



The Methamphetamine Strike Force, known as the Strike Force, was established by the San Diego County Board of Supervisors in 1996. Today the Strike Force is a collaboration at federal, state and local levels, with contributions from more than 60 participating agencies. Facilitation services are provided through HHSA, Behavioral Health Services, in a contract with the Center for Community Research. Website maintenance and Meth Hotline support is provided by the San Diego and Imperial County High Intensity Drug Tracking Area. The annual MSF Report Card provides data from 2017 on leading indicators of meth problems. Please see page 3 for data sources.

Table 1. Methamphetamine Strike Force 2018 Report Card

Indicator		2013	2014	2015	2016	2017
1.	Total Meth-related Deaths	267	262	311	377	368
	• Death rate per 100,000 population	8.4	8.1	9.5	11.5	12.3
2.	Emergency Dept. Discharges for Amphetamines¹	8,116	10,254	12,595	13,209	Not Available Until 2019
	• Rate per 100,000 population ²	258	321	383	402	
	• ED Use Rate per 100,000 ED Visits	1071	1,260	1,469	1,539	
3.	Meth Primary Drug of Choice	4,820	4,991	4,564	4,689	4,911
	• Percent of All Public Drug Treatment Admits	34%	37%	36%	37%	37%
4.	Positive Meth Tests					
	• Adults Arrestees	43%	45%	49%	56%	56%
	• Juvenile Arrestees	10%	13%	8%	14%	11%
5.	Lab Cleanup/Seizure					
	• County Cleanup	5	4	7	8	3
	• DEA/NTF Seizures	0	2	2	1	1
6.	Number of Misdemeanor/Felony Arrests for Meth Sales and Possession³	6,644	6,734	6,849	8,428	9,293
7.	Availability Measures					
	• "Easy to get"	83%	90%	90%	86%	90%
	• Price per Ounce	\$400-\$1,200	\$400-\$1,200	\$350-\$600	\$250-\$450	\$120-\$250
	• Meth Seizures at Border POE	5,729 kg	5,862 kg	8,103 kg	8,706 kg	13,831 kg
8.	Hotline Contacts	215	231	265	83 ⁴	45



1 Emergency Department (ED) 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.

2 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, 2013 – 2016.

3 This total includes both felony and misdemeanor arrests and citations since the passage of Proposition 47 in Nov. 2014. Citations are reported separately in the Meth Addendum.

4 Total calls/emails made to 1-877-No-2-METH and info@no2meth.org. SD County discontinued marketing efforts for these contacts in 2016, which could account for the drop in hotline contact volume in 2016 and 2017

What Needs to Be Done?

Analysis of available data, review of existing research and literature, and opinions from discipline member experts, suggest the following actions are required to decrease meth use and subsequent problems:

1. Increase Recognition and Visibility of the Meth Problem.

News and social media coverage, events and more is needed to bring the story back into focus on meth.

2. Disrupt the Meth Market at All Levels.

Support law enforcement efforts to reduce the availability of meth and other drugs in our region. The Drug Trends committee meets quarterly to discuss early trends among enforcement, prosecution and health sectors and address effective strategies to remove illicit and dangerous drugs from the community.

3. Increase Health Screening.

Older meth users have more cardio-vascular consequences resulting from chronic meth use and earlier health screening and engagement in drug treatment may reduce mortality. The Strike Force is promoting better connectivity between physical and behavioral health care providers to better engage and keep people with addiction problems in drug treatment.

4. Get More People with Use Problems –and their Family Members– into Treatment Services.

The Meth and Families Committee is promoting the inclusion of wrap-around services for family members and support networks. Children need to recover alongside their parents. Trauma-informed practices for the whole family can help break the cycle of addiction. Law enforcement partners are more informed about addiction and are strengthening referrals to drug treatment for substance abusing offenders.

5. Expand Crime-Free Multi-Housing 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. The use of Crime-Free Multi-Housing principles and practices is being expanded to bring Live Well San Diego health, safety and thriving elements into this strategy.

6. Maintain High Quality 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 for student lifetime use. However, early use of alcohol and marijuana is one risk factor of moving on to other substances.

