event’s success, two additional Youth-to-Youth Conferences are being planned for the next year in Vista.

Education efforts have had a wide array of target audiences. For example, the Sheriff’s Department uses a Crime-Free Multiple Housing curriculum to alert

property managers about ways to prevent drug-related problems from developing at their properties, and VPP staff have conducted educational forums on this subject. All Vista Unified School District staff, including teachers and aides, have received training on drug identification and recognition techniques from the Bureau of Narcotic Enforcement. In addition, presentations are conducted in Spanish to parents and community members.

• Intervention

A major accomplishment in the past year was the implementation of preventive Screening and Brief Intervention (SBI) services for alcohol and drug use at Tri-City Medical Center (TCMC), thus addressing Recommendation #7.

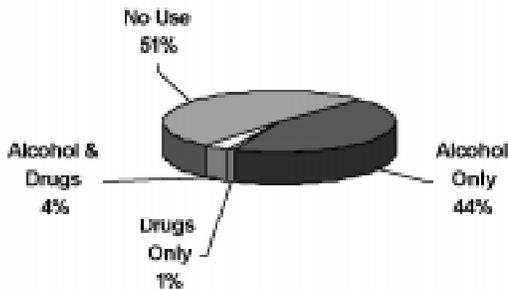
The Vista Partners Project joined forces with TCMC, the County of San Diego's Health and Human Services Agency's Alcohol and Drug Services and its North County Regional Office, Parents and Adolescents Recovering Together Successfully (PARTS), and Altam Associates, Inc. This partnership launched a 27-month project to demonstrate and evaluate SBI services aimed at identifying adult and adolescent emergency department patients at risk of alcohol and other drug problems.

SBI is a relatively simple procedure delivered in the course of a health care visit. Immediately prior to seeing the physician, patients are interviewed by a peer health educator. After asking a few questions about alcohol and drug consumption, the health educator ranks patient consumption as low, at-risk or dependent. The patient receives feedback and information according to their level of risk. More information about SBI is contained on page 15.

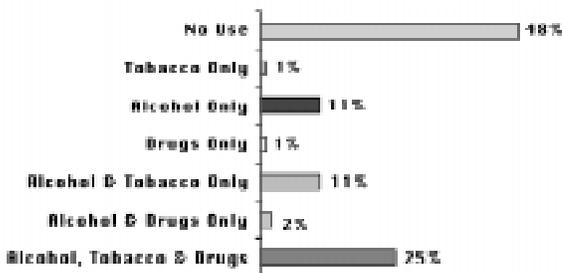
A three-month start-up and pilot period was recently completed wherein operational procedures for delivering SBI services at TCMC's Emergency Department were developed and tested. From April through July this year, a total of 4,338 adult and 99 adolescent patients were screened during the pilot phase.

Information reported during voluntary screenings revealed the following use patterns depicted in the charts to the left.

Adult Consumption Patterns



Teen Consumption Patterns



Patients and medical staff have been very receptive to the new SBI services at TCMC. There is less than a 1-percent refusal rate for these voluntary services, and medical staff has expressed strong interest, recognizing that SBI services address lifestyle issues that have a wide impact on general health.

PARTS (Parents and Adolescents Recovering Together Successfully) is hosting weekly evening sessions at Tri-City for adolescents and their families who are seeking help with recovery. Initial participation has been low, so recruitment efforts are being expanded to increase participation.

• Interdiction

The Vista Partners Project implemented an exciting project called *Operation House Call*. The Sheriff Department's Community Oriented Policing and Problem Solving (COPPS) deputies recognized that many low-level, substance-abusing offenders on court-supervised probation receive minimal or no supervision, and many are in early stages of drug dependence.

The COPPS deputies led the way in developing a monitoring and supervision system for these offenders to encourage participation in treatment and to facilitate access to needed community resources. Deputies build relationships with the offender and their families to reduce substance abuse-related recidivism.

