

COUNTY OF SAN DIEGO  
METHAMPHETAMINE STRIKE FORCE

**VISTA PARTNERS PROJECT  
FINAL EVALUATION REPORT**

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## **EXECUTIVE SUMMARY**



# EXECUTIVE SUMMARY

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## **Introduction and Project Background**

Faced with evidence of a serious and growing public problem, the San Diego County Board of Supervisors convened a Methamphetamine Strike Force in March 1996 to develop an integrated, regional strategy to address the problems associated with methamphetamine. Primarily a volunteer effort, the Strike Force is made up of more than 70 local, state, and federal leaders and experts from law enforcement, the courts, public health, education, community services programs, medical professionals, and others. The Methamphetamine Strike Force functions primarily as a coordinating and planning group to promote the implementation of 17 comprehensive recommendations that encompass intervention, prevention, treatment, and interdiction strategies.

In 1998, the Meth Strike Force decided to develop a project that would test whether a saturated level of prevention, intervention, treatment, and interdiction strategies could reduce methamphetamine problems within a designated community. The California Border Alliance Group (CBAG), a member of the Methamphetamine Strike Force, provided resources through the federal Office of National Drug Control Policy for three full-time staff and a small amount of overtime for law enforcement efforts in the area. By early 1999, the Strike Force secured an agreement with the City of Vista to become the first proactive community to participate in the pilot project, which eventually became known as the Vista Partners Project.

With the guidance and support from the project Steering Committee including co-chairs Mayor Gloria McClellan and Captain Scott McClintock from the Sheriff's Department, the Vista Partners Project was designed to implement the Strike Force's recommendations as appropriate to the City of Vista. The Steering Committee adopted two primary goals that would act as the

driving force of the project: 1) to develop partners and collaboratives within Vista to identify and implement the recommendations of the Meth Strike Force as appropriate and 2) to fully integrate intervention, prevention, treatment, and interdiction strategies at multiple levels.

Through the direction of the Steering Committee and both the Interdiction/Treatment Team and the Intervention/Prevention Team, the Vista Partners Project developed and implemented a range of prevention, intervention, treatment, and interdiction activities that focused on reducing the use, manufacture, and sale of methamphetamine. These activities included an integrated interdiction and treatment project called Operation House Call, a precursor merchant education campaign, screening, brief intervention, and referral, community education presentations, strategically targeted professional trainings, youth events, and community meeting opportunities.

## **Project Activities**

### *Operation House Call*

Operation House Call was developed through the collaborative work of local treatment providers, San Diego County Sheriff's South Vista COPPS Unit, County of San Diego Alcohol and Drug Services, the District Attorney's Office, the Public Defender's Office, North County Superior Court, and the Probation Department. Operation House Call was an integrated treatment and interdiction strategy that focused on the reduction of continued drug use and criminal activity among a specific target population through intensive law enforcement supervision, treatment intervention, and case management.

The target population for Operation House Call included all Vista residents who were currently on summary probation (a court managed, non-supervised level of probation) as a result of a drug-related

offense, had waived their 4<sup>th</sup> amendment right against unreasonable search and seizure, and were not currently supervised by Probation or Parole for a separate offense. A total of 38 offenders were located and participated in Operation House Call. Four COPPS deputies were randomly assigned a caseload of no more than 10 offenders, referred to as clients, to manage and supervise for 12 months. An additional 38 offenders, who did not receive deputy contact, were selected to act as a comparison group.

Between June 2000 and June 2001, 26% of the clients sought drug treatment or aftercare as a direct result of Operation House Call. Overall, 71% were able to remain drug and crime free over the course of the 18-month project and follow-up period. Comparatively, only 52% of the comparison group did not re-offend during the 18-month project and follow-up period. It is unknown if any of the comparison group offenders were enrolled in treatment or aftercare. Although conclusions about differences between the groups should be drawn with caution, it can be reasonably stated that Operation House Call was successful in helping to reduce continued drug use and criminal activity among the target population.

#### Precursor Chemical Campaign

In early 2001, the San Diego County Sheriff's South Vista COPPS Unit, the United States Attorney's Office, the District Attorney's Office, and the San Diego Police Department developed a merchant education program to focus on both the laws restricting the sale of ephedrine and pseudoephedrine products and suspicious product purchases. The merchant education program, coined Operation NO 2 Meth, was designed to pursue stronger enforcement of the statewide restriction on precursor chemicals that limits the purchase of ephedrine or pseudoephedrine products to no more than 9 grams or 3 packages (California Health and Safety Code 11100).

In Spring 2001, Vista COPPS deputies and Vista Partners Project staff conducted a

pre-education undercover assessment to determine how many retail outlets in the city of Vista were currently in violation of the state laws restricting the sale of precursor chemicals. Of the 41 retail outlets visited, all but seven were willing to sell quantities of ephedrine and pseudoephedrine that exceeded the state limits.

Following the assessment, all 41 stores were contacted by a deputy and received a formal letter explaining the state precursor law, a poster that identified a number of products commonly used in the manufacture of methamphetamine, and information on how to report suspicious activity. All businesses were encouraged to schedule a comprehensive training for employees. Of the 41 stores contacted, only Wal-Mart and Sam's Club requested and received training for all Vista employees.

In December 2001, Vista COPPS deputies conducted a follow-up undercover assessment for all 41 retail businesses that received information in Spring 2001. Fourteen of the 41 stores were willing to sell quantities of ephedrine and/or pseudoephedrine products that exceeded the state limits; this is compared to 34 stores that were willing to sell over the legal limit prior to the education campaign, a decrease of nearly 59%. Deputies also found that 5 stores no longer carried ephedrine or pseudoephedrine products, 4 stores moved ephedrine and pseudoephedrine products behind the counter, and 1 store added anti-theft sensors to all ephedrine and pseudoephedrine products.

#### Screening, Brief Intervention, and Referral

Screening, brief intervention, and referral (SBIR) services were chosen as the primary intervention component for the Vista Partners Project. SBIR services are a research-based, best practice that focuses on the prevention of alcohol misuse and drug use through early intervention. In early 2000, the Vista Partners Project joined Supervisor Bill Horn's office, the County of San Diego Health and Human Services Agency's Alcohol and Drug Services, the

Health and Human Services North Coastal Regional Office, ALTAM Inc., and Tri-City Medical Center (TCMC) to implement SBIR services in the emergency department at Tri-City Medical Center. SBIR services also became available to primary care patients at Vista Community Clinic (VCC) beginning in July 2001.

Between April 2000 and December 2001, a total of 31,607 teen, adult, and older adult patients at TCMC and VCC were screened, received advice/information, and were given appropriate interventions and referrals based on level of risk. According to available zip code information, 21% (6,534) of the adult and older adult patients screened at TCMC and VCC were Vista residents.

Eight percent of all adults screened at TCMC and VCC reported drug use, 14% were identified as at-risk drinkers, and an additional 3% were identified as dependent drinkers. Two percent of the adults screened mentioned the use of methamphetamine. Overall, drinking patterns and drug use patterns for Vista residents were similar to other patients.

During the 18 months that the Vista Partners Project and SBIR co-existed, SBIR was effective in identifying and intervening with a significant number of Vista residents (990) at-risk for substance abuse. SBIR was also effective in identifying and providing referral services to 313 illicit drug users. SBIR served not only as an important intervention tool, but as an important prevention tool as well. SBIR services were integral in providing over 6,500 Vista residents with prevention information they otherwise would not likely have received. Due to the successful implementation and operation of SBIR services at TCMC and VCC, SBIR will continue beyond the timeframe of the Vista Partners Project. SBIR services at TCMC and VCC have already been authorized and funded by County Alcohol and Drug Services through December 2003.

#### Community Education

One important objective of the Vista Partners Project was to increase awareness

about the dangers of methamphetamine in an effort to prevent use and to empower the community to report suspicious activity. To meet this objective the Vista Partners Project staff and the Sheriff's South COPPS Unit worked together to develop a general format for community education presentations. The content of these presentations included signs and symptoms of methamphetamine use, information about the various types of clandestine labs, environmental concerns regarding the manufacture of methamphetamine, and information on how to report suspicious activity.

Presentations were offered to all community groups and organizations, and were available for specific target populations including youth, parents, neighborhood groups and associations, business, as well as treatment and social service providers. All presentations were offered in both English and Spanish. Beginning in October 1999 and culminating in December 2001, a total of 17 education presentations reached approximately 540 Vista residents (less than 1% of the total population). Additional information about methamphetamine was disseminated at 8 local resource fairs.

#### Professional Training

In addition to community education presentations, the Vista Partners Project sought to make available training regarding methamphetamine issues for a variety of health, social service, law enforcement and other professionals. The overall objective of this particular strategy was to create ongoing training policies for professional groups likely to come into contact with methamphetamine users or manufactures, thus promoting interventions in a variety of community settings.

Professional trainings were an important component of the Vista Partners Project in that a wide range of professionals were given information on how to detect and report drug problems and suspicious activity. Vista Partners Project staff were responsible for coordinating trainings

between strategically targeted host agencies and the training agencies.

Between August 1999 and October 2001 Vista Partners Project staff coordinated several trainings for professional groups including Vista Unified School District, healthcare professionals, San Diego Gas and Electric, Child Protective Services, and the United States Marine Corps. Although an initial goal of the professional training was to develop training policies within each organization or agency so that information about methamphetamine issues would be available to employees on an ongoing basis, this piece of the strategy was never pursued.

#### Youth Events

Another primary objective of Vista Partners Project was to promote community partnerships that would support research-based prevention education programs and activities for youth. In August 1999, the Vista Partners Project introduced Youth to Youth, a youth leadership program designed to promote leadership skills and increase drug and alcohol awareness among participating youth.

The first Youth to Youth conference was held in March 2000, with over 200 youth participants. Eight of the 200 youth were from Vista high schools. The remainder of youth were from a number of school districts in North San Diego County, with some participants coming from as far as Calexico.

The Youth to Youth conference was designed to be an annual event. Both a middle school and a high school conference were scheduled for June 2001. The high school conference was cancelled one week prior to the event due to a lack of registrants. The middle school event was dramatically modified from the planned format, again due to lack of registrants. Sixty middle school youth from Oceanside, Carlsbad, and Vista participated in the middle school event.

Although the 2000 and 2001 events were not successful in capturing Vista area youth as planners and participants, a middle school and a high school conference were planned for 2002 and each were anticipated to draw

close to 300 participants. Just over 50 Vista area high school students participated in the April 2002 high school conference. Due to a lack of resources for both budget and planning, the middle school conference was cancelled. There are no current plans to hold future Youth to Youth conferences for either age group.

In addition to Youth to Youth, the Vista Partners Project began planning a North County "Drug Store" event in July 2000 as part of the community and school based prevention efforts for 6<sup>th</sup> grade students. The "Drug Store" was originally scheduled to take place at Camp Pendleton in October 2001; however, the events of September 11 postponed the event to October 2002.

#### Community Meetings

In an effort to engage residents and local community service agencies and organizations in developing goals, objectives, and activities for the Vista Partners Project, a number of committees were initiated including a Steering Committee, an Intervention/Prevention Team, and an Interdiction/Treatment Team. Although meetings were intended to provide leadership and develop goals and activities for the Vista Partners Project, attendance was inconsistent and agenda items consisted primarily of project updates and networking opportunities.

#### **Project Challenges**

##### Staff Turnover

One of the more critical challenges that faced the Vista Partners Project was the staff turnover that occurred in the initial phase of project implementation. Although 3 project staff were hired in March 1999, the Coordinator position became vacant in July 1999 and was not filled until January 2000. The vacancy delayed the initiation of the Steering Committee, which in turn delayed the development of the goals and objectives that were to provide direction for the project. When the Coordinator position became vacant again in December 2001, plans to extend the project for one more year were

abandoned. This meant that the true operational phase of the project was only 2 calendar years, an unrealistic timeframe to expect any kind of sustainable community change.

#### *Absence of a Strategic Plan*

Probably the most significant challenge to the implementation of the Vista Partners Project was the absence of a strategic plan. Although the Steering Committee did develop a mission statement and general project goals, a strategic plan was not developed and project objectives were only loosely defined. In a series of follow-up interviews with several project partners, several commented that the absence of a strategic plan resulted in undefined roles and a perception that the project was staff-driven rather than community-driven.

#### *Recruitment of Partners*

Another key project challenge related in part to the absence of a strategic plan was the constant struggle to recruit and retain partners that were willing to commit time and resources. Without a strategic plan, expectations for partnering agencies and organizations were never clearly defined. Furthermore, agencies and organizations were not strategically targeted and the successful recruitment of residents was entirely absent. In fact, meeting notices and information about the Vista Partners Project were sent out to more than 180 individuals, yet many meetings had as few as 4 attend.

#### *Best Practice not Always Followed*

Although prevention, intervention, treatment, and interdiction strategies were pursued, best practice was not always followed, particularly in prevention. Successful prevention activities should use a multiple strategy approach focusing on research-based strategies.

The Vista Partners Project did not successfully incorporate a comprehensive best practice approach as research-based prevention practices were not pursued, treatment strategies were not addressed with any intensity, SBI as a best practice was not

well integrated with other strategies, and a media plan was never fully developed. Also missing was a true enforcement/interdiction effort. In follow-up interviews both the City of Vista and the Sheriff's Department had envisioned a more aggressive approach in getting users and dealers off of the streets.

#### **Project Achievements**

Despite the many challenges, the Vista Partners Project can be considered a successful endeavor in a number of areas. During the operational period of the Vista Partners Project, some data measures showed some positive directional change. The methamphetamine related arrest rate per 1,000 population decreased at a faster pace in Vista than the rest of the county between 1997 and 2001 as well as 2000 and 2001.

The FBI crime rate per 1,000 population also decreased at a faster pace in Vista than the rest of the county between 1997 and 2001. More interesting is Vista's decrease in crime rate from 2000 to 2001 compared to the increase in the overall county crime rate during that same time period. Although these indicators are in no way outcomes for Vista Partners Project activities, it can be assumed that the Vista Partners Project was one of many contributing factors that led to decrease in crime rate and meth related arrests.

#### *Collaborative Efforts of Operation House Call, Precursor Campaign, and SBIR*

Although overall collaboration was difficult, Vista Partners Project staff were successful in facilitating the engagement of other professionals to contribute time and resources in the development and/or implementation of Operation House Call, the precursor education campaign, and SBIR services. What made these efforts successful was that each activity had clearly defined goals and objectives as well as clearly defined roles for partnering agencies.

#### *Additional Resources Brought to Vista*

In November 2000, the Vista Partners Project joined forces with the Sheriff's Department Vista Crime Prevention Unit,

the Vista Housing Department, the United States Attorney's Office, Vista Community Clinic, Vista Townsite Community Partnership, and Palomar Family Counseling Services in pursuing official recognition as a federal Weed and Seed site for the Townsite neighborhood in Vista. Weed and Seed is a United States Department of Justice community-based initiative that includes a comprehensive multi-agency approach to law enforcement, crime prevention, and community revitalization.

In March 2002, Vista received official recognition as a designated Weed and Seed site. The Vista Weed and Seed strategy will build upon the partnerships and successful strategies that were developed through the Vista Partners Project. The City of Vista and the California Border Alliance Group, the funding source for the Vista Partners Project, have committed dollars to pay for 2 full-time staff through December 2002. Part of the staff duties will be to continue and build upon successful Vista Partners Project strategies not only in Townsite, but also throughout the entire city of Vista.

### **Recommendations**

The following recommendations are based on what has been observed with respect to the challenges and achievements of the Vista Partners Project. Although cities and communities that wish to develop projects similar to the Vista Partners Project will need to address issues specific to their communities, these recommendations should be considered as basic guidelines.

1. A strategic plan is integral to the success of these types of collaborative efforts. A strategic plan should be developed prior to project implementation, and should include a clear agenda with stated goals and objectives.
2. Strategically recruit partners, keeping in mind that bigger is not

always better. Smaller coalitions with committed working partners are more effective.

3. Memorandums of Understanding should be signed by each participating agency with a clear outline of what is expected.
4. Anticipate staffing needs. Community organizers or developers should be well versed in substance abuse issues, particularly in prevention. Also anticipate the possibility of staffing changes to ensure that staff turnover does not create project gaps.
5. Allow enough time for the project start-up. Additional time should be allocated from the start to develop groundwork and assess community needs.
6. Follow best practice when possible. Multiple strategies that include research-based activities are most likely to demonstrate project effectiveness.



# **CHAPTER 1: INTRODUCTION**

# CHAPTER 1

## INTRODUCTION

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This report is the final evaluation report for the County of San Diego Methamphetamine Strike Force Vista Partners Project. This chapter provides an overview of the Methamphetamine Strike Force as well as a description of the development and structure of the Vista Partners Project.

### **History of the Methamphetamine Strike Force**

Once known as the “methamphetamine capital of the world”, San Diego has long been a major source in the production and consumption of methamphetamine. Historically, methamphetamine was primarily associated with the white motorcycle gangs in East San Diego County; however, beginning in the early 1990’s all indicators for methamphetamine began to show that all age groups, ethnicities, economic groups, and genders were using methamphetamine and were doing so at escalating rates.

By 1996 methamphetamine use and production in San Diego County had reached peak levels. Faced with the alarming evidence that methamphetamine problems had reached epidemic proportions, the San Diego County Board of Supervisors convened a Methamphetamine Strike Force in March 1996 to develop an integrated, regional strategy to address the problems associated with methamphetamine. Recognizing that no single agency or professional group could adequately deal with the methamphetamine problem, more than 70 leaders and experts from law enforcement, the courts, public health, education, community services programs, medical professionals, and others developed a comprehensive set of 17 recommendations encompassing prevention, intervention, treatment and interdiction (listed at the end of this section).

In an effort to implement the action plan documented in the 1996 Strike Force report *Translating Ideas into Action*, several committees were initiated and continue to function today. The Coordinating Committee provides overall coordination and leadership for the

Meth Strike Force. The Media Action Team coordinates the media effort by highlighting newsworthy events to increase media coverage about methamphetamine problems and solutions. The Research Team researches and monitors ongoing methamphetamine trends, identifies areas for further inquiry, and conducts focus groups to ensure Strike Force efforts are based on research-based strategies. The Resource Team, which was disbanded in the fall of 1998, worked to secure resources to augment activities in the areas of prevention, intervention, treatment, and interdiction within a pilot community.

### **The Local Partner Project**

In 1998, the Meth Strike Force Resource Team led in the development of a Local Partner Project, a project that would test whether a saturated level of prevention, intervention, treatment, and interdiction strategies could reduce methamphetamine problems within a designated community. The Team invited all interested communities in the county to apply; however, there were no applications, and it was apparent that local jurisdictions did not want to be identified with meth problems. The Resource Team then decided to solicit interest from a community that was interested in being proactive, and eventually secured an agreement with the City of Vista.

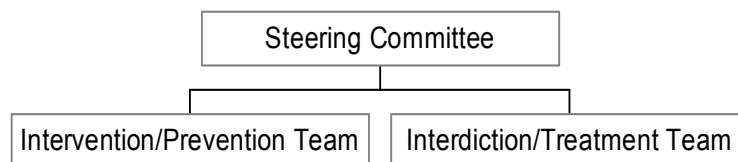
The California Border Alliance Group (CBAG), a member of the Methamphetamine Strike Force, provided resources through the Office of National Drug Control Policy for three full-time staff and a small amount of overtime for law enforcement efforts in the area. These dollars were initially committed for a three-year time frame. The Resource Team managed the staff interview process with a panel of Strike Force members. The project staff, including a Coordinator, Research Specialist, and Community Development Specialist, were hired in early 1999. Job descriptions for the three positions are included in Appendix A. By April 1999 the Vista City Council unanimously approved the Local Partner Project, which was later renamed the Vista Partners Project. Leadership from the Vista Partners Project joined the Meth Strike Force Coordinating Committee to ensure coordination between the two bodies.

## **The Vista Partners Project: Development and Structure**

A bedroom community of approximately 90,000, Vista, like all other communities in San Diego County, is not immune to problems associated with methamphetamine. In the summer of 1998, the Drug Enforcement Administration and the San Diego County Sheriff's Department Vista Station conducted an undercover operation in the city of Vista, which resulted in 81 arrests for methamphetamine sales, possession, and manufacture. This single operation was an important precursor in Vista's willingness to tackle methamphetamine issues with enthusiasm. Interested in maintaining the momentum achieved through the undercover operation and preventing another criminal element from filling the void, the City of Vista was willing to partner with the Meth Strike Force to become the "meth prevention capital of the world".

From the beginning, the Vista Partners Project was intended to be a grassroots community driven project. In an effort to engage community members and local service agencies and organizations in the development of project goals and objectives, Vista Partners Project staff implemented a committee structure much like that of the Meth Strike Force. The Steering Committee was comprised of 14 key community leaders, and was designed to provide leadership and overall project direction. An Intervention/Prevention Team was designed to identify intervention and prevention strategies to be implemented on behalf of the Vista Partners Project. And finally, the Interdiction/Treatment Team was set up to develop and implement an integrated treatment and interdiction strategy. A more detailed discussion of the committees is discussed in Chapter 9 of this report.

**Figure 1**  
Vista Organizational Chart



### Mission, Goals, and Activities

As one of its first duties, the Steering Committee adopted an overall mission statement for the project, which stated “We promote and enhance partnerships for a safe and healthy community in the City of Vista by developing integrated prevention, intervention, interdiction, and treatment strategies to reduce the problems associated with methamphetamine”. The Steering Committee also adopted two primary goals: 1) to develop partners and collaboratives within Vista to identify and implement the recommendations of the Meth Strike Force as appropriate and 2) to fully integrate intervention, prevention, treatment, and interdiction strategies at multiple levels.

Over the course of the three-year project, the Vista Partners Project developed and implemented a range of prevention, intervention, treatment, and interdiction activities that focused on reducing the use, manufacture, and sale of methamphetamine. These activities included an integrated interdiction and treatment project called Operation House Call, a precursor merchant education campaign, screening, brief intervention, and referral services, community education presentations, strategically targeted professional trainings, youth events, and community meeting opportunities. Each of these activities will be discussed in detail in the body of this report.

### **Organization of the Report**

The following pages are structured to provide an overview of how the Vista Partners Project did or did not address the goals of the project. Chapter 2 provides a discussion of some of the limitations related to the overall evaluation of the Vista Partners Project. Chapters 3-9 continue with a detailed description of each of the activities implemented on behalf of the Vista Partners Project, including an analysis of how each activity impacted the overall goals and objectives of the project. The final chapter provides a summary of both the challenges and achievements of the Vista Partners Project and includes recommendations for the implementation of future programs similar to the Vista Partners Project.

## **Methamphetamine Strike Force Recommendations**

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

### **Systems**

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

\*Note that recommendations 13 and 17 were determined as inappropriate for the Vista Partners Project to address.





## **CHAPTER 2: EVALUATION LIMITATIONS**

## **CHAPTER 2**

# **EVALUATION LIMITATIONS**

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The original evaluation design for the Vista Partners Project involved a combine process and impact evaluation. The process component was designed to provide a description of the techniques, tactics, and strategies that were put in place to achieve the project goals, including both the challenges and achievements. The impact component was designed to quantitatively track progress toward the stated objectives in an effort to determine the overall impact the Vista Partners Project had on reducing the problems associated with methamphetamine. The process component of the evaluation stayed true to its original design and, in fact, became the primary methodology in the overall evaluation design. Unfortunately, there were three primary factors that limited the impact component of the evaluation. This chapter discusses each of these limitations in detail.

### **Absence of a Strategic Plan**

A primary factor that limited the evaluation of the Vista Partners Project was the absence of a formal strategic plan, which was partly a consequence of staff turnover. Although hiring of the three project staff took place in early 1999, the Coordinator position became vacant by July and was not filled until January 2000. With full operation of the project delayed by almost one year, the desire to move forward with the project as quickly as possible resulted in the absence of a formal strategic plan. Without a clear guide for the project, activities were not strategically developed and were often implemented randomly and spontaneously.

The randomness of project implementation made it difficult to devise a comprehensive evaluation plan, which from a research perspective should be designed as part of the strategic planning process. Researchers cannot define appropriate measurement tools when activities and expected outcomes are not well defined. This is especially true for the quantitative component of an evaluation plan.

## **Project Timeframe and Lack of Localized Data**

An additional factor that limited the evaluation of the Vista Partners Project was the relatively short project timeframe. The Vista Partners Project was set to begin in January of 1999; however, project staff were not hired until March of 1999 and the Strike Force had not received an official commitment from the City of Vista until the end of April 1999. The initial first months of the project were devoted to planning with virtually no action taking place, and as mentioned previously, by July 1999 the project Coordinator position had become vacant. A new Coordinator was not hired until January 2000, and although project staff continued to build relationships with key stakeholders and began initial groundwork for project activities during the interim, the initiation of the Steering Committee and the development of the goals and objectives were critically delayed.

With full implementation of the project deferred by one year, the operational phase of the project occurred over a 2-year period rather than the originally intended 3-year period. Furthermore, implementation of various activities selected for the Vista Partners did not occur simultaneously, with some activities taking place as late as September 2001.

The most widely used methodology in measuring the impact a project has had on reducing drug problems within a designated community is to track changes over time based on a proscribed set of indicators. The critical element is comparing data from a variety of sources concurrently and over an extended period of time. As such, project timeframe and the use of indicator data are interrelated when measuring whether projects or programs are having an impact on particular aspects of drug abuse problems.

Although the original evaluation plan for the Vista Partner Project called for the use of 9 indicators, several of the indicators were either unavailable or inappropriate. The following is a description of each of the 9 original indicators including whether it was or was not available or appropriate for use as a measure.

1. *Meth-related arrests*: This indicator measures the number of Vista arrests for possession of methamphetamine (HS 11377) and possession of methamphetamine for sale (HS 11378). This indicator is available through the San Diego County Sheriff's Crime Analysis Unit and is included as part of the discussion in the last chapter of this report.

2. *Meth-related treatment admissions*: This indicator includes all treatment admissions to county funded treatment programs reporting Vista as place of residence and methamphetamine as a primary drug of choice. This indicator is available through the County of San Diego Health and Human Services Agency, Alcohol and Drug Services and is included as part of the discussion in the last chapter of this report.

3. *Meth Hotline activity*: Created by the Meth Strike Force, the Meth Hotline is a countywide hotline that can be used as a referral source and anonymous reporting system. Although the numbers of calls to the hotline from Vista residents is low, the data has been provided by the Narcotic Information Network and is discussed in the last chapter of this report.

4. *ADAM*: The Arrestee Drug Abuse Monitoring system is a program operated by the San Diego Association of Governments. San Diego is one of 35 ADAM sites in the United States. ADAM monitors drug use trends in the arrestee population, testing a random sample of arrestees over a 2-week period every 3 months. Since ADAM uses a sampling methodology, the number of arrestees that are tested and report Vista as their primary address is very low. In fact, less than 25 arrestees participating in ADAM per year live in Vista. Because the number of arrestees from Vista is so low, it would be inappropriate to look at comparisons over time. Therefore this measure could not be used as an indicator.

5. *Toxicology Screens*: In an attempt to find out how many persons arrested for being under the influence of a controlled substance are positive for methamphetamine, the Sheriff's Department Crime Lab toxicology screens were reviewed. This project proved to be very labor intensive since the computerized database is not equipped to run statistical frequencies. Therefore, all data had to be reviewed manually. With over 5,200 toxicology screens per year, over 180 staff hours were devoted to collecting, coding, and entering data for just 2 calendar year periods. Furthermore, it was very difficult to obtain accurate numbers by a specific jurisdiction due to documentation issues. Therefore, this measure could not be used as an indicator.

6. *Lab clean-ups and seizures*: The number of annual lab clean-ups and seizures in Vista are too small to include as a meaningful measure (an average of less than 2.5 labs per year have been seized in Vista since 1997), and therefore could not be used as an indicator.

7. *Community attitudes and behaviors regarding substance use*: In cooperation with the Vista Community Clinic, the Vista Partners Project conducted a community survey regarding attitudes and behaviors associated with drug use. The survey used a convenience sampling design with over 800 Vista residents surveyed. The initial survey was conducted in September of 1999 and was intended to be replicated at the close of the project. Although the Vista Partners Project was funded for a 3-year period, additional funds were secured to continue the project through December 2002. As such, the follow-up survey was scheduled for September 2002. However, the Coordinator position became vacant in December 2001, and the Meth Strike Force Coordinating Committee

made the decision to end the project as originally designed. Due to the change in the project completion data and a lack of available resources, a follow-up survey was not conducted and is therefore not available for use as an indicator.

8. *Hospital mentions:* This indicator measures the number of patients admitted to the emergency department because of his/her methamphetamine use. When the Vista Partners Project began, Tri-City Medical Center (the local hospital servicing Vista area residents) did not have a tracking system in place that would provide methamphetamine related data. In April of 2000, screening, brief intervention, and referral (SBIR) services became available at Tri-City Medical Center. SBIR screens all persons admitted to the emergency department for alcohol and drug use. In the long term, data provided by SBIR will be an excellent trend indicator; however, the data has not been available long enough to be included as meaningful tracking measure for the purpose of this report.

9. *School disciplinary action related to substances:* Data would not be released by the school district.

Data available for the evaluation of the Vista Partners Project included only three indicators and the operational phase of the program lasted only 2 years. Although the use of one or two drug use indicators can and does provide some insight with regard to current behavior, it is not necessarily a valid measure of impact. Furthermore, while a 2-year project can have a positive influence on a community, sustainable change would not likely be reflected in the data indicators over such a short period of time. As a result, the difficulties in both the project time frame and lack of local data critically affected the ability to quantitatively analyze the impact the Vista Partners Project had on reducing methamphetamine problems in Vista. Therefore, the content of this report will focus primarily on a number of process observations.



## **CHAPTER 3: OPERATION HOUSE CALL**

## **CHAPTER 3**

# **OPERATION HOUSE CALL**

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Operation House Call was developed through the collaborative work of local treatment providers, San Diego County Sheriff's South Vista Community Oriented Policing and Problem Solving (COPPS) Unit, County of San Diego Alcohol and Drug Services, the District Attorney's Office, the Public Defender's Office, North County Superior Court, and the Probation Department. Beginning in August 1999, this team of individuals, which eventually evolved into the Interdiction/Treatment Team, met over the course of several months to develop an integrated treatment and interdiction strategy, coined Operation House Call, that would address MSF recommendations 10, 11, and 15.

### **Target Population**

One of the primary goals of the Interdiction/Treatment Team was to develop a new and innovative approach to deal with drug offenders who would otherwise fall through the cracks of both the justice and treatment systems. One group of offenders that appeared to fit the criteria were those placed on summary probation, a court managed non-supervised level of probation for many first time and low-level offenders. San Diego County has literally thousands of offenders placed on summary probation each year, making it impossible for an overburdened court system to provide any kind of formal supervision for these individuals. Realizing that offenders placed on summary probation for low-level substance related offenses were not receiving any supervision and were often times continuing to engage in substance related activities, the Interdiction/Treatment Team felt this would be an ideal group to target for Operation House Call.

The target population for Operation House Call included all Vista residents who were currently on summary probation as a result of a drug-related offense, had waived their 4<sup>th</sup> amendment right against unreasonable search and seizure, and were not currently supervised by Probation or Parole for a separate offense. The 4<sup>th</sup> waiver was an

important requirement in that it gave law enforcement the ability to contact and search the offender without any particularized suspicion and without first contacting the probation officer – in this case the courts.

The San Diego County Court Services Division provided a list of all San Diego County residents on summary probation for a drug-related offense who were currently under a 4<sup>th</sup> waiver status. The list was narrowed to include only those offenders who resided in the city of Vista, revealing nearly 300 eligible offenders. Initial plans for the project involved a quasi-experimental design, which would include 100 randomly selected offenders to take part in Operation House Call and 100 randomly selected offenders to act as a control group. In an attempt to verify the residences of all 300 offenders, only 38 were found to be living at the address listed on his/her court documents. Due to both the lack of resources and time, Operation House Call became a case study design, with 38 offenders participating in the project. An additional 38 offenders were randomly selected from the original list to act as a comparison group.

### **Project Description**

The primary objective of Operation House Call was to reduce continued drug use and criminal activity among the target population through intensive law enforcement supervision with a focus on treatment intervention and case management. The three primary goals of the project were to 1) reduce participant contacts with the criminal justice system, 2) assure abstinence from illicit drugs and encourage recovery as a lifestyle choice, and 3) promote self-sufficiency in an effort to help participants become productive and responsible members of the community.

Four COPPS deputies were selected to participate in Operation House Call and were asked to take on a new role of supervisor and case manager. Prior to project implementation the deputies received training on treatment and addiction issues, and were briefed on the availability of ancillary community services. Each deputy was randomly assigned a caseload of no more than 10 offenders, referred to as clients, to manage and supervise for 12 months. Full implementation of the project began in June 2000.

The protocol for Operation House Call called for deputies to make regular face-to-face contact with each client in an effort to motivate him/her to abstain from illicit drug use and to encourage him/her to seek treatment if drug use continued to be a problem. During the first visit the deputy would explain the goals of the project and conduct an initial search and assessment. Depending upon the result of the assessment the deputy would proceed with one of the following:

1. If the client appeared to be drug-free, the deputy told him/her to keep up the good work, and provided a brochure with local treatment provider information. The deputy also provided his business card and cell phone number so the client could contact him with any questions or concerns. If the client remained drug-free for the duration of the project, he/she received periodic phone calls and face-to-face visits as added encouragement to remain drug and crime free.
2. If a client appeared to be continuing his/her involvement with drugs, or was found to be in violation of a condition of probation or another drug-related misdemeanor offense, the client was encouraged to seek treatment by the deputy's next visit. The deputy provided the client with a brochure listing all local treatment providers, and encouraged the client to select a provider that would best meet his/her individual needs. The deputy also provided a business card and cell phone number so the client could contact him with any questions or concerns. The client would receive a second "house call" within seven to ten days.
3. If the client was found to be in violation of a felony offense, he/she was arrested and received standard criminal case processing.

The level and intensity of the supervision depended upon the outcome of the initial search and assessment. All violations and new arrests would increase supervision, and all felony offenses would result in standard criminal case processing. If the client was asked by the deputy to seek treatment because of continued drug use but had failed to do so, the deputy would increase the number of contacts and continue to encourage the client to

enroll in a treatment program. If the client continued to use drugs, was not enrolled in treatment, and was in violation of a second criminal offense at the time of a contact, the deputy would write and hold the case with the caveat that the client would be arrested for that offense if he/she did not enroll in a treatment program by the next visit. If the client still refused to seek treatment, the deputy would arrest him/her for the held offense and proceed with standard criminal case processing. Each subsequent misdemeanor violation would result in increased consequences. A third violation would result in a minimum probation violation, and a fourth violation would result in a new arrest.

### **Limitations**

Before discussing the outcomes of Operation House Call, it is important to discuss some of the project limitations. First, although there are several advantages in conducting case studies, there are also some clear disadvantages. The most prominent disadvantage to the case study design is limited generalizability of findings. Case studies involve a very small sample size and, therefore, are not necessarily representative of the larger population. The small sample size also limits the capability to perform statistical analyses, which in turn limits the ability to make inference about the collected research data. Because general statements about the total population cannot be inferred from a single case study, case study findings are in no way conclusive.

Although the project did include a matched number comparison group, differences between the groups must be viewed with caution. Because of the difficulties in obtaining valid addresses, none of the offenders in the comparison group were able to be located. As a result, little was known about these offenders other than criminal history, age, race, and gender. While differences between the participant group and the comparison group might be attributable to level of law enforcement supervision, other important variables could have also been a factor.

Despite these limitations, Operation House Call was an important and valuable component of the Vista Partners Project. While the findings of the study should be viewed with caution, a number of interesting observations were made. The following section describes these findings in detail.

## Findings

The COPPS deputies assigned to Operation House Call were required to maintain a file for each client. The file included all related court documents, client demographic information sheets (see Appendix B), and progress reports. Information collected by the deputies was the primary data source used for the overall assessment of the project.

### Client Characteristics

Gender, age, and ethnicity are presented for the participant group and the comparison group in Table 1. Of the 38 clients that participated in Operation House Call, 12 (32%) were female and 26 (68%) were male. Eight (21%) of the participants were in the 20-29 age group, 21 (55%) were 30-39, and 9 (24%) were 40-49. In terms of ethnicity, 18 (47%) of the participants were white, 17 (45%) were Hispanic, and 3 (8%) were Asian.

Of the 38 clients that were randomly selected as the comparison group, 14 (37%) were female and 24 (63%) were male. Eleven (29%) of the offenders were in the 20-29 age group, 16 (42%) were 30-39, and 11 (29%) were 40-49. In terms of ethnic breakdown, 21 (55%) were white, 14 (37%) were Hispanic, and 3 (8%) were Asian.

**Table 1**  
Participant and Comparison Groups Basic Demographic Characteristics

	Participant Group N=38		Comparison Group N=38	
	#	%	#	%
<u>Gender</u>				
Male	26	68%	24	63%
Female	12	32%	14	37%
<u>Age</u>				
20-29	8	21%	11	29%
30-39	21	55%	16	42%
40-49	9	24%	11	29%
<u>Ethnicity</u>				
White	18	47%	21	55%
Hispanic	17	45%	14	37%
Asian	3	8%	3	8%

The following demographic characteristics were available for the participant group only. Twenty-four (63%) of the participants had children, and 16 (66%) of those with children were living with their kids for the duration of Operation House Call. Eighteen (48%) of the participants were employed part-time or full-time at the start of the project, and 20 (52%) were employed either part-time or full-time at the close of the project. Ten (26%) of the participants were married, 7 (18%) were divorced and single, 1 (3%) was remarried, 14 (37%) were single and never married, and 6 (16%) were unknown. Nineteen (50%) of the participants had treatment exposure prior to Operation House Call. Of those that had prior treatment exposure, all had been court ordered to treatment.

### Outcomes

Of the 38 clients that participated in Operation House Call, 10 (26%) sought treatment and/or aftercare during the course of the 12-month project. Of those, 5 did not have previous treatment exposure. Six (60%) of the 10 clients that sought treatment were male, and 4 (40%) were female. Half of the clients that sought treatment were Hispanic, 3 (30%) were white, and 2 (20%) were Asian. In terms of age, 6 (60%) of the clients that sought treatment were 30-39, 2 (20%) were 20-29, and 2 (20%) were 40-49. None of the 10 clients that sought treatment during Operation House Call were arrested 6 months post project. An additional 17 (45%) clients did not seek treatment during the 12-month project timeframe or the 6-month follow-up period, but appeared to be drug and crime free during that 18-month period.

Eight (21%) of the House Call clients were either arrested or were issued outstanding arrest warrants during the 12-month project timeframe. An additional 3 (8%) clients were arrested within 6 months post project, for a total of 11 (29%) clients that re-offended during the 18-month project and follow-up period. Six (55%) of these 11 clients were between the ages of 20 and 29, and 5 were between the ages of 30 and 39. Eight (73%) of the 11 were male and 3 (27%) were female, while 8 (73%) were Hispanic and 3 (27%) were white. Only 2 of those that remained involved with the criminal justice system had treatment exposure prior to House Call, and none had sought treatment during the course of the project. It should be noted that none of the arrests occurred during a House Call visit, non-House Call deputies or officers made the arrests.

Table 2 describes client outcomes by gender, age, and ethnicity. A higher proportion of females comprised the treatment group compared to the re-offending group and the no treatment/no arrests group. Both 20-29 year olds and Hispanics had higher proportions in the offender group compared to the treatment and no treatment/no arrest group.

**Table 2**  
Participant Outcome by Gender, Age, and Ethnicity

	Participant Group N=38		
	<u>Sought Treatment</u> n=10	<u>Re-offended</u> n=11	<u>No Tx or Arrests</u> n=17
<u>Gender</u>			
Male	60%	73%	70%
Female	<u>40%</u>	<u>27%</u>	<u>30%</u>
Total	100%	100%	100%
<u>Age</u>			
20-29	20%	55%	0%
30-39	60%	45%	59%
40-49	<u>20%</u>	<u>0%</u>	<u>41%</u>
Total	100%	100%	100%
<u>Ethnicity</u>			
White	20%	27%	70%
Hispanic	50%	73%	24%
Asian	<u>20%</u>	<u>0%</u>	<u>6%</u>
Total	100%	100%	100%

Due to the inability to locate the offenders in the comparison group, it is unknown if any were involved in treatment. However, in reviewing arrest records, 18 (47%) of the 38 offenders in the comparison group were arrested or issued an arrest warrant during the 18-month project and follow-up period. Eight (44%) of the re-offenders were female and 10 (56%) were male, while 7 (39%) were Hispanic and 11 (61%) were white. When broken down by age, 6 (33%) were 20-29, 9 (50%) were 30-39, and 3 (17%) were 40-49.

Table 3 describes the comparison groups' outcomes by gender, age, and ethnicity. A higher proportion of the re-offender group were female compared to the no arrest group. Hispanics and offenders aged 30-39 had higher proportions in the re-offender group compared to the no arrest group, while 40-49 year olds were proportionately higher in the no arrest group compared to the re-offender group.

**Table 3**  
Comparison Group Outcome by Gender, Age, and Ethnicity

	Comparison Group N=38	
	<u>Re-offended</u> n=18	<u>No arrests</u> n=20
<u>Gender</u>		
Male	56%	70%
Female	<u>44%</u>	<u>30%</u>
Total	100%	100%
<u>Age</u>		
20-29	33%	25%
30-39	50%	25%
40-49	<u>17%</u>	<u>50%</u>
Total	100%	100%
<u>Ethnicity</u>		
White	39%	70%
Hispanic	61%	15%
Asian	<u>0%</u>	<u>15%</u>
Total	100%	100%

Gender, age, and ethnicity for participant and comparison group outcome categories are described in Table 4. A higher proportion of the females in the comparison group re-offended during the 18-month project and follow-up period than the females in the participant group. White offenders in the comparison group re-offended at a higher rate compared to the white offenders in the participant group. Higher proportions of comparison group offenders in the 30-39 and 40-49 age range re-offended compared to

similar offenders in the participant group, while a higher proportion of the 20-29 participant group re-offended compared to the same aged comparison group. Because of the small sample size and the lack of information available regarding the comparison group, differences between the groups are merely observational and cannot be tested for statistical significance.

**Table 4**  
Gender, Age, and Ethnicity by Participant and Comparison Group Outcomes

	Participant Group N=38			Comparison Group N=38		
	<u>Treatment or No Tx/No arrests*</u>	<u>Re-offended</u>	<u>Total</u>	<u>Treatment or No Tx/No arrests*</u>	<u>Re-offended</u>	<u>Total</u>
<u>Gender</u>						
Male	69%	31%	100%	58%	42%	100%
Female	74%	25%	100%	42%	58%	100%
<u>Age</u>						
20-29	25%	75%	100%	55%	45%	100%
30-39	76%	24%	100%	56%	44%	100%
40-49	100%	0%	100%	27%	73%	100%
<u>Ethnicity</u>						
White	83%	17%	100%	33%	67%	100%
Hispanic	52%	48%	100%	50%	50%	100%
Asian	100%	0%	100%	100%	0%	100%

\*Treatment status of comparison group unknown.

### General Observations

Over the 12-month project time period, 4 deputies worked approximately 776 hours of overtime to “case manage” the 38 House Call participants at a total cost of nearly \$25,000. Overall, 71% of the Operation House Call clients were able to remain drug and crime free over the course of the 18-month project and follow up period. Comparatively, 52% of the comparison group did not re-offend during the 18-month project and follow-up period; however, conclusions about differences between the groups should be drawn

with caution. While differences between the participant group and the comparison group might be attributable to level of law enforcement supervision, other important variables could also have been a factor. For example, the participant group could have been less likely to re-offend because they had a more permanent living situation than those offenders in the comparison group. With that said, it can be cautiously stated that Operation House Call was successful in helping to reduce continued drug use and criminal activity among the target population through intensive law enforcement supervision with a focus on treatment intervention and case management.

### *Successful Components*

Several factors were involved in the success of Operation House Call. First, the deputies' willingness to function as part of the offender's recovery process was critical. This required the deputies to communicate and deal with drug offenders from a new perspective. As a result, the deputies were able to develop personal relationships with their clients, which gave the deputies the ability to become effective case managers and problem solvers. In this sense, the deputies were not only able to provide clients with alcohol and drug treatment information, but were also able to provide information on employment, finance, education, childcare, and family counseling. For example, one House Call client died from congenital liver disease during the course of the project. Before the client died, the deputy assigned to the case was able to provide information about social security benefits for his/her family. Even after the client passed away, several of the deputies delivered donated toys, food, and clothes for the entire family. This display of compassion and generosity extended beyond the client and his/her family, and created a positive law enforcement image for the entire community.

The most successful House Call cases involved the entire family as part of the process. Creating alliances with family members provided additional support to both the deputy and the recovering client. In one case, this tactic assisted in the return of an offender who was under a commit warrant and living out of state. The deputy was able to work with a family member in convincing the client to return to Vista and turn him/herself in, which eventually resulted in the client entering a residential treatment program. In another case, the deputy was able to act as a buffer between parent and child. Over the course of

Operation House Call the relationship between the client and his/her parent changed dramatically, which helped the client to enter and graduate from a treatment program, enroll in a vocational program, and find full-time employment for the first time. The support and encouragement from the parent was integral to the success of this client, and was largely facilitated by the deputy.

Immediate access was also an important component in the success of Operation House Call. All of the deputies involved in the project were issued cell phones. This was essential because it gave clients immediate access to the deputy. Cell phones also gave the client's family a mechanism to discuss problems or concerns regarding the client's recovery status. In addition, the deputies were able to quickly check on a client when a face-to-face meeting was not possible.

Finally, the working relationship that developed between treatment providers and law enforcement was paramount to the success of Operation House Call. Prior to Operation House Call, deputies dealt with drug offenders as any other offender with arrest and booking as the primary goal. By the time Operation House Call came to an end, the deputies were able to identify an appropriate referral, understand the treatment and recovery process, and gained a new respect for programs designed to help addicted people. The deputies also recognized there were many resources where people could be directed to get help.

### Challenges

As with any new endeavor, Operation House Call was faced with several challenges. Probably the most prevalent challenge were the frequent language barriers between deputy and client. Several of the clients and family members were primary Spanish speakers. This proved to be a challenge when the deputy was not a Spanish speaker. Fortunately, one of the House Call deputies was bi-lingual and translated for the other deputies when necessary; however, this merely added to his caseload. The deputies recommended that Spanish-speaking clients be assigned to a bi-lingual deputy from the beginning.

Another challenge cited by the deputies was the difficulty in dealing with substance using clients who were also suffering from mental health issues. Deputies found it

difficult to build relationships with these clients, and therefore found it difficult motivate the client to seek treatment. Deputies also found it difficult to work with clients who were living with family members that were using drugs and/or abusing alcohol. Again, relationships were difficult to develop in these cases and it was difficult for the client to abstain from substances when his/her environment was not substance free.

Gang involvement was also an issue. A few clients were documented gang members, and had several criminal issues in addition to substance use. Deputies recommended that gang members be excluded from projects similar to Operation House Call. The deputies also noted that the assistance of Child Protective Services would have been beneficial in cases where children were living with a drug involved parent. The presence Child Protective Service workers would have provided added motivation for the client to seek treatment.

One unforeseen challenge was the inability to locate more than 38 eligible House Call offenders. In trying to verify the residences all 300 offenders, a team of deputies physically went to each address and then crosschecked each address with the client's court file. This process was extremely time consuming, and delayed the project start date by nearly four months. An additional unavoidable but anticipated challenge was the deputies responsibility to more emergent law enforcement duties. The impact was minimal; however, it did provide some gaps in contact when the deputies were called to other projects for extended periods of time.

A final challenge or limitation of Operation House Call was the inability to expand and replicate the successful elements of the program. Operation House Call was initially intended to expand past a pilot phase, with successful features reaching all Vista drug offenders on summary probation. However, the passage of Proposition 36, the Substance Abuse Crime Prevention Act of 2000, which became effective on July 1, 2001, essentially addressed the same offender group. As a result, Operation House Call ended in June 2001. Although Proposition 36 currently limits a complete replication of Operation House Call, the successful elements of the project should be considered when developing both existing and future programs that deal with the same or similar offender populations.



**CHAPTER 4:  
PRECURSOR CHEMICAL CAMPAIGN**

## **CHAPTER 4**

# **PRECURSOR CHEMICAL CAMPAIGN**

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The primary ingredient used in the manufacture of methamphetamine is ephedrine or pseudoephedrine, which can be found in hundreds of legal over-the-counter cold, allergy, and diet medications. In fact, the majority of ingredients and equipment needed to manufacture methamphetamine are legal to possess, have legitimate uses, and are sold in many retail stores including supermarkets, hardware stores, pharmacies, convenience stores, and warehouse type businesses. With recipes readily available on the Internet, anyone can set up a small home methamphetamine lab by purchasing a few bottles of pseudoephedrine or ephedrine tabs along with some common household chemicals and small appliances including carburetor cleaner, denatured alcohol, drain opener, kerosene, lacquer thinner, mineral spirits, paint thinner, red devil lye, tile and grout cleanser, crock pots, hotplates, pressure cookers, blenders, bed sheets, and large coffee filters.

In an effort to decrease the illegal use of ephedrine and pseudoephedrine products, the State of California enacted a law (AB162) restricting the sale of products containing ephedrine or pseudoephedrine to no more than 9 grams or 3 packages. Although AB162 went into effect in January 2000, most storeowners and their employees are unaware of the restrictions regarding ephedrine and pseudoephedrine products, and are unable to recognize suspicious combinations of chemicals and household products that might be used to manufacture methamphetamine. In fact, in April 2001 Vista COPPS deputies and Vista Partners Project staff visited 41 retail outlets in the city of Vista, and all but seven were willing to sell quantities of ephedrine and pseudoephedrine that exceeded the state limits. To address this problem a collaborative working group that included San Diego County Sheriff's South Vista COPPS Unit, the United States Attorney's Office, the District Attorney's Office, and the San Diego Police Department developed a merchant education program to focus on both the laws restricting the sale of ephedrine and pseudoephedrine products and suspicious product purchases.

The merchant education program, coined Operation NO 2 Meth, directly addressed Meth Strike Force recommendation 14, to pursue stronger enforcement of the statewide restriction on precursor chemicals. The program also incorporated media access, the Meth Hotline, and community policing strategies. As a result, the campaign was a comprehensive program that fully incorporated MSF recommendations 1, 3, 12, 14, 15, and 16.

The primary objective of the precursor education campaign was to reduce the number of businesses in violation of California Health and Safety Code 11100 (see Appendix C), which in turn would reduce the availability of ephedrine and pseudoephedrine products used for the production of methamphetamine. With the decrease in availability, the education effort would hopefully reduce the number of smaller, home based methamphetamine labs operating in the county. In theory, such reductions would reduce toxic waste in the area, and presumably also reduce meth availability.

In April 2001, Vista COPPS deputies developed a precursor-training curriculum for Vista area merchants. The 45-minute training included information on the laws regarding ephedrine and pseudoephedrine, a brief explanation of what chemicals and apparatus are used to manufacture methamphetamine, a brief description of the various kinds of clandestine labs, and an explanation of how methamphetamine labs can impact the environment and the community. A training syllabus is provided in Appendix C.

The training program was essentially comprised of two primary components. The first was to educate business owners and employees on products that are commonly used in the manufacture of methamphetamine. Although purchasing any of these items alone is not illegal, a sale including a combination of items might prove suspicious. Deputies provided examples of suspicious combinations that were specific to each store, and gave employees information on how to document and report a suspicious purchase. Deputies recommended that employees complete the transaction, but record any financial information (credit card or check information) once the purchaser exited the store. Employees were also asked to obtain a vehicle description and license plate information if it could be obtained without detection or risk. The Methamphetamine Hotline, 1-877-NO2-METH, was utilized as the point of contact so that the incident could be reported quickly and confidentially.

The second part of the training component focused on the regulations on ephedrine and pseudoephedrine products. Retailers educated about the pre-cursor laws were informed that enforcement action would be taken if the store or the store's employees were in violation of the law.

In May 2001, Vista COPPS deputies visited the 41 previously identified retail business that carried ephedrine or pseudoephedrine products or other items commonly used in the manufacture of methamphetamine. The deputies explained the issue to each storeowner and/or manager, provided a formal letter describing the law regarding the sale of ephedrine and pseudoephedrine products, provided a poster developed by the working group that described suspicious purchases, and offered training for all store employees. Although training was voluntary, all stores were strongly encouraged to participate. Of the 41 stores, only Wal-Mart and Sam's Club requested and received training for all employees. The media was invited to attend one of the trainings at Wal-Mart, which effectively announced the standards set by State law, and the intention of local law enforcement to monitor those standards. Appendix C includes a copy of the merchant letter, poster, and a news article regarding the Wal-Mart training.

In December 2001, Vista COPPS deputies conducted follow-up undercover store visits to all 41 retail business that received information in May of 2001. Fourteen of the 41 stores were willing to sell quantities of ephedrine and/or pseudoephedrine products that exceeded the state limits; this is compared to 34 stores that were willing to sell over the legal limit prior to the education campaign, a decrease of nearly 59%. Deputies also found that 5 stores no longer carried ephedrine or pseudoephedrine products, 4 stores moved ephedrine and pseudoephedrine products behind the counter, and 1 store added anti-theft sensors to all ephedrine and pseudoephedrine products. Stores that were in violation of HS 11100 received an administrative warning (see Appendix C), and would be subject to further undercover compliance checks.

The Vista precursor merchant education campaign was clearly a success in reducing the number of local businesses in violation of California Health and Safety Code 11100. However, since the project took place just eight months prior to the project end date and there is a lack of available data on how many home based methamphetamine labs truly exist, it is unknown if the campaign will have an impact on reducing the number of

smaller, home based methamphetamine labs in Vista and the surrounding areas. Regardless of the impact, deputies felt that a positive community environment was developed by educating the public about the laws and issues involving the manufacture of methamphetamine and by providing tools for merchants and community members to contribute as part of the solution.



**CHAPTER 5:  
SCREENING, BRIEF INTERVENTION, AND  
REFERRAL**

## **CHAPTER 5 SCREENING, BRIEF INTERVENTION, AND REFERRAL**

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Screening, brief intervention, and referral (SBIR) services are a research-based, best practice that focuses on the prevention of alcohol misuse and drug use through early intervention. In 1990, the Institute of Medicine identified screening and brief intervention as the most effective way to reduce the impact of the misuse alcohol and other drugs. Additional research has shown that SBIR produces a cost savings of \$5.60 in health care and societal costs for every \$1 spent on SBIR services (Fleming et al., 2000). Due to its demonstrated effectiveness, the Methamphetamine Strike Force has recognized the value of SBIR and has promoted the expansion of SBIR services throughout San Diego County.

In addressing Meth Strike Force recommendations 5-7, SBIR services were chosen as the primary intervention component for the Vista Partners Project. In early 2000, the Vista Partners Project joined Supervisor Bill Horn's office, the County of San Diego Health and Human Services Agency's Alcohol and Drug Services, the Health and Human Services North Coastal Regional Office, ALTAM Inc., and Tri-City Medical Center (TCMC) to implement SBIR services in the emergency department at Tri-City Medical Center. SBIR services also became available to primary care patients at Vista Community Clinic (VCC) beginning in July 2001.

Healthcare settings like TCMC and VCC are ideal venues for SBIR services since seventy to eighty percent of Americans visit a doctor's office, clinic, or hospital emergency room at least once a year. During the course of a routine visit, specially trained peer health educators meet briefly with each patient to conduct an interview regarding the patient's alcohol, tobacco, medication, and illegal drug use. Using a valid and reliable screening instrument, the patient is placed into one of three risk categories; no/low risk, at-risk, or dependent. No/low risk patients receive an informational

intervention, while at-risk patients receive a brief intervention that includes feedback and information about the consequences associated with the misuse of alcohol and other drugs. Dependent users receive the same brief intervention, but also receive a managed referral to treatment. Once the peer educator has completed the screening and intervention process, the patient's physician reinforces the intervention message and utilizes the information gathered by the peer educator to assist with diagnosis and treatment planning. SBIR services target all patients, including specialized services for teens (12-17), adults (18-64), and older adults (65+).

Between April 2000 and December 2001, a total of 31,607 teen, adult, and older adult patients at TCMC and VCC were screened, received advice/information, and were given appropriate interventions and referrals based on level of risk. According to available zip code information, 21% (6,534) of the adult and older adult patients screened at TCMC and VCC were Vista residents.

Of the total 20,674 adult patients screened at TCMC and VCC, 8% (1,551) reported illicit drug use and received information designed to encourage them to stop using drugs. Overall, 2% (335) of adult patients screened at TCMC and VCC reported any methamphetamine use. When sorted by zip code, Vista residents' drug use did not differ significantly from other patients' drug use. A total of 7% (313) of the adult Vista residents were illicit drug users. These percentages are only slightly higher than the National Household Survey on Drug Abuse, where 6.3% of Americans over the age of 12 reported using illicit drugs and only .2% reported current use of methamphetamine.

In terms of other drugs of abuse, alcohol was the primary substance used/abused by the greatest number of patients. Fourteen percent (2,840) of all adult patients were identified as at-risk drinkers and another 3% (575) were identified as dependent drinkers. Twelve percent of adult Vista residents were at-risk drinkers and 2% were dependent drinkers. Among all adult drug users, marijuana was the most frequently mentioned drug (50%).

During the 18 months that the Vista Partners Project and SBIR co-existed, SBIR was effective in identifying and intervening with a significant number of Vista residents (990) at-risk for substance abuse. SBIR was also effective in identifying and providing referral services to 313 illicit drug users. SBIR served not only as an important intervention tool,

but as an important prevention tool as well. SBIR services were integral in providing over 6,500 Vista residents with prevention information they otherwise would not likely have received. Due to the successful implementation and operation of SBIR services at TCMC and VCC, SBIR will continue beyond the timeframe of the Vista Partners Project. SBIR services at TCMC and VCC have already been authorized and funded by County Alcohol and Drug Services through December 2003.

*Data tables are provided in Appendix D*





**CHAPTER 6:  
COMMUNITY EDUCATION**

## **CHAPTER 6**

# **COMMUNITY EDUCATION**

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One important objective of the Vista Partners Project was to increase awareness about the dangers of methamphetamine in an effort to prevent use and to empower the community to report suspicious activity. One way to meet this objective was through the development and implementation of community education presentations. Vista Partners Project staff and the Sheriff's South COPPS Unit worked together to develop a general format for community presentations geared toward a variety of audiences. The content of these presentations included signs and symptoms of methamphetamine use, information about the various types of clandestine labs, environmental concerns regarding the manufacture of methamphetamine, and information on how to report suspicious activity. Presentations were offered to all community groups and organizations, and were available for specific target populations including youth, parents, neighborhood groups and associations, business, as well as treatment and social service providers. All presentations were offered in both English and Spanish.

Beginning in October 1999 and culminating in December 2001, a total of 17 education presentations reached approximately 540 Vista residents. With the exception of one presentation for businesses and treatment providers, presentations were initiated by agencies or organizations; staff did not strategically market the availability of the education component. During that same time period, additional information about methamphetamine was disseminated at eight local resource fairs. Although the presentations were well received, less than 1% of the Vista population received information, which limited the ability to impact the greater Vista population. Table 5 provides a breakdown of the various groups that participated in the presentations.

**Table 5**  
Community Education Presentations

	Number of Presentations	Number of Participants
Target Audience		
Parents	7	184
Youth	3	120
Businesses/Providers	1	32
General Public	3	164
Neighborhood Watch & Associations	3	37
Total	17	537

By focusing on prevention strategies outlined in the county of San Diego’s Health and Human Services Agency, Alcohol and Drug Services alcohol, tobacco, and other drug prevention framework, the community education component of the Vista Partners Project was intended to be one part of an overall prevention plan to address Meth Strike Force recommendations 1-4 and 12. The County’s prevention framework is based on recent research that has shown the single prevention approach to be ineffective in reducing the problems associated with substance use.

Recognizing that multiple prevention strategies that are implemented in a coordinated and strategic manner will have the greatest impact in reducing alcohol and drug problems, the prevention framework focuses on six federally defined prevention strategies:

1. Community-Based Processes
2. Information Dissemination
3. Prevention Education
4. Environmental Change
5. Problem Identification and Referral
6. Alternative Activities

Together, these 6 strategies are intended to support one another rather than exist separately in a vacuum. The prevention framework recognizes that prevention is an ongoing process, not a single event or activity, and promotes strategies to reduce both the supply and demand for alcohol and other drugs. This approach focuses on the interaction between the potential user, the drug, and the setting in which use occurs. To create a change, all three must be addressed simultaneously.

Unfortunately, the Vista Partners Project did not follow the county's prevention framework, nor did the Vista Partners Project incorporate research-based best practice strategies as outlined in the Meth Strike Force's 1999 *Research Team Findings*. Additionally, the prevention framework and the *Research Team Findings* both emphasize that a comprehensive prevention plan should also include the use of the media to inform the public and policymakers of substance related issues and to build support for policy initiatives that address environments or settings where problematic alcohol and drug use occurs. The Vista Partners Project did not fully implement a media strategy, which was due in part to the lack of pure local media outlets within the city of Vista. Although some education presentations and methamphetamine informational pieces were highlighted in the media, coverage was sparse and sporadic.

The Strike Force's *Research Team Findings* also states that a comprehensive prevention plan should include strategies that address risk and protective factors. Research shows that prevention components that reduce risk factors and enhance resiliency and protective factors have a greater impact on reducing alcohol, tobacco and other drug use. Access strategies must also be addressed. One way to decrease drug use is by limiting access through the use of consistent sanctions and strategic enforcement. In this sense, interdiction strategies that focus on shutting down meth labs, arresting drug dealers, and targeting areas of use are important prevention tools. The Vista Partners Project addressed neither access nor risk and protective factors, and although education can be an important component in an overall prevention plan, it cannot be successful if it is the only prevention component.





## **CHAPTER 7: PROFESSIONAL TRAINING**

## CHAPTER 7

# PROFESSIONAL TRAINING

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In an effort to address MSF recommendation 16, the Vista Partners Project sought to make available training regarding methamphetamine issues for a variety of health, social service, law enforcement and other professionals. The overall objective of this particular strategy was to create ongoing training policies for professional groups likely to come into contact with methamphetamine users or manufactures, thus promoting interventions in a variety of community settings.

Vista Partners Project staff coordinated several trainings for professional groups between August 1999 and October 2001. Depending on the audience, training was either conducted by the California Department of Justice, Bureau of Narcotic Enforcement or the Sheriff's Department South Vista COPPS Unit, or the Drug Endangered Children Project (DEC). The following is a summary of the various trainings coordinated by Vista Partners Project staff.

- Over 1500 Vista Unified School District staff received drug recognition and user identification training between August 1999 and February 2000. The one-hour training was conducted by the California Department of Justice, Bureau of Narcotic Enforcement. The goal of the training was to address MSF recommendations 4 and 16 by giving teachers, administrators, and other school staff tools to identify and recognize potential substance use among students and their families. Feedback following the trainings was favorable; however, many staff members felt their ability to address student or parent drug use would continue to be a challenge.
- In May 2000, Vista Partners staff sponsored a 90-minute training for healthcare workers regarding the Drug Endangered Children Project. Nine healthcare professionals attended the training, which was conducted by members of the DEC team, and focused on signs and symptoms of childhood methamphetamine exposure. One of the goals of the training was to address MSF recommendations 5 and 16. Feedback following the training was favorable, however, additional DEC trainings for healthcare workers was not pursued.

- Vista Partners staff coordinated a one-hour training between the Sheriff's Department South Vista COPPS Unit and County of San Diego Health and Human Services, Child Protective Services. Sheriff's deputies provided information to approximately 30 CPS workers regarding signs and symptoms of both methamphetamine use and manufacturing. Participants felt the information was extremely relevant to their profession and would prove useful in future cases. As with the DEC training, the training for CPS workers addressed MSF recommendations 5 and 16.
- In the late summer and fall of 2001, the Sheriff's Department South COPPS Unit provided training for over 250 SDG&E employees. Trainings were held throughout the county, and primarily focused on signs of methamphetamine labs and how to report suspicious activity. SDG&E employees were targeted since they work in and around many areas that might be potential lab sites. This type of training was groundbreaking in that it was an important first step in getting business involved.
- Vista Partners Project staff facilitated the training of over 950 Camp Pendleton troops by the California Department of Justice, Bureau of Narcotic Enforcement on the signs and symptoms of drug use. Although Camp Pendleton is located in Oceanside, a number of troops do live in Vista. Although the direct benefit of the training for these individuals is somewhat unclear, the creation of a relationship with Camp Pendleton was important to the City of Vista and the Vista Partners Project.