Report Card Indicator Details and Source(s)

1. 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.
2. 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 (HHSA), Emergency Medical Services
3. Percent of persons admitted to publicly-funded drug treatment who identify meth as their primary drug of choice. Source: County of San Diego, HHSA, Behavioral Health Services.
4. 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.
5. Number of meth-related toxic clean ups and dump sites. Source: County of San Diego Department of Environmental Health
6. Meth Lab Seizures. Source: Drug Enforcement Administration (DEA)
7. Number of arrests for meth sales and possession. Source: Automated Regional Justice Information System (ARJIS).
8. Availability Measures:
 - a. Methamphetamine "easy to get" percent from jail interviewees: Source: SAM interviews
 - b. Price of meth samples acquired during arrests/ investigations. Source: San Diego Law Enforcement Coordination Center (SD-LECC)
 - c. Crystal and Ice Meth Seizures at San Ysidro, Otay Mesa and Tecate. Source: Customs and Border Protection
9. Numbers of calls and emails to the Meth Hotline (1-877-No-2-METH, info@no2meth.org, or www.no2meth.org). Source: SD-LECC

MSF Addendum

A. 2017 Substance Use Disorder Admissions

Table 2. Admissions with Meth as Primary Drug of Choice in County Publicly-Funded Treatment

Total Methamphetamine Admissions: 4,911

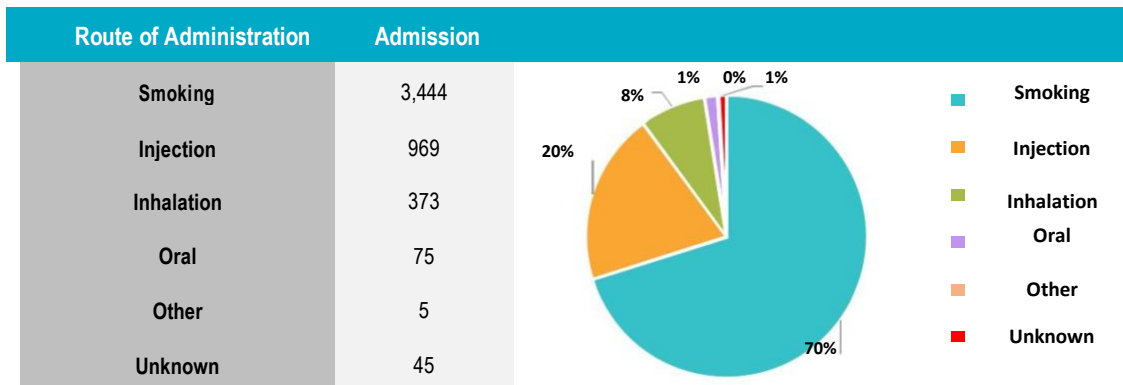
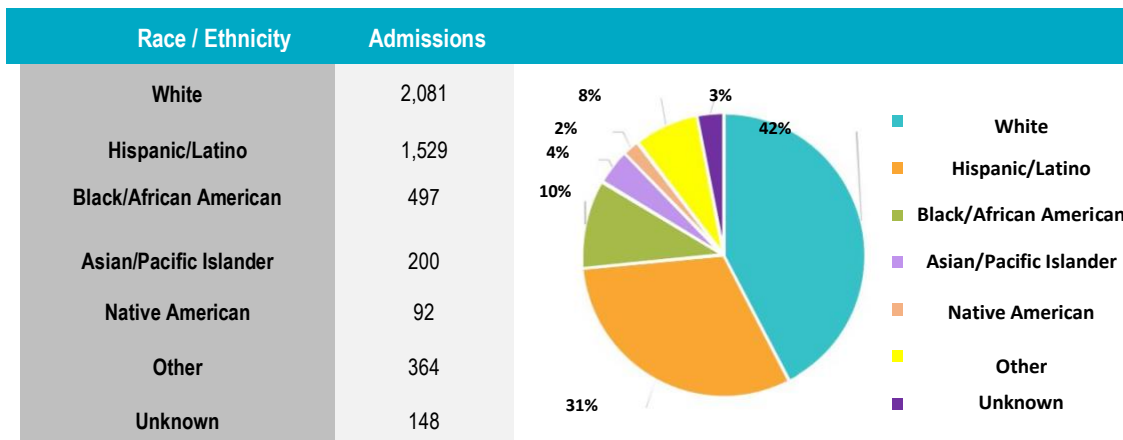
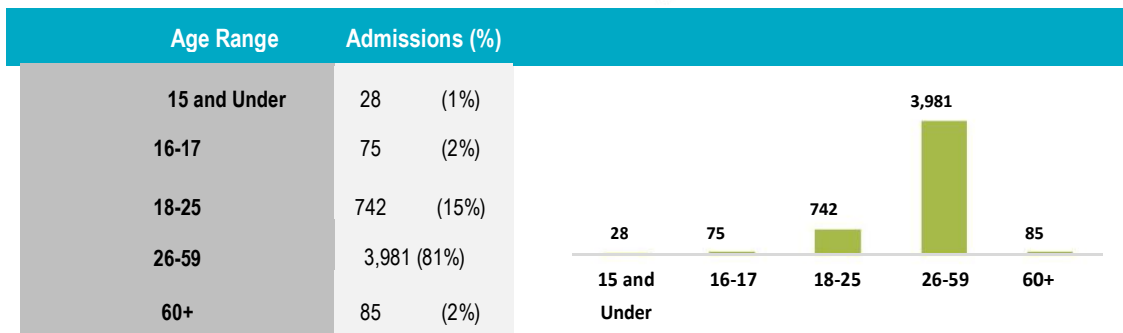
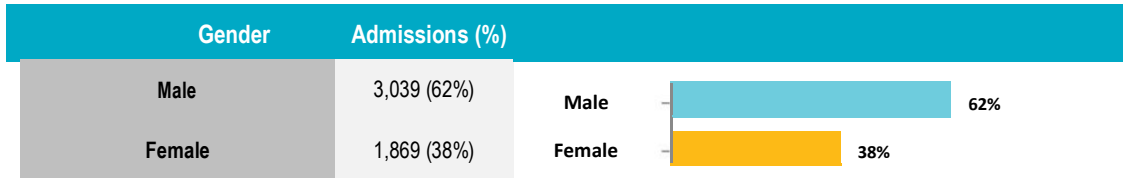
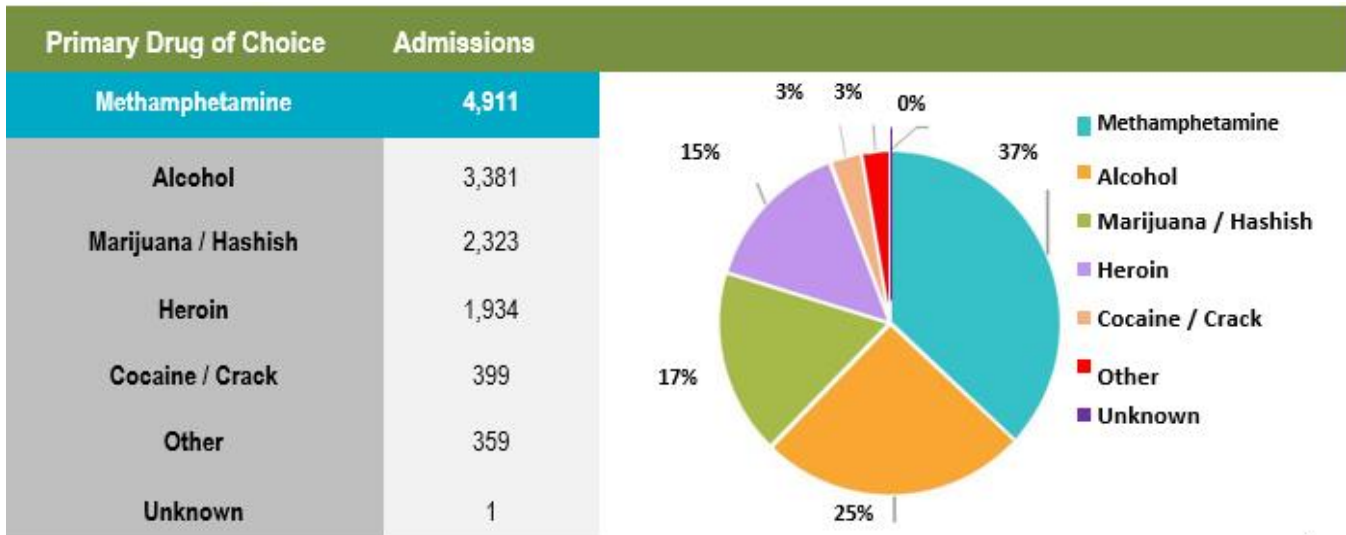
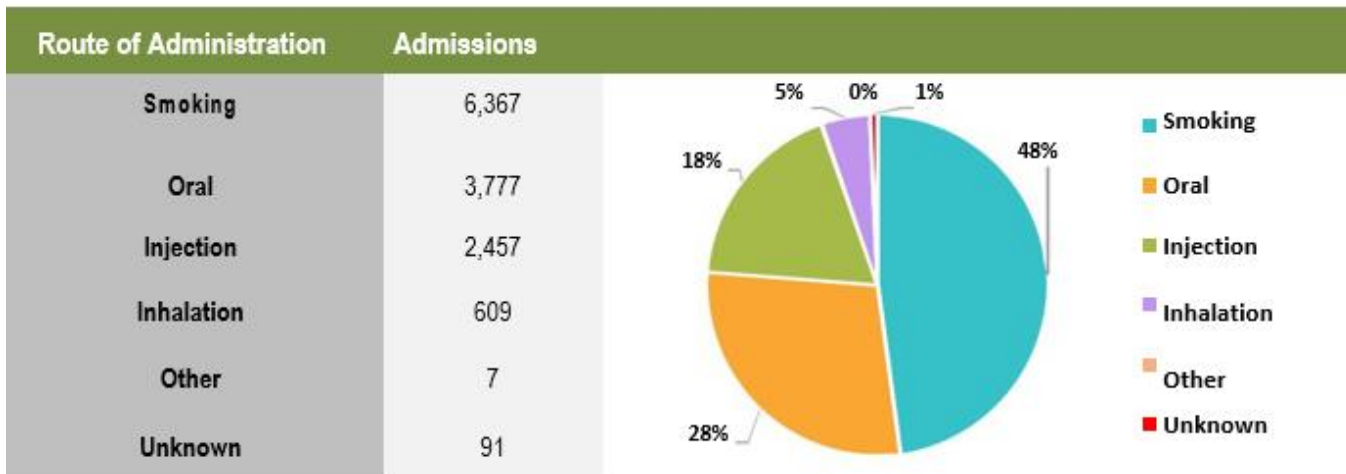