Operation House Call relies on the COPPS deputies' knowledge of community alcohol and drug treatment resources. Therefore, VPP staff publishes a comprehensive alcohol and drug treatment resource guide for North County. The guide is regularly updated and is indispensable to *Operation House Call*.

To evaluate the effectiveness of the initiative, *Operation House Call* has identified a pilot group of 80 people currently under court-supervised probation. Of the identified group, 50% were randomly assigned to receive follow-up services through the COPPS deputies. Outcomes of those who receive services will be compared against the remaining 50% who do not receive services. If the evaluation demonstrates a positive impact as a result of the Deputies activities, then the initiative will be expanded to all offenders on court-supervised probation. Deputies are enthusiastic about *Operation House Call's* potential to move offenders from crime into treatment.

One case illustrates the point. Parents brought their young adult son, who was in the identified study group, to the South Vista Sheriff's COPPS Office, expecting that he would be taken away to jail as he was under-the-influence and violating his probation. Instead, the *House Call* deputy recognized the need for help and immediately got the young man into an area detoxification and recovery program.

• Evaluation

An evaluation component has been built into the Vista Partners Project, and will include both quantitative and qualitative analyses. The quantitative component will incorporate most of the indicators measured by the Report Card. A research specialist developed a baseline data set beginning in 1997, and will gather data semi-annually in order to measure changes over time. In addition, the research specialist conducted a community survey of 600 residents that measures attitudes and lifetime methamphetamine use among adults and youth prior to the implementation of the Vista Partners Project. The community survey will be replicated in September 2001, with a final report issued by December 2001 that measures any change in resident's attitudes and behaviors regarding substance use.

The qualitative component of the evaluation will examine overall project implementation. Areas of analyses will include techniques, organizational structures, working relationships, and tactics and strategies that are put in place to achieve the goals of the Vista Partners Project. A final report including both the qualitative and quantitative component will be issued upon completion of the project.

Media Action Team

Media continues to be a strategic priority because the Meth Strike Force cannot succeed without the public's knowledge and support (Recommendations #1 and # 8).

A media specialist convenes monthly Media Action Team meetings where media strategies are devised and future story lines are developed. The Team is composed of public information representatives from several County offices, community agencies, and other members of the Meth Strike Force. A monthly e-mail notice about upcoming media plans is distributed to Meth Strike Force members, in addition to media alerts when there is a specific need for action.

The Media Action Team, under direction from the Coordinating Committee, has focused its media efforts primarily in two key areas this past year: Drug Courts, and the Drug Endangered Children (DEC) Project. Media work on a third key area, precursor chemical ordinance enforcement, is being initiated.

The media work in these areas reflects the synergy between policy goals, community advocacy, and media. For example, the Team was able to lay the groundwork of support with a series of feature stories and television appearances on drug courts in general - graduations, personal profiles, etc. A San Diego Union-Tribune editorial writer was invited to a Drug Court session, which resulted in an editorial that supported expanding drug court models. This coincided with actions by the Board of Supervisors supporting expansion of Drug Courts as part of a systems reform effort to address substance abuse among the criminal offender population.

The Media Action Team also promoted newsworthy events and provided information to reporters on the Drug Endangered Children Project (DEC). The timing was critical as the State legislature was considering a bill to expand funding for DEC programs statewide. In fact, a staff person of an Assembly member used one of the local San Diego print stories on DEC, enlarged on a visual billboard during testimony as part of an Assembly hearing.

In all, the Media Team achieved 44 print stories and 105 broadcast appearances during the last fiscal year (July 1999 through June 2000). These media outputs included letters-to-the-editor, guest editorials, and print, television, and radio feature stories.

The Methamphetamine Hotline (1-877-NO 2 METH)

The Methamphetamine Hotline (Recommendation # 13) was launched December 1, 1996. The Hotline allows people to receive information or report concerns about methamphetamine, and is operated by the Narcotics Information Network (NIN). Since its 1996 inception through September 1, 1999, the Hotline has received 2,462 total calls, of which:

- 1,851 reported methamphetamine dealers
- 291 requested assistance
- 167 reported methamphetamine users
- 153 reported methamphetamine cooks

Beginning in January 1998, Hotline volunteers began tracking convictions resulting from cases initiated by the Hotline, as well as tracking calls received regarding drugs other than methamphetamine. Information obtained through Hotline calls has led to 110 arrests and 52 convictions; only 36 calls were unrelated to methamphetamine.