Professional trainings were an important component of the Vista Partners Project in that a wide range of professionals were given information on how to detect and report drug problems and suspicious activity. Professional groups were strategically targeted to include those professions most likely to come into contact with drug users and/or manufacturers. An initial goal of the professional training was to develop training policies within each organization or agency so that information about methamphetamine issues would be available to employees on an ongoing basis. Although follow-up training was discussed with a number of the target audiences, this piece of the strategy was never pursued. As with community education, these types of single event trainings are not aligned with best practice as identified by the Meth Strike Force *Research Team Findings*, and must be connected with other prevention strategies to be effective.



## **CHAPTER 8: YOUTH EVENTS**

## CHAPTER 8

# YOUTH EVENTS

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### Youth to Youth

Another primary objective of Vista Partners Project was to promote community partnerships that would support research-based prevention education programs and activities for youth. In August 1999, the Vista Partners Project introduced Youth to Youth, a youth leadership program designed to promote leadership skills and increase drug and alcohol awareness among participating youth.

Youth to Youth began in 1982 in Columbus, Ohio as a community based program focusing on middle and high school students, and has been replicated across the United States and internationally since 1984. Youth to Youth is intended to be a youth-driven program that uses education, peer support, and fun activities to help young people stay drug-free. Youth shape the program and determine how they will be positive role models for their peers. According to *Effective Research-Based Prevention Programming for Teens, The Essence of Youth to Youth* (Love, 2000), Youth to Youth incorporates four strategies into its programming:

- Information: Teaches the facts on the harmful effects of tobacco, alcohol and other drug use, and other information that impacts decision-making skills.
- Personal Growth: Provides other information that impacts decision-making skills and healthy choices. Focuses on knowledge, good self-concept, emotions, and interpersonal skills to establish positive behaviors. Explores personal values and internal decisions regarding making a drug-free choice. Builds identity and support with one's peer group who are also choosing a drug-free lifestyle. Develops a positive self-concept through enhancement of leadership skills.
- Alternatives: Offers alternative activities that are viewed as more rewarding than substance use. Creates fun environments that support being drug-free.

- Environmental Change: Organizes activities that can change conditions that exist in schools and communities. Changes existing factors that contribute to the tobacco, drug and alcohol problem. Develops positive programs initiated by youth.

Youth to Youth aims to incorporate a variety of ongoing activities and strategies to help youth build leadership skills, promote positive peer influence, send a clear no-use message, and incorporate adult guidance and support. Youth to Youth programming in Franklin County, Ohio is the model for all national and international Youth to Youth programs. In Franklin County, Youth to Youth maintains a large network of young people who meet weekly to form the Youth Advisory Board. A peer Speakers Bureau, trained in public speaking, drama, and puppetry travels to schools, churches, and community organizations, and drug-free clubs all over central Ohio. Fun, monthly events are planned where any teen can participate as long as they arrive, stay, and leave drug free. Mini-conferences, trainings, one day symposiums, youth led workshops, and a summer conference comprise the mix of local curriculum offered by Youth to Youth.

The key to the success of Youth to Youth type programming is that youth are integrally involved as both planners and participators of an ongoing comprehensive multiple strategy prevention approach. Although the Vista Partners Project had hoped to incorporate a more comprehensive Youth to Youth strategy, the primary focus of Youth to Youth was a single event annual youth conference.

Vista Partners Project staff led the planning and organization for the first Youth to Youth conference. Agencies and organizations assisting in the planning process included local coalitions, businesses, service providers, law enforcement, school districts, healthcare, the City of Vista, and several County of San Diego Health and Human Service Agency departments. Only two youth representatives were part of the planning process.

Utilizing approximately 40% of the Community Development Specialist's full-time duties and an additional 100-150 hours of the Research Specialist's and Coordinator's staff time, the organization and development of the 2000 Youth to Youth conference was extremely time consuming for Vista Partners Project staff. Youth to Youth also proved to be very expensive, with total costs around \$10,000. The California Department of

Justice, Bureau of Narcotic Enforcement, the City of Vista, County of San Diego Alcohol and Drug Services, and the Drug Enforcement Administration shared conference expenses.

The first Youth to Youth conference was held in March 2000, with over 200 youth participants. Eight of the 200 youth were from Vista high schools. The remainder of youth were from a number of school districts in North County, with some participants coming from as far as Calexico.

As stated earlier, the Youth to Youth conference was designed to be an annual event. Two conferences were planned for 2001. One middle school and one high school conference were scheduled for June 2001. Planning for both conferences were led by Vista Partners Project staff, and as with the first conference, planning for the two events was extremely time consuming. Participation in the planning process from other agencies was not as strong as the prior year, and again there was very little youth involvement. As a result, planning meetings were often poorly attended with as few as 4 persons attending.

The 2001 Youth to Youth conferences were not successful in attracting youth participants. The high school conference was cancelled one week prior to the event due to a lack of registrants. The middle school event was dramatically modified from the planned format, again due to lack of registrants. Sixty middle school youth from Oceanside, Carlsbad, and Vista participated in the middle school event.

Although the 2000 and 2001 events were not successful in capturing Vista area youth as planners and participants, a middle school and a high school conference were planned for 2002. Vista Partners Project staff led initial planning for the 2002 high school conference; however, several youth from the two Vista high schools were actively involved in the planning process. When the Vista Partners Project came to a close in December 2001, the youth and a committed group of adults from various local service agencies continued planning for the April 2002 conference, which was expected to draw close to 300 participants. Unfortunately, just over 50 Vista area high school students participated in the conference, and as a result plans to organize future Youth to Youth conferences are on hold. Due to a lack of resources for both budget and planning, the

middle school conference was cancelled, and there are no current plans to hold future Youth to Youth conferences for this age group.

Several observations can be made as to why the Vista Youth to Youth conferences were not successful. First, as noted several times in this report, single event prevention strategies are not effective in addressing alcohol, tobacco, and other drug problems. Second, the successful Youth to Youth concept involves active participation from youth during the planning process; however, youth involvement was minimal at best. Finally, while Vista Partners Project staff took the lead in the planning of the first Youth to Youth conference, it was hoped that future conferences would be led by the Vista Unified School District and/or other community service agencies as part of their ongoing prevention activities. Although VUSD and a number of service agencies were willing to participate in planning process, none were willing to take the lead. As such, the Youth to Youth conference was not a successful commitment of either time or resources.

### **The Drug Store**

The “Drug Store” was developed by the University of Alabama in 1993 to assist in the prevention of drug abuse among 5<sup>th</sup> and 6<sup>th</sup> grade students, and to help to students develop effective drug resistance techniques. Ideally the program is presented as part of a larger school based prevention initiative, such as Red Ribbon Week.

Using realistic props, the “Drug Store” takes participating youth through a series of seven stations, each dramatizing a step in the life of a drug user. The program concludes with a display area that features a variety of exhibits and demonstrations by law enforcement agencies, the military, and community service organizations involved in substance abuse prevention.

In July 2000, the Vista Partners Project began planning a North County “Drug Store” event as part of the community and school based prevention efforts. Partners in the planning process included representatives from Vista Unified School District, Oceanside School District, California Department of Justice, Bureau of Narcotic Enforcement, San Diego County Sheriff’s Department, California National Guard, Drug Enforcement Administration, South Coast District Elks, United States Marine Corps Camp Pendleton,

San Diego County Probation, San Diego County Superior Courts, and local community service organizations.

The “Drug Store” was originally scheduled to take place at Camp Pendleton in October 2001; however, the events of September 11 postponed the event to October 2002. Since the Vista Partners Project came to a close in December 2001, VUSD staff and other planning partners have taken the lead in continuing to prepare for the October event.



## **CHAPTER 9: COMMUNITY MEETINGS**



## **CHAPTER 9**

# **COMMUNITY MEETINGS**

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As noted earlier in this report, the Vista Partners Project was designed as a collaborative-grassroots effort to reduce the problems associated with methamphetamine within the defined area of Vista, CA. In an effort to engage residents and local community service agencies and organizations in developing goals, objectives, and activities for the Vista Partners Project, a number of committees were initiated. The following describes both the intended and actual functions of each of these committees.

### **Steering Committee**

The Steering Committee provided leadership and determined direction for the Vista Partners Project. The Steering Committee was comprised of 14 key leaders from local organizations and agencies, and was co-chaired by Mayor Gloria McClellan and Captain Scott McClintock of the Vista Sheriff's Department (see Appendix E). Steering Committee meetings were held monthly and attendance ranged from 5 to 15. Although the Steering Committee was intended to initiate functions for the Vista Partners Project to follow, follow-up with several Steering Committee members revealed that this expectation was not met and meetings became more of a forum for networking.

### **General Membership**

General Membership meetings were designed to involve interested constituents and stakeholders in Vista Partners Project activities. Beginning in October 1999, meetings were held every other month, and regular agenda items included project updates and general information on meth related topics. Over 180 individuals received information and were invited to participate in the General Membership meetings; however, attendance ranged from 5 to 12 including project staff.

### **Intervention/Prevention Team**

Initiated in January 2000, the Intervention/Prevention Team was designed to develop intervention and prevention strategies to be implemented on behalf of the Vista Partners Project. Committee members included representatives from local treatment providers, Vista Unified School District staff, prevention experts, and representatives from a local community clinic (see Appendix E). The committee did not include representatives from the resident community. Twelve meetings were held between January 2000 and January 2002, and attendance ranged from 5 to 13 including Vista Partners Project staff. Although the first 3 meetings attempted to define prevention and intervention goals and objectives, action items were difficult to address due to inconsistent participation. Subsequent meetings evolved into networking and staff updates.

### **Interdiction/Treatment Team**

In August of 1999, the Interdiction/Treatment Team was convened to develop the protocol for Operation House Call. Members of the Interdiction/Treatment Team included representatives from local treatment providers, San Diego County Sheriff's South Vista COPPS Unit, County of San Diego Alcohol and Drug Services, the District Attorney's Office, the Public Defender's Office, North County Superior Court, and the Probation Department (see Appendix E). Eighteen meetings were held between August 1999 and December 2001. Initial meetings were very well attend, however once Operation House Call was implemented attendance ranged from 4 to 15 including Vista Partners Project staff, and agenda items consisted mostly of networking and project updates.



**CHAPTER 10:  
CONCLUSION**

# CHAPTER 10

## CONCLUSION

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This final chapter discusses the overall challenges and achievements with regard to the implementation and design of the Vista Partners Project. Also included in this chapter are some general recommendations for cities and communities to consider when developing similar projects.

### Challenges

#### Staff Turnover

As discussed briefly in Chapter 2 of this report, one of the more critical challenges that faced the Vista Partners Project was the staff turnover that occurred in the initial phase of project implementation. Although three project staff were hired in March 1999, the Coordinator position became vacant in July 1999 and was not filled until January 2000. The vacancy delayed the initiation of the Steering Committee, which in turn delayed the development of the goals and objectives that were to provide direction for the project. When the Coordinator position became vacant again in December 2001, plans to extend the project for one more year were abandoned. This meant that the true operational phase of the project was only 2 calendar years, an unrealistic timeframe to expect any kind of sustainable community change.

#### Absence of a Strategic Plan

Probably the most significant challenge to the implementation of the Vista Partners Project was the absence of a strategic plan. Although the Steering Committee did develop a mission statement and general project goals, a strategic plan was not developed and project objectives were only loosely defined. Recent research shows that successful coalitions are those with a strategic plan that is used to guide actions (Wagenarr et al., 2001). A strategic plan should drive a coalition. Members need a sense of where to start

and what steps are necessary to achieve successful outcomes. Without these tools, efforts become isolated. In a series of follow-up interviews with several project partners, several commented that the absence of a strategic plan resulted in undefined roles and a perception that the project was staff-driven rather than community-driven.

### *Recruitment of Partners*

Another key project challenge related in part to the absence of a strategic plan was the constant struggle to recruit and retain partners that were willing to commit time and resources. Again, without a strategic plan, expectations for partnering agencies and organizations were never clearly defined. With that said, there were exceptions as with the Sheriff's Department South COPPS Unit and the California Department of Justice, Bureau of Narcotic Enforcement.

Another factor in the difficulty of recruiting committed partners was that, with a few exceptions, agencies and organizations were not strategically targeted and the successful recruitment of residents was entirely absent. In fact, meeting notices and information about the Vista Partners Project were sent out to more than 180 individuals, yet as pointed out in Chapter 9 many meetings had as few as 4 attend. Research shows that bigger is not necessarily better when it comes to successful coalition building; rather, smaller coalitions with dedicated members are found to be more effective (Wagenarr et al., 2001).

### *Best Practice Not Always Followed*

Although prevention, intervention, treatment, and interdiction strategies were pursued, best practice was not always followed, particularly in prevention. As discussed in Chapter 6, successful prevention activities should use a multiple strategy approach focusing on research-based strategies. The Vista Partners Project did not successfully incorporate a comprehensive best practice approach as research-based prevention practices were not pursued, treatment strategies were not addressed with any intensity, SBIR as a best practice was not well integrated with other strategies, and a media plan was never fully developed. Also missing was a true enforcement/interdiction effort. In

follow-up interviews both the City of Vista and the Sheriff’s Department had envisioned a more aggressive approach in getting users and dealers off of the streets.

### Achievements

Despite the many challenges, the Vista Partners Project can be considered a successful endeavor in a number of areas. In fact, during the operational period of the Vista Partners Project, some data measures showed some positive directional change.

Table 6 provides a comparison of prevalence data for Vista and the County of San Diego for the two years prior to project implementation through the year of project completion. The methamphetamine related arrest rate per 1,000 population decreased at a faster pace in Vista than the rest of the county between 1997 and 2001 as well as 2000 and 2001. The FBI crime rate per 1,000 population also decreased at a faster pace in Vista than the rest of the county between 1997 and 2001. More interesting is Vista’s decrease in crime rate from 2000 to 2001 compared to the increase in the overall county crime rate during that same time period.

**Table 6**  
Prevalence Data: Vista and County 1997-2001

	1997	1998	1999	2000	2001	Change 1997-2001	Change 2000-2001
Arrest Rate <sup>1</sup>							
Vista	5.3	3.9	3.2	2.4	1.7	-68%	-30%
County	3.2	2.7	2.7	2.4	2.2	-31%	-8%
% of county arrests from Vista	5%	4%	4%	3%	2%	-3%	-1%
# of Meth Tx Admits <sup>2</sup>							
Vista	2.0	2.4	1.5	2.1	2.5	+25%	+20%
County	1.4	1.6	1.5	1.6	2.0	+43%	+25%
% of county admits from Vista	4%	5%	3%	4%	4%	0%	0%
# of Hotline Calls							
Vista	45	34	3	16	18	-60%	+13%
County	1204	432	385	230	265	-78%	+15%
% of county calls from Vista	4%	8%	1%	7%	7%	+3%	0%
FBI Crime Rate <sup>3</sup>							
Vista	44.4	43.4	31.6	29.6	28.2	-36%	-5%
County	45.0	40.3	35.5	33.6	35.9	-20%	+7%

<sup>1</sup> Rate per 1,000 population for meth related arrests (HS11377 possession of methamphetamine and HS11378 possession of methamphetamine for sale).

<sup>2</sup> Rate per 1,000 population reflects the total number of persons reporting methamphetamine as their primary drug of choice.

<sup>3</sup> Annualized FBI Index Crime Rate per 1,000 population. The FBI Crime Index describes changes in the overall types and rates of crimes reported. The index includes willful homicide, forcible rape, aggravated assault, burglary, larceny theft, and motor vehicle theft.

As mentioned in Chapter 2, these indicators are in no way outcomes for Vista Partners Project activities, but are likely attributable to the presence of a number of contributing factors. However, it can be assumed that the Vista Partners Project was an important piece of the puzzle that has contributed to decreases in crime rate and meth related arrests as well as increased meth specific treatment admissions. The following sections describe additional achievements of the Vista Partners Project.

#### *Collaborative Efforts of Operation House Call, Precursor Campaign, and SBIR*

Although overall collaboration was difficult, Vista Partners Project staff were successful in facilitating the engagement of other professionals to contribute time and resources in the development and/or implementation of Operation House Call, the precursor education campaign, and SBIR services. What made these efforts successful was that each activity had clearly defined goals and objectives as well as clearly defined roles for partnering agencies. The role of the Sheriff's department was particularly important in that their willingness to commit time and resources for deputies to develop and conduct Operation House Call and the precursor education campaign was integral to the success of both activities.

Operation House Call, the precursor education campaign, and SBIR not only achieved positive outcomes as described in Chapters 3-5, but were also cited by several project partners as the most successful components of the Vista Partners Project. Partners noted the importance of the relationships that were developed among the diverse group of partnering agencies and organizations, which opened lines of communication that did not previously exist.

#### *Additional Resources Brought to Vista*

In November 2000, the Vista Partners Project joined forces with the Sheriff's Department Vista Crime Prevention Unit, the Vista Housing Department, the United States Attorney's Office, Vista Community Clinic, Vista Townsite Community Partnership, and Palomar Family Counseling Services in pursuing official recognition as a federal Weed and Seed site for the Townsite neighborhood in Vista. Weed and Seed is a United States Department of Justice community-based initiative that includes a

comprehensive multi-agency approach to law enforcement, crime prevention, and community revitalization.

Weed and Seed is a strategy rather than a grant program that aims to prevent, control, and reduce violent crime, drug abuse, and gang activity within targeted high-crime neighborhoods across the county. The strategy involves a two-pronged approach: law enforcement agencies and prosecutors cooperation in “weeding out” violent crime and drug abuse, and “seeding” brings community services to the area, encompassing prevention, intervention, treatment, and neighborhood revitalization. Communities that are designated official Weed and Seed sites are eligible to apply for federal funding specifically designated for Weed and Seed programs.

In March 2002, Vista received official recognition as a designated Weed and Seed site. The Vista Weed and Seed strategy will build upon the partnerships and successful strategies that were developed through the Vista Partners Project. The City of Vista and the California Borderer Alliance Group, the funding source for the Vista Partners Project, have committed dollars to pay for 2 full-time staff through December 2002. Part of the staff duties will be to continue and build upon successful Vista Partners Project strategies not only in Townsite, but also throughout the entire city of Vista.

### **Recommendations**

The following recommendations are based on what has been observed with respect to the challenges and achievements of the Vista Partners Project. Although cities and communities that wish to develop projects similar to the Vista Partners Project will need to address issues specific to their communities, these recommendations should be considered as basic guidelines.

1. A strategic plan is integral to the success of these types of collaborative efforts. A strategic plan should be developed prior to project implementation, and should include a clear agenda with stated goals and objectives.
2. Strategically recruit partners, keeping in mind that bigger is not always better. Smaller coalitions with committed working partners are more effective.

3. Memorandums of Understanding should be signed by each participating agency with a clear outline of what is expected.
4. Anticipate staffing needs. Community organizers or developers should be well versed in substance abuse issues, particularly in prevention. Also anticipate the possibility of staffing changes to ensure that staff turnover does not create project gaps.
5. Allow enough time for the project start-up. Additional time should be allocated from the start to develop groundwork and assess community needs.
6. Follow best practice when possible. Multiple strategies that include research-based activities are most likely to demonstrate project effectiveness.





## **APPENDICES**



**APPENDIX A**  
**PROJECT JOB DESCRIPTIONS**



**METHAMPHETAMINE STRIKE FORCE  
LOCAL PARTNER PROJECT  
COORDINATOR**

**Job Description**

**Overall Responsibilities:**

Overall management and staff supervision of the Local Partner Project of the Methamphetamine Strike Force. The Project Coordinator will work with a specific community to implement prevention, intervention, interdiction, and treatment strategies through a coordinated approach to decrease the impact of methamphetamine. The position will require the development of a coordinated service and interdiction system integrating multiple disciplines, revenue development, and liaison activities between the Local Partner Project community and the Methamphetamine Strike Force.

**Duties:**

1. Facilitate a collaborative relationship between community leaders to comprehensively integrate prevention, intervention, interdiction, and treatment strategies in the target community.
2. Develop Memorandums of Understanding with various systems within the community in order to leverage resources to accomplish the goals of the Target Community Project.
3. Facilitate a needs assessment in the Target Community.
4. Supervise the collection and analysis of relevant data within the target community and develop strategies that address the identified trends.
5. Oversight of the Methamphetamine Strike Force's Resource, Research and Media Teams. Direct facilitation of the Resource Team.
6. Develop reports, both written and oral, and computer presentations regarding the progress of the Target Community Project for the Methamphetamine Strike Force.
7. Develop necessary correspondence with the Board of Supervisors regarding the Target Community Project.
8. Supervise Target Community Project staff.
9. Provide ongoing staff assistance to the Methamphetamine Strike Force to ensure accomplishment of goals.
10. Participate in all related meetings and activities as assigned by County of San Diego, Methamphetamine Strike Force.

**Qualifications:**

At least five years working in health, social services, or law enforcement administration, including experience in community organizing and development. Familiarity with substance abuse. Master's degree in a related discipline preferred. Excellent writing and speaking abilities. Ability to develop documents and presentation on a computer. Excellent interpersonal skills and ability to work across disciplines.

**METHAMPHETAMINE STRIKE FORCE  
LOCAL PARTNER PROJECT  
RESEARCH SPECIALIST**

**Job Description**

**Overall Responsibilities**

Development, collection, analysis, compilation, and reporting of relevant data related to the Methamphetamine Strike Force's Local Partner Project. Conduct research and evaluation regarding the methods used in the Target Community, and develop written and oral reports.

**Duties:**

1. Develop and implement data collection protocols to obtain information regarding the impact of methamphetamine within the Local Partner Community.
2. Analyze Local Partner Community data and conduct comparison studies with other communities in San Diego, in California, and in the Country.
3. Develop written reports of data findings for dissemination to the public.
4. Provide oral presentations regarding trends within the Target Community to a variety of audiences, including at a minimum, the County Board of Supervisors, the Methamphetamine Strike Force, and the Local Partner Community.
5. Attend all relevant meetings of the Methamphetamine Strike Force, and facilitate the Methamphetamine Strike Force's Research Team.
6. Coordinate trainings sponsored by the Methamphetamine Strike Force's Research Team.
7. Provide ongoing staff assistance to the Methamphetamine Strike Force to ensure accomplishment of goals.
8. Participate in all related meetings and activities as assigned by County of San Diego, Methamphetamine Strike Force.

**Qualifications**

At least five years working in health, social services, or law enforcement research. Familiarity with alcohol and drug abuse issues. Master's degree preferred in a related discipline that emphasized research. Excellent writing and speaking abilities. Knowledgeable of MIS systems and applications used in the analysis of data. Ability to develop document and presentations on a computer. Excellent interpersonal skills and ability to work across disciplines.

**METHAMPHETAMINE STRIKE FORCE  
LOCAL PARTNER PROJECT  
COMMUNITY DEVELOPMENT SPECIALIST**

**Job Description**

**Overall Responsibilities**

Fully integrate the Local Partner Project within the selected community by attending community meetings, collaboratives, and developing marketing materials. Facilitate the development of cross-system linkages to further the goals of the project within the community. Provide expertise on the specific community's needs and goals. Develop strong relationships with community leaders and stakeholders.

**Duties:**

1. Conduct liaison activities between the Methamphetamine Strike Force and the Local Partner community.
2. Attend community meetings within the Local Partner community.
3. Develop and implement a marketing plan for the Local Partner community.
4. Facilitate the development of cross-system approaches that address prevention, intervention, interdiction, and treatment within the Local Partner community.
5. Develop written reports and oral presentations regarding the characteristics, goals, and interests of the Local Partner community.
6. Ensure that the approaches proposed by the Methamphetamine Strike Force to be implemented in the Local Partner community are appropriate for the community and would be supported by key community leaders and stakeholders.
7. Provide staff support for the Methamphetamine Strike Force Media Team.
8. Coordinate trainings sponsored by the Local Partner Project or by the Methamphetamine Strike Force's Media Team.
9. Provide ongoing staff assistance to the Methamphetamine Strike Force to ensure accomplishment of goals.
10. Participate in all related meetings and activities as assigned by County of San Diego, Methamphetamine Strike Force.

**Qualifications**

At least five years working in health or social services. At least two of those years should be involved in community organizing and development activities. Strong understanding of the effects of alcohol and drug abuse within communities. Master's degree preferred in a related discipline. Excellent writing and speaking abilities. Ability to develop documents and presentations on a computer. Excellent interpersonal skills and ability to work across disciplines.