Table 3. Substance Use Disorder Admissions with Methamphetamine as Primary Drug

Total Tx Admissions: 13,308

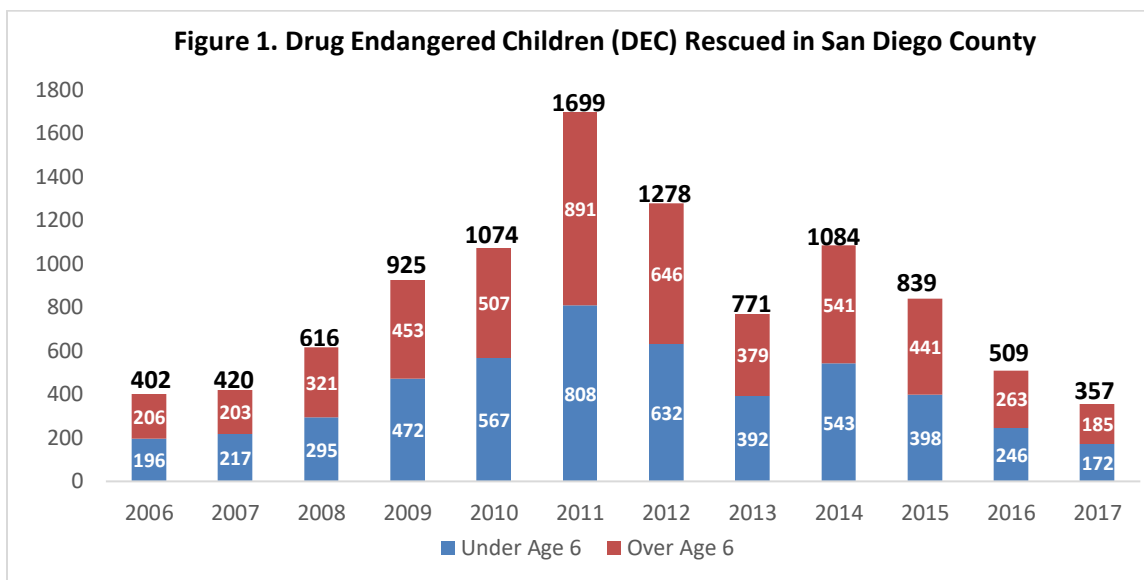


"Other" includes Ecstasy, Inhalants, Other Hallucinogens, Other Opiates or Synthetics, Other Sedatives or Hypnotics, Oxycodone/OxyContin, PCP, Tranquilizers, & Unknown.