Despite extensive media coverage of the meth issues over the past year, there has been a decline in the number of calls to the Hotline. No single reason exists for the decline in calls; however, there are some potential explanations for the drop-off. The public may feel less urgency, as they don't see dramatic stories in the media such as buses or tanks being hijacked; and media work is focused more on other aspects of the meth story rather than publicizing the Hotline number. To counter some of these trends, Hotline flyers that appeal to people closer to the problem have been distributed in places such as health clinic waiting rooms. More educational efforts (and materials) have been presented to public information professionals and reporters. Specific requests have been made to the media to include Hotline information in coverage. It is hoped that these incremental efforts will yield better results in the next year. ■



METHAMPHETAMINE IN CONTEXT: Progress in Creating Comprehensive Alcohol, Tobacco, and Other Drug Program Efforts

The Methamphetamine Strike Force focuses on methamphetamine, yet works as an active partner in a variety of efforts to reduce the social, economic, and personal impact of substance abuse. Members clearly stated it would be counterproductive to simply shift drug-use patterns away from methamphetamine to other substances.

According to positive drug test results among arrestees, methamphetamine is no longer the most often used drug at arrest, although female arrestees still prefer meth to other illicit drugs. For male adults and juvenile arrestees, marijuana has nudged into the top ranking. Outside the criminal justice system, health surveys of students and patients in primary care clinics point overwhelmingly to alcohol as the top drug of choice in the general population.

Experts and users remind us that many people use methamphetamine along with alcohol and other drugs. The Strike Force recommendations were designed to include a broad array of efforts. The following issues reflect this broader commitment of member agencies and others working along similar tracks:

Drug Court Expansion and the “Tiger Team”

Last year’s Report Card called for court reform to systematically address substance abuse in the criminal justice system. A “Tiger Team” (this term is used for an ad-hoc assignment for a special, defined project) was subsequently formed, and has made significant progress in planning for re-engineering a system that can reduce substance abuse-related recidivism.

The Tiger Team’s mission is to develop a system-wide intervention strategy that is designed to identify, assess, supervise, test, treat, and monitor all drug abusers in the criminal justice system. This treatment and monitoring is designed to supplement all other consequences that the court shall impose to reduce recidivism and increase public safety. This effort emanates from Recommendation #12 in the Meth Strike Force Action Plan, and is called the Drug Offender Accountability and Treatment Program.

The program goals include:

- Reducing illegal drug use;
- Reducing jail, prison, probation, and parole populations;
- Reducing recidivism;
- Providing the offender with life skills to accompany treatment;
- Making better use of available criminal justice resources; and
- Making our communities and citizens safer.

Under the leadership of co-chairs Rich Robinson, Deputy Chief Administrative Officer, and Greg Thompson, Assistant District Attorney, the Tiger Team is composed of representatives from County of San Diego departments including

the Health and Human Services Agency, Sheriff, Probation, and the Public Defender's Office, as well as the Superior Court, the San Diego Association of Governments (SANDAG), and the UCSD Pacific Southwest Addiction Technology Transfer Center.

To date, planning has been extensive. The current system encompasses almost 100,000 new arrests each year. The Board of Supervisors convened the Tiger Team last fall and, in April, received a progress report outlining the basic concepts of the system's re-design.

At Substance Abuse Summit V, held in May 2000, the Tiger Team met in a special session with national experts who confirmed that the local plans were "right on track" with recent research in the area. Also, the Team held a meeting with State evaluation consultants to identify information needs for program management and effectiveness measures to be used in the Drug Offender Accountability and Treatment Program.

