

This annual MSF Report Card provides data from 2014 on leading indicators of meth problems in San Diego County.

Methamphetamine Strike Force 2014 Report Card						
	Indicator	2010	2011	2012	2013	2014
1.	Total Meth Deaths	157	171	217	267	262
	Death Rate	5.6	6.1	7.9	8.5	8.2
2.	Emergency Dept. Discharges for Amphetamines ^a	3,360	3,773	5,508	8,116	Not Available Until 2016
	Population Rate ^b	109	121	176	258	
	ED Use Rate	506	541	759	1071	
3.	Meth Primary Drug of Choice	4,015	4,097	4,055	4,820	4,991
	Percent of All Public Drug Treatment Admits	34%	34%	32%	34%	37%
Positive Meth Tests						
4.	Adults Arrestees	27%	30%	36%	43%	45%
	Juvenile Arrestees	8%	4%	4%	10%	13%
Lab Cleanup/Seizure						
5.	County Cleanup	12	7	7	5	4
	DEA/NTF Seizures	5	3	4	0	2
6.	Number of Arrests for Meth Sales and Possession	5,139	4,869	5,190	6,658	6,598
Availability Measures						
7.	"Easy to get"	82%	88%	85%	83%	90%
	Price per Ounce	\$1,200-\$1,800	\$800-\$1,100	\$900-\$1,200	\$400-\$1,200	\$400-\$1,200
	Meth Seizures at Border POE	2,560 kg	3,046 kg	3,585 kg	5,729 kg	5,608 kg
8.	Drug Endangered Children Cases ^c	1,074	1,699	1,278	771	1,084
9.	Hotline Contacts	379	166	180	215	231

Type and Source for Report Card Indicators

- Total number and rate per 100,000 based on SANDAG population estimates for persons over age of 10 for persons with positive meth result on toxicology (regardless of type of case) AND all cases where acute methamphetamine intoxication was on the death certificate. Source: County of San Diego Medical Examiner's Office.
- Rate per 100,000 of emergency department discharges per 100,000 for San Diego County residents with a diagnosis of amphetamine dependence or abuse. Patients who were admitted to the hospital were not included, and multiple visits by the same person cannot be identified. Source: County of San Diego, Health and Human Services Agency (HHS), Emergency Medical Services
- Percent of persons admitted to publicly-funded drug treatment who identify meth as their primary drug of choice. Source: County of San Diego, HHS, Behavioral Health Services.
- Percent of meth positive tests from a sample of interviews and drug tests among adult and juveniles at time of booking. Source: Substance Abuse Monitoring, a program operated by the San Diego Association of Governments.
- a. Number of meth-related toxic clean ups and dump sites. Source: County of San Diego Department of Environmental Health
b. Meth Lab Seizures. Source: Drug Enforcement Administration (DEA)
- Number of arrests for meth sales and possession. Source: Automated Regional Justice Information System (ARJIS).
- Availability Measures:
 - Methamphetamine "easy to get" percent from jail interviewees: Source: SAM interviews
 - Price of meth samples acquired during arrests/ investigations. Source: San Diego Law Enforcement Coordination Center (SD-LECC)
 - Crystal and Ice Meth Seizures at San Ysidro, Otay Mesa and Tecate. Source: Customs and Border Protection
- Number of cases with Special Project Codes for Drug Endangered Children. Includes both Level I cases with meth labs, and Level II cases occur when children are found in settings involving the use, possession, selling or transportation of drugs. DEC data depends on CWS staff entering the Special Project Code, which is not always consistent.
- Numbers of calls and emails to the Meth Hotline (1-877-No-2-METH or www.no2meth.org). Source: SD-LECC

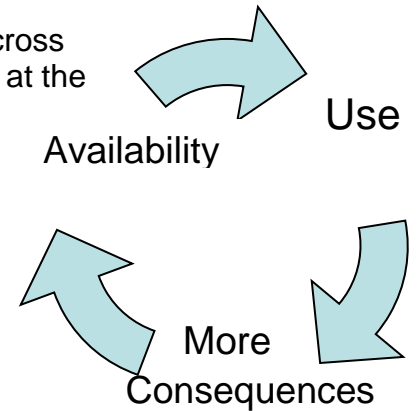
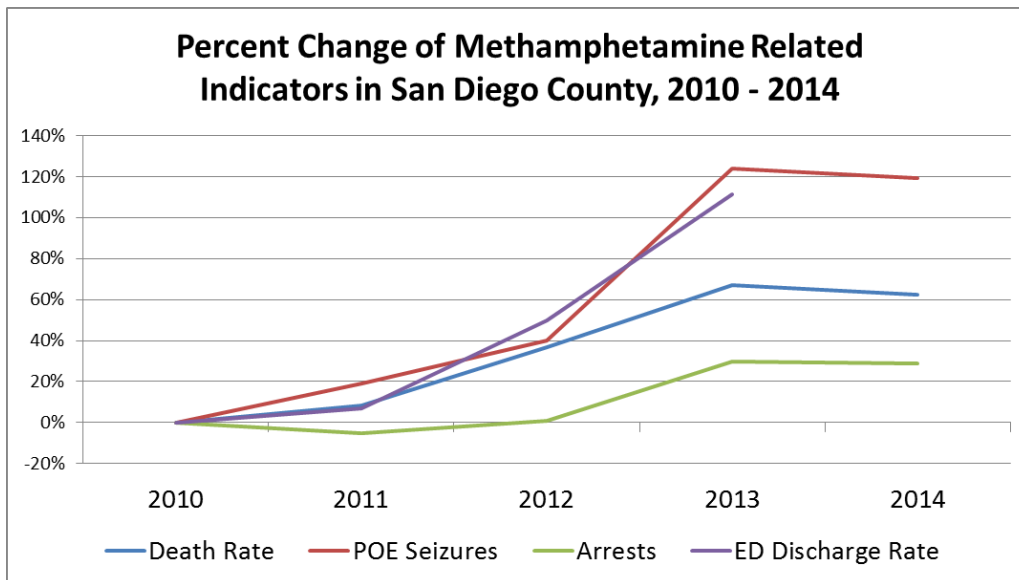
^a Emergency department diagnoses are coded for all amphetamine abuse and amphetamine dependence; it can reasonably be assumed that most amphetamine mentions among ED discharges are in fact methamphetamine.

^b Population Rate and ED Use Rate are per 100,000 total population and 100,000 total ED discharges, respectively. Patients who were admitted to the hospital were not included, and multiple visits by the same person cannot be identified. Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, Emergency Department Discharges Database, 2010 – 2013.

^c Level 1 (Lab) cases are one percent of all DEC cases. Level II cases occur when children are found in settings involving the use, possession, selling or transportation of drugs. DEC data depends on CWS staff entering the Special Project Code, which is not always consistent.

Why Are Meth Problems So Big?

As seen in the below chart, availability --as measured by meth coming in across the border-- is at an all-time high, closely matching consequence indicators at the morgue and emergency departments.



What Needs to Be Done?

Analysis of several databases, existing research and literature, along with discipline expert opinions, suggest the following:

1. Disrupt The Meth Market At All Levels As Possible.

Support law enforcement efforts to reduce the availability of meth in our region.

2. Increase Health Screening Among Meth Users.

Older meth users are suffering the cardio-vascular consequences of chronic meth use. Earlier health screening and engagement in drug treatment may reduce early mortality.

3. Increase Family-Based Intervention Services.

The data suggests a generational pattern where today's younger meth users are more likely to have parents with drug problems. Children need to recover alongside their parents. Trauma-informed practice for the whole family can get to root causes and break the pattern.

4. Expand CFMH partnerships to promote sustainable crime-free neighborhoods where children and families live.

Community norms about drug use can be protective --or can be risk factors. Norms where we live are essential cues for parents and families. Crime Free Multi-Housing can be expanded to bring health, safety and thriving into this important strategy.

5. Maintain our excellent prevention work on alcohol and marijuana as the first line of defense for the vast majority of youth who never use meth.

Fortunately, most youth in schools do not use meth --rates run from 3 to 5 percent of lifetime use.

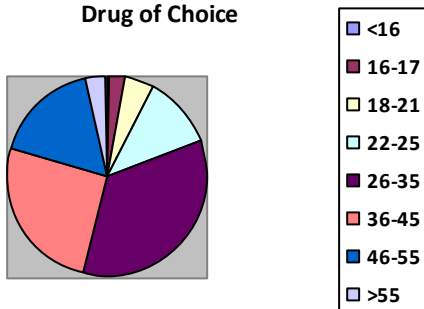
However, youth who get involved with alcohol and marijuana are more likely to then move on to meth.

Details on Meth as Primary Drug of Choice in Publicly-Funded Treatment

2014: 13,446 Total Individuals with Possible Multiple Admissions

The charts to the right and below provide a picture of who is admitted to publicly-funded drug treatment in San Diego County. These demographics are relatively stable over time, with little variance except for a small but growing older population.

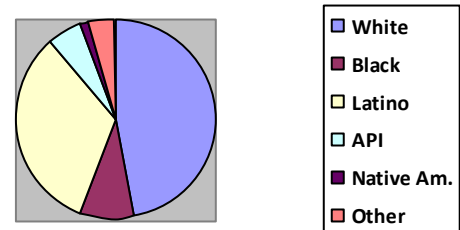
2014: Age at Admit for Meth Primary Drug of Choice