B. Meth and Family Impacts

Figure 1. Meth use impacts children in the home, partly measured by numbers of Drug Endangered Children (DEC) cases



Notes:

- Beginning in 2005, Child Welfare Services (CWS) began using data from their case management system with special codes for DEC cases. These include Level 1, where children are exposed to manufacturing of methamphetamine, and Level 2, the majority of cases, where children are exposed from either parental use or dealing to a variety of substances in the home.
- The large increases in numbers beginning in 2009 are attributed, in part, to improved tracking and data entry, training of police officers and improved collaboration.
- CWS suggests that the declining trend beginning in 2015 is more likely a reflection of less intense staff tracking after grant funding ended. Therefore, the 2017 total may underrepresent the reality (*Source: CWS Data Unit, BO Query of CWS/CMS, May 1, 2018*).

Intimate Partners: In 2017, a total of 17,306 domestic violence incidents were reported to law enforcement in San Diego County, a four percent (4%) increase from 2016 (**Table 7**). The San Diego County Domestic Violence Fatality Review Team (DVFRT) makes a random selection of only six to eight cases each year in an intensive review of fatalities (*Source: San Diego County DVFRT, 2018*).

Table 4. Meth Involvement in Domestic Violence Fatalities Findings from Multidisciplinary In-Depth Case Reviews CY 2006-2017		
	Intimate Partner Victim (n=95)	Perpetrator (n=95)
Current Meth Use*	18 (19%)	22 (23%)
No current meth use	77 (81%)	73 (77%)
History of Meth Use**	22 (23%)	31 (33%)
No known history of meth use	73 (77%)	64 (67%)

* Meth detected at the time of death, as indicated by toxicology screen results.

** Determined when the individual has been known to use methamphetamines at some point in their life, as documented through a review of multidisciplinary case records.

Older Adults: Meth problems affect older adults in several ways:

- In 2017, there were 61 deaths among the 60+ population. The oldest was 73 years old.
- In 13% of “Confirmed Abuse by Other” cases, the suspected abuser had a history of substance abuse.

- Adult Protective Services confirmed 185 cases with reported meth detected substance abuse by the suspected abuser.

C. 2017 Public Safety Impacts

Table 5. San Diego County Meth Related Arrests by Law Enforcement Agency: CY 2012-2017

LE Agency	2012	2013	2014	2015*	2016*	2017*	% Change	2017**Rate Per 100,000
Carlsbad	124	132	148	204	193	158	-18%	140
Chula Vista	344	413	382	502	899	782	-13%	295
Coronado	3	14	17	13	19	18	-5%	71
El Cajon	310	340	346	406	377	367	-3%	359
Escondido	252	290	291	337	542	724	34%	480
La Mesa	172	219	149	167	385	632	64%	1,054
National City	117	131	135	197	225	188	-16%	309
Oceanside	239	276	283	330	467	417	-11%	237
San Diego	1,922	2,502	2,403	1,696	1,996	2,205	11%	158
Sheriff Total	1,735	2,373	2,639	3,017	3,566	3,802	7%	420
City of Del Mar	2	3	6	16	21	4	-81%	94
City of Encinitas	45	52	70	100	236	166	-30%	268
City of Imperial Beach	86	150	102	65	70	114	63%	416
City of Lemon Grove	74	78	83	121	115	145	26%	545
City of Poway	41	52	62	67	73	79	8%	158
City of San Marcos	108	154	207	223	250	296	18%	317
City of Santee	81	176	159	185	218	223	2%	393
City of Solana Beach	1	3	5	17	31	16	-48%	119
City of Vista	353	415	339	582	509	472	-7%	477
Sheriff Unincorporated	944	1,290	1,606	1,641	2,043	2,287	12%	485
Grand Total	5,218	6,690	6,793	6,869	8,669	9,293	7%	286

Data Source: ARJIS; SANDAG, 2016 Demographic/Economic Estimates

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

-Arrest rate per 100,000 population. Populations include individuals ten years and older.

-Data reflects the site of the arrest, not the residence of the arrestee.

*2015, 2016 and 2017 include misdemeanor citations.

**2017 Rate was calculated based on current 2016 population numbers.

Table 6. Number of Misdemeanor and Felony Arrests for Methamphetamine, San Diