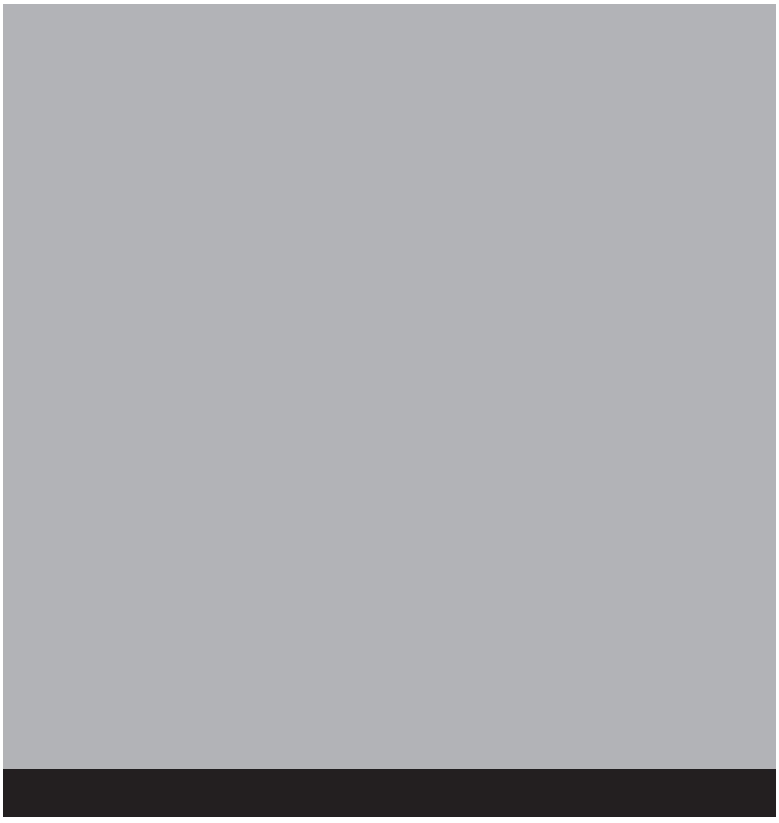
County of San Diego
Methamphetamine Strike Force

Status Report

April 2011



County of San Diego
Methamphetamine Strike Force

County of San Diego
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METHAMPHETAMINE STRIKE FORCE

Recommendations

The following recommendations are based on the original recommendations developed by the Methamphetamine Strike Force in 1996 and are regularly reviewed as methamphetamine and methamphetamine-related problems evolve and change. The recommendations were revised in 2000 and implementation issues are examined annually in the Coordinating Committee Action Plan.

PREVENTION

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

INTERVENTION

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

TREATMENT

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

INTERDICTION

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

SYSTEMS

16. Promote training regarding methamphetamine issues across disciplines, in a variety of user-friendly settings, for health, social service, enforcement and other professionals.

17. Encourage regional and binational cooperation on border issues in health and enforcement across the four core strategies adopted by the Methamphetamine Strike Force.

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County of San Diego Methamphetamine Strike Force 2010 Status Report

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THE HISTORY OF THE METHAMPHETAMINE STRIKE FORCE

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 60-member organization includes local, State, and federal representatives from public health, law enforcement, judiciary, education, treatment, prevention, and intervention agencies. A membership roster is provided in Appendix D.

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

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

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

I. INTRODUCTION TO THE METHAMPHETAMINE STRIKE FORCE

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

Methamphetamine use and related problems are chronic and persistent in the San Diego region, dating from a time in the late 1980's when the region was known as the "methamphetamine capital of the world." Today, thanks in large part to the efforts of the Methamphetamine Strike Force (Strike Force) and its members, the region has managed to stabilize methamphetamine problems at a time when other regions have experienced increases in use and the associated negative community impacts.

The Strike Force has been acclaimed at national and state levels as a model to address methamphetamine problems. The Strike Force is the oldest methamphetamine-specific coalition in the country, and has worked with relatively few resources outside of the dedication and commitment of its members. Communities across the country have replicated the Strike Force's collaborative, comprehensive method, working across disciplinary boundaries to reduce and prevent meth-related problems. The Strike Force receives requests for information and assistance regularly from other states and occasionally from other countries.

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

1) The Report Card on page 9 reports calendar year 2009 data; and

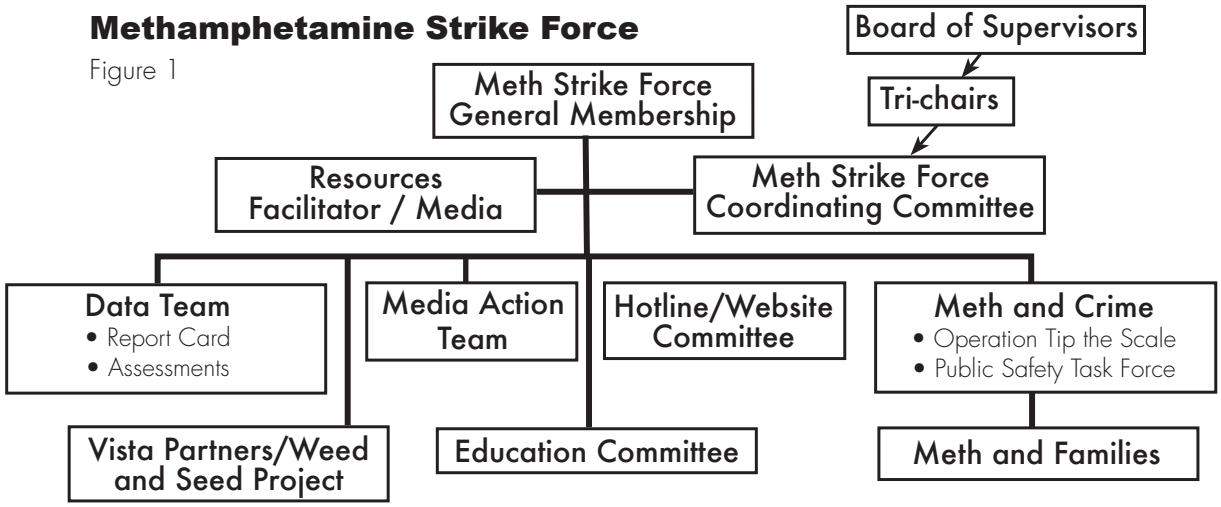
2) The Status Report narrative covers Strike Force progress from 2008 to 2010.

