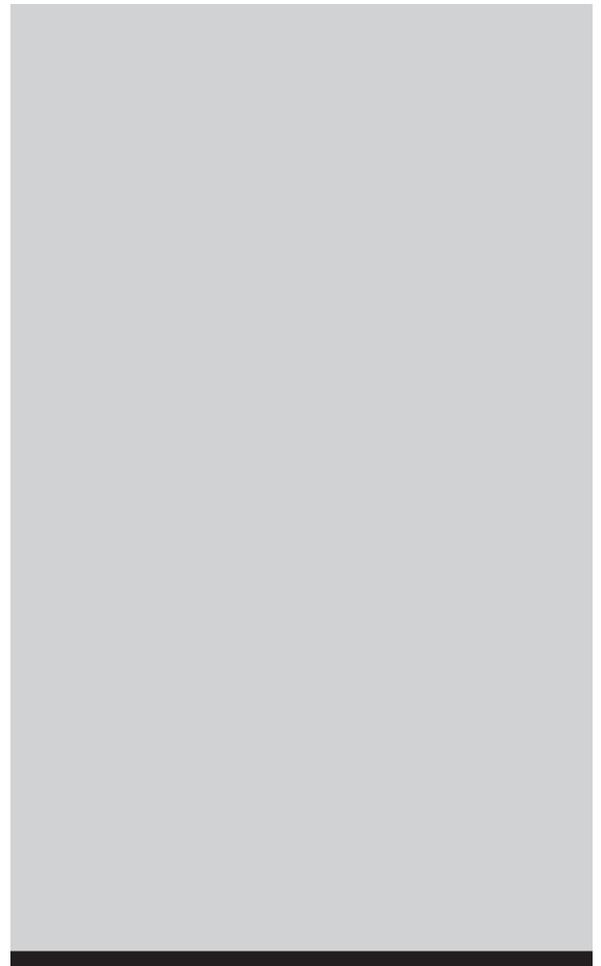




County of San Diego
Methamphetamine Strike Force

■ STATUS REPORT 2002







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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 bi-national cooperation on border issues in health and enforcement across the four core strategies adopted by the Methamphetamine Strike Force.

COUNTY OF SAN DIEGO
Methamphetamine Strike Force Status Report
Progress and Recommendations

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INTRODUCTION

Methamphetamine (commonly called “meth,” “crank” or “crystal”) is a highly addictive stimulant. It is also a well-known source of health, social, and criminal problems that has tremendous negative impacts on both family and community systems.

The San Diego region has a history of methamphetamine problems, and at one time was known as the “methamphetamine capital of the world.” Today, thanks in large part to the efforts of the Methamphetamine Strike Force (Strike Force), the region is now recognized as a source for a comprehensive approach to the prevention of methamphetamine problems.

The Strike Force has been acclaimed as a national model in addressing methamphetamine and other drug problems, and has co-hosted, with the United States Attorney General’s Office, a national conference to assist other cities in the development of effective responses to methamphetamine problems.

HISTORY

In March 1996, after receiving reports showing methamphetamine problems had reached near epidemic proportions, the County Board of Supervisors, at Supervisor Dianne Jacob’s request, authorized the formation of the multi-disciplinary Strike Force. The 70-member organization includes local, State, and federal representatives from public health, law enforcement, judiciary, education, treatment, prevention, and intervention agencies. A membership roster is provided in Appendix A. 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 their *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 (See Recommendations page at the front of this Report). 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.
- Attracted new, methamphetamine-specific, resources to the San Diego region.

This Status Report and Report Card is the sixth in a series of annual reports to the Board of Supervisors that tracks progress, accomplishments, and future directions for the Strike Force. This document covers two periods of time.

- 1) Due to data constraints, the Report Card on page 3, which lists community-level measures of methamphetamine problems, tracks only calendar year 2001 data; and
- 2) The Status Report narrative covers progress from the last report, including information through the end of FY 2001-02.

The Status Report summarizes our region’s progress in the fight against methamphetamine,

looking at both the Strike Force activities and the outcome of related initiatives that reflect the collective work of member agencies, government, and the private sector. The Strike Force, through its innovative structure, coupled with the active participation of the diverse membership, has stimulated collaborative efforts 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 formed several teams. The current structure of the Strike Force is outlined in the following chart:



- The Coordinating Committee provides overall coordination and leadership for the Methamphetamine Strike Force, under the leadership of co-chairs Rodger G. Lum, Ph.D., Director of the Health and Human Services Agency (HHSA), and Undersheriff Jack 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 implements a balanced approach of prevention, intervention, treatment, and interdiction in the City of Vista. This project has evolved with the City of Vista recently adding a new Weed and Seed component and resources. Weed and Seed is a federal strategy that incorporates a coordinated approach to changing a designated neighborhood that integrates well with the Strike Force's accomplishments in Vista. Because of the success of the Vista Partners Project located in North County, a regional project in East County is being explored.
- The Website Committee manages the website for the Strike Force. The site has its own domain name (www.no2meth.org) and is registered with the major search-engines. ■



Methamphetamine Strike Force Report Card: Preliminary 2002

	1995	1996	1997	1998	1999	2000	2001	Change 1995-2001 ¹	Change 2000-2001	Comments/ Trends
Indicator										
1. Total Meth Deaths	150 (5.64)	124 (4.62)	156 (5.71)	110 (3.93)	108 (3.78)	136 (4.83)	145 (5.10)	-3% -10%	+7% +6%	Rate per 100,000 in parentheses.
2. Related Emergency Department Mentions ²	685 (25.8)	666 (24.8)	976 (35.8)	721 (25.8)	583 (20.4)	747 (26.5)	673 (23.7)	-2% (-8%)	-10% (-11%)	
3. Drug Treatment Admissions	3942 (148.27)	3109 (115.92)	3819 (139.94)	4398 (157.36)	4235 (148.43)	4475 (159.03)	5578 (196.06)	+42% (+32%)	+25% (+23%)	Proportion of meth admits in 2001 up 2% from 2000, and down 2% from 1995.
4. Positive Meth Tests: Adult Arrestees	37%	31%	41%	34%	29%	28%	34%	-3%	+6%	
5. Positive Meth Tests: Juvenile Arrestees	11%	9%	18%	13%	16%	11%	9%	-2%	-2%	
6. Lab Cleanup/Seizure ³ County Cleanup: DEA/NTF Seizures:	40 38	34 59	13 49	18 44	46 62	47 33	22 26	-45% -32%	-53% -21%	Also seized was 1 GHB lab and 1 XTC lab. 1 of the 26 meth labs was also set up to manufacture XTC.
7. Number of Arrests for Meth Sales & Possession	N/A	6736 (251.14)	8642 (316.66)	7453 (266.67)	7519 (269.95)	6820 (242.37)	6372 (223.96)	-5% -11%	-7% -8%	Rate per 100,000 in parentheses.
8. Availability Measures "Easy to get" Price: Per "8-Ball" (1/8 oz.) Purity	N/A \$140-\$180 NA	NA \$120-\$180 15%-97%	71% \$100-\$180 20-40%	67% \$125-\$180 20%-40%	64% \$130-\$150 15%-40%	70% \$160 25%-53%	66% \$100-\$125 30%-40%	-5% Decrease Within Range	-4% Decrease Within Range	
9. Hotline Calls	NA	245 ⁴	1204	432	385	236	265	-78%	+12%	
10. Strike Force-Generated Media Stories	NA	32 ⁴	120	24	116	132	101	-16%	-23%	

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

2 Prior report cards included methamphetamine and amphetamine mentions. Numbers have been changed to reflect methamphetamine only mentions.