"Information may be our greatest need," said Vaughn Jeffery, a program manager with the Chief Administrative Office who works closely with the project. "We have to integrate information systems between the courts, probation, and health. We must know exactly where a participant is at any point in time in the program's regimen, and we have to be able to measure outcomes."

The system re-design will be presented to the Board of Supervisors by December 2000. The new design begins with assessment, in contrast to the current system where some, but not all, offenders are assessed at varying points in the criminal justice process. Depending on the outcome of assessment, offenders will be directed to one of two paths:

- 1) **Deferred entry**, where offenders plead guilty and the plea is not entered unless they fail to complete treatment. This is a strong incentive for treatment, especially for first-time offenders;
- 2) **Conviction**, with an expedited calendar to bring sanctions quickly. Those in this group may eventually enroll in a Probationers-In-Recovery (PIR) program or in in-custody treatment, such as the Civil Addict Program, as appropriate.

For those who choose deferred entry, there will be an expanded PC 1000 [a drug education diversion program for first-time offenders] program track and increased Drug Court capacities. The challenge is locating funding to expand treatment options and meet information system needs.

This effort reflects an ambitious agenda that holds significant promise for the citizens of San Diego County, whether a taxpayer, justice professional, offender, or family member. The new system will save lives while it saves dollars.

Other Treatment Enhancements

• County Efforts

The County of San Diego Board of Supervisors is committed to expanding treatment (Recommendation #9) for adolescents and adults, with adolescent services the first priority. As a result, in 1998, the number of youth served annually was increased from 600 to over 3,000 in early intervention, non-residential, and residential programs. During 1999, there were five new adolescent programs implemented, including four adolescent group homes for youth in need of detoxification services. Adolescent programs that were implemented in 1998 strengthened their operations during 1999, and substantially increased the number of youth admitted to the programs. The primary emphasis was placed on the development and refinement of the adolescent treatment services, including identifying clear procedures for reporting progress in treatment to justice system and other community partners.

In the adult system, there were four new adult programs implemented for specific populations. These included programs for women and children, and hearing impaired adults. In addition, existing contracts for treatment services were augmented to fill service system gaps, such as specific services for women, and people of varying ethnicities.

• Other Efforts

The San Diego Association of Governments (SANDAG) and The EYE, Inc., a service agency in North County, collaborated to operate a treatment program called HEARTT (Helping Every Addict Recover Through Treatment). This program is one of seven experimental design sites in the country based on the MATRIX model of methamphetamine addiction treatment. MATRIX is a specific outpatient treatment model that relies on a cognitive behavioral approach. The project is funded by the federal Center for Substance Abuse Treatment (CSAT) which, along with Congress, is keeping a watchful eye on these programs.

All seven sites are experiencing problems with enrollment. One of the primary reasons is that the program is outpatient and people accessing services appear to need residential services. In the case of the local program in Oceanside, the location appears to be difficult to reach for some potential participants.

In order to help increase enrollment, the program, which was originally designed for women, was opened to men last March. It is important that enrollment increases in order to have an adequate study sample to answer the research question, "Can this model effectively produce positive treatment outcomes for meth users?" This can only be answered if the program has an adequate sample, as well as an appropriate length of time for the study.

Screening and Brief Intervention Services Expansion

Health planners have identified Screening and Brief Intervention (SBI) services as a key strategy to reach the general public to minimize at-risk consumption of alcohol and other drugs (AOD). The concept is simple: assess patient AOD consumption in the examination room with a trained health educator prior to the physician visit, and follow with appropriate information or a referral, if needed. Results have been stunning. Information obtained from follow-up calls to at-risk patients reveals that the majority of them do cut back on drinking and/or eliminate drug use. New research shows that every dollar invested in SBI produces \$5.60 in savings from subsequent emergency room visits.

SBI expansion has continued in the past year, resulting in more progress on Recommendations #5, #6, and #7. SBI services began last spring at Tri-City Medical Center as part of the comprehensive effort of the Vista Partners Project. In addition, Kaiser's primary care clinic in Escondido and the North County Health Services clinics in San Marcos and Oceanside have begun providing SBI services in the course of routine medical services.