**APPENDIX B**  
**OPERATION HOUSE CALL DOCUMENTS**



## Enforcement Flowchart

**OPERATION HOUSE CALL  
CLIENT INFORMATION SHEET**

Page 1

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Suffix (Jr. Sr. II III)</b>
<b>Aliases</b>			
<b>ID# (Driver's License)</b>	<b>CII</b>	<b>FBI</b>	<b>SSN</b>
<b>Gender</b>	<b>DOB</b>		<b>Age</b>
<b>Height</b>	<b>Weight</b>	<b>Hair</b>	<b>Eyes</b>
<b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian (non-Hispanic) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____			
<b>Verified Home Address</b>		<b>Does client rent or own?</b>	<b>Home Phone</b>
<b>Employment status</b> <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Unemployed		<b>Employers Name (Company)</b>	
<b>Employers Address</b>		<b>Work Phone</b>	
<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single, never married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Living With Significant Other		<b>Name of Spouse or Live-in Significant Other</b>	
<b>Name and relationship of persons living at client's home address</b>  _____ _____ _____ _____ _____			
<b>Does the client have children?</b> <input type="checkbox"/> yes <input type="checkbox"/> no		<b>Age(s) of children</b>	
<b>Do the children live with client?</b> <input type="checkbox"/> yes <input type="checkbox"/> no		<b>If no, were the children removed by the court?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	

**CLIENT INFORMATION SHEET PAGE 2**

Criminal History and Prior Treatment Episodes			
Date of originating arrest (current 4 <sup>th</sup> waiver)	Charge	4 <sup>th</sup> waiver EXP.	Summary Probation EXP.
<b>Arrests subsequent to date of originating arrest</b>  <div style="text-align: center;">           _____ date _____ charge _____ disposition            _____ date _____ charge _____ disposition            _____ date _____ charge _____ disposition            _____ date _____ charge _____ disposition            _____ date _____ charge _____ disposition            _____ date _____ charge _____ disposition         </div>			
<b>Priors: Please attach copy of DAO 9</b>			
<b>Prior Sheriff's Crime Lab Toxicology Screens (check DA10)</b>  <div style="text-align: center;">           _____ case# _____ charge _____ tox result _____ date            _____ case# _____ charge _____ tox result _____ date            _____ case# _____ charge _____ tox result _____ date            _____ case# _____ charge _____ tox result _____ date            _____ case# _____ charge _____ tox result _____ date            _____ case# _____ charge _____ tox result _____ date         </div>			
<b>Prior Alcohol or Drug (AOD) Treatment Episodes?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of CJ Mandated <u>AOD</u> Treatment Episodes _____</b>  <b>List program and exit status if known (PIR, PC1000, Drug Court, CRO ordered)</b>  _____ _____ _____ _____		
<b>Has the client ever been arrested for DV?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of Voluntary <u>AOD</u> Treatment Episodes _____</b>  <b>List programs and exit status if known (residential, outpatient, detox, etc.)</b>  _____ _____ _____ _____		
<b>Has the client ever been ordered to DV classes?</b> <input type="checkbox"/> yes <input type="checkbox"/> no			
<b>Is the client currently enrolled in DV classes?</b> <input type="checkbox"/> yes <input type="checkbox"/> no			

## **OHC newspaper article**

**OHC newspaper article continued**

## **OHC newspaper article (#2)**

**APPENDIX C**  
**PRECURSOR CHEMICAL CAMPAIGN**  
**MATERIALS**



**State of California  
Health and Safety Code**

**Chapter 3. Regulation and Control** (Chapter 3 added by Stats. 1972, Ch. 1407.)

**Article 1. Reporting** (Article 1 added by Stats. 1972, Ch. 1407.)

**HS§ 11100. Seller reports to DOJ**

*Paragraph (3) of subdivision (g) states:*

Notwithstanding any other law, it is unlawful for any retail distributor to (i) sell in a single transaction more than three packages of a product that he or she knows to contain ephedrine, pseudoephedrine, norpseudoephedrine, or phenylpropanolamine, or (ii) knowingly sell more than nine grams of ephedrine, pseudoephedrine, norpseudoephedrine, or phenylpropanolamine, other than pediatric liquids as defined. Except as otherwise provided in this section, the three package per transaction limitation or nine gram per transaction limitation imposed by this paragraph shall apply to any product that is lawfully sold, transferred, or furnished over the counter without a prescription pursuant to the federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 301 et seq.), or regulations adopted thereunder, unless exempted from the requirements of the federal Controlled Substances Act by the federal Drug Enforcement Administration pursuant to Section 814 of Title 21 of the United States Code.

*Paragraph (4) of subdivision (g) states:*

A violation of this subdivision is a misdemeanor.

**letter to merchant**

**poster (photo copy)**

**poster**

**poster**

**poster**

## **training syllabus**

**training syllabus continued**

**training syllabus continued**

**training syllabus continued**



**San Diego County  
SHERIFF'S DEPARTMENT**

**ADMINISTRATIVE NOTICE OF VIOLATION**

This is an Administrative Notice ONLY, and issued as a courtesy by the Methamphetamine Strike Force/Vista Partners Project. This notice does not preclude the pursuance of further legal proceedings.

NAME:		WARNING NUMBER:	
ADDRESS:		VIOLATION DATE:	
CITY:		STATE:	ZIP:
DAYTIME PHONE:		EVENING PHONE:	

HS§ 11100. Seller Reports to DOJ  
 (a) Any manufacturer, wholesaler, retailer, or other person in this state who sells, transfers, or otherwise furnishes any of the following substances to any person or business entity in this state or any other state shall submit a report to the Department of Justice of all of those transactions:  
  
 (3) Notwithstanding any other law, it is unlawful for any retail distributor to (i) sell in a single transaction more than three packages of a product that he or she knows to contain ephedrine, pseudoephedrine, norpseudoephedrine, or phenylpropanolamine, or (ii) knowingly sell more than nine grams of ephedrine, pseudoephedrine, norpseudoephedrine, or phenylpropanolamine, other than pediatric liquids as defined. Except as otherwise provided in this section, the three package per transaction limitation or nine gram per transaction limitation imposed by this paragraph shall apply to any product that is lawfully sold, transferred, or furnished over the counter without a prescription pursuant to the federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 301 et seq.), or regulations adopted thereunder, unless exempted from the requirements of the federal Controlled Substances Act by the federal Drug Enforcement Administration pursuant to Section 814 of Title 21 of the United States Code.

I hereby affirm and certify that the information supplied is true and correct to the best of my knowledge:  
  
 Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

San Diego County Sheriff's Department  
 Methamphetamine Strike Force/Vista Partners Project  
 2082 Thibodo Road  
 Vista, CA 92083

**OFFICE USE ONLY**

Issuing Deputy:		ID Number:	
Violation(s)			
Comments:			

Deputy's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Precursor article

**Precursor article continued**



**APPENDIX D**  
**SCREENING, BRIEF INTERVENTION, AND**  
**REFERRAL DATA TABLES**



**Screening, Brief Intervention, and Referral Services (SBIR)  
Data Tables**

**Table D1**

Total Number of SBIR Drug Users  
Tri-City Medical Center (Emergency Department) and Vista Community Clinic  
April 2000 - December 2001

---

	# Drug Users	% of Total Screenings	Total Screenings
<b>Teen (12-17)</b>	256	22%	1,164
<b>Adult (18-64)</b>	1551	8%	20,674
<b>Older Adult (65+)</b>	1	0%	9,769
<b>Total</b>	1808	6%	31,607

---

**Table D2**

Any Mention of Meth Use Among SBIR Drug Users Only  
Tri-City Medical Center (Emergency Department) and Vista Community Clinic  
April 2000 - December 2001

---

	# Mentions of Meth	% of Total Drug Users	Total Drug Users
<b>Teen (12-17)</b>	49	19%	256
<b>Adult (18-64)</b>	335	22%	1,551
<b>Older Adult (65+)</b>	0	0%	1
<b>Total</b>	384	21%	1808

---

**Table D3**

Any Mention of Meth Use Among All SBIR Patients Screened  
Tri-City Medical Center (Emergency Department) and Vista Community Clinic  
April 2000 - December 2001

---

	# Mentions of Meth	% of Total Screenings	Total Screenings
<b>Teen (12-17)</b>	49	4%	1,164
<b>Adult (18-64)</b>	335	2%	20,674
<b>Older Adult (65+)</b>	0	0%	9,769
<b>Total</b>	384	1%	31,607

---

**Table D4**  
 SBIR Adults and Older Adults by Resident Status  
 Tri-City Medical Center (Emergency Department) and Vista Community Clinic  
 April 2000 - December 2001

<b>Resident Status</b>	<b>N</b>	<b>%</b>
Vista Resident	6534	21%
Other Zip	23909	79%
Total	30443	100%

**Table D5**  
 SBIR Adult Alcohol Use by Zip Code  
 Tri-City Medical Center (Emergency Department) and Vista Community Clinic  
 April 2000 - December 2001

<b>Risk Category</b>	<b>Vista Resident</b>		<b>Other Zip</b>		<b>Total</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Unknown	25	1%	196	1%	221	1%
Non-drinker	2234	47%	7041	44%	9275	45%
Low-risk	1783	38%	5980	37%	7763	38%
At-risk	584	12%	2256	14%	2840	14%
Dependent	93	2%	482	3%	575	3%
Total	4719	100%	15955	100%	20674	100%

**Table D6**  
 SBIR Adult Drug Use by Zip Code  
 Tri-City Medical Center (Emergency Department) and Vista Community Clinic  
 April 2000 - December 2001

<b>Drug Use</b>	<b>Vista Resident</b>		<b>Other Zip</b>		<b>Total</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
No drug use	4351	92%	14406	90%	18757	91%
Drug Use	313	7%	1238	8%	1551	8%
Unknown	55	1%	311	2%	366	2%
Total	4719	100%	15955	100%	20674	100%

## **SBIR article**

**SBIR article continued**

**APPENDIX E**  
**COMMITTEE ROSTERS**



**Vista Partners Project  
Steering Committee Roster**

CO-CHAIRS

**Gloria McClellan**, Mayor  
City of Vista

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

Members

**Pastor Howard Anderson**  
Calvary Chapel Vista

**Hillary Baca**, Youth Representative  
Vista Youth Commission

**Lt. Col Bruce Bancroft**, Executive Officer  
Assistant Chief of Staff - Logistics  
US Marine Corps, Camp Pendleton

**Susan Bower**, Coordinator  
County of San Diego HHS  
Alcohol and Drug Services

**Mary Lou Clift**  
Vista Resident

**Shirley Cole**, Executive Director  
Lifeline

**Dr. Dave Cowles**, Superintendent  
Vista Unified School District

**Sally Cravens**, Publisher  
The Views Newspaper

**Vicky Gorham**  
Middle School Prevention Specialist  
Vista Unified School District

**Louise Lecklitner**  
County of San Diego HHS

**Barbara Mannino**, Executive Director  
Vista Community Clinic

**Gayle Olson**, Student Services Director  
Vista Unified School District

**Sergeant Marc Ramirez**  
South Vista COPPS Unit  
San Diego County Sheriff's Department

**Beth Ryan**  
Chamber of Commerce, City of Vista

**Judge David Ryan**  
North County Superior Court

**Linda Bridgeman Smith**, Coordinator  
Vista Partners Project

**Vista Partners Project  
Interdiction/Treatment Team Roster**

CO-CHAIRS

**Corporal David Brown**  
South Vista COPPS Unit  
San Diego County Sheriff's Department

**Kelly Sena**, Program Manager  
Choices in Recovery

Members

**Emma Anderson**  
Mental Health Systems  
Options for Recovery

**John Byrom**, Prevention Specialist  
McAlister Institute

**Nancy Candelaria**, Supervisor  
Court Referral Office  
North County Superior Court

**Deputy Randy Chase**  
West Vista COPPS Unit  
San Diego County Sheriff's Department

**Corporal Ron Edwards**  
West Vista COPPS Unit  
San Diego County Sheriff's Department

**Joni Eisenstein**, Deputy Public Defender  
Office of the Public Defender

**Richard Emerick**, Senior Probation Officer  
San Diego County Probation  
Probationers in Recovery

**Angela Levinson**  
EYE Family Recovery Center

**Deputy Dustin Lopez**  
South Vista COPPS Unit  
San Diego County Sheriff's Department

**Alison Milan**  
North County Drug Court

**Deputy Todd Norton**  
South Vista COPPS Unit  
San Diego County Sheriff's Department

**Rhonda Oliver**, Protective Services Worker II  
County of San Diego HHSA  
Child Protective Services  
Drug Endangered Children Project

**Deputy Hank Ramos**  
South Vista COPPS Unit  
San Diego County Sheriff's Department

**Rick Rasmussen**  
Casa Raphael, ALPHA Project

**Toya Reece**  
North County Serenity House

**Judge David Ryan**  
North County Superior Court

**Jim Valliant**, Deputy District Attorney  
District Attorney's Office

**Vista Partners Project  
Intervention/Prevention Team**

CO-CHAIRS

**Alfred Stumpfhauser**, Supervisor  
Vista Crime Prevention Unit  
San Diego County Sheriff's Department

**Kathy Valdez**, Assistant Director  
Health Promotions  
Vista Community Clinic

Members

**Elaine Anderson**  
Middle School Prevention Specialist  
Vista Unified School District

**Corporal David Brown**  
South Vista COPPS Unit  
San Diego County Sheriff's Department

**John Byrom**, Prevention Specialist  
McAlister Institute

**Vicky Gorham**  
Middle School Prevention Specialist  
Vista Unified School District

**Betsy Jenner**  
Prevention Program Specialist  
Vista Unified School District

**Art Lauren**, Editor  
Viewpoint

**Joel Meyers**  
Casa Raphael, ALPHA Project

**APPENDIX F**  
**REFERENCES**



## REFERENCES

County of San Diego Methamphetamine Strike Force (1996). *Translating Ideas into Action*. A report to the County Board of Supervisors.

County of San Diego Methamphetamine Strike Force, Research Team (1999). *Research Team Findings: An Examination of What Works in Prevention, Intervention, and Treatment of Methamphetamine Problems*. A report to the County Board of Supervisors.

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Wagenaar, A. (2001). Measuring success of coalitions: Are they effective? In *Prevention File*, (Vol. 13, No. 1) (pp. 11-13). San Diego: The Silver Gate Group.