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

4 Began December of 1996.

REPORT CARD ANALYSIS

The Report Card presents a snapshot of methamphetamine problems for calendar year 2001. Past Report Cards have used six-month reporting periods; however, the format was changed to annualized data in 2000 to allow easier interpretation of trends. Some numbers were converted into rates per 100,000 population, based on the 2000 Census estimates. Eight of the ten indicators represent health and enforcement areas; two indicators track specific Strike Force activities.

The Report Card reveals both the changes over a period of time and changes within the last year for specific indicators. However, the data is limited in many ways. First, no single indicator tells the complete story, and the reader must look at clusters of indicators that stand together.

Second, none of the figures definitively identify causal relationships, and for the most part, small changes are not statistically significant. For example, experts suggest that lab seizures should reduce the availability of methamphetamine. However, in the San Diego region, with its proximity to methamphetamine producing operations in Northern Mexico, the smuggling of methamphetamine across the border dramatically impacts availability.

The numbers themselves must be kept in context. These figures are local and the raw numbers are quite small. For example, nine more people died in 2001 compared to 2000. This reflects a 7 percent increase, and a rate change per 100,000 population of 4.83 in 2000 to 5.10 in 2001.

Finally, a qualifier must be made about each indicator. As noted before, death rates only reflect the number of people who died with methamphetamine in their system. These figures do not include methamphetamine-fueled deaths, where the perpetrator is under the influence, but the victim is not.

Overall, the Report Card shows that methamphetamine problems aren't going away, but that our system is ready to respond. For this report, the Coordinating Committee asked for a comparative analysis of where the San Diego region stands compared to other U.S. cities. The findings suggest that the San Diego region has markedly improved its status and several indicators deserve mention.

METHAMPHETAMINE-RELATED DEATHS

San Diego County methamphetamine-related deaths increased slightly (7 percent) for the second year in a row, though rates are lower than the baseline of 1995. The increase does not vary substantially from last year in terms of mode of death, race, age, and gender, as illustrated in the following tables:

MODE OF DEATH

(Tables Reflect Percent of Total Methamphetamine Deaths)

Mode	2000	2001	Change (2000 to 2001)
Accident (drug related)	43%	41%	-2%
Accident (other)	3%	6%	+3%
Accident (motor vehicle)	18%	17%	-1%
Homicide	13%	14%	+1%
Natural	6%	10%	+4%
Suicide	16%	12%	-4%
Undetermined	1%	2%	+1%



AGE OF DECEDENT

Age Range	2000	2001	Change (2000 to 2001)
Under 18	2%	1%	-1%
18-24	11%	9%	-2%
25-34	26%	30%	+4%
35-44	38%	30%	-8%
45-54	18%	25%	+7%
55+	4%	3%	-1%
Unknown	1%	1%	0%

RACE OF DECEDENT

Race	2000	2001	Change (2000 to 2001)
American Indian	0%	<1%	<1%
Black	7%	9%	+2%
Hispanic	20%	19%	-1%
Asian/Pacific Islander	4%	2%	-2%
White	67%	67%	0%
Other	2%	1%	-1%

GENDER OF DECEDENT

Gender	2000	2001	Change (2000 to 2001)
Male	76%	78%	+2%
Female	24%	22%	-2%

EMERGENCY DEPARTMENT “MENTIONS”

A “mention” occurs each time an emergency room patient mentions using a drug; each drug a patient reports they have taken counts as a separate mention. The data is collected through the national Drug Abuse Warning Network (DAWN).

For many years, experts combined figures for methamphetamine and amphetamine – amphetamine mentions were a minor part of the picture, and experts believed they were essentially the same group. However, amphetamine-only use has increased 122% since 1995, while methamphetamine has shown an overall decrease as illustrated in the following table:

EMERGENCY DEPARTMENT MENTIONS: SAN DIEGO 1995-2000

	1995	1996	1997	1998	1999	2000	2001	Change (1995-2001)	Change (1999-2001)
Methamphetamine Only	685 (25.8)	666 (24.8)	976 (35.8)	721 (25.8)	583 (20.4)	747 (26.5)	673 (23.7)	-2%(-8%)	-10%(-11%)
Amphetamine Only	425 (16.0)	489 (18.2)	872 (31.9)	752 (26.9)	915 (32.1)	894 (31.8)	942 (33.1)	+122% (+107%)	+5% (+4%)
Methamphetamine Amphetamine	1110 (41.8)	1155 (43.0)	1848 (67.7)	1473 (52.7)	1498 (52.5)	1641 (58.3)	1615 (56.8)	+45% (+36%)	-2% (-3%)

Rate per 100,000 population shown in parentheses.

While San Diego has seen a slight decrease in methamphetamine-only mentions in emergency departments, other communities have seen significant increases:

INCREASES IN METHAMPHETAMINE-ONLY MENTIONS IN OTHER JURISDICTIONS

- Minneapolis (110%)
- Los Angeles (10%)
- Atlanta (58%)

When comparing overall illegal drug use/abuse according to DAWN, Seattle, Chicago, Baltimore, Philadelphia, and San Francisco have the highest reported rates of drug incidence in the country, at 505 to 573 per 100,000 population. The San Diego region has an overall lower incidence rate (276 per 100,000).

POSITIVE DRUG TESTS AMONG ARRESTEES

This information is gathered from the San Diego Association of Governments (SANDAG) Criminal Justice Division, which operates the Arrestee Drug Abuse Monitoring (ADAM) program for adults and juveniles. ADAM collects drug tests, interviews arrestees in jail, and compiles a database of the results to understand the relationship between illicit drug use and crime. However, SANDAG has been notified that funding will be cut for juvenile arrestee monitoring next year.

ADAM staff also conducts special in-depth interviews with arrestees who test positive for methamphetamine. Arrestees are asked how “easy to get” methamphetamine is, and this “Methamphetamine Addendum” survey provides another indicator of methamphetamine availability for the Report Card. Originally funded by the National Institute of Justice, SANDAG now completes these interviews without special funding because of the relatively high rate of methamphetamine use in the San Diego region.

From 2000 to 2001, there was a slight increase among adult arrestees (+6 percent) testing positive for methamphetamine and a slight decrease (-2 percent) among juvenile arrestees. Given that the San Diego region has historically had a high incidence of methamphetamine use for many years, it is interesting to see how San Diego compares to other cities in California. In 2000, Sacramento moved ahead of San Diego. This year the San Diego region is ranked third, behind both Sacramento and San Jose in adult arrestees testing positive for methamphetamine.

METHAMPHETAMINE LABS

Lab activity is described in two ways: actual lab seizures, and lab clean-up activity. Clean-ups dropped by 53 percent in the last year, and lab seizures dropped by 21 percent. It would appear that labs are less prevalent in the San Diego region. The precursor chemical campaign may have had a positive impact. In Vista, where pre- and post-merchant education was tracked, store clerks were found to be less willing to make sales of ephedrine that exceed State law limits after receiving the merchant precursor sales training. However, lab activity along the Tijuana/Mexicali corridor has increased, along with seizures of finished methamphetamine product at the border.



LAB SEIZURES TIJUANA, MEXICO

1999	2000	2001	Change (1999 to 2001)	Change (2000 to 2001)
4	7	17	+325%	+143%

Source: DEA

By mid-year (July 1, 2002) there had been 33 reported lab seizures for the first half of 2002 in San Diego County. According to the Drug Enforcement Administration (DEA), some small “mom and pop” labs perform only a portion of the manufacturing process producing amphetamine rather than methamphetamine. Another unique feature of the San Diego Region is the San Ysidro and Otay Ports of Entry, which are two of the busiest in the Country. The following graph illustrates the volume of finished methamphetamine product seized by the United States Custom Service:

SAN DIEGO COUNTY PORTS OF ENTRY METHAMPHETAMINE SEIZURES
(Finished product in kilograms)

1995	1996	1997	1998	1999	2000	2001	Change (1995 to 2000)	Change (2000 to 2001)
230 kg	406 kg	100 kg	257 kg	326 kg	292 kg	243 kg	+6%	-17%

Source: U.S. Customs Service

Given the San Diego Region’s proximity to the U.S./Mexico Border, work to limit the availability of methamphetamine must be a bi-national effort among all law enforcement agencies.

METHAMPHETAMINE HOTLINE AND WEBSITE

In 2001, calls to the Methamphetamine Hotline (Hotline) increased by 12% over the previous year. The Coordinating Committee, Media Action Team, and the Website Committee all have taken steps to ensure better use of this resource.

The Media Action Team has worked diligently to include the Hotline and website information in all news stories, which resulted in 265 calls and website contacts this year. In addition, the Coordinating Committee led an effort to enhance cross reporting between the Drug Endangered Children (DEC) project and the Hotline. These improvements have all contributed to the positive increase in calls.

MEDIA ADVOCACY

In 2001, there was a 23 percent decrease in Strike Force-generated media stories compared to 2000 and a 16 percent decrease over the five-year reporting period. The events of September 11, 2001, and the resulting shift in media priorities, contributed to the decline in the last quarter of 2001. ■

A PROGRESS REPORT ON ACTIONS OF THE METHAMPHETAMINE STRIKE FORCE

The Strike Force provides opportunities for members to create synergy, initiate new action, and coordinate efforts to reduce methamphetamine-related problems. The 2001 Status Report identified five goals for 2002. Progress has been made on all of the goals, as noted below.

- 1) **Goal: Use information from the Vista Partners Project to implement comparable projects elsewhere in the County.**

The Vista Partners Project developed a final evaluation report filled with detailed information. This information will be used to assist other groups to replicate, with appropriate customization, the best features of the project. There are plans to implement a regional project in the East County.

- 2) **Goal: Maintain visibility of the Strike Force and its policy goals through continued media coverage.**

Over 100 media stories were generated in 2001. While this number is 23 percent lower than 2000, the Media Action Team has successfully included the Methamphetamine Hotline and Website in most of its work in the last year. According to our media experts, the events of September 11, 2001, have changed the media landscape, presenting a greater challenge to air the message about methamphetamine particularly in broadcast mediums. In response, the Team focused on several smaller print outlets, which can devote more column space.

- 3) **Goal: Increase public access to the Strike Force using the updated and expanded website.**

The website has proven to be an effective tool. Confidential reports from the website seem to contain better information than Hotline telephone calls. For example, no arrests or convictions came from the first six months of 2001; however, from the same period in 2002, eight arrests and four convictions resulted directly from Hotline contacts – primarily from the website.

- 4) **Goal: Enhance professional knowledge of methamphetamine issues through trainings and workshops.**

The Research Team sponsored training at the Substance Abuse Summit VII, and these sessions were some of the most highly rated workshops. Through its alliances with the Vista Partners Project and the DEC Project, more than a dozen other training events were held that focused on methamphetamine. Efforts are underway to sponsor specific training on the precursor chemical campaign to add the prevention collaboratives as key members of a training team for retail staff. Additionally, quarterly meetings were held throughout the year, with presentations on adolescent trends, law enforcement and interdiction strategies, and Club Drugs.

- 5) **Goal: Secure resources to expand DEC throughout the County.**

DEC survives with funding from the State, but additional resources are still needed to bring a 24/7 response to labs throughout the County where children are present. ■



SUMMARY REVIEW OF METHAMPHETAMINE STRIKE FORCE ORGANIZATION AND TEAMS

THE COORDINATING COMMITTEE

The Coordinating Committee provides leadership to the Strike Force through monthly meetings, where members plan and conduct Strike Force business, ensure overall coordination between the member agencies, and set the course on immediate action items. This year's new members are Deputy District Attorney Bob Amador, a lead DEC contact, and John Redman, Executive Director of the San Diego Prevention Coalition.

A planning retreat was held in January 2002 to review progress and gaps and to identify a short-term action plan. The Committee also sets the quarterly meeting agenda. In addition, this year committee members took the lead to explore possible directions for the Vista Partners Project that includes a recommendation that a Next Generation Project be expanded to the East County region in 2003.

THE RESEARCH TEAM

The Research Team's mandate is to study "best practices" and keep the Strike Force informed about the best way to address methamphetamine problems. With the publication of the Research Team Findings three years ago, the team accomplished its initial goal related to Recommendations #2, #6, and #11. This publication is available from the HHSA, Alcohol and Drug Services.

The Research Team meets six times a year, convenes bi-annual expert focus groups, and collects and interprets the Report Card data. Team members represent Scripps Mercy Hospital, Communities Against Substance Abuse (CASA), the UCSD California Teratogen Information Service, HHSA, and SANDAG.

Last May 2001, the team organized the third in a series of focus groups with law enforcement and treatment experts to supplement indicator data and to anticipate trends. Important findings regarding methamphetamine emerged from the session:

- "Ice", a more pure, more expensive and crystalline form of methamphetamine, has become more prevalent in the San Diego region over the last 6 months.
- Purity levels of methamphetamine have changed over the last decade. In the early 1990s when "East County biker gangs" held the market on production, most of the methamphetamine on the street was 80-90 percent pure. With the Mexican producers "cutting" the product to increase profit margin, and with the recent emergence of Ice, methamphetamine purity levels range anywhere from 30-90 percent.
- Smoking methamphetamine continues to be the preferred administration for most local methamphetamine users. However, there is an increase in the number of injectors, particularly among the youth population. Most injection methamphetamine users are poly drug users, and often inject both heroin and methamphetamine at the same time, a cheap alternative to cocaine. Both finished and unfinished methamphetamine is primarily coming out of Mexico.

The focus group also explored issues related to marijuana, club drugs, heroin, and cocaine.

For the past three years, the Research Team has served as the liaison to the Substance Abuse Summit. The chairperson participates in the conference planning committee, and the team organized a workshop on club drugs for the annual conference held in May 2002. The session featured two DEA experts from Quantico and was well attended.

VISTA PARTNERS PROJECT

The Vista Partners Project (Project) is a program designed to implement the comprehensive Strike Force Recommendations in the City of Vista. The Project has matured since its inception in the Spring of 1999, and is proactive in preventing methamphetamine and other drug-related problems within the Vista community.