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

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

Methamphetamine Strike Force

Figure 1



- **The Coordinating Committee** provides overall coordination and guidance for the Methamphetamine Strike Force under the leadership of tri-chairs: Bonnie Dumanis, District Attorney; Nick Macchione, Director of the Health and Human Services Agency (HHSA); and Raymond Fernandez, Deputy Chief Administrative Officer, Public Safety Group.
- **The Data Team** functions in an ad-hoc fashion to examine Report Card data, identify areas for further inquiry, and coordinate training and a periodic Research Forum; members participate in the Local Coordinating Committee for the Substance Abuse Monitoring (SAM) program.
- **The Media Action Team** coordinates the media effort by creating newsworthy events and other opportunities for media coverage regarding methamphetamine problems and solutions.
- **The Hotline/Web Site Committee** functions in an ad-hoc fashion to manage hotline operations and the web site for the Strike Force. The web site has its own domain name (www.no2meth.org) and is registered with major search engines. The web site was restructured in 2006 to increase usability.
- **The Vista Weed and Seed Project**, known formerly as the Partners Project, implements a balanced approach to prevention, intervention, treatment, and interdiction in the City of Vista. This project began as a Strike Force pilot project, and is now wholly operated by the City of Vista with federal Weed and Seed project funding in Vista's Townsite neighborhood.
- **The Meth & Crimes Team** is dedicated to breaking the nexus between meth and crime. Building on work in 2005 with identity theft, the group now coordinates the Operation Tip the Scale integrated enforcement and treatment sweeps, along with efforts to improve neighborhood safety through the work of the East County Public Safety Committee.
- **The Education Committee** works to infuse meth-specific curriculum in prevention programs, and has disseminated customized information about prevention to school administrators, school counselors and parents.
- **The Meth and Families Team** works in partnership with the San Diego Domestic Violence Council to study the relationship between meth use and violence in intimate partners and older adults. This team has promoted public awareness and support for addressing substance and family abuse in an integrated court-supervised program.

Other ad-hoc committees conduct the planning and implementation for special campaigns, such as assessment work to understand patterns of meth use among African Americans.

2010 Methamphetamine Strike Force Report Card

Indicator	2005	2006	2007	2008	2009	NOTES ON CHANGE
1. Total Meth Deaths	240 (9.11)[1]	174 (6.6)	184 (6.9)	140 (5.2)	138 (5.3)	**Major Take-Away:** From a peak in many indicators in 2005, there are declines in three indicators: death, treatment and ER mentions. The declines are smaller in the last year.
2. Rate per 100,000 of amphetamine[2] in all Emergency Dept. Discharges	NA	83.4	82.9	74.6	80.3	
3. Meth Percent of all Drug Treatment Admits	46% (197.2)	47% (213.3)	42% (205.3)	36% (178.2)	34% (164)	Some indicators have leveled off or slightly increased: adult arrestee positive rates, labs, arrests and availability. Meth seizures at the border increased dramatically from 2008 to 2009. In light of this threatening mix of indicators, continued vigilance is needed.
4. Percent of Positive Meth Tests: Adult Arrestees	46%	39%	31%	24%	28%	
5. Percent of Positive Meth Tests: Juvenile Arrestees	21%	10%	8%	10%	6%	**Other Details:** The number of juveniles sampled in SAM is too small to note differences from year to year, but 2009 had the lowest rate in a decade.
6. Number of Lab Cleanup/Seizure County Cleanup: Lab Seizures:	 13 15	 10 5	 14 3	 12 5	 11 6	
7. Number of Arrests for Meth Sales and Possession	8964 (324)	7370 (279)	5502 (207)	3993 (148)	4213 (162)	**System Changes** With budget cuts, public health and safety resources /efforts have been reduced, and these reductions should be considered when evaluating trends over time.
8. Availability Measures a. "Easy to get" b. Price Per Ounce c. Purity	 83% $550-900 70-100%	 76% $750-1000 50-80%	 70% $500-$1500 40-90%	 79% $500-$1500 76%	 73% $750-$1200 25-95%	
9. Hotline Calls	457	872	1175	528	356	
10. Strike Force-Generated Media Stories[3]	29	96	242	152	158	

Note: Data on 1995-2004, along with more detailed demographic data on many indicators, is available at www.no2meth.org

[1] Figures in parenthesis represent rate per 100,000 for persons over 10 yrs. of age, per SANDAG population estimate

[2] ED tracks amphetamine specifically; it can reasonably be assumed that most amphetamine mentions among ED discharges are in fact meth.

[3] Includes MSF and Meth Prevention Initiative (MPI) from providers

1996	1997	1999	2001	2002-03	2003	2004-05	2005	2005-2007	2008-09
Strike Force convened by Board of Supervisors Meth Hotline opens	DEC Opens in North County	Vista Partners Project Begins	Prop 36 Begins	DAWN ER Mention System Changed	DEC Expands Countywide	Meth Production Shifts to Mexico	Nat'l Pseudoephedrine Controls Established	Mexico Limits Pseudoephedrine Imports	Health & Safety Budget Cuts

REPORT CARD ANALYSIS

The Report Card (see page 9) reflects ten indicators on the impact of methamphetamine in San Diego County. There is a primary pattern across indicators in the Report Card: several negative indicators peaked in 2005, with changes in a positive direction in the ensuing years. However, the declines from 2008 to 2009 have leveled off, along with slight increases in several indicators. In other words, vigilance and extra effort is needed now.

The Report Card includes five years of data from 2005 through 2009. Data from 1995 through 2004 is available at the Strike Force web site www.no2meth.org\data.htm. It is recommended that the reader keep the following in mind, while reviewing report card data:

- No single indicator tells the complete story; the reader must look at relationships between indicators to ascertain meaning.
- Small changes do not signify definitive causal relationships or statistical significance.
- The numbers themselves must be considered in context. The raw local numbers represented in the Report Card are often quite small. For example, in 2009, the juvenile arrestee meth-positive rate dropped to six percent, the lowest figure ever recorded, and a large drop from 21 percent in 2005. However, this figure is based on nine juveniles, derived from a sample of 154 juveniles.

Additionally, readers should be aware of data limitations. Small sample size, changes in reporting systems, changes in resources for public safety and health agencies all affect these numbers.

In this year's Report Card, several indicators now report percentages rather than raw numbers. As a control for sampling sizes, the Report Card also includes the rate per 100,000 residents. For meth-related emergency room information, the Report Card primarily relies on the Emergency Department Discharge Surveillance database, which reflects all hospital discharge activity, instead of the small sample included in the federal Drug Abuse Warning Network, which was used in the past.

METHAMPHETAMINE-RELATED DEATHS

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

- An aging cohort of meth users (63 percent of deaths are persons over 40 years) is experiencing acute and chronic medical issues;
- Younger (under 29 years old) Latino men are dying in drug trade-related homicides;

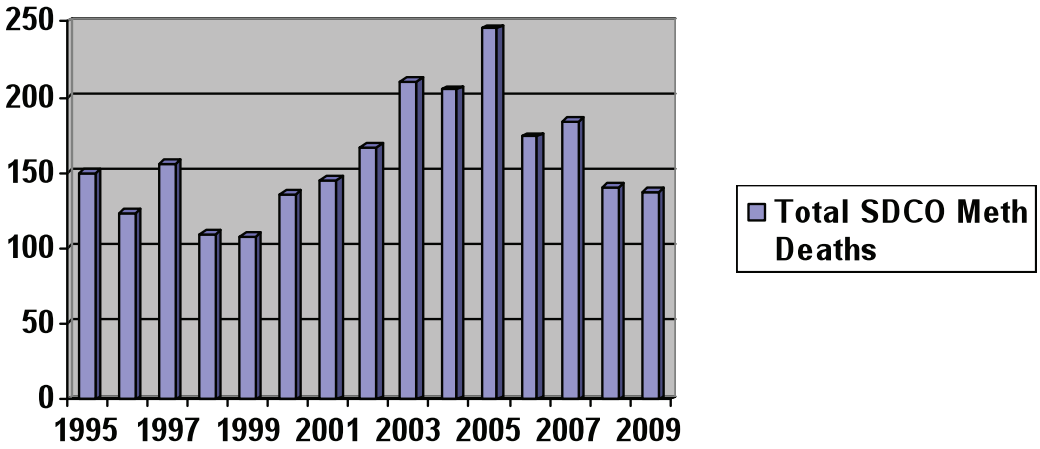
Fifteen percent of all homicides and 36 percent of the 11 officer-involved shootings in 2009 involved methamphetamine. In 2009, deaths ranged in age from 19 to 70, with ten deaths among persons over 60 years of age. Detailed demographic information about these deaths is available in Appendix B of this report.

The pattern of death is stable.

- The most typical death still is a white male about 40 years old. Whites make up 66 percent of all deaths in 2009;
- Latinos, in the next highest group, make up 22 percent of all deaths.

Keep in mind that these figures only reflect cases that are reviewed by the Medical Examiner and that meet criteria for drug testing, which include all suspicious deaths, homicides and suicides.

Figure 2



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

It is important to note that the Domestic Violence Fatality Review Team has concluded that 53% of all intimate partner homicides involve methamphetamine, either on the part of the victim or perpetrator. This figure is derived from post-homicide in-depth investigations.

EMERGENCY DEPARTMENT "MENTIONS"

The Emergency Department Discharge Surveillance (EDDS) database, which began in 2006, tracks every time methamphetamine is involved in an emergency department visit. Information is tracked if methamphetamine use is observed as either a primary or a secondary diagnosis. Figure 3 identifies both the raw number and rate per 100,000 residents who visit the emergency department in a meth-involved incident:

Figure 3

Meth-Involved Emergency Room Visits

	2006	2007	2008	2009
Rate per 100,000 Residents	83.4	82.9	74.6	80.3
Raw Number of Patients	2,552	2,560	2,336	2,548

METH TREATMENT ADMISSIONS

Since its inception, the Strike Force has promoted treatment expansion as part of an integrated approach to assist substance abusing offenders with their treatment and recovery efforts. Treatment is a critical component of a comprehensive effort, and the availability of treatment impacts the number of meth users who recover from addiction. Budget cuts have reduced overall treatment system capacity, therefore the percentage of meth users enrolled in treatment services is a more valid figure to use to review impacts than the number of clients. Over the last three years, the proportion of the treatment population with meth as a primary drug of choice has decreased from 46 percent of the whole treatment population in 2005 to 34 percent in 2009. Figure 4 below reflects the total numbers of persons seeking treatment for methamphetamine in the public system of care in 2009.

Because of the long history of meth problems in San Diego County, local community-based treatment service providers have become experts in helping meth users recover by identifying and implementing effective strategies for a variety of populations. The Strike Force has placed a high priority on the availability of residential treatment for meth addiction, and has used outreach and education to increase requests for assistance.

Figure 4

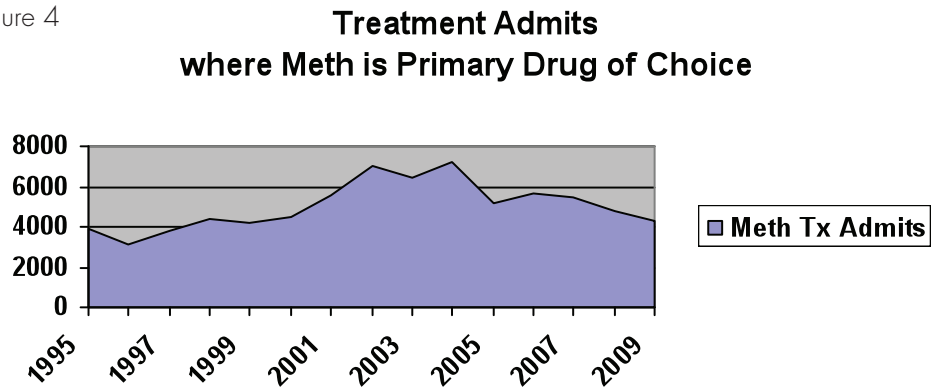
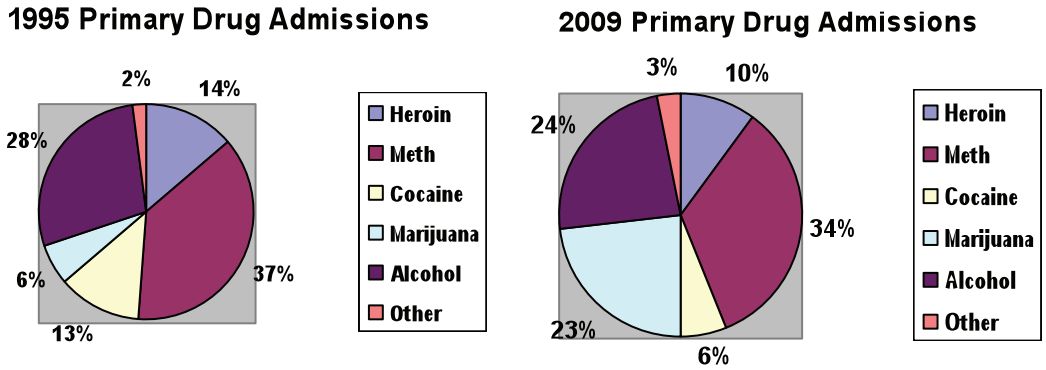


Figure 5



POSITIVE DRUG TESTS AMONG ARRESTEES

Positive methamphetamine test rates for arrestees slightly increased for adults and slightly decreased for juveniles in 2009 compared to 2008 (see Figures 6 and 7). These slight changes still represent progress. As compared to the peak year of 2005, when the positive test rate for adult arrestees was 46 percent, the 2009 rate of 28 percent demonstrates a significant decline. Likewise, juvenile test rates dropped from an all-time high of 21 percent in 2005 to an all-time low of 6 percent in 2009.

Figure 6

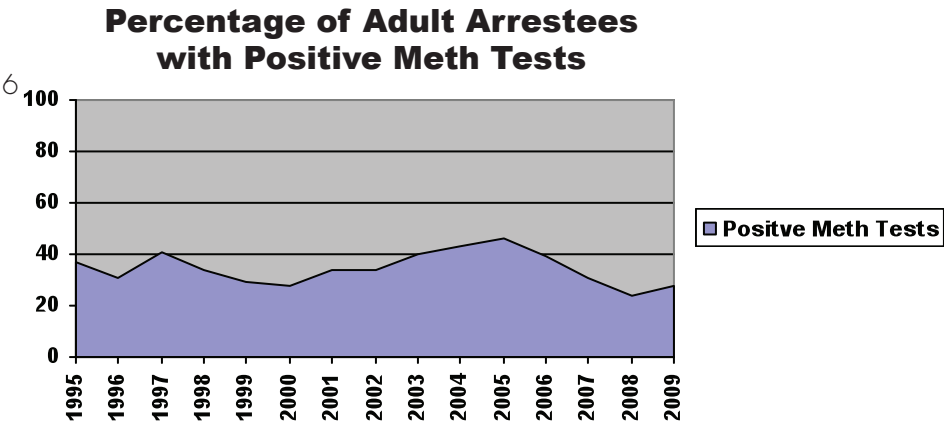
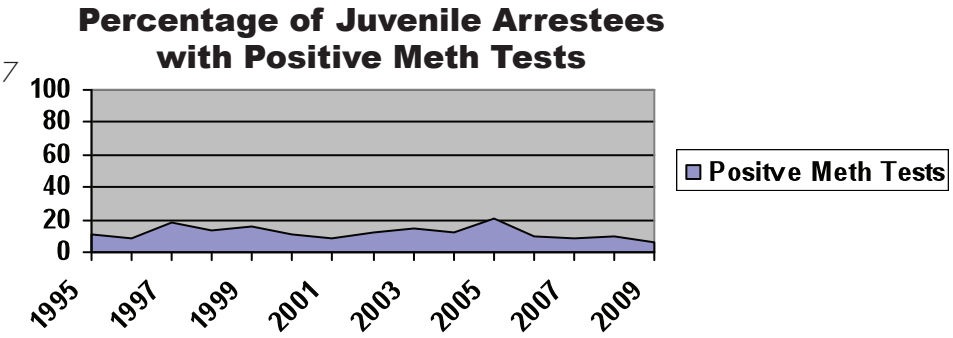


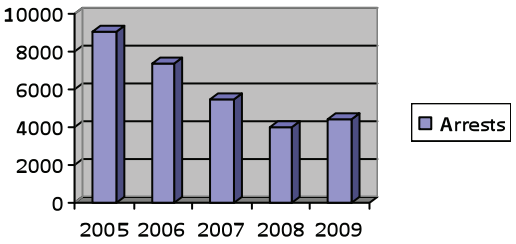
Figure 7



METHAMPHETAMINE-RELATED ARRESTS

The number of arrests for meth sales and possession declined steadily from 2005 to 2008. From 2008 to 2009 there was a slight increase, consistent with slight increases in other indicators such as lab seizures and positive tests among adult arrestees.

Figure 8



METHAMPHETAMINE LABS

Methamphetamine manufacturing activity is recorded in two ways: clean-up activity and actual lab seizures (see Figures 9 & 10). Both indicators have been fairly stable. Cleans-ups decreased from 14 in 2007 to 11 in 2009, and lab seizures increased from 3 in 2007 to 6 in 2009. Both figures represent a large drop since 1999 when there were 66 labs seized in San Diego County. Today, most meth is smuggled here from Mexico.

The number of seizures of methamphetamine and related chemicals at the California Ports of Entry has increased. In 2009, 1981 kilograms of meth was seized, compared to 970 kilograms in 2008. This significant increase is unknown and may reflect increased detection and enforcement efforts, or may reflect larger quantities in smuggling attempts.

Figure 9: Lab Site in Escondido Apartment

Figure 10: Dump Site

The lab seizure rates shown in Figure 11reflect the Mexican government's 2008 policy to ban the import of pseudoephedrine. Given the San Diego Region's proximity to the U.S./Mexico Border, work to limit the availability of methamphetamine must be a sustained binational effort among all law enforcement agencies on both sides of the border.

Figure 11
Lab Seizures in Baja California

Year	Labs Seized
1999	20
2000	33
2001	64
2002	74
2003	47
2004	47
2005	18
2006	11
2007	8
2008	12
2009	12

DRUG ENDANGERED CHILDREN

Drug Engdangered Children (DEC) case numbers are reported in the Addendum; additional details can be viewed in the Appendix C. As DEC's capacity to intervene has grown since its inception in 1999, so has the number of cases, which increased to 925 cases in 2009. However, DEC officials attribute this increase to more training on recognition and coding of DEC cases.

METHAMPHETAMINE HOTLINE AND WEBSITE

The Methamphetamine Hotline (877-no2-meth) and Website (www.no2meth.org) continue to grow in their capacity to engage the public. In 2009, 356 calls were made to the Hotline and Website. Though this is a decrease from the prior year, the quality of the calls has improved, according to Meth Hotline managers. The proportion of calls asking for treatment referrals has steadily increased over the past five years, representing 50 percent of the calls made during 2009.

MEDIA ADVOCACY

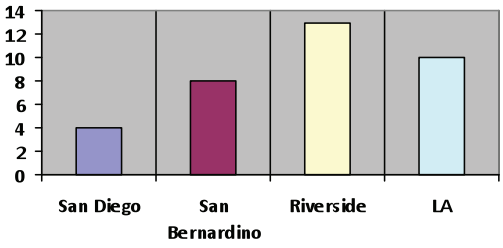
The Strike Force's media campaign has been used to educate the public about the dangers of methamphetamine use and labs, to highlight successes, and to motivate citizens to take action in their communities. The number of news media appearances was 158 in 2009, compared to 152 in 2008, a figure much higher than the 29 stories that appeared in 2005. This increase is attributed to the work supporting the issues of Meth and Crime and Meth and Families.

III. SAN DIEGO COUNTY CONTEXT COMPARED TO STATE AND NATIONAL METHAMPHETAMINE PROBLEMS

San Diego continues to have a chronic and persistent problem with meth. While focused law enforcement effort has reduced lab seizures and drug treatment remains available, 2009 illustrates the need for continued vigilance.

San Diego County is not alone. Methamphetamine has rocked the Midwest, and continues to be a persistent drug problem among Western states. Some of the data suggests that San Diego County is successfully managing this endemic – not epidemic – problem.

Figure 12 **Meth Lab Seizures by County**



Methamphetamine lab seizures are one example; the chart to the left displays the number of labs in nearby counties.

Below, California's lab seizures are compared to Missouri, which has the highest number of labs seized in the country; California still is home to larger labs.

Figure 13 **Meth Lab Seizures: California and Missouri**

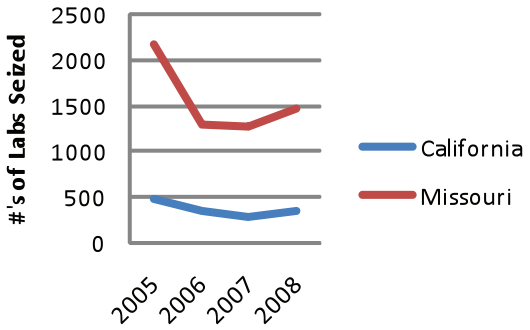
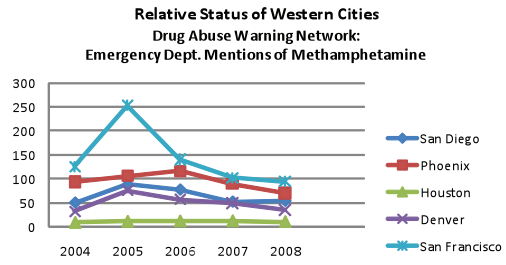


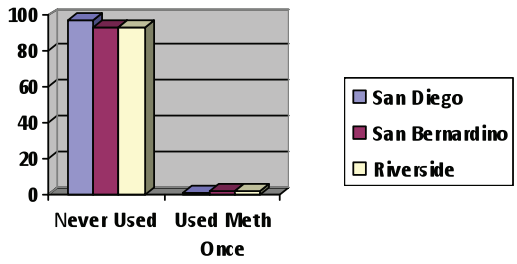
Figure 14 **Relative Status of Western Cities**



Above, the San Diego hospital meth-related mentions are compared to other western cities, where Phoenix and San Francisco both experience much higher rates than San Diego.

Student use of alcohol and other drugs is measured through student surveys every two years in the California Healthy Kids Survey. The table below compares San Diego Unified School District with Riverside and San Bernardino County averages for the 2007/08 school year:

Figure 15 **Percenty of 11th Graders Meth Use**



San Diego's rate of students reporting they had never used methamphetamine is slightly higher than Riverside and San Bernardino, while those reporting having used only once is slightly lower than the comparison counties.

This kind of comparison suggests that San Diego County's relative status is good. Every community is unique and our region continues to address meth problems in a proactive way.

IV. IMPROVING EFFECTIVENESS THROUGH COLLABORATION

The San Diego region must remain vigilant because dynamic variables outside of local control influence meth-related problems in significant ways. Strike Force leadership is encouraged with the progress, but suggests the region needs "to keep our eyes on the prize" with efforts to significantly reduce meth problems.

The persistent, chronic problem of methamphetamine must be countered by an equally persistent, dedicated reduction effort. In the last two years, the Strike Force has laid a new foundation for more positive outcomes:

- Initiation and expansion of Operation Tip the Scale, where public safety and public health disciplines work together to expand contact with the public, promote treatment options and keep those at risk of relapse "on their toes".
- Continued cross training and education through quarterly meetings on primary disciplines, including community policing, treatment and prevention, and media advocacy.
- Active partnership with the San Diego Domestic Violence Council to educate the public about the dangers of meth-fueled violence, and to advocate for system solutions, such as the East County Level II Program, where drug testing informs the judge and criminal justice team working to promote violence-free lives.
- Expanded education and outreach through media, school-based prevention and community outreach.

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

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

APPENDIX A

PROGRESS ON RECENT STRIKE FORCE OBJECTIVES:

Break the Link between Meth Use, Crime and Violence

Recognizing that meth can fuel crime and violence, the Strike Force continues to develop collaborative short term initiatives to reduce meth-involved crime and violence. Using data to understand the nexus between methamphetamine and a range of criminal activity, the Strike Force has promoted solution-focused action on several meth-related issues in the past year.

With leadership from the Sheriff's Department, Operation Tip the Scale (OTS) built integrated public safety and treatment teams in intensive periodic operations in the East County, South Region and recently in the North County. With various public safety agencies, child welfare, transportation and drug treatment, the teamwork resulted in a visible presence and expanded contact to connect the public with help as needed. OTS launched in East County from March through September 2009 and property and violent crime dropped at rates lower than the Countywide averages during this period. Significant media coverage helped heighten the deterrence factor, and encouraged calls to the Meth Hotline.

The Strike Force has also partnered with the San Diego Domestic Violence Council to promote ways to address the co-occurring nature of substance abuse and family violence. The Strike Force has organized many news media events to help the public understand and recognize this problem, and to support solutions such as the Level II pilot program developed by a committee for the East County Superior Court.

Finally, the East County Public Safety Committee, co-chaired by the Sheriff's Department and the Institute for Public Strategies, has developed a systematic way for public agencies to address nuisance properties, many of which involve methamphetamine. By leveraging interest and resources from public safety, code enforcement, fire and health services, visible improvements have been made, and nuisance properties have been improved. The Committee worked with the Board of Supervisors last summer to establish a Crime Free Multi-Housing ordinance. The Crime Free Multi-Housing ordinance requires problem properties owners and managers to attend training along with improving their properties to meet minimum health and safety standards.

Reduce the Impact of Methamphetamine on Families

Since 2003, the Drug Endangered Children (DEC) project has been expanded to have a presence in every region of San Diego County. The Health and Human Services Agency, Child Welfare Services, has trained more staff and partners how to recognize substance abuse and document these cases. As a result, an increased number of child rescues and entry into the Dependency Court system has occurred.

After seeing a rise in meth deaths among African Americans, the Strike Force assembled an ad-hoc team to gather more information from this target group. Seven focus groups were held with both treatment providers and clients in programs, resulting in recommendations for specific outreach to this population.

APPENDIX A, cont.

Expand Outreach and Education about Methamphetamine

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

In addition, the Strike Force Education Committee is encouraging school districts to use a meth-specific curriculum as part of their prevention programming. Materials have been distributed to school administrators, school counselors as well as parents, with audience-specific information on how to prevent methamphetamine and other drug problems among students.

APPENDIX B

DETAILED INFORMATION ON DEATHS AND METHAMPHETAMINE USE

Source: San Diego County Medical Examiner, June 2010

Methamphetamine Related Deaths in San Diego County

Year	Total
1995	150
1996	124
1997	156
1998	110
1999	108
2000	140
2001	150
2002	166
2003	210
2004	205
2005	245
2006	174
2007	184
2008	140
2009	138

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

San Diego County Medical Examiner

2010 Methamphetamine Related Deaths – *Manner*

Manner	Total	% of all Meth. related deaths							% all deaths of this type						
		08	07	06	05	04	03	02	08	07	06	05	04	03	02
-Accident (Drug related) *31 with other drugs, 16 contributing to fatal natural disease, 34 with meth alone +/- chronic disease*	81	2009: 59%							2009: 22%						
		56%	48%	45%	44%	50%	45%	44%							
Accident (Motor Vehicle)	10	2009: 7%							2009: 4%						
		9%	11%	14%	14%	12%	11%	17%	4%	6%	7%	10%	7%	7%	8%
Accident (Other) *(2 drownings, 2 autoerotic asphyxial deaths, 1 fall from height, 1 bicyclist hit by train, 1 restraint death)*	7	2009: 5%													
		5%	4%	5%	6%	6%	6%	5%							
Natural with meth present *(3 pulmonary thromboemboli, 1 perforated ulcer, 1 ischemic stroke)*	5	2009: 4%													
		4%	3%	4%	5%	3%	3%	7%							
Homicide *(Including 4 of 11 Law Enforcement shootings and 1 of 2 LE homicidal restraint deaths.)*	16	2009: 12%							2009: 15%						
		10%	16%	15%	17%	15%	17%	13%	13%	22%	17%	33%	21%	22%	12%
Suicide	17	2009: 12%							2009: 5 %						
		4%	16%	14%	11%	10%	16%	12%	5%	8%	8%	8.5%	6%	10%	6%
Other or Undetermined	2	2009: 1%													
		2%	0.5%	2%	1%	3%	1%	1%							
Perinatal/Fetal Death *(ME jurisdiction is assumed only in un-attended deliveries or if trauma is known/ suspected)*	0	2009: 0%													
		.5%	1%	0%	1%	1%	1%	1%							
TOTAL of cases retained under ME Jurisdiction	**138** 140 in 2008								2009: 5%						
									5%,	6%	6%	9.4%	7.8%	7.9%	6.8%

APPENDIX B, cont. **Deaths Due to Drug Intoxication**
2009 Drug Related Accidents

Accident – Drug Related	Total
Overdose on Methamphetamine Alone *without potentially fatal chronic disease present*	7
Overdose on Another Drug(s) plus Methamphetamine* *(Morphine/Heroin (27); Benzodiazepine (7); Alcohol (7); Methadone (5); Cocaine (2); Psychiatric medications; Oxymorphone; Hydrocodone; Fentanyl, MDMA (one each)*	31 (17 in 2008)
Contributing Chronic Natural Disease without other drug *(26 with chronic cardiac disease, 1 alcoholic liver disease which could account for the death even in the absence of methamphetamine)*	27 (37 in 2008)
Acutely Fatal Natural Disease with methamphetamine intoxication as a contributing factor *(11 brain hemorrhage, 2 acute cardiovascular, 1 diabetes with hyperglycemia, 1 intestinal infarct, 1 GI hemorrhage due to cirrhosis from chronic alcoholism)*	16
TOTAL	**80** (78 in 2008)

*Other drugs listed in order of frequency. Numbers do not add up as more than half included more than one additional substance. Diazepam was the most common benzodiazepine detected.

2009 Methamphetamine Related Deaths - Age

Age	# Of Deaths	% Of Total 2009	% Of Total 2008	% Of Total 2007	% Of Total 2006	% Of Total 2005	% Of Total 2004	% Of Total 2003	% Of Total 2002
< 1 Year	0	-	1%	1%	0.5%	2%	2%	<1%	<1%
1-19 Years	3	2%	4%	1%	4%	4%	4%	4%	4%
20-29 Years	16	12%	10%	18%	17%	7%	18%	22%	22%
30-39 Years	31	22%	19%	17%	18%	21%	25%	24%	28%
40-49 Years	44	32%	38%	30%	35%	32%	30%	30%	32%
50-59 Years	30	22%	24%	27%	20%	15%	20%	16%	13%
60+ Years	12	9%	4%	5%	3%	5%	1%	2%	1%
Unknown	2	.01%		0.5%	2%	-	-	-	-
TOTAL number	***138***	***138***	***140***	***184***	***174***	***245***	***205***	***210***	***166***

APPENDIX B, cont.

2009 Methamphetamine Related Deaths – Manner vs. Age

Manner	*<1 Year*	*1-19 Years*	*20-29 Years*	*30-39 Years*	*40-49 Years*	*50-59 Years*	*60-70 Years*	TOTAL
Accidental (Drug Related)	-	-	7	16	15	35	8	***81***
Accidental (Motor Vehicle)	-	1	2	2	2	3	-	***10***
Accidental (Other)	-	-	1	1	3	-	2	***7***
Natural with Methamphetamine present	-	-	-	2	1	1	1	***5***
Homicide	-	2	4	6	1	2	1	***16***
Suicide	-	-	2	4	8	3	-	***17***
Other/Undetermined	-	-	-	-	-	-	-	***2*** *(age unknown for both)*
Fetal/Perinatal Death		-	-	-	-	-	-	
TOTAL	***0***	***3***	***16***	***31***	***30***	***44***	***12***	***138***

2009 Methamphetamine Related Deaths – Ethnicity and Gender

Ethnicity	*# Of Deaths*	*Male*	*Female*	*% of Total Meth Deaths*
American Indian	5	4	1	**4%**
Black	4	3	1	**3%**
Filipino	3	2	1	**2%**
Hispanic	31	27	4	**22%**
White	91	69	22	**66%**
Other (Japanese, Laotian, Pacific Islander, "other")	4 (one each)	3	1	**3%**
TOTAL	***138***	***108***	***30***	
		78%	**22%**	

APPENDIX B, cont.

2009 Methamphetamine Related Deaths – Occupation Status

2009 Deaths Total Number: 138					
Trade	Customer Service	Other	Health Care Related	Unemployed	Unknown
Assembler Auto Mechanic Carpenter (2) Construction (7) Driver (5) Factory Worker Forklift Driver Handyman Laborer (4) Landscaper Machinist Maintenance (2) Mechanic (2) Painter Plumber Tile Setter Truck Driver (2)	Account Manager Auto Detailer Bank Worker (2) Business Owner /Mgr (3) Cashier (2) Civil Service Clerical/(2) Computers (2) Cleaning (5) Gas Attendant Inspector Mover (2) Production Control Purchasing Real estate Sales (6) Security Guard (2) Tattoo Artist	Artist (2) Disabled (3) Dive Master (1) Homemaker (3) Musician Student (2) Karate Instruc.	Caregiver (3) Medical Tech/ Research (2)	None (9)	Undetermined (12) Unknown (13)

2010 REPORT CARD ADDENDUM ON SELECTED INDICATORS

Drug Treatment Admits

Primary Drug Categories - Comparison CY 2005 to CY 2008

Drug	2005 % of Total	2006 % of Total	2007 % of Total	2008 % of Total	2009 % of Total
Heroin	7.7%	6.5%	6.8%	8.0%	10.0%
Meth	46.2%	47.4%	42.1%	35.9%	34.0%
Cocaine	7.6%	8.2%	8.0%	7.7%	6.0%
Marijuana	14.6%	17.4%	18.3%	22.3%	23.0%
Alcohol	22.2%	17.5%	22.7%	23.5%	24.0%
Combined Other (Rx, PCP, etc.)	2.0%	1.0%	2.0%	2.0%	3.0%
Total	**98.3%**	**97.0%**	**98%**	**97.4%**	**97.0%**

Gender Adults & Adolescents CY 2005 to CY 2009	Percent of Meth Primary Drug of Choice				
	2005 N=5193	2006 N=5632	2007 N=5457	2008 N=4816	2009 N=4285
Male	58.8%	53.8%	56.2%	55.6%	53.1%
Female	41.2%	46.2%	43.7%	44.3%	46.8%

How is Meth Used? Adults and Adolescents CY 2005 to CY 2009	Percent by Method of Use				
	2005	2006	2007	2008	2009
Oral	1.4	1.6	1.6	1.3	1
Smoking	70.8	74.1	72.1	74.3	74
Inhalation	13.7	10.1	11.3	10.2	9
Injection (IV or intramuscular)	13.9	14.1	15.0	13.8	16

Race/Ethnicity Adults & Adolescents CY 2005 to CY 2009	Percent of Meth Primary Drug of Choice				
	2005 N=5193	2006 N=5632	2007 N=5467	2008 N=4821	2009 N=4285
White	56.5%	50.8%	51.6%	48.5%	46.8%
Black/African American	6.0%	5.4%	6.1%	6.5%	6.6%
Mexican/Latino	25.5%	32.4%	32.4%	33.6%	33.2%
Asian/Pacific Islander	7.7%	5.0%	4.3%	4.5%	4.9%
Native American	1.6%	1.3%	1.4%	2.1%	1.5%
Other	2.8%	5.1%	4.4%	4.8%	4.7%

Age Range	#	%
<16 Years	45	1.1%
16 - 17 Years	88	1.8%
18-21 Years	283	7.4%
22-25 Years	540	14.4%
26-35 Years	1,393	32.2%
36-45 Years	1,374	30.0%
46-55 Years	511	11.9%
>55 Years	51	1.2%

Positive Meth Tests Among Arrestees

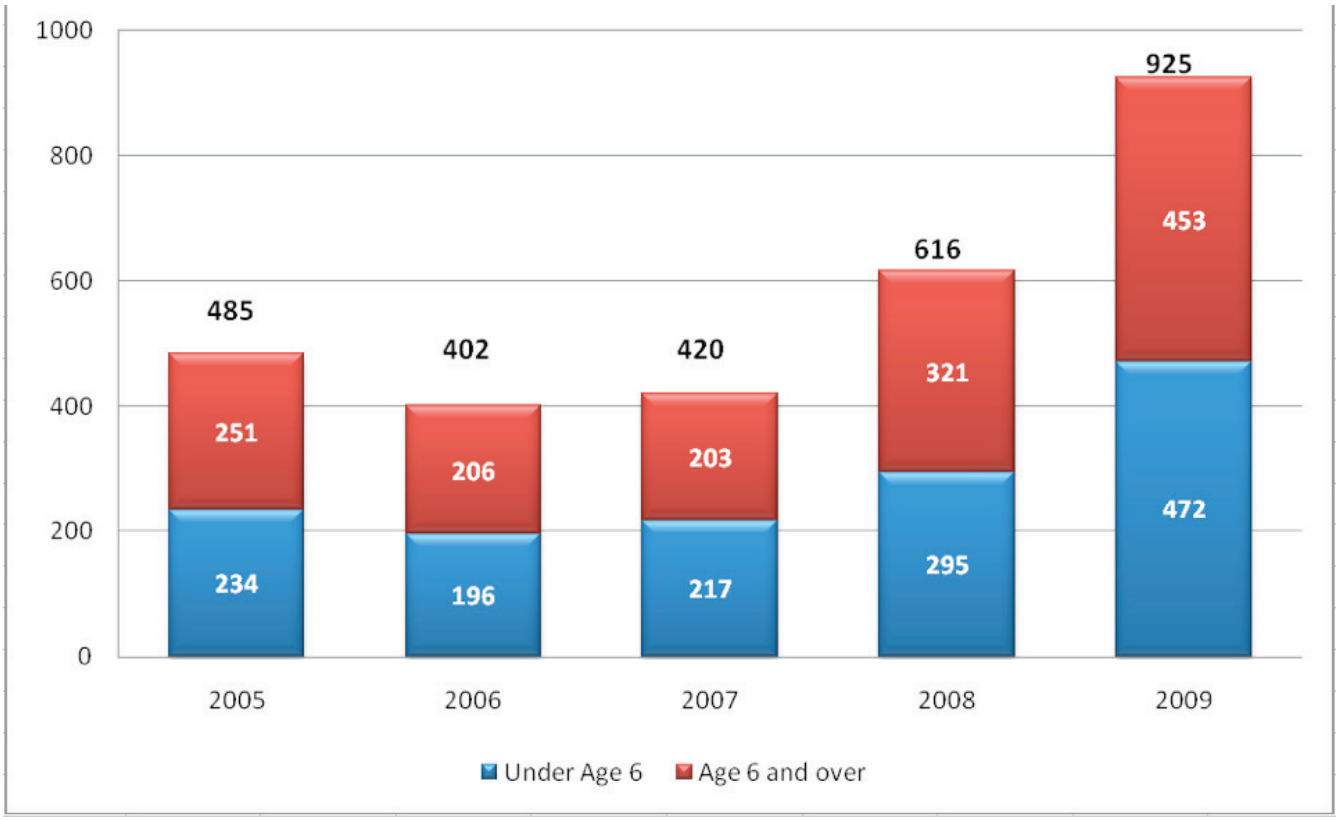
SAM Adult Arrestee Gender Breakdowns	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Males (n=495-761)	28%	32%	34%	38%	43%	44%	36%	24%	20%	22%
Females (n=236-345)	29%	37%	37%	47%	42%	51%	47%	44%	31%	38%
Raw Numbers of All Meth Positive Arrestees										
Adult	244	348	381	400	343	358	290	240	184	212
Juvenile	33	34	41	53	23	35	16	13	16	9

Price & Purity

The range on price and purity primarily reflects the difference between wholesale and retail levels. Wholesale prices have become slightly lower and more pure; retail purity is lower.

APPENDIX C

DRUG ENDANGERED CHILDREN RESCUED IN SAN DIEGO COUNTY



Note: Beginning in 2005, Child Welfare Services began using data from their case management system with special codes for Drug Endangered Children (DEC) cases. These include Level 1, where children are exposed to manufacturing of methamphetamine, and Level 2, the majority of cases, where children are exposed from either parental use or dealing to a variety of substances in the home.

APPENDIX D

MSF Roster

TRI-CHAIRS

Bonnie Dumanis, District Attorney
County of San Diego

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

Raymond Fernandez, Deputy Chief Administrative Officer
Public Safety Group
County of San Diego

FACILITATOR

Angela Goldberg, Independent Contractor

COUNTY OF SAN DIEGO BOARD OF SUPERVISORS

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

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

Aging and Independent Services

Jennifer Bransford-Koons, Program Manager, Adult Protective Services and Senior Mental Health Team
Joan Tierney, Adult Protective Services Supervisor

Alcohol and Drug Services

Jennifer Schaffer, PhD, Director of Behavioral Health Services
Susan Bower, Deputy Director
Wendy Maramba, Assistant Administrator
Linda Bridgeman-Smith, Prevention Services Manager

Child Welfare Services

Cathi Palatella, Assistant Deputy Director
Gloria Ifill, DEC Coordinator
Claudia Bell, North Region DEC Supervisor
Norma Rincon, South Region DEC Supervisor
Shelly Paule, East Region DEC Supervisor
Abbie Brack, East Region DEC Protective Services Worker

Emergency Medical Services

Holly Shipp, Epidemiologist

HIV, STD and Hepatitis Branch of Public Health Services

Terry Cunningham, Chief
Lori Jones, Community Health Program Specialist
Jae Egan, Prevention Specialist

Office of Media and Public Relations

José Álvarez, Media/Public Relations Specialist

Public Health

Shahla Abtahi-Sepah, MS RN, Public Health Nurse III

APPENDIX D, cont.