A formal evaluation of the health-educator model is being planned with Kaiser, Scripps Healthcare, and Community Health Group. This proposed evaluation would include multiple sites and an experimental design to measure outcomes associated with the peer educator delivery model for SBI services.

Drug Endangered Children Project

The County's Drug Endangered Children (DEC) Project began in 1998 with the formation of a multi-disciplinary team that would better address the needs of children found at methamphetamine lab sites and other locations where drugs were present. The DEC team is composed of a prosecutor, a Children's Services' worker from County Health and Human Services Agency, medical staff, and the law enforcement agencies involved in a case. The DEC Project was originally designed to deal with children found at meth lab sites, but it added children living in an environment where dealing and/or use is involved. Children found during law enforcement activity in these situations are tested for exposure to methamphetamine, interviewed, and placed in a secure setting.

In addition, the team conducts training for medical professionals on how to accurately screen for methamphetamine and other drugs. In May 2000, the team trained doctors in Vista in coordination with the Vista Partners Project. In addition, the San Diego Police Department (SDPD) asked for training and requested a social worker to function as part of their narcotics division. In response, Children's Services assigned a full-time social worker to work with SDPD.

In 1999, 98 children received DEC services. In the first half of 2000, 80 children have already received DEC services - nearly double the same period in 1999. ■



RECOMMENDATIONS For Action

Stay the Course

The Meth Strike Force has been successful in holding the public's attention, support, and commitment to reducing meth problems in our region. Meth Strike Force leadership is experienced enough with drug issues to know that meth problems won't simply vanish. They understand that our culture's attitudes and beliefs shape norms, and these norms offer important cues that affect one's decision to use methamphetamine.

The Meth Strike Force believes we must remain on course with this important initiative, and continue to learn from local experience. We continually hear that federal, state, and other local jurisdictions are learning from us, as the Meth Strike Force represents the most experienced meth-specific initiative in the Nation. The Meth Strike Force co-sponsored a national meeting in September for representatives from eight cities in the country that are seeking to replicate our initiative. Maintenance of our overall effort is the recommendation for the coming year.

Regional Coordination

An emerging direction is the need to increase coordination and linkages with neighboring counties of Orange, Riverside, Imperial, and San Bernardino. All are struggling with meth problems, and each is impacted by our successes, as we are by theirs. In addition, we can build on some of the binational health collaborations through increased communication with our neighbors from Mexico.

Developing this regional coordination could take several forms, including:

- A conference track for neighboring counties at next spring's Substance Abuse Summit;
- A special program with neighboring counties at a regular quarterly Meth Strike Force meeting that can stimulate future interchange between neighboring counties; and
- Information and other data sharing. ■

NEXT STEPS: The Coming Year

The Methamphetamine Strike Force approaches meth issues in ways that match the dynamics of local methamphetamine problems. Since its inception, the Strike Force has increased San Diego County's capability to deal with this persistent problem:

- Measured progress and tracked indicators.
- Linked resources and needs, based on data.
- Trained professionals to work more effectively.
- Expanded methamphetamine-specific resources to the existing array of drug treatment services available to the public.
- Strengthened the partnership among health, public safety, criminal justice, education, and other sectors.
- Increased efficiencies between systems so that emerging opportunities can be taken advantage of.

Next year, the focus will be on maintaining the momentum, supporting the Vista Partners Project, fully implementing the Drug Offender Accountability and Treatment Program, and initiating new contacts with neighboring county jurisdictions. From this focus, we can expect that the Methamphetamine Strike Force will:

- Support the pilot implementation in the Superior Court of the Tiger Team's proposal to redesign Drug Courts;
- Maintain visibility of the Meth Strike Force and its policy goals through continued high levels of media advocacy;
- Enhance professional knowledge of methamphetamine issues through workshops and publications;
- Initiate problem-solving relationships with neighboring jurisdictions; and
- Secure resources and expand the Drug Endangered Children Project throughout the County.

Long-term commitment to collaboration requires the Meth Strike Force to continue its evolution. One change requiring adjustment is the departure of long-term co-chair Robert K. Ross M.D., former director of the County's Health and Human Services Agency. Replacing Dr. Ross is Steven A. Escoboza as Interim Director of the Health and Human Services Agency. During the leadership transition, Undersheriff Jack Drown will continue to provide stability to the Meth Strike Force leadership team. It was he who successfully brought other law enforcement leaders to the Strike Force table, and he's earned the respect of health professionals and others.

The Meth Strike Force will continue to expand membership and seek new participation from potential partners. In the last year, for example, a staff person from the Health and Human Services Agency's Mental Health Services has participated regularly; this kind of participation with mental health and other professionals can be expanded.

As another year begins, the Methamphetamine Strike Force will continue to meet new challenges, garner new resources, and get the job done. ■



APPENDIX A: Sources for Report Card Information

1. Total Methamphetamine Deaths: County of San Diego Medical Examiner's Office.
2. Related Emergency Department 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: Arrestee Drug Abuse Monitoring (ADAM), a program operated by the San Diego Association of Governments (SANDAG).
6. Lab Clean-up/Seizure: County of San Diego, Department of Environmental Health;
Lab Seizures: Drug Enforcement Agency (DEA).
7. Number of Arrests: Automated Regional Justice Information System (ARJIS).
8. Availability Measures:
Methamphetamine "easy to get"—Arrestee Drug Abuse Monitoring (ADAM) interviews.
10. Price & Purity—Narcotics Information Network (NIN).
9. Hotline Calls: Narcotic Information Network (NIN).
Media Stories: Communities Against Substance Abuse (CASA).

More information, including demographic breakdowns, is available on many of these items at the County of San Diego's Health and Human Services Agency, Alcohol and Drug Services: (619) 692-5717. ■

APPENDIX B: Methamphetamine Strike Force Roster County of San Diego

CO-CHAIRS

Steven A. Escoboza, Interim Director
Health and Human Services Agency
County of San Diego

Jack Drown, Undersheriff
Sheriff's Department
County of San Diego

FACILITATOR

Angela Goldberg, Consultant

COUNTY OF SAN DIEGO

Richard Burhenne, Community
Development Specialist
Office of AIDS Coordination
Health and Human Services Agency

Gail Cooper, Administrator
Public Health Services
Health and Human Services Agency

Paulette Bocian, Analyst III
Emergency Medical Services
Health and Human Services Agency

Mike Handman, Program Manager
Emergency Response
Department of Environmental Health
Services

Sharon McClure, M.D., Medical Director

Myra Becraft, M.D., Staff Psychiatrist

Hector Sanchez, R.N.
Mental Health Services
Health and Human Services Agency

Al Medina, Alcohol & Drug Program
Administrator

Ralph Lopez, Assistant Administrator

Susan Bower, Coordinator

Michael Ann Haight, Coordinator
Alcohol and Drug Services
Health and Human Services Agency

Janice McGee, Assistant Director
Office of Media and Public Relations

Brian Blackbourne, M.D.
Medical Examiner

Laurie Leonard, Contract Administrator
Health and Human Services Agency

Rich Robinson, Deputy Chief
Administrative Officer

Vaughn Jeffery, CAO Project Manager
Chief Administrative Office

Sherry Paul, Manager
Health and Human Services Agency

OTHER LOCAL GOVERNMENT AGENCIES

Suzie Pennell, Director
Criminal Justice Research Unit
San Diego Association of Governments

COURTS/JUDICIARY

The Honorable Patricia K. Cookson,
Judge, San Diego Superior Court, East
County Division

The Honorable Robert J. Coates, Judge
San Diego Superior Court, Central Division

The Honorable David W. Ryan, Judge
San Diego Superior Court, North County
Division

Jan Dame, Drug Court Coordinator
San Diego Superior Court

EDUCATION

David Deitch, Clinical Professor of Psychiatry
Susie Carleton, Criminal Justice Coordinator
Department of Psychiatry, School of Medicine
University of California, San Diego

Annette Smith, Ph.D., Coordinator
Center on Substance Abuse/DUI Program
San Diego State University

James Evans, Director
Alcohol and Drug Studies
San Diego City College

Paula Miller, President
Judy Williams, Vice President
Parent Teachers Association (PTA), Ninth District

Liz Lebron, Director
County Office of Education, Office of Safe Schools

Joel Henderson, Ph.D.
School of Public Administration & Urban Studies
Office of Criminal Justice Administration

John Miranda, Manager of Health and Life Skills
Fred Becker, Life Skills Resource Teacher
San Diego City Schools

Marsha Saben, Board of Trustees Member
Cajon Valley School District

Terry Smith, Chief of Staff

Donald Braun, Assistant Chief of School Police
San Diego Unified School District

STRIKE FORCE ROSTER

FEDERAL/STATE AGENCIES

Laura J. Birkmeyer, Chief, Narcotics Enforcement, The U.S. Attorney's Office

Errol J. Chavez, Special Agent-in-Charge

Steve Lough, Assistant Special Agent-in-Charge

Eric Hill, Group Supervisor of Diversion

Vince Rice, Public Information Officer

Morrene Monks, Program Analyst

Dan Kirkpatrick, Intelligence Research Specialist

Drug Enforcement Administration, San Diego Division

Richard Gorman, Executive Director

Ron Papania, Deputy Director

Scott Gaukel, DDR Prevention NCO
California Border Alliance Group

Gary Hudson, Special Agent-in-Charge

Michael Kelly, Special Agent Supervisor

David Viapondo, Special Agent
Bureau of Narcotics Enforcement
California Department of Justice

Edward Logan, Special Agent-in-Charge

John Mallamo, Assistant Special Agent-in-Charge
United States Customs Service

Ugene Stephens, Director

Harry Stovall, Watch Center Supervisor
San Diego Narcotics Information Network,
California Department of Justice

Dennis Usrey, Director

Jim Biers, Deputy Director
High Intensity Drug Trafficking Area
Office of National Drug Control Policy

LOCAL LAW ENFORCEMENT

Alan M. Crogan, Chief Probation Officer

Jeanie Emigh, Probation Director
Probation Department, County of San Diego

Casey Gwinn, City Attorney

Susan Heath, Senior Chief Deputy

Joseph Sanchez, Head Deputy City Attorney

Office of the City Attorney, City of San Diego

Bill Kolender, Sheriff

Myron Klippert, Assistant Sheriff

Bill Flores, Commander, Detention Services Bureau
Sheriff's Department, County of San Diego

Paul J. Pfingst, District Attorney

Dave Williams, Assistant Chief of Special Operations

Office of the District Attorney, County of San Diego

George Saldamando, Assistant Chief

Larry Morrato, Captain, Investigations III
Police Department, City of San Diego

PRIVATE/COMMUNITY

Mary Harrison, Executive Director

Jennifer Stone, Media Specialist
Communities Against Substance Abuse

Eric Moseley, Prevention Specialist
McAlister Institute

Doug Anderson, Director of Community Services, Pathfinders of San Diego, Inc.

Cleo Malone, Ph.D., Executive Director

Juan Smith, Program Coordinator
Palavra Tree, Inc.

Deborah Parker, Scripps McDonald Center

Heather Teeter, Program Assistant
Alliance Healthcare Foundation

Glen Webber, Administrator
San Diego Freedom Ranch, Inc.

Ami Caldwell, ADAM Program Regional Field Rep., ABT Associates

David Conn, Ph.D., Criminal Justice Programs, Mental Health Systems, Inc.

Cheryl Houk, Executive Director
Stepping Stone

Michael Sise, M.D.

Beth Sise, M.S.N., J.D., Coord.,
Community Outreach
Scripps Mercy, Division of Trauma

Alan Sorkin, Executive Director
San Diego Prevention Coalition

Alesha Andrews, Project Coordinator
Healthcare Association of San Diego & Imperial Counties