The City of Vista has sustained its support for the Project through the leadership and guidance of the Project Steering Committee including co-chairs Vista Mayor Gloria McClellan (deceased) and Captain Scott McClintock of the Sheriff's Department. In addition to the Steering Committee, the Project includes two subcommittees: the Intervention/Prevention Team and the Interdiction/Treatment Team. The Project also sponsors two planning teams for a youth leadership conference geared toward middle and high school students and the "Drug Store Program" geared toward sixth graders.

Funding for the Project comes from the Federal Office of National Drug Control Policy (ONDCP), through the California Border Alliance Group (CBAG), and provides three full-time staff, as well as a small amount of overtime for Sheriff Community Oriented Policing and Problem Solving (COPPS) deputies. Activities are managed by a project coordinator, who also serves as a liaison to several communities working on specific drug prevention and intervention initiatives throughout the region.

Since the last Status Report one year ago, the Project has fully integrated a comprehensive range of activities and has made progress in creating a community culture that is actively engaged in reducing the use, manufacture and sale of methamphetamine. This year, Project activities have been concentrated in several areas, focusing on Strike Force Recommendations #1, #3, #5, #8, #12, #14, #15, and #16. Some of these activities are described in detail below.

Operation House Call

Operation House Call was a year-long case study in which COPPS deputies monitored and supervised low-level drug offenders. Initial planning for the project began in the fall of 1999, and was operational by June 2000 for a one-year period.

The target population for Operation House Call included all Vista residents who:

- were currently on summary probation (a court-managed, non-supervised level of probation) as a result of a drug-related offense;
- had waived their 4th amendment right against unreasonable search and seizure; and,
- were not currently supervised by Probation or Parole for a separate offense.

Thirty-eight offenders participated in the project. Four COPPS deputies were randomly assigned a caseload of no more than 10 offenders, referred to as clients, to manage and supervise for 12 months. An additional 38 offenders, who did not receive deputy contact, were selected as a comparison group.



Between June 2000 and June 2001 the results of Operation House Call were:

- 26 percent of the clients sought drug treatment or aftercare as a direct result of Operation House Call.
- 71 percent overall were able to remain drug-free and crime-free over the course of the 18-month project and follow-up period.

It is unknown if any of the comparison group offenders were enrolled in treatment or aftercare, however, 52 percent of the comparison group did not re-offend during the 18-month project and follow up period. It is cautiously concluded, due to the small sample size, Operation House Call was successful in helping to reduce continued drug use and criminal activity among the target population.

Operation House Call was developed through the collaborative work of local treatment providers, County of San Diego Sheriff's South Vista COPPS office, County of San Diego Alcohol and Drug Services, the District Attorney's Office, the Public Defender's Office, North County Superior Court, and the Probation Department.

Vista (Methamphetamine) Precursor Chemical Campaign

In January 2000, State Assembly Bill 162 mandated retailers to restrict the sale of over-the-counter products containing ephedrine, pseudoephedrine, and norpseudoephedrine, because they were being used as precursor chemicals to manufacture methamphetamine. It limited single purchases to no more than 9 grams or 3 retail packages of any size. However, most storeowners and their employees were unaware of the restrictions and, as a consequence, were in "non-compliance" with the law. In response to the non-compliance with AB 162, a merchant education program, called Operation NO-2-Meth, was designed and implemented to pursue stronger enforcement of the Statewide restriction on precursor chemicals. The education campaign has three primary goals:

- To educate retailers not to sell large quantities of ephedrine or pseudoephedrine products.
- To alert retailers to combinations of household products that are commonly used to manufacture methamphetamine.
- To ultimately reduce the number of methamphetamine labs in Vista and throughout the county.

A collaborative team that included representatives from offices of the County of San Diego Sheriff's South Vista COPPS unit, the United States Attorney, the District Attorney, and the San Diego Police Department developed the educational materials.

In Spring 2001, a pre-project assessment was conducted to determine how many Vista retail outlets would sell more than the State limits specified in AB 162. Of the 41 retail outlets visited, all but seven were willing to sell quantities of ephedrine and pseudoephedrine that exceeded the State limits.

Following the assessment, all 41 stores were contacted by a deputy and received a formal letter explaining the State precursor law, as well as a poster that identified a number of

products commonly used in the manufacture of methamphetamine and information on how to report suspicious activity. All businesses were encouraged to schedule a comprehensive training for employees. Of the 41 stores contacted, only Wal-Mart and Sam's Club requested (and received) training for all employees.

In December 2001, Vista COPPS deputies conducted a follow-up undercover assessment for all 41 retail businesses. Fourteen of the 41 stores (compared to 34 originally) were willing to sell quantities of ephedrine and/or pseudoephedrine products that exceeded the State limits prior to the merchant education campaign, a decrease of nearly 59 percent. Deputies also found that five stores no longer carried ephedrine or pseudoephedrine products, four stores moved ephedrine and pseudoephedrine products behind the counter, and one store added anti-theft sensors to all ephedrine and pseudoephedrine products. From these results, it can be concluded that precursor chemical education does result in positive changes in retail availability of these products. The precursor campaign advances Strike Force recommendations #1, #3, #12, and #15.

Screening, Brief Intervention, and Referral Services

In early 2000, the Vista Partners Project in collaboration with Supervisor Bill Horn's office, and the County of San Diego HHSA Alcohol and Drug Services and North Coastal Region secured resources to implement Screening, Brief Intervention, and Referral Services (SBIR) services at Tri-City Medical Center (TCMC) in the emergency department. SBIR services also became available to primary care patients at Vista Community Clinic (VCC) beginning in July 2001.

SBIR services are a research-based, best-practice strategy used to intervene on behalf of patients in healthcare settings to assess potential substance abuse risks. During the course of a health care visit, prior to seeing the doctor, a trained health educator meets briefly with each patient. During this time, the patient is asked about alcohol, tobacco, prescribed medication, and illegal drug usage. The patient's response to each question effectively sorts them into one of three categories: no/low risk, at-risk, and dependent. At that time, adults (18-64), teens (12-17) and older adults (65+) receive customized, age appropriate SBIR services.

Through the end of FY 01-02, a total of 42,271 teen, adult, and older adult patients at TCMC and VCC were screened, received advice/information, and were given appropriate interventions and referrals based on level of risk.

All of these patients had access to substance abuse prevention services as part of their health care visit. As a result of SBIR services at TCMC and VCC, on average, 50 patients each day in the North Coastal Region benefited from substance abuse prevention and intervention services.

Screening results for the 21-month period between April 2000 and June 2002 identified:

- 21 percent of adult patients as at-risk drinkers
- 8 percent of patients as drug users.
- 1% of all teens, adults, and older adults receiving SBIR services at TCMC and VCC reported methamphetamine use.

These percentages are slightly higher than the National Household Survey on Drug Abuse in which



6.3 percent of Americans over the age of 12 reported using illicit drugs and 0.2 percent reported current use of methamphetamine. The consistency of SBIR drug use data with national averages confirms the effectiveness of this approach in eliciting accurate information from patients regarding their illicit drug use in these settings.

TCCM and VCC serve the communities of the North Coastal Region, including the City of Vista. Overall, drinking patterns and drug use patterns for Vista residents (21 percent of adults at TCCM & VCC) were similar to other patients.

Because of the successful implementation and operation of SBIR services at TCCM and VCC, these services have been authorized and funded by County Alcohol and Drug Services through December 2003, with additional plans to expand throughout the San Diego region. SBIR services advance Strike Force recommendations #5, #6, and #7.

Community Education

Community education is an integral part of increasing awareness about the dangers of methamphetamine in an effort to prevent use and to empower the community to report suspicious activity. Project staff and the Sheriff's South COPPS unit worked together to develop a general format for community presentations. The content of these presentations included signs and symptoms of methamphetamine use, information about the various types of clandestine labs, environmental concerns regarding the manufacture of methamphetamine, and information on how to report suspicious activity.

Presentations. Presentations were offered to all community groups, organizations, and specific target populations including youth, parents, neighborhood groups, associations, and businesses, as well as treatment and social service providers. All presentations were offered in English and Spanish. Additional information about methamphetamine was disseminated at eight local resource fairs.

Training. Community trainings were offered to a variety of health, social service, law enforcement, and other professionals. The overall objective was to create ongoing training policies for professional groups likely to come into contact with methamphetamine users or manufacturers, thus promoting intervention in a variety of community settings.

Between August 1999 and October 2001, Vista Partners Project staff coordinated several trainings for professional groups including Vista Unified School District, healthcare professionals, San Diego Gas and Electric Company, Childrens Services, and the United States Marine Corps at Camp Pendleton and Miramar Air Station.

Youth Events. Youth events were held to promote community partnerships, which would, in turn, support research-based prevention education programs and activities for youth. In August 1999, the Vista Partners Project introduced Youth to Youth, a youth leadership program designed to promote leadership skills and increase drug and alcohol awareness among participating youth. The first Youth to Youth conference was held in March 2000, with over 200 youth participants. Only a small number of attendees were from Vista high schools; most came from neighboring school districts in North County, with some participants coming from as far

away as Calexico. A second Youth to Youth conference designated for middle school participants was held in June 2001, with 60 middle school youth from Oceanside, Carlsbad, and Vista participating.

In 2002, a second high school conference was held; only 50 Vista area high school students participated, and because of a lack of resources for both budget and planning, there are no plans to hold future Youth to Youth conferences.

Networking. Community meetings seek to engage residents and local community service agencies and organizations in developing goals, objectives, and activities for the Vista Partners Project. Although various project committee meetings were intended to provide leadership and develop goals and activities for the Vista Partners Project, attendance was inconsistent and agenda items consisted primarily of project updates and networking opportunities.

Project Achievements

Despite many challenges, the Vista Partners Project can be considered a successful endeavor in a number of areas. During the operational period of the Vista Partners Project, the following data measures showed positive change:

- The methamphetamine-related arrest rate per 1,000 population decreased at a faster pace in Vista than the rest of the County between 1997 and 2001 and between 2000 and 2001.
- The FBI crime rate per 1,000 population also decreased at a faster pace in Vista than the rest of the County between 1997 and 2001.
- Vista experienced a decrease in crime rate from 2000 to 2001 while the overall County crime rate increased during that same time period.

Although these indicators cannot be construed as outcomes of Vista Partners Project activities, it may be assumed that the Vista Partners Project was a contributing factor leading to a decrease in crime rate and methamphetamine-related arrests.

Operation House Call, Precursor Chemicals Campaign, and SBIR. Vista Partners Project staff successfully facilitated the engagement of other professionals to contribute time and resources in the developing and/or implementing of Operation House Call, Precursor Chemicals Education Campaign, and SBIR services. What made these efforts successful was that each activity had clearly defined goals, objectives, and roles for partnering agencies.

Additional Resources Brought to Vista. In November 2000, the Vista Partners Project joined forces with the Sheriff's Department Vista Crime Prevention Unit, the Vista Housing Department, the United States Attorney General's Office, Vista Community Clinic, Vista Townsite Community Partnership, and Palomar Family Counseling Services, to pursue official recognition as a Federal Weed and Seed site for the Townsite neighborhood in Vista. Weed and Seed is a United States Department of Justice community-based initiative that includes a comprehensive multi-agency approach to law enforcement, crime prevention, and community revitalization.

In March 2002, Vista received official recognition as a designated Weed and Seed site. The Vista Weed and Seed strategy will build upon the partnerships and successful strategies that were developed through the Vista Partners Project. The City of Vista and the California Border Alliance Group, the funding source for the Vista Partners Project, have committed resources to pay for 2 full-time staff



through December 2002. Part of the staff duties will be to continue to build upon successful Vista Partners Project strategies not only in Townsite, but also throughout the City of Vista.

Recommendations

The Vista Partners Project can be replicated, with customization, to another community or region, and there are plans to introduce a regional project into the East County next year. The following basic guidelines are recommended in establishing similar projects.

- Strategically recruit partners.
- Establish a strategic plan as the guide to successful collaborative efforts.
- Obtain Memorandums of Understanding with participating agencies.
- Anticipate staffing needs.
- Allow enough time for project start-up.
- Follow best-practice models when possible and use multiple strategies.

MEDIA ACTION TEAM

Effective engagement of the media (media advocacy) is a critical strategy woven throughout every goal and recommendation. Media advocacy helps the public understand complex issues and to gain its support when appropriate. (Strike Force Recommendations #1 and #8).

A non-profit organization, Communities Against Substance Abuse (CASA), manages the media effort for the Strike Force. CASA assigned a lead staff person to the Media Action Team (Team); but several others in CASA's Communications Department also assist with the effort.

The CASA media specialist convenes a bi-monthly Team meeting where media strategies are devised and further story lines developed. The Team includes public information representatives from several County offices, community agencies, the DEA, Bureau of Narcotic Enforcement, and other members of the Strike Force.

Drug Endangered Children Project

The Team continues to pursue several issues from the prior year, including the Drug Endangered Children (DEC) project. For example, last June, the *San Diego Union-Tribune* published an opinion piece submitted by the Team, which coincided with the meeting of the California Drug Endangered Children Alliance convened in San Diego, resulting in four television news reports on that meeting. Another example is the input provided to producers of "California Connected," a public broadcasting program, for a segment focusing on methamphetamine and DEC that aired on nine public broadcasting stations across the State. The DEC story provided a compelling look at the faces of methamphetamine's youngest victims. In addition, the Methamphetamine Hotline and website are integrated into DEC stories, providing a way for the public to get involved in methamphetamine-related problems.

Precursor Chemical Campaign

Another focus has been on the methamphetamine manufacturing process, as it relates to precursor chemicals, as well as the dangers of methamphetamine labs. In July 2001, a

successful news event attracted five television stations and two newspapers. This kind of coverage reaches thousands of San Diegans, and keeps the problem of methamphetamine in the forefront as a problem that can affect their lives.

Others

The media effort also supported coverage of the Vista Partners Project. *The North County Times* and the local weekly, the *Vista Views*, published several stories on the project.

A significant barrier this year was that media outlets were focused on the events and aftermath of September 11, 2001. Broadcast news outlets were less interested in stories unrelated to terrorism, so radio and television coverage of other issues declined. Therefore, the Team focused on print media outlets, which tend to devote space to a wider range of topics. By doing so, the number of methamphetamine stories increased: from January to June of 2002. Sixteen methamphetamine-related stories appeared in local print media, compared to six stories during the same time period last year.

The Report Card lists only media stories that are Strike Force generated through the use of media advisories, staged media events, direct contacts with reporters, newspaper opinion pieces, and letters-to-the-editor. Follow-up stories are not included, nor are the Internet versions of news reports posted on local media outlet websites.

METHAMPHETAMINE HOTLINE (1-877-NO-2-METH)

The Methamphetamine Hotline (Hotline) (Recommendation #13) was activated December 1, 1996, as a way to expand the eyes and ears of law enforcement, as well as to engage the public. The Narcotics Information Network (NIN) operates the Hotline. Since its 1996 inception and through July 30, 2002, the Hotline has received a total of 3,256 calls; however, not all calls were methamphetamine related. The following list identifies all methamphetamine related Hotline calls:

- 2,792 total methamphetamine calls
- 2,159 reporting methamphetamine dealers
- 408 requested assistance
- 202 reported methamphetamine users
- 203 reported people making methamphetamine

Beginning in January 1998, Hotline volunteers began tracking convictions resulting from cases initiated by the Hotline. Information obtained through Hotline calls has led to:

- 128 arrests and
- 58 convictions.

Referrals to the DEC project from the Hotline began in February 2002, and 21 referrals to DEC were made February through July 2002.

As a result of both the website and media coverage, the number of calls to the Hotline is no longer declining; in fact, calls have increased. In the first half of 2002, 192 calls were received, compared to 106 in the same period for 2001. Calls for treatment assistance have decreased, and now make up

One woman called the Hotline back: “I’m looking through my window right now at officers going into the house across the street. I’ve suspected it’s a meth house for some time, and it’s great to see something finally done about it. Thank you!”



only 10 percent of total calls, compared to 12 percent of calls in previous years.

The Hotline received a telephone call on May 30, 2002, from a woman thanking them for the prompt response to a call she made to report a suspected methamphetamine dealer in her neighborhood. She indicated that the San Diego Police Department removed the suspected dealer on the same day she called.

METHAMPHETAMINE STRIKE FORCE WEBSITE: WWW.NO2METH.ORG

In 2000, the Methamphetamine Strike Force developed a website that initially was part of Supervisor Dianne Jacob's web page. In early 2001, the website obtained its own domain name (www.no2meth.org), and registered with the major search engines. In addition to updated information, the website now contains a confidential reporting section to report methamphetamine crime.

The Methamphetamine Website (Website) has proven to be a valuable tool in many ways. With 1,221 website visitors, it is clear that the site is a resource to many. This report, along with past reports, news advisories and other publications, are posted to provide resources to site visitors. In addition, the direct referral to the Hotline staff has increased the way the public can help solve the methamphetamine problem in the San Diego region. The site has received reports from locations outside of the County as well. A grandmother for example, accessed the website in Arizona and received assistance to determine how to get her grandchildren out of a home where methamphetamine was being used. ■

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

The Strike Force recognizes that methamphetamine is just one drug in an array of legal and illicit drugs. Thus, the 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 in general. Strike Force members have clearly stated it would be counterproductive to simply shift drug-use patterns away from methamphetamine to other substances. However, the Strike Force does not wish to weaken its primary focus on methamphetamine. Such a move would divert the Strike Force from its planned, targeted, coordinated effort to address methamphetamine, the most destructive illegal drug used in San Diego County. Many people use methamphetamine along with other drugs, and 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.

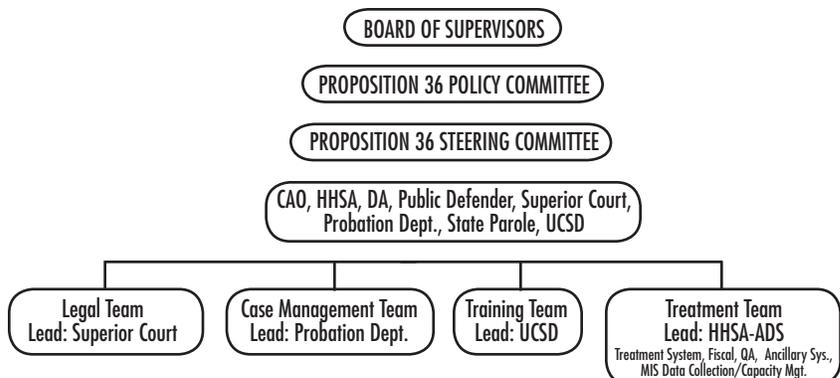
**PROPOSITION 36:
TREATMENT FOR THE SUBSTANCE ABUSING OFFENDER IN THE CRIMINAL JUSTICE SYSTEM**

From its inception, the Strike Force has been a voice for a systematic, integrated approach to dealing with substance abusing offenders. Judges, who later became Drug Court judges, were founding members, along with prosecutors, treatment professionals, and law enforcement representatives. All of these individuals knew that the revolving door of crime related to substance abuse must stop.

The past year saw a significant change in substance abuse treatment for drug offenders. Proposition 36, or The Substance Abuse and Crime Prevention Act of 2000, went into effect in California on July 1, 2001. Implementation planning began shortly after California voters approved the measure in November 2000.

Under Proposition 36, offenders charged with specific drug possession or use offenses are eligible for treatment in lieu of incarceration. The initiative applies to new offenders, existing probationers, and parolees. The annual Statewide allocation is \$120 million, through Fiscal Year 2005-06; San Diego's portion for Fiscal Year 2001-02 was approximately \$9 million. Funding supports treatment for eligible offenders for up to twelve months, and up to six months of aftercare. In addition, \$640,000 was allocated to San Diego through Senate Bill 223 (Burton) for drug testing for Proposition 36 treatment participants.

Proposition 36 was implemented smoothly in San Diego County, due in large part to the extensive pre-existing collaborative efforts between public safety and public health, as evidenced by the formation of the 70-member Strike Force. The following organizational structure was established to plan for Proposition 36 implementation, from January 1, 2001, through June 30, 2001:





In a series of planning meetings, using the most relevant available data, this multidisciplinary planning team estimated that 4,500 individuals would be referred to treatment under Proposition 36 annually. The team further estimated that 85 percent of these offenders would require non-residential treatment, and that 15 percent would require residential placement.

This projection indicated a need for an additional 2,000 non-residential treatment spaces and 300 residential beds. Proposition 36 language includes a “non-supplantation” clause, prohibiting the use of existing treatment capacity for Proposition 36. Additionally, the County of San Diego is committed to maintaining the available treatment infrastructure for non-mandated populations.

During the first year of implementation, San Diego’s experience was similar to other counties throughout the State. The number of individuals sentenced to Proposition 36 and the number referred to treatment were slightly less than anticipated, while the treatment and ancillary service needs were more extensive. Proposition 36 participants were, for example, homeless or dually diagnosed with co-occurring mental health and substance abuse issues more often than initially anticipated. Participants often had extensive substance abuse and criminal justice histories. The following summarizes statistics from the first year of Proposition 36 (July 1, 2001, through June 30, 2002):

Sentenced	3,226
Referred to Treatment	2,646
Percentage Referred to Non-Residential	77%
Percentage Referred to Residential	23%
Average Age	36
Average Number of Prior Convictions	4
Primary Drug Information:	
Methamphetamine	57%
Cocaine	13%
Heroin	11%
Marijuana	9%
Alcohol	8%
Other	2%

Proposition 36 treatment expansion during the first year resulted in a total of 2,727 additional treatment slots; 256 of these were residential beds, and the remaining 2,471 were non-residential slots.