COUNTY OF SAN DIEGO PUBLIC SAFETY GROUP

Executive Office
Michael Davis, Program Manager

District Attorney's Office
Tom Manning, Chief of Narcotics Division
Robert Hickey, Deputy District Attorney

Sheriff Department
Bill Gore, Sheriff
Ed Prendergast, Commander
Patricia Duke, Commander
Chris May, Sergeant, Santee COPPS
Emory Wallace, Deputy

Probation Department
Mack Jenkins, Chief Probation Officer
Jason Druxman, Supervising Probation Officer

Department of Medical Examiner
Dr. Christina Stanley, Chief Deputy Medical Examiner

COUNTY OF SAN DIEGO LAND USE AND ENVIRONMENTAL GROUP

Department of Environmental Health Services
Nick Vent, Program Manager

OTHER LOCAL GOVERNMENT AGENCIES

San Diego Association of Governments (SANDAG)
Cynthia Burke, Director, Criminal Justice Research Unit
Debbie Correia, Associate Research Technician, Criminal Justice Research Unit
Lisbeth Howard, Criminal Justice Research Unit

City of Vista
Kathy Valdez, Coordinator, City of Vista Weed and Seed

EDUCATION

Jim Crittenden, Project Specialist, San Diego County Office of Education, Safe Schools Unit
Rebecca Hernandez, President, Palomar Council PTA
Jeni Mendel, Coordinator, Child Welfare & Attendance, Grossmont Union High School District

HIGHER EDUCATION

Robin Pollini, Researcher, UCSD School of Medicine, Division of International Health and Cross Cultural Medicine
Paula Williams, Staff Research Associate, UCSD FASTLANE Research Study
Jim Zians, Ph.D., Project Director, UCSD EDGE/FASTLANE Research Study

APPENDIX D, cont.

FEDERAL/STATE AGENCIES

Drug Enforcement Administration, San Diego Division
Ralph W. Partridge, Special Agent in Charge
Danielle Claude, Special Agent, Demand Reduction Coordinator
David Jacobson, Group Supervisor
Tom Lenox, Special Agent

California Border Alliance Group
Kean McAdams, Executive Director
Tony Loya, National Methamphetamine and Pharmaceuticals Coordinator
Scott Gaukel, Demand Reduction Coordinator

State of California Department of Corrections
Diane Harrell, Parole Agent II

CALIFORNIA DEPARTMENT OF JUSTICE

Superior Court
Scott Brown, Special Projects Manager, Superior Court
Bruce Gross, Court Referral Officer

San Diego Law Enforcement Coordination Center
Steve Lough, Precursor Chemical Coordinator
Judy Van Winkle, Criminal Intelligence Supervisor
Anthony Rey, Lieutenant

Bureau of Narcotics Enforcement
Ernesto Limon, Special Agent

LOCAL LAW ENFORCEMENT

Escondido Police Department
Jim Maher, Chief of Police
Chris Wynn, Lieutenant
Greg Ellis, Sergeant

San Diego Police Department
Cesar A. Solis, Assistant Chief

PRIVATE/COMMUNITY

Scripps Mercy Hospital, Division of Trauma
Michael Sise, M.D. Trauma Director
Beth Sise, JD, RN, MSN, CPNP, Coordinator for Community Outreach
Ted Gideonse, PhD candidate, UCSD

APPENDIX D, cont.

COMMUNITY BASED ORGANIZATIONS

Claudette Allen, Program Director, Vista Hill Foundation
Elizabeth Alvarado, Case Manager, North County Lifeline
Veronica Baeza, Executive Director, San Diego-Tijuana Border Initiative
Sidney Bradley, Case manager, Interfaith Community Services
Audie Brinker, Director of Rebuild Counseling Services
John Byrom, Prevention Specialist, Vista Community Clinic
Joe Eberstein, Program Manager, East County Community Change–Institute for Public Strategies
Steven Gomez, Substance Abuse Counselor, Southern Indian Health Center
Dawn Griffin, PhD, President, San Diego Domestic Violence Council
Kim Herbstritt, Executive Director, Institute for Public Strategies
Clark Kiser, Program Manager, North Inland Community Prevention Program
Sheri Kirshenbaum, Clinical Coordinator, Jewish Family Services, HIV Services
Paul Krupski, Program Manager, North City Prevention Coalition – SAY San Diego
Barbara Morton, Resources Development Director, CRASH, Inc.
John R. Richardson, Division Manager, Mental Health Systems, Inc., Alcohol and Drug Programs
Giana Russell, Quality Assurance, McAlister Institute
Judi Strang, Executive Director, San Dieguito Alliance
Cynthia Tucker, AOD Treatment Counselor, North County Serenity House, Inc.
Glen Webber, Administrator, San Diego Freedom Ranch, Inc.

APPENDIX E REPORT CARD INFORMATION SOURCES

Type and Source for Report Card Indicators

1. Total number of persons with meth in their system at the time of death: County of San Diego Medical Examiner's Office.
2. Total number of hospital discharges that involve amphetamine: Hospital Association of San Diego and Imperial Counties (HASD&IC), County of San Diego, Health and Human Services Agency, Emergency Medical Services, ED database. Emergency Department Discharge Surveillance (EDDS).
3. Percent of persons admitted to publicly-funded drug treatment who identify meth as their primary drug of choice: County of San Diego, Health and Human Services Agency, Alcohol and Drug Services.

4,5. Percent of positive methamphetamine tests from a sample of interviews and drug tests among adult and juveniles at time of booking: Substance Abuse Monitoring (SAM), a program operated by the San Diego Association of Governments (SANDAG).

6. Number of meth-related toxic clean ups and dump sites: County of San Diego Environmental Health Department: Meth Lab seizures. Drug Enforcement Administration (DEA).
7. Number of arrests for meth sales and possession: Automated Regional Justice Information System (ARJIS).
8. Availability measures:
   - Methamphetamine "easy to get:" SAM interviews.
   - Price & Purity: San Diego Law Enforcement Coordination Center (SDLECC).
9. Number of calls to the Meth Hotline: San Diego Law Enforcement Coordination Center (SDLECC).
10. Number of print and broadcast media stories as generated by MSF/MPI activities: Institute for Public Strategies (IPS).