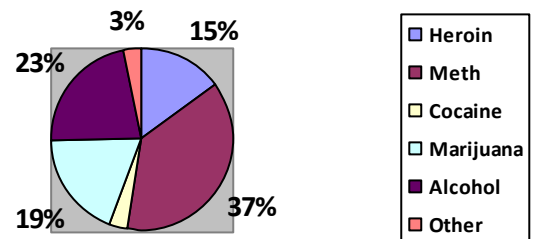
Gender for Meth Admits in 2014

Gender	#	%
Male	2,964	59.4%
Female	2,024	40.6%
Other	3	0.1%

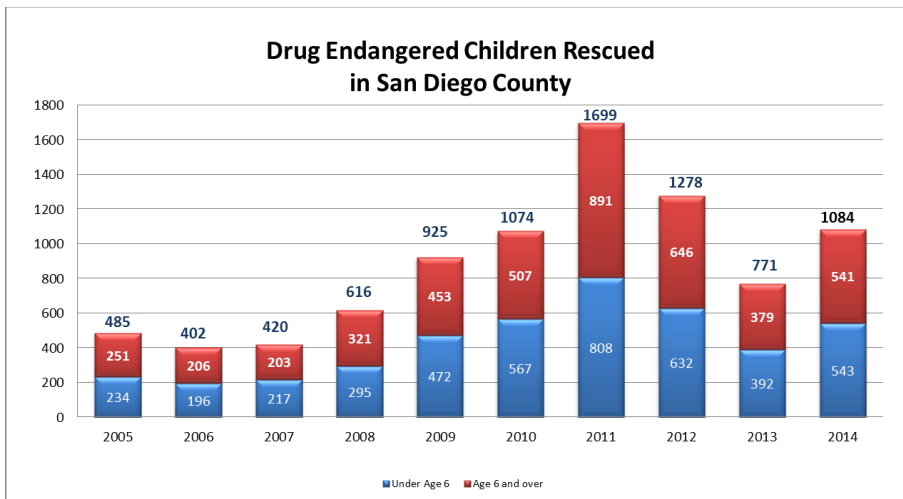
Percent of Race in Meth Primary Drug of Choice Treatment Admits: 2014



All Tx Primary Drug of Choice 2014: San Diego County Publicly Funded Treatment



Meth & Family Impacts



Coming: DV Data and possibly more CWS Data

Public Safety Impacts

Total San Diego County Meth Related Arrests by Law Enforcement Agency CY 2010-2014

LE Agency	2010	2011	2012	2013	2014	Total	% Change (10-14)	% Change (13-14)	2014 Rate Per 100,000
Carlsbad	85	103	124	132	148	592	74.1%	12.1%	155
Coronado	9	9	3	14	17	52	---	---	80
Chula Vista	315	226	330	398	347	1,616	10.2%	-12.8%	161
El Cajon	292	282	309	339	342	1,564	17.1%	0.9%	395
Escondido	283	274	247	286	283	1,373	0.0%	-1.0%	229
La Mesa	101	124	173	219	149	766	47.5%	-32.0%	292
National City	99	92	116	131	135	573	36.4%	3.1%	267
Oceanside	268	221	238	276	277	1,280	3.4%	0.4%	192
San Diego	2,379	2,136	1,920	2,495	2,312	11,242	-2.8%	-7.3%	198
Sheriff Total	1,308	1,402	1,730	2,367	2,588	9,395	97.9%	9.3%	339
City of Del Mar	1	4	2	3	5	15	---	---	127
City of Encinitas	35	34	45	51	71	236	102.9%	39.2%	132
City of Imperial Beach	84	84	86	150	102	506	21.4%	-32.0%	450
City of Lemon Grove	83	66	74	78	81	382	-2.4%	3.8%	366
City of Poway	38	45	41	53	62	239	63.2%	17.0%	142
City of San Marcos	72	69	107	153	205	606	184.7%	34.0%	275
City of Santee	85	72	80	176	156	569	83.5%	-11.4%	323
City of Solana Beach	9	3	1	3	5	21	---	---	43
City of Vista	198	265	352	415	337	1,567	70.2%	-18.8%	416
Sheriff Uninc	703	760	942	1,285	1,564	5,254	122.5%	21.7%	389
Grand Total	5,139	4,869	5,190	6,657	6,598	28,453	28.4%	-0.9%	243

Data Source: ARJIS

Field (i.e., non-warrant) arrests only
11377/11378/11379 (and variants) only

Arrests per 100,000 Population. Population figures are based on 2013 California Department of Finance estimates, individuals 10 years and older; source: SANDAG. Excludes Camp Pendleton.

Prepared by Sheriff's Analysis Group, 4/22/15

The below table shows a steady increase of meth arrests as the portion of all arrests.

Number of Misdemeanor and Felony Arrests San Diego Region* CY 2010-2014

	JUVENILE**	ADULT	TOTAL	Meth Related Arrests***	% of Total
2010	16,293	87,094	103,387	5,139	5.0%
2011	10,429	78,819	89,248	4,869	5.5%
2012	8,065	75,563	83,628	5,190	6.2%
2013	7,063	77,457	84,520	6,657	7.9%
2014					

Source: SANDAG

Includes: Carlsbad, Chula Vista, Coronado, El Cajon, Escondido, La Mesa, National City, Oceanside,

* San Diego, and Sheriff

**Excludes juvenile status offenses

***Source: ARJIS

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