



County of San Diego
Methamphetamine Strike Force

■ STATUS REPORT

October 30, 2001





County of San Diego Board of Supervisors

Bill Horn, Chair

District 5

Ron Roberts, Vice Chairman

District 4

Greg Cox

District 1

Dianne Jacob

District 2

Pam Slater

District 3

Walter F. Ekard

Chief Administrative Officer

Rodger G. Lum, Ph.D., Director

Health and Human Services Agency

Al Medina, Alcohol and Drug Program Administrator

Health and Human Services Agency



METHAMPHETAMINE STRIKE FORCE

Recommendations:

The following recommendations are based on the original recommendations developed by the Methamphetamine Strike Force in the fall of 1996. The revised recommendations reflect a clearer understanding of methamphetamine problems and the systemic needs to address those problems.

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 Canons of Ethics prohibits advocacy by judges regarding sentencing laws.)
14. Pursue stronger enforcement of the Statewide ordinance on precursor chemicals and seek stiffer penalties for companies that distribute precursor and essential chemicals and equipment used to manufacture methamphetamine.
15. Expand community-policing strategies to engage the public in methamphetamine issues.

SYSTEMS

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

COUNTY OF SAN DIEGO

Methamphetamine Strike Force Status Report Progress and Recommendations

TABLE OF CONTENTS

INTRODUCTION	1
• Methamphetamine Strike Force Structure	
THE REPORT CARD	3
• Methamphetamine Strike Force Report Card	
• Report Card Analysis	
A PROGRESS REPORT ON ACTIONS	6
of the Methamphetamine Strike Force	
• The Coordinating Committee	
• The Research Team	
• Vista Partners Project	
• Media Action Team	
• Methamphetamine Hotline (1-877-No-2-Meth)	
• Methamphetamine Web Site (www.no2meth.org)	
METHAMPHETAMINE IN CONTEXT:	15
Progress in Creating Comprehensive Alcohol, Tobacco, and Other Drug Program Efforts	
• Proposition 36	
• Research on Methamphetamine Treatment	
• Screening and Brief Intervention Expansion	
• Drug Endangered Children Project	
RECOMMENDATIONS FOR ACTION	19
• “It’s a Marathon, Not a Sprint”	
APPENDIX A	20
Methamphetamine Strike Force Roster	
APPENDIX B	22
Vista Partners Project Team	



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 “meth capital of the world.” Today, thanks to the efforts of the County of San Diego, Methamphetamine Strike Force, this region is now recognized as a source for a comprehensive approach to prevention of methamphetamine problems.

The Methamphetamine Strike Force has been acclaimed as a national model in addressing methamphetamine and other drug problems. One year ago, the Methamphetamine Strike Force co-hosted, with the United States Attorney General’s Office, a national meeting to assist nine cities in the development of effective responses to methamphetamine problems. More recently, Undersheriff Jack Drown, Methamphetamine Strike Force co-chair, was invited to speak in Tulsa, Oklahoma, at the Mayor’s Methamphetamine Summit. The Tulsa World described the Methamphetamine Strike Force as “setting the standard on fighting methamphetamine” (July 15, 2001).

HISTORY

In March 1996, after receiving reports showing methamphetamine problems had reached near epidemic proportions, the Board of Supervisors authorized the formation of the multi-disciplinary Methamphetamine Strike Force. This year the Methamphetamine Strike Force noted its 5-year anniversary, which is a significant accomplishment because it remains primarily a volunteer group that has managed to keep community attention focused on a plan of action against methamphetamine-related problems.

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 Methamphetamine 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 Methamphetamine Strike Force submitted their *Plan for Action* to the Board, and was authorized to implement a comprehensive set of 17 recommendations focusing on prevention, intervention, treatment, and interdiction. The Methamphetamine Strike Force has continued to concentrate on methamphetamine, although the plan recognizes that methamphetamine must be addressed in the context of all alcohol and other drug issues.

The Methamphetamine Strike Force functions primarily as a coordinating and planning body to promote implementation of its original recommendations (see the Recommendations page at the front of this report) which were updated by the Coordinating Committee in its 2000 retreat and approved by the membership last March. Through a collaborative effort with limited direct resources, the Methamphetamine 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 area.

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

- 1) Due to data collection constraints, the Report Card on page 3, which lists community-level measures of methamphetamine problems, tracks only calendar year 2000 data; and
- 2) The Status Report narrative covers progress from the last report, including information through the end of FY 2000-01 (June 30, 2001).

The Status Report summarizes our region's progress in the fight against methamphetamine, looking at both the Methamphetamine Strike Force activities and the outcomes of related initiatives that reflect the collective work of member agencies, government, and the private sector. The Methamphetamine Strike Force, through its innovative structure, coupled with the active participation of the diverse membership, has stimulated collaborative efforts described in detail later in this report.

To implement the action plan spelled out in the original Methamphetamine Strike Force report, *Translating Ideas Into Action*, the Methamphetamine Strike Force formed several teams. The current structure of the Methamphetamine Strike Force is outlined in the following chart:

METHAMPHETAMINE STRIKE FORCE



- 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 (HHS), 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 is a pilot project to implement a balanced approach of prevention, intervention, treatment, and interdiction in the City of Vista.
- The Web Site Committee manages the web site for the Methamphetamine Strike Force. The site recently obtained its own domain name (www.no2meth.org), and is registered with the major search engines. ●



METHAMPHETAMINE STRIKE FORCE REPORT CARD: Preliminary 2001

	1995	1996	1997	1998	1999	2000	Change 1995-2000***	Change 1999-2000****	
Indicator									
1. Total Meth Deaths	150 (5.64)	124 (4.62)	156 (5.71)	110 (3.93)	108 (3.78)	140 (4.9)	-7% (-13%)	+30% (+30%)	Rate per 100,000 in parentheses.
2. Related Emergency Department Mentions	1110 (41.75)	1155 (43.06)	1848 (67.7)	1473 (52.7)	1498 (52.5)	N/A N/A	+35% (+26%)	+2% (<-1%)	2000 data not available until 2001. Reflects change from 1999.
3. Drug Treatment Admissions	3942	3109	3819	4398	4235	4475	+14%	+6%	Proportion of meth admits in 2000 up 1% from '99 and down 4% from '95
4. Positive Meth Tests: Adult Arrestees	37%	31%	41%	34%	29%	28%	-9%	-1%	
5. Positive Meth Tests: Juvenile Arrestees	11%	9%	18%	13%	16%	11%	0%	-5%	
6. Lab Cleanup/Seizure*									
County Cleanup:	40	34	13	18	46	47	+18%	+2%	
DEA/NTF Seizures:	38	59	49	44	62	33	-13%	-47%	
7. Number of Arrests for Sales & Possession	N/A	6736 (251.14)	8642 (316.66)	7453 (266.67)	7519 (269.95)	6820 (242.37)	+1% (-3%) (1996-2000)	-9% (-10%)	Rate of 100,000 in parentheses
8. Availability Measures "Easy to get"	N/A	NA	71%	67%	64%	70%	-1%	+6%	
Price: Per 1/8 oz.)	\$140-\$180	\$120-\$180	\$100-\$180	\$125-\$180	\$130-\$150	\$160	Within Range	Slight Increase	
Purity	NA	15%-97%	20-40%	20%-40%	15%-40%	25%-53%	Within Range	Slight Increase	
9. Hotline Calls	NA	245**	1204	432	385	236	-80% (1997-2000)	-39%	
10. Strike Force-Generated Media Stories	NA	32**	120	24	116	132	+10% (1997-2000)	+14%	News stories also on 6 websites, 30 paid bus ads in North County Nov-Dec.

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

** Began December of 1996.

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

**** If 2000 data is unavailable, 1999 data will be used.

Sources for Report Card Information:

1. Total Methamphetamine Deaths: County of San Diego Medical Examiner's Office. Methamphetamine Deaths includes all decedents that tested positive for methamphetamine at time of death, regardless of mode of death. Various modes of death include natural, homicide, suicide, accident, and undetermined.
2. Related Emergency Department Mentions: Drug Abuse Warning Network (DAWN), a national information system. This indicator includes both methamphetamine and amphetamine mentions.
3. Drug Treatment Admissions: County of San Diego, Health and Human Services Agency, Alcohol and Drug Services.
4. Positive Methamphetamine Tests, Adult: Arrestee Drug Abuse Monitoring (ADAM), a program operated by the San Diego Association of Governments (SANDAG).
5. Positive Methamphetamine Tests, 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 Administration (DEA).
7. Number of Arrests: Automated Regional Justice Information System (ARJIS). Includes arrests for methamphetamine possession (HS 11377a) and arrests for methamphetamine possession for sale (HS 11378).
8. Availability Measures: Methamphetamine "easy to get"—Arrestee Drug Abuse Monitoring (ADAM) interviews. Reflects the percent of interviewees responding no to the question "In the last 30 days, was there a time when you wanted to get meth, but couldn't get any?" Price and Purity—Narcotics Information Network (NIN).
9. Hotline Calls: Narcotic Information Network (NIN).
10. Media Stories: Communities Against Substance Abuse (CASA).

REPORT CARD ANALYSIS

The Report Card presents a snapshot of methamphetamine problems for calendar year 2000. Data indicators of methamphetamine problems are listed in annual periods. Past Report Cards have used six-month reporting periods, but the Methamphetamine Strike Force recently decided to use annualized data because it's easier to interpret significant trends. Eight of the ten indicators represent various health and enforcement areas; two indicators report Methamphetamine Strike Force activities.

The Report Card reveals both the changes over a period of time and changes within a specific indicator. However, the data is limited in many ways. First, no single indicator tells how well the County has progressed - the figures must be considered as a cluster.

Second, none of the figures definitively suggest causal relationships. For example, experts suggest that arrests are related to treatment admissions, but the figures are not collected in ways that produce confidence in this conclusion.

Finally, qualifications must be made about each indicator. For example, death rates only reflect the number of people who died with methamphetamine in their system. The rates do not include passengers who died in a collision caused by a driver under the influence of alcohol or, if a long-time user died of a heart attack, but had not recently used drugs. This collective data provides an educated guess, giving the big picture of our region's methamphetamine problem.

The Report Card points out a persistent, chronic methamphetamine problem. Several indicators deserve special mention because of the change that has occurred.

METHAMPHETAMINE-RELATED DEATHS

Unfortunately, in San Diego County methamphetamine related deaths increased from 108 in 1999, the lowest level in five years, to 140 in the year 2000. This 30 percent increase is a reflection of the chronic nature of the region's methamphetamine problem and the fluctuating nature of overdose rates. However, the 2000 rate represents a decrease of 7 percent from the 1995 baseline level in the County of San Diego. The general rate in all drug overdose deaths, Statewide and Nationally, reported by the Federal government's Center for Disease Control shows a substantial increase over the past several years.

About half of the methamphetamine deaths involved multiple drugs. Forty-four percent (44%) of all methamphetamine deaths were determined to be accidental overdoses.

County of San Diego deaths due to drug use also increased for alcohol, cocaine, and heroin. With 423 deaths, alcohol continues to have the highest death rate, followed by heroin (239) and methamphetamine (140); cocaine places last at 73 deaths.

EMERGENCY DEPARTMENT "MENTIONS"

There was little change in this indicator in 1999, the most recent year with available data. It is expected that these rates would increase in 2000, similar to death rates, but data from the federal system won't be available for another year. A "mention" occurs each time an emergency room patient mentions using a drug; each drug reported counts as a separate mention.

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. ADAM collects



drug tests, interviews people in jail, and compiles a database of the results to understand the relationship between illicit drug use and crime.

ADAM staff also conduct special in-depth interviews with people who test positive for methamphetamine; arrestees are asked to rate how “easy to get” methamphetamine is, and this information provides another indicator of methamphetamine availability on the Report Card.

The good news is that there has been a slight drop in these figures for two consecutive years. For adults, this decrease represents a nine percent (9%) drop in positive methamphetamine tests over six years. For juveniles, the level of positive methamphetamine tests have returned to the 1995 level after a significant increase over the previous three years.

For many years, approximately eighty percent (80%) of all arrestees tested positive for drug use. Today, the overall rate ranges between sixty to seventy percent (60-70%) for any drug use. Additionally, the type of drugs being detected in those arrested in the County has been changing. Methamphetamine had previously been the most common drug found in San Diego County arrestees, but in 2000 marijuana has now moved into first place for the first time in many years.

METHAMPHETAMINE LABS

Lab activity is described in two ways: actual lab seizures, and lab clean up activity. Clean-ups were fairly stable in the last year; however, there was a drop in lab seizures. Experts suggest that large lab operations have moved out of San Diego County - to the south and north of our County. The remaining labs are more typical “mom and pop” small labs. These small labs are also most affected by our precursor chemical ordinances because they usually buy precursor chemicals from local retail outlets that are now conforming to the new laws.

METHAMPHETAMINE (METH) HOTLINE

In the year 2000, calls to the Meth Hotline continued to decline. Calls have steadily declined since the Hotline began operating. However, with the Methamphetamine Strike Force Media Team providing more focus on the Hotline in newsmaking efforts, the decline in call rates stopped for the first half of 2001. More details are reported in the body of this report.

MEDIA ADVOCACY

In 2000, there was a fourteen percent (14%) increase in Strike Force-generated media stories compared to 1999 and a ten percent (10%) increase over the five-year reporting period. These stories were aligned with Methamphetamine Strike Force priorities regarding Drug Court, the Drug Endangered Children (DEC) Project, and the precursor chemical campaign. ●

A PROGRESS REPORT ON ACTIONS of the Methamphetamine Strike Force

The Methamphetamine Strike Force provides opportunities for members to create synergy, initiate new action, and coordinate efforts to reduce methamphetamine-related problems. The 2000 Status Report identified five goals for 2001. Progress has been made on all of the goals, as noted below.

1. Goal: Support the pilot implementation in the Superior Court for the “Tiger Team’s” proposal to redesign Drug Courts.

This goal was quickly adjusted to respond to the passage of Proposition 36, but, as noted on page 22 of this report, the Team worked to expand the criminal justice system by framing Proposition 36 as an additional option in a comprehensive array of services available to the criminal justice system.

2. Goal: Maintain visibility of the Methamphetamine Strike Force and its policy goals through continued high levels of media advocacy.

As noted on the Report Card, media interest in the Methamphetamine Strike Force, as demonstrated by news stories, increased by 14 percent (14%) from the prior year. Indirect media, not generated by the Methamphetamine Strike Force, also increased, including the program by KUSI TV’s Rod Luck, who produced 22 minutes of airtime on methamphetamine lab dangers. In addition, news outlets’ web pages contribute to this media visibility.

3. Goal: Enhance professional knowledge of methamphetamine issues through workshops and publications.

Methamphetamine-related issues were again featured at the annual Substance Abuse Summit, and regular training events took place through the Vista Partners Project. Recently, project staff conducted training for San Diego Gas and Electric field supervisors, who regularly visit most of the developed property in San Diego County, and are in the position to identify methamphetamine labs and dump sites.

4. Goal: Initiate problem-solving relationships with neighboring jurisdictions.

In its January 2001 retreat, the Coordinating Committee refined this goal, noting that jurisdictional networking already occurs separately for enforcement and health. Members convened a multi-County meeting on the Drug Endangered Children (DEC) Project; several members are participating in Statewide committees; several representatives from nearby counties attended the Substance Abuse Summit; and the Southern California Prevention Exchange convened representatives from the ten counties in Southern California on a quarterly basis to discuss regional alcohol and other drug concerns and strategies to expand prevention capacity.

5. Goal: Secure resources and expand the Drug Endangered Children Project throughout the County.

The Public Safety Group from the Chief Administrative Office stepped forward to maintain the DEC Project budget through FY 2000-01 when the State grant ended. The Coordinating Committee is pursuing State and Federal initiatives to develop long-term funding for the DEC Project.



SUMMARY REVIEW OF METHAMPHETAMINE STRIKE FORCE ORGANIZATION AND TEAMS

THE COORDINATING COMMITTEE

The Coordinating Committee continues to steer the Methamphetamine Strike Force. A major accomplishment for the group was co-hosting, with the United States Attorney General's Office, the Methamphetamine Model Cities meeting last fall. This event drew representatives from nine cities in the nation who had been selected for a grant to replicate the Methamphetamine Strike Force. As a follow-up to this session, Undersheriff Jack Drown was invited to give a keynote speech at the Mayors' Methamphetamine Summit in Tulsa, Oklahoma.

The Coordinating Committee meets monthly to plan and conduct Strike Force business to ensure overall coordination between the member agencies, to set the course on immediate action items, and to create the agenda for quarterly meetings. New members Nick Macchione, HHS Regional General Manager, North Region; Beth Sise, Scripps Mercy Hospital; and Cheryl Houk, Stepping Stone Treatment and Recovery Program add important linkage to the health sector. Gary Hudson, new special agent in charge of the State of California's Bureau of Narcotics Enforcement, adds an essential connection to State level enforcement efforts.

A planning retreat was held in January 2001 to revisit the original 17 recommendations that form the core of the Methamphetamine Strike Force. Members updated the language, which was approved by the full membership during the March 2001 quarterly meeting. The opening page of this report (Methamphetamine Strike Force Recommendations) contains the revised language. In addition, the Committee addressed several operational issues that included creating a plan for a funding strategy for the DEC Program, establishing an ad-hoc committee to explore Hotline marketing, and examining long-range issues for the Vista Partners Project.

The Committee also sets the agenda for the quarterly meetings. Each meeting features speakers or panelists on emerging issues, as well as opportunities to build more collaborative, problem-solving responses. In the last year, featured issues included dual diagnosis, motivational interviewing, Proposition 36, and precursor chemicals, as well as regular updates.

THE RESEARCH TEAM

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

Team members represent Scripps Mercy Hospital, the Bureau of Narcotics Enforcement, the UCSD California Teratogen Information Service, HHS, the San Diego Association of Governments (SANDAG), and McAlister Institute.

The Research Team continues to seek a deeper understanding of methamphetamine-specific strategies by organizing and analyzing information from focus groups. The members held a third focus group with adolescents last fall, and reported the findings at the Substance Abuse Summit last spring. A

written report was distributed at the September 2001 quarterly meeting, and the Team will seek publication of their findings in a professional journal.

In addition, the Team organized a unique focus group with law enforcement and treatment experts to supplement indicator data and to anticipate trends. Important findings regarding methamphetamine emerged from the session:

- Manufacturing trends in the County of San Diego have shifted from large labs to small “mom and pop” labs that produce smaller quantities of methamphetamine. These are less “professional”, less stable, and more likely to cause property damage.
- Finished methamphetamine product is now coming into the region from Mexico. Methamphetamine has been added to the distribution line of the major Mexican cartels, contributing to the availability of methamphetamine in other parts of the country.
- Recent increases in penalties for manufacturing methamphetamine have resulted in subtle marketplace changes. Dealers often carry only small quantities of methamphetamine, and sales to unknown people occur less frequently.
- Methamphetamine use has spread to all population groups, though originally, its use was most often associated with white males.
- Participants agreed that African-Americans are typically not involved in methamphetamine use, sale, or manufacturing.
- These experts cautioned against relying on statistics alone and noted, for example, that increased arrests might primarily reflect an increase in the training of law enforcement officers.

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

For the past two 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 two workshops for the annual conference held last April. One session brought in a dietary supplement expert; the other reported on the adolescent focus group findings. Both sessions were highly rated.

VISTA PARTNERS PROJECT

The Vista Partners Project (the Project) is a pilot project designed to implement the comprehensive Methamphetamine Strike Force recommendations, as appropriate to the City of Vista. The Project has matured since its inception in the spring of 1999, and is a proactive force 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 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 grade students.

Funding for the Project comes from the Federal Office of National Drug Control Policy (ONDCP) 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 initiatives throughout the County.

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, #4, #5, #8, #12, #14, #15, and #16. Some of these activities are described in detail below:

Operation House Call

Operation House Call was a concept developed through the work of the Interdiction/Treatment Team. Initial planning of the project began in the fall of 1999, and was operational by June 2000 for a one-year period. The project involved monitoring and supervising low-level drug offenders by COPPS deputies. These offenders were on summary probation (managed by the court, rather than the Probation Department) and had waived their 4th amendment rights as a condition of probation. The project's goals are to provide extra motivation and access to treatment, and prevent further involvement in criminal activity.

Operation House Call innovatively placed deputies in the role of arresting officer, supervisor, counselor, family therapist, and more. A critical component is the deputy's willingness to function as a partner in the offender's recovery process. This required deputies to broaden their knowledge of alcohol and drug treatment concepts and resources, as well as their knowledge of ancillary community services. Through the course of Operation House Call, the following observations have been made:

- **Involving Family.** The most successful cases engaged family members as part of the process. Creating alliances with family members provided additional support to both the deputy and the recovering offender. In one case, this tactic assisted in the return of an offender who was under a commit (to custody) warrant and living out-of-state. The deputy worked with a family member in convincing the client to return to Vista, turn him/herself in, and seek residential treatment.
- **Personal Relationships.** When a deputy develops a personal relationship with the client, their ability to become an effective problem solver increases. Deputies were able to provide information to their clients not only on alcohol and drug treatment, but also on employment, finance, education, childcare, and family counseling. In some cases, this relationship transferred to members of the offender's neighborhood.
- **Immediate Access.** Because deputies involved in the project had the use of a cell phone, this essential component gave clients immediate access to the deputy, even beyond the House Call designated time. This was critical because House Call was an additional assignment to their regular COPPS duties. Cell phones also gave the offender's family members a mechanism to discuss problems or concerns about the offender's recovery status. Deputies were able to quickly check on clients when face-to-face meetings were not possible.

Originally, Operation House Call was designed as a pilot project for 40 participants, with the successful features to be eventually expanded to all offenders who were on court-supervised

probation. However, Proposition 36, the treatment-instead-of-jail ballot initiative, which went into effect on July 1, 2001, essentially addressed the same offender group. Therefore, Operation House Call concluded in June 2001. The project, however, will be documented as a case study design and included in the overall evaluation of the Vista Partners Project.

Vista Precursor (Methamphetamine) Chemical Campaign

In January 2000, a State law (AB162) that mandated retailers to restrict the sale of over-the-counter products containing ephedrine, pseudoephedrine, or norpseudoephedrine (precursor chemicals) to no more than 9 grams or 3 retail packages of any size went into effect. Although this law has been in effect for nearly two years, most storeowners and their employees are unaware of the restrictions and, as a consequence, are in “non-compliance” with the law. In May and June, Vista COPPS deputies and project staff visited 42 retail stores in Vista, and all but five sold quantities of ephedrine and pseudoephedrine products that exceeded the State limits. Also, in several instances, although retail outlets had ephedrine and pseudoephedrine sale limits programmed into cash registers, clerks offered to ring up separate sales that exceeded the legal limit.

The Vista team worked with others in the Methamphetamine Strike Force to develop educational materials for retailers and their employees regarding precursor chemical restrictions. This education campaign has three primary goals:

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

The focus on retail businesses that sell precursor ingredients uses the “crime triangle” (user, victim, and location), or alternatively, the public health model (agent, host, and environment) to focus on locations or environments where methamphetamine problems start. The campaign directly stems from Recommendation #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). However, because media access, the Meth Hotline, and community policing strategies are employed in the precursor chemical campaign, the campaign also advances the following four recommendations of the Methamphetamine Strike Force:

- Recommendation 1: Use a comprehensive media strategy to inform the public and policymakers;
- Recommendation 3: Reduce access to methamphetamine in key locations with clear policies, consistent sanctions, and strategic enforcement;
- Recommendation 12: Use the Meth Hotline as a way to engage the public;
- Recommendation 15: Expand community-policing strategies to engage the public in methamphetamine issues.

The San Diego Police Department is also using the campaign materials within their jurisdiction.



Screening and Brief Intervention

In early 2000, the Vista Partners Project - in conjunction with Supervisor Bill Horn's office, the County Health and Human Services Agency's Alcohol and Drug Services, and the Health and Human Services Agency's North Coastal Region - was able to secure resources to implement Screening and Brief Intervention (SBI) services in the emergency department at Tri-City Medical Center. SBI also became available in primary care services at the Vista Community Clinic effective July 1, 2001.

SBI draws from Recommendations #5, #6 and #7 as a research-based, best-practice strategy to intervene where there is a good chance for success in health care settings. During the course of routine health care visits, trained peer health educators meet briefly with each patient immediately prior to the doctor's visit. During this time, the health educator asks the patient about alcohol, tobacco, medication, and illegal drug use. The patient's response to each of the questions effectively sorts the patient into one of three categories: no/low-risk, at-risk, and dependent. Adults (18-64), teens (12-17), and older adults (65+) receive customized, age-appropriate SBI services.

No/low-risk patients receive simple reinforcement from the health educator to keep up the good work, while at-risk patients receive a "brief intervention" which consists of feedback and information about the risks associated with higher consumption levels. Dependent users receive an active, managed referral to treatment. All screenings are voluntary, and it should be noted that there is less than a one percent (1%) refusal rate.

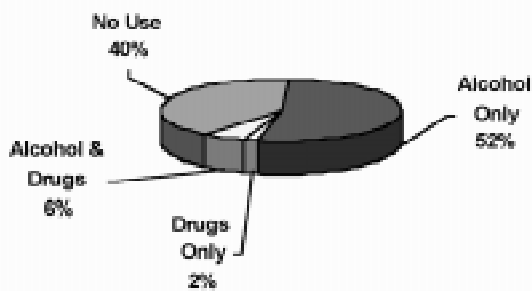
The principal target of SBI services is the larger number of at-risk users, because research demonstrates this group is amenable to information, is able to "self manage", and can cut back on consumption as a result of the intervention.

At Tri-City Medical Center, in 15 months of operation, from project inception in April 2000 through June 2001, based on screenings where zip code data was available, there were 19,860 screenings; approximately thirty-four percent (34%) were Vista residents, with the remainder from other North County communities. The tables to the left display consumption information about all of these patients:

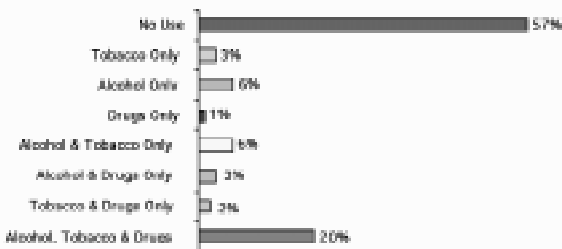
SBI services were significantly expanded in Vista when Vista Community Clinic agreed to participate in the late spring of 2001 where floor observations and a pilot was conducted; full-scale services began July 1, 2001.

- Due to rounding, figures may not equal one hundred percent (100%).

Adult Consumption Patterns



Teen Consumption Patterns



Community Education

Community education is an integral part of the Vista Partners Project (the Project). The Project's community development specialist has worked closely with Vista COPPS deputies, other State and Federal law enforcement agencies, as well as local service agencies to reach the diverse Vista community with information about methamphetamine. Activities in this area include:

- **Presentations.** The Project's Team has conducted many presentations, in both English and Spanish, to a variety of audiences. For example, the team is part of health fairs in the area, and has also organized educational programs for monolingual Hispanic parents, school personnel, and other agencies including Child Protective Services and SDG&E field supervisors.
- **Networking.** The Project Team takes part in a variety of North County community groups

including; the North County Collaborative, North County Collaborative Public Safety Domain, North Coastal Prevention Coalition, Vista Townsite Community Partnership, and the Heroin Task Force.

- **Training.** The Project team coordinates and provides training for a variety of groups, including Vista Unified School District, businesses, Camp Pendleton Marines and other audiences. A special effort has been made to reach and mobilize young people through the Youth-2-Youth conference and “The Drug Store” programs.

A unique training program is the ACE (Anti-Crime Environment) Program for property owners and managers. This is loosely based on the Crime Free Multi-Housing and Crime Prevention through Environmental Design (CEPTED) principles, and provides these important gatekeepers with the information needed to establish safe and drug-free housing.

This initiative has been a longstanding project of the Vista Sheriff Department’s Crime Prevention Unit. This past year, the Vista Partners Project joined this training program by designing and presenting a methamphetamine module as part of the regular ACE curriculum. Over 60 managers, assistant managers, and owners have attended an ACE training that included a methamphetamine module.

The Future of the Vista Partners Project

The Vista Partners Project was originally funded for three years and the cycle is scheduled to end in December 2001. A complete evaluation report will be compiled at the end of 2001. In addition, a consortium made up of the Vista Housing Department, County Sheriff’s Department, U.S. Attorney’s Office, and several service agencies is pursuing “official recognition” status in the Federal Weed-and-Seed Program for the Townsite neighborhood in Vista. This recognition may result in a City of Vista investment that can build upon the pilot.

Several other options regarding the continuation of the Project are currently under consideration. Over the next several months, the Methamphetamine Strike Force Coordinating Committee will explore funding sources for continuing the Project in Vista and for potentially expanding the pilot to other parts of the County.

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 lends its support when and where appropriate (Recommendations #1 and #8).

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

The CASA media specialist convenes a bi-monthly Media Action Team meeting, where media strategies are devised and future story lines are developed. The Team includes public information representatives from several County offices, community agencies, the Drug Enforcement Administration (DEA), and other members of the Strike Force, with an average of nine members participating in each meeting.



The Media Action Team continues to pursue several issues from the prior year and has taken an active role in celebrating the Methamphetamine Strike Force five-year anniversary.

The Methamphetamine Strike Force media effort is both proactive (stories are pitched to the media outlets) and responsive. For example, after a methamphetamine lab was seized in Escondido, the Media Action Team worked with KFMB TV to produce two follow-up stories on the Drug Endangered Children Project (DEC). Within two weeks, the same station broadcasted another, self-generated story on the State's DEC Project.

Though not generated by the Methamphetamine Strike Force, a reporter for KUSI TV worked with the DEA's public affairs officer and a member of the Media Action Team to produce a series of exclusive live reports on how the DEA deals with methamphetamine labs. Those five stories, totaling more than 22 minutes, included the Methamphetamine Hotline number. This illustrates the local media's interest in methamphetamine issues, and the cooperation between reporters and Strike Force members.

The Report Card lists only media stories that are Strike Force-generated through media advisories or staged media events. Follow-up stories are not included, nor are the Internet versions of news reports that are posted on local media outlet web sites. Thus, the outreach is greater than the figures reported solely on the Report Card, as shown below:

Drug Courts & Drug Endangered Children

In the last year, the Media Action Team created a set of media activities related to Drug Courts and the Drug Endangered Children (DEC) Project. Three print, 11 television, and 11 radio stories aired about Drug Courts in 2000. Seven stories (print or broadcast) aired about the DEC Project. Reports on both issues put a human face on methamphetamine problems.

Precursor Chemical Campaign

A central theme during the past year was the precursor chemical campaign. This issue again reflects the need to weave policy and media strategies together for clear prevention outcomes. The Media Action Team participated in a multidisciplinary effort to design an educational brochure for retailers.

The kick-off media event announced standards set by State law, and the intentions of local law enforcement to monitor those standards. This event resulted in six television stories, three radio, and two newspaper reports. Future media activities will highlight follow-up visits to retailers and report on progress with compliance with State law.

Others

The Team also obtained coverage about other Methamphetamine Strike Force activities, such as the Methamphetamine Model Cities meeting and a congressional hearing on methamphetamine, both held in San Diego. The Team recently created several stories about the dangers of methamphetamine labs to private properties and national forest areas. The "Methamphetamine in the Woods" media event resulted in coverage by seven broadcast stations, along with three newspaper accounts. Most of the coverage included the 1-877-No2Meth Hotline phone number, which resulted in "spikes" in calls to the Hotline.

In all, the Media Action Team achieved 26 print stories and 90 broadcast appearances during FY 2000-01, with many of these airing multiple times. The media coverage included letters-to-the-editor, guest editorials, print, television, and radio feature stories.

THE METHAMPHETAMINE (METH) HOTLINE (1-877-NO2METH)

The Meth Hotline (Recommendation #13) was launched 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 through October 1, 2001, the Hotline has received the following:

- 2,841 total calls
- 2,012 reporting methamphetamine dealers
- 353 requested assistance
- 171 reported methamphetamine users
- 200 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 about drugs other than methamphetamine. Information obtained through Hotline calls has led to 117 arrests and 54 convictions; only 38 calls were unrelated to methamphetamine.

The rates of Hotline calls have been declining since 1998, and this decline deepened even further in 2000. The Coordinating Committee convened an ad-hoc subcommittee to explore strategies to increase calls. This subcommittee held two meetings with public relations experts to consider the value of various marketing techniques, such as printing on grocery bags, inserts into bills, paid advertisements, and the media advocacy activity used in the past.

The experts confirmed that the value of media headlines is substantial, and agreed that general messages, such as stuffers, are not effective.

The Media Action Team more aggressively pushed the Hotline number in its media advocacy efforts. As a result, in the first half of 2001, there has been no further decline from 2000 levels. However, additional ways must be developed to increase Hotline usage. An interesting shift in the pattern of calls is that calls for assistance increased from twelve percent (12%) in the first four years to twenty percent (20%) in the first half of 2001.

A potential new source of methamphetamine reporting is the new Methamphetamine Strike Force Web Site, which has already generated several web-based tips since its unofficial launch in August 2001.

METHAMPHETAMINE STRIKE FORCE WEB SITE:

WWW.NO2METH.ORG

Last year, the Methamphetamine Strike Force joined the Internet age by having an ad-hoc committee develop a web page that initially was part of Supervisor Dianne Jacob's web page.

The original web site structure and content were very good. However, the site was difficult to find, so a 3-person subcommittee was formed early in 2001 to examine ways the site could be enhanced. The first change was to establish a separate domain name (www.no2meth.org) so users could directly access the web site. It was then registered with major search engines so it could be easily found. And finally, the contents were updated. The site also contains an area to report suspicious methamphetamine activity - information that goes directly to the Narcotics Information Network as a confidential tip.

The Coordinating Committee recently upgraded the web site subcommittee to a Standing Committee of the Methamphetamine Strike Force and tasked the web site committee with maintaining the site, updating information on a regular basis, and bringing forward relevant issues regarding the use of the site. ●



METHAMPHETAMINE IN CONTEXT:

Progress in Creating Comprehensive Alcohol, Tobacco, and Other Drug Program Efforts

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

Many people use methamphetamine along with alcohol and other drugs. Almost half of methamphetamine deaths involved multiple drugs. Methamphetamine users are not finicky - when they can't find methamphetamine, they will use almost anything else. The Methamphetamine 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 AND MORE: THE SUBSTANCE-ABUSING OFFENDER IN THE CRIMINAL JUSTICE SYSTEM

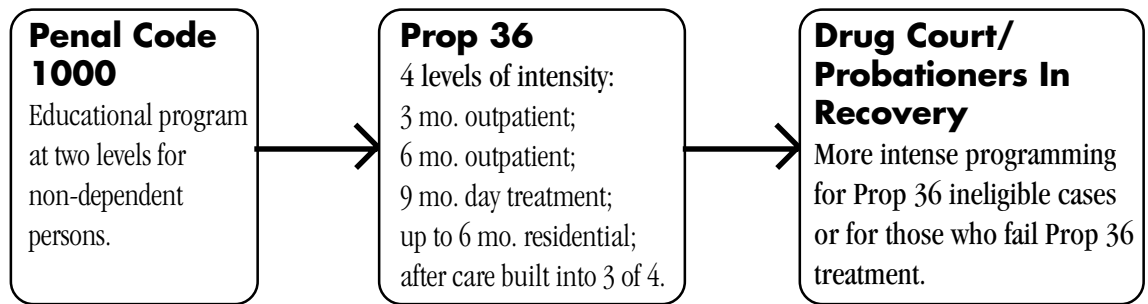
From its inception, the Methamphetamine Strike Force has been a voice for a systematic, integrated approach to dealing with substance abusing offenders. Judges, who later became Drug Court judges, were founding members, along with prosecutors, treatment professionals, and law enforcement representatives.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

Since the Methamphetamine Strike Force was founded in 1996, the County of San Diego has launched Drug Courts in every judicial region. Two years ago, this Status Report called for a Drug Offender Accountability Program, to be developed and launched as a pilot in one region. The pilot was intended to create a comprehensive array of options, and shift the focus of the response from a charge-based system to an offender-based system by starting with a substance abuse assessment of the offender.

These plans, however, were put on hold with the passage of Proposition 36, a treatment-instead-of-jail initiative that California voters passed in November 2000, and became effective on July 1, 2001.

Because the initiative mandated treatment instead of incarceration for low-level drug offenders without allocating sufficient resources, many viewed it as unrealistic. Once passed, however, County government quickly moved to plan implementation by forming a Proposition 36 Policy Committee consisting of key leaders from the prosecutor, public defender, judicial, probation, and treatment areas. A Steering Committee supervised several committees that developed screening and assessment procedures, training, and structures for monitoring. Health and Human Services Agency, Alcohol and Drug Services was designated as the lead agency for the Proposition 36 effort.

One very positive outcome already has emerged. Organizers have placed Proposition 36 as an additional option into the array of services for offenders with substance abuse problems, as pictured below:



Proposition 36 planners anticipate that cases will be composed of:

- Thirty percent (30%) felons;
- Forty-four percent (44%) misdemeanants; and
- Twenty-six percent (26%) parolees

Services for people with a dual diagnosis of mental illness and substance abuse problems will be available through the Gifford Clinic and Mental Health Systems’ Kinesis Clinic. Planners anticipate the need for ancillary services, such as vocational training, literacy programs, or housing, will be much greater than provided for in Proposition 36. More information about Proposition 36 is available at the web site: www.prop36sandiego.org.

TREATMENT EXPANSION

Proposition 36 has required the expansion of treatment services; an annual caseload of 3,000 to 5,000 new cases is expected. Most of this growth is planned for non-residential services, with 2,388 additional slots currently available. As of July 1, 2001, 66 new residential beds were added to the array of treatment services available to Proposition 36 referrals. Some residential services are dedicated for women only, others for women with children.

In addition, alcohol and drug treatment providers are now required to have access to mental health consultants as needed, and staff is required to fulfill specific educational requirements.

Alcohol and Drug Services has launched a proactive effort to reduce NIMBYism (Not in My Backyard). It has been shown that licensed and well-managed treatment and recovery programs often improve community neighborhoods, since service is part of recovery, and residents often help initiate neighborhood clean up and other positive activities. However, all too often, the general public is fearful of these programs. The new campaign will provide technical zoning information to providers, use the media to deconstruct negative myths about programs, and help programs access community development resources.



RESEARCH ON METHAMPHETAMINE TREATMENT

The San Diego Association of Governments (SANDAG) and The EYE, Inc., a service agency in North County, collaborated to operate and study a methamphetamine-specific treatment program that is based on an outpatient treatment model called the MATRIX that relies on a cognitive behavioral approach.

This program, Helping Every Addict Recover Through Treatment (HEARTT), is one of seven experimental design sites in the country 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 in June. The project is funded by the Federal Center for Substance Abuse Treatment (CSAT), with discussions underway to extend the 18-month follow-up period by an additional three years.

Professionals and the public want to know, today, whether specific models are needed for methamphetamine users. When this study is completed, it promises to provide definitive information that will answer many questions about the most effective treatment approach to methamphetamine use.

SCREENING AND BRIEF INTERVENTION SERVICES EXPANSION

From the onset, the Methamphetamine Strike Force recognized that intervention must occur earlier and in a variety of settings (Recommendations #5, #6, and #7). In fact, there has been an expansion of screening and brief intervention services (SBI) in the past year.

A key feature of the design of SBI services is that it is integrated with regular medical services. Because SBI is part of a routine visit to the doctor, people generally are receptive to the screening and subsequent information they receive as part of their overall health status. SBI occurs during the time a patient is waiting to see the doctor; a trained health educator interviews all eligible patients about their alcohol, tobacco, medication, and illegal drug use, and then sorts patients into no/low risk, at-risk, or dependent categories. The peer health educator follows up with appropriate information or a referral, if needed.

Follow-up calls to at-risk patients reveal that the majority of them do cut back on drinking and/or eliminate drug use, resulting in significant savings in terms of future emergency medical service utilization. Research conducted by Fleming, et al., reported in the Journal of the American Medical Association’s (JAMA) Medical Care - 2000, has documented that every \$1.00 invested in SBI 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.

SBI services are now part of the health care services at three emergency departments (Palomar, Scripps Mercy, Tri-City) and a variety of primary care settings. In addition, variations of SBI are now being piloted at two Escondido senior service locations: the Joslyn Center, and OASIS, a community education network for older adults at North County Fair.

Planning is still underway for a formal evaluation of the local implementation model. 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

As methamphetamine problems began to surface in California, law enforcement and children's 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 Drug Endangered Children (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 child protective services worker accompanies law enforcement personnel to homes and other locations where methamphetamine or other illegal drugs are present. The child's safety is first assessed; then they are interviewed, transported for a complete medical examination, tested for exposure to methamphetamine or other illegal drugs, and placed in protective custody.

In San Diego County, the DEC Project team is composed of a prosecutor from the District Attorney's Office, a protective services worker from the Health and Human Services Agency, Children's Services, medical staff, and the law enforcement officers involved in the case. The DEC Project responds 24 hours a day, seven days a week to methamphetamine lab sites (Level I) and homes where drugs are present (Level II). In a related effort, a full-time protective services worker is part of the narcotics division in the San Diego Police Department, and performs similar duties for cases in their jurisdiction.

In Fiscal Year 2000-01, 175 children were contacted by the DEC Project. Twenty-nine children were Level I cases from eight separate clandestine labs and 146 children were Level II cases. Nearly 75 percent, or 132 children, were named in petitions to the juvenile court and 15 children tested positive for controlled substances. The children ranged in age from less than 1 month old to 17 years old.

The DEC Project is housed as part of the JUDGE (Jurisdictions United for Drug and Gang Enforcement) 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 areas, as well. The DEC Project was involved in lab site seizures in the last fiscal year in Lakeside (1), Ramona (1), Escondido (2), Vista (3), and Leucadia (1).

The DEC Project was originally funded by a special State grant that ended last fall. The Public Safety Group, which is part of the County of San Diego Chief Administrative Office, maintained the DEC Project budget through June 2001 after the State grant expired. The budget primarily covered the costs of the protective services worker and the deputy district attorney who responds 24 hours a day to numerous locations. The Methamphetamine Strike Force has helped to identify potential State and Federal funding sources, including AB 41, a State bill that would add or expand DEC Project-type programs in seven California counties. Unfortunately, the fully-funded project allocation that had been set aside for Southern California was not included in the final bill amendment; however, a smaller amount of Federal dollars was promised to each of the Southern California counties with a current DEC Project. Long range solutions to the funding shortfall must be found and will be addressed in the coming months. ●



RECOMMENDATIONS FOR ACTION

“IT’S A MARATHON, NOT A SPRINT”

Co-chair and Undersheriff Jack Drown frequently uses the phrase - “It’s a marathon, not a sprint”—to underscore the importance of a persistent effort against methamphetamine problems in our region. Most of the 17 recommendations are long-range goals that require steady and constant action over the course of time.

Community action against methamphetamine must be dynamic - as methamphetamine issues change and evolve quickly. The Methamphetamine Strike Force is confident that, as a responsive body, it can continue to address methamphetamine problems in a proactive, creative fashion. For the last five years, the Methamphetamine 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;
- Expanding 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;
- Increasing efficiencies between systems to better take advantage of emerging opportunities.

Next year, the emphases will be on maintaining the momentum, supporting the Vista Partners Project, fully implementing Proposition 36, and implementing the precursor chemical campaign. In 2001, it is expected that the Methamphetamine Strike Force will be able to achieve the following objectives:

- Use information from the Vista Partners Project to implement comparable projects elsewhere in the County;
- Maintain visibility of the Methamphetamine Strike Force and its goals through continued media coverage;
- Increase public access to the Methamphetamine Strike Force using the updated and expanded web site;
- Enhance professional knowledge of methamphetamine issues through trainings and workshops;
- Secure resources and expand the Drug Endangered Children Project throughout the County; and
- Maintain a quarterly meeting schedule that offers valuable information sharing about emerging issues and strategies.

Membership recruitment is an ongoing process for a five-year old collaborative. Recently, members from the business community became involved, and this is an important new partner in our efforts.

The Methamphetamine Strike Force will continue to advocate for a community culture that supports prevention and enforcement, and mobilizes all sectors of the County toward a shared vision that views the region as not shackled by methamphetamine, but rather, as 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 Methamphetamine Strike Force in the many efforts documented in the attached report and in maintaining the steady progress over the past five years in reducing the methamphetamine problems in our region. ●

APPENDIX A

ROSTER Methamphetamine Strike Force COUNTY OF SAN DIEGO

CO-CHAIRS

Rodger G. Lum, Ph.D., 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 Spec.
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

Nick Macchione, Central Region Manager
Health and Human Services Agency

Mike Handman, Prog. Mngr., Emergency Response
Department of Environmental Health Services

Mark Refowitz, Director of Mental Health Services

Myra Becraft, M.D., Staff Psychiatrist

Hector Sanchez, R.N.

Mental Health Services
Health and Human Services Agency

Al Medina, Alcohol & Drug Program Admin.

Ralph Lopez, Assistant Administrator

Bill Crane, Coordinator

Michael Ann Haight, Coordinator

Ron Yardley, Analyst
Alcohol and Drug Services
Health and Human Services Agency

Sonja Schmidt, Media Specialist
Department of Media and Public Relations

Brian Blackbourne, M.D.
Medical Examiner

Rich Robinson, Deputy Chief Administrative Officer
Vaughn Jeffery, CAO Project Manager
Chief Administrative Office

Sherry Paul, Child Care Administrator
Health and Human Services Agency

OTHER LOCAL GOVERNMENT AGENCIES

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

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, Deputy Court Administrator
San Diego Superior Court, Central Division

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

Cathy Sholty, Ph.D.
Alcohol and Drug Studies
San Diego City College

Paula Miller, President
Judy Williams, Consultant to Health 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

FEDERAL/STATE AGENCIES

Laura J. Birkmeyer, Chief, Narcotics Enforcement
U.S. Attorneys Office

Errol J. Chavez, Special Agent-in-Charge
Eric Hill, Group Supervisor of Diversion
Don Thornhill Jr., Public Information Officer
Darlene Hithe, Program Analyst
Dan Kirkpatrick, Intelligence Research Specialist
Steve Lough, Assistant Special Agent-in-Charge
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
Bureau of Narcotics Enforcement
California Department of Justice

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

Eugene Stephens, Director
Harry Stovall, Watch Center Supervisor
San Diego Narcotics Information Network (NIN)
California Department of Justice

Dennis Usrey, Director
Jim Biers, Deputy Director
High-Intensity Drug-Trafficking Area
U.S. Office of National Drug Control Policy
[ONDCP]

LOCAL LAW ENFORCEMENT

Alan M. Crogan, Chief Probation Officer
Probation Department, County of San Diego

Jeanie Emigh, Director, Prop 36
Probation Department

Lori Koster, District Attorney's Office,
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

Linda Bridgeman Smith, Project Director
Carolyn Simpson, Researcher
Beverly Owen, Community Development Spec.
Sgt. Mark Ramirez, COPPS Unit
Vista Partners Project
Sheriff's Department, County of San Diego

Paul J. Pfingst, District Attorney
Dave Williams, Assistant Chief of Special Operations
Liz Pursell, Director of Public Affairs
Office of the District Attorney, County of San Diego

David Bejarano, Chief
George Saldamando, Assistant Chief
Larry Moratto, Captain, Investigations III
Police Department, City of San Diego

PRIVATE/COMMUNITY

Mary Harrison, Executive Director
Mary Ann Dunwell, Communications Director
Rob Hall, Media Specialist
Communities Against Substance Abuse (CASA)

Eric Mosley, Assistant Director
John Byrom, Program Manager
Adolescent Services
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

Linda Lloyd, Program Officer
Alliance Healthcare Foundation

Glen Webber, Administrator
San Diego Freedom Ranch, Inc.

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

Cheryl Houk, Executive Director
Stepping Stone

Michael Sise, M.D.
Beth Sise, M.S.N., J.D., Director, Prevention and Outreach
Scripps Mercy, Division of Trauma
Alan Sorkin, Executive Director
San Diego Prevention Coalition
Steven A. Escoboza, President and CEO
Alesha Andrews, Project Coordinator
Healthcare Association of San Diego & Imperial Counties
Vince Jimno, Chair, Alcohol and Drug Advisory Board
County of San Diego
Audrey Escalderon, Director, Residential Programs
CRASH, Inc.

APPENDIX B

Vista Partners Project Team

KEY VISTA PARTNERS PROJECT MEMBERS:

Linda Bridgeman Smith, Coordinator
Vista Partners Project

Carolyn Fetros Simpson, Research Specialist
Vista Partners Project

Beverly Owen, Community Development Specialist
Vista Partners Project

Sgt. Marco M. Ramriez, South Vista COPPS Office
San Diego Sheriff's Department

Cpl. David Brown, South Vista COPPS Office
San Diego Sheriff's Department

Deputy Dustin Lopez, South Vista COPPS Office
San Diego Sheriff's Department

Deputy Hank Ramos, South Vista COPPS Office
San Diego Sheriff's Department

Deputy Todd Norton, South Vista COPPS Office
San Diego Sheriff's Department

Cpl. Ron Edwards, COPPS Office
San Diego Sheriff's Department

Gloria McClellan, Mayor
City of Vista

Captain Scott McClintock, Vista Patrol Station
San Diego Sheriff's Department