Plans for Year Two-Fiscal Year 2002-03:

During Fiscal Year 2001-02, the emphasis was on getting people into treatment. The emphasis in Fiscal Year 2002-03 will be keeping people in treatment. The following specific activities will be the focus in the coming year:

- Increasing collaboration with the County of San Diego Mental Health Services.
- Expanding the Proposition 36 website (www.prop36sandiego.org).
- Continuing expansion of residential services.
- Ensuring the availability of treatment for people on methadone.
- Establishing interim services for people waiting for an open treatment slot.
- Procuring funds to implement a local evaluation.

TREATMENT FACILITY EXPANSION

Proposition 36 escalated a long-standing need for more treatment facilities – particularly residential facilities. However, as funding, staff and other resources for expansion are identified, a barrier often surfaces in the form of, “Not in My Backyard” (NIMBYism) outcries from neighbors.

To reduce NIMBYism, Alcohol and Drug Services launched a proactive campaign called Solutions for Treatment Expansion Project (STEP), to mobilize public support for treatment programs. STEP seeks to overcome NIMBYism by showing that licensed and well-managed treatment and recovery programs often improve neighborhoods, since service is part of recovery, and residents often initiate neighborhood clean-up and other positive activities. The STEP campaign, initiated in June 2002, will provide technical zoning information to providers, use the media to dispel negative myths about programs, and help programs access community development resources.

RESEARCH ON METHAMPHETAMINE TREATMENT

The San Diego Association of Governments (SANDAG) has been the local evaluator for a methamphetamine-specific treatment program that is based on an outpatient treatment model called the MATRIX that relies on a cognitive behavioral approach. The program, formerly operated by Escondido Youth Encounter, is now operated by Mental Health Systems, Inc. as part of the Family Recovery Center in Oceanside.

This program, Helping Every Addict Recover Through Treatment (HEARTT), is one of seven experimental design sites in the United States that are evaluating a 16-week outpatient model. Each site enrolled 75 methamphetamine users and 75 “control” participants; all were randomly assigned to either experimental or control group status. The project is funded by the Federal Center for Substance Abuse Treatment. Nearly 150 San Diego County residents received free methamphetamine treatment through the HEARTT project.

In addition, UCLA received funding to complete a more extensive three-year participant follow-up that will include a battery of interviews and physical exams that will deepen understanding of the long-range outcomes of methamphetamine addiction and recovery.



SCREENING, BRIEF INTERVENTION AND REFERRAL SERVICES EXPANSION

From the onset, the Strike Force recognized that intervention must occur earlier in a variety of settings (Recommendations #5, #6, and #7). This strategy can assist in identifying problematic use of substances before they affect public safety and the courts.

SBIR services are based on national and international research that capitalizes on a “teachable moment” when, during the course of routine health care visits, patients can answer a few questions about their use of alcohol and/or other drugs. SBIR services identifies people at risk for problems related to substance abuse, motivates them to modify their behavior to reduce these risks, and refers dependent users to treatment.

Follow-up calls after the SBIR screening, reveal that the majority of at risk patients reported that they did cut back on drinking and/or curtail drug use resulting in significant savings in terms of future emergency medical service utilization. Fleming, et al., reporting in the Journal of the American Medical Association’s (JAMA) Medical Care – 2000, documented that every \$1 invested in SBIR produces \$5.60 total savings to both taxpayers and health care agencies from reductions in length of hospital stays, emergency room visits, crime, and traffic crashes.

The County of San Diego, in collaboration with health care agencies, has modified and expanded the national model in several important ways:

- Utilization of trained peer health educators as part of the medical team to guarantee uniform screening of all patients.
- Customization of the SBIR process to address adult, teen, and older adult populations.
- Modification of the screening tool and intervention protocols to include alcohol, tobacco, other drugs and prescription/over-the-counter drugs.

These innovations, beginning with a pilot at Palomar Medical Center in 1993, have since expanded to multiple emergency and trauma departments, as well as community clinics and settings throughout the county. Of national significance, this approach will be presented to the annual National Prevention Network conference this fall. Analysis of SBIR data indicates that 64% of women and 53% of men primary care patients reduce their drinking from at-risk levels to low-risk following the SBIR intervention. Additionally, 95% of patients report reductions and/or abstentions from alcohol and drug use in follow-up telephone calls conducted two to six weeks following the SBIR intervention. This is consistent with the reductions reported in the literature when physicians deliver SBIR services. The reductions consistently occur across different age groups, genders, and ethnicities.

Plans are currently underway to expand SBIR to Sharp Chula Vista and Kaiser Zion Medical Center in FY 2002-03. Other plans include expansion to the East County Region.

DRUG ENDANGERED CHILDREN PROJECT

As methamphetamine problems began to surface in California, law enforcement and Childrens Services workers came together to better meet the needs of children found at methamphetamine lab sites.

In 1998, the County of San Diego started a DEC Project by forming a multi-disciplinary team that immediately responded to the needs of these children. Similar to teams in seven other counties, a Childrens Services caseworker accompanies law enforcement personnel to the homes and other locations where methamphetamine or other illegal drugs are present. First, the child's safety is assessed; then they are interviewed, transported for a complete medical examination, tested for exposure to methamphetamine or other illegal drugs, and finally placed in protective custody.

In San Diego County, the DEC Project team is composed of a prosecutor from the District Attorney's Office, a Childrens Services social worker from HHS, medical staff, and law enforcement officers involved in the case. The DEC Project in North County responds 24 hours a day, seven days a week to methamphetamine lab sites (Level I) and homes where drugs are present (Level II). Similarly, a Childrens Services social worker is also assigned to work with the narcotics division in the San Diego Police Department, and performs similar duties for cases in their jurisdiction.

In FY 2001-02, 127 children were contacted by the DEC Project in North County. Five children were Level I cases from three separate clandestine labs and 122 children were Level II cases. Nearly 60 percent, or 104 children, continue to receive services from Child Protective Services; approximately 30 percent of the children tested positive for controlled substances. The children ranged in age from infancy to 12 years old.

The DEC Project is housed as part of the Jurisdictions United for Drug and Gang Enforcement (JUDGE) unit in North County. The DEC Project responds primarily in North County, but because the DEC Project operates around the clock, the unit has responded in other geographic areas, as well. For instance, the DEC Project was involved in lab site seizures during the last fiscal year in Solana Beach, Escondido, and Chula Vista.

The DEC Project was originally funded by a special State grant that ended in 2000. The Public Safety Group, part of the County of San Diego, maintained the DEC Project budget through June 2001, after the State grant expired. The budget primarily covered costs of a Child Protective Service social worker and a Deputy District Attorney who is available to respond 24 hours a day to numerous requests. Identifying permanent funding for DEC continues to be a challenge as permanent funding is sought to institutionalize the program. The Strike Force Coordinating Committee urges all agencies Countywide to incorporate DEC strategies when responding to suspected methamphetamine labs and other dangerous environments where children might be present.

Local DEC leaders have also been involved in establishing a Statewide collaboration of DEC programs. San Diego hosted this alliance in June 2002, and the alliance hopes to become a voice for the expansion of this multidisciplinary approach throughout the State.

CLUB DRUG TASK FORCE

In February 2002, under the sponsorship of Supervisor Bill Horn, the San Diego Prevention Coalition launched the Club Drug Task Force. Substances described as club drugs generally include; LSD, ketamine, GHB, and Ecstasy or methylendioxy methamphetamine (MDMA). The Club Drug Task Force mission is:

To bring together experts and concerned professionals from the fields of law enforcement, substance abuse prevention, substance abuse treatment, education, and community to



develop and implement comprehensive strategies to address the problems associated with club drug use by utilizing a multi-disciplinary, collaborative approach.

The Task Force has developed an action plan to reduce the supply of, and demand for, club drugs throughout the County. More information is available by contacting the Prevention Coalition at www.sdpc.org. In June 2002, the County Board of Supervisors approved the plan, which outlined a set of local short-term goals:

- 1) Increase awareness of the hazards associated with club drugs.
- 2) Increase communication between youth, young adults, parents, professional educators, and other diverse community sectors on the latest information and research concerning the hazards of club drug use.
- 3) Encourage and influence event promoters and venue owners to provide safe and drug-free dances and social gatherings.
- 4) Reduce the number of club drug manufacturers and suppliers within our region.
- 5) Increase drug treatment opportunities.
- 6) Advocate for policy change and legislation at the State and local levels to help create a safe and club drug-free San Diego County.

These goals will be met by pursuing the following objectives regarding club drugs:

- Create an advertising and public relations campaign concerning the dangers of club drug use.
- Establish a clearinghouse for communication and exchange of information.
- Establish an electronically accessible, educational database and information library.
- Develop and coordinate club drug prevention training programs for a variety of audiences.
- Target event promoters and venue owners, in partnership with the Responsible Hospitality Coalition, the Department of Alcohol Beverage Control, and countywide law enforcement.
- Arrest and prosecute club drug manufacturers and distributors.
- Promote the passage of prevention legislation on club drugs.

The San Diego Prevention Coalition will evaluate progress, and remain linked to the Strike Force to coordinate common efforts. ■

RECOMMENDATIONS FOR ACTION

INTEGRATION FOR GREATER IMPACT

The Strike Force is convinced that multi-lateral action is needed to reduce the overall problem of methamphetamine throughout the County, as opposed to shifting the problem from one community sector to another, or from one geographic area to another.

Local collaborative trends are instrumental in reducing methamphetamine problems throughout the region:

- Law enforcement agencies have more experience in working collaboratively towards the common good. The Narcotics Task Force, the Law Enforcement Task Force on Underage Drinking, the College Law Enforcement Task Force, and the Merchant Precursor Education Campaign are examples of multiple jurisdictional public safety groups cooperating on a single theme or enforcement activity. The emerging East County regional project will employ this collaborative approach on methamphetamine problems in the East County.
- County HHSA Alcohol and Drug Services contracts with regional service agencies to provide an array of prevention services in support of County prevention initiatives. As of July 1, 2002, these provider groups have been instructed to include the Strike Force Recommendations, as appropriate, into prevention action plans for their specific communities.

Community action against methamphetamine must be dynamic – because methamphetamine issues change and evolve quickly. The Strike Force is confident that, as a responsive body, it can continue to address methamphetamine problems in a proactive, creative fashion. For the last six years, the Strike Force has increased San Diego County's capacity to address this chronic problem by:

- Measuring progress and tracking indicators;
- Linking resources and needs, based on data;
- Training professionals to work more effectively;
- Incorporating methamphetamine-specific resources to the existing array of drug treatment services available to the public;
- Strengthening the partnership among health, public safety, criminal justice, education, and other sectors; and
- Increasing efficiencies between systems to take advantage of emerging opportunities.

In the next Fiscal Year, 2002-03, the emphasis will be on maintaining the momentum, continuing to support the Vista Partners Project and initiate the East County regional partners project. In addition, the Strike Force will focus on the following objectives:

- Build productive partnerships with the County prevention and treatment provider system.
- Work with key agencies to integrate the DEC Project features among law enforcement, prosecution, and Child Protective Services.
- Bring methamphetamine-specific features to existing initiatives, such as landlord training, and other professional training.

The Strike Force will continue to advocate for a community culture that supports prevention and enforcement, and mobilizes all sectors with the County toward a shared vision of a capable, healthy community where residents thrive and have control of their environment.

The methamphetamine problem does not have a quick fix. Achieving a continuing decline in the County's methamphetamine problem requires a long-term commitment and sustained effort. The Board's leadership in demonstrating this ongoing commitment has been vital in supporting the Strike Force in the many efforts documented in the steady progress over the last six years in reducing methamphetamine problems in our region. ■



APPENDIX A ROSTER — METHAMPHETAMINE STRIKE FORCE

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Jack Drown, Undersheriff

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

Carolyn Simpson, Research Specialist
Vista Partners Project

Sgt. Mark Ramirez

Deputy Dustin Lopez

Deputy Todd Norton

Deputy Hank Ramos

Corporal Dave Brown
S.D. County Sheriff Department
South Vista COPPS

Paul J. Pflingst, District Attorney

Dave Williams, Assistant Chief of Special
Operations
Office of the District Attorney, County of San Diego

Bob Amador, Assistant District Attorney
JUDGE, DEC

Lori Koster-Temko, District Attorney's Office

Lara Lambert, JUDGE Unit

Casey Gwinn, City Attorney

Karen Li

Joseph Sanchez, Head Deputy City Attorney
Office of the City Attorney, City of San Diego

Mary Harrison, Executive Director

Rob Hall, Media Coordinator
CASA

John Redman, Executive Director

Marjorie Adams, Program Liaison
San Diego Prevention Coalition

PRIVATE/COMMUNITY

Eric Mosley, Criminal Justice Programs Director
McAlister Institute

Barbara Morton, Resource Development Director
CRASH, Inc.

Ami Caldwell, ADAM Program Regional Field Rep.
ABT Associates

Tim Smith, Criminal Justice Division Manager.

Craig McLaughlin, Mental Health Systems, Inc.

Jessica Van Arsdale, The Way Back

Cheryl Houk, Executive Director
Michael Woods, Operations Director
Stepping Stone

Michael Sise, M.D.

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

Steve Escoboza, CEO
Healthcare Association of San Diego & Imperial
Counties

Vince Jimno, Chair
County of San Diego Alcohol and Drug Advisory
Board

John Redman, Executive Director

Alan Sorkin, President
San Diego Prevention Coalition

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

Linda Lloyd, Vice President of Program
Katherine Silver Program Assistant/Person of
Contact, Alliance Healthcare Foundation

Glen Webber, Administrator
San Diego Freedom Ranch, Inc.



APPENDIX B SOURCES FOR REPORT CARD INFORMATION

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

More information, including demographic breakdowns, is available on many of these items at the Health and Human Services Agency, Alcohol and Drug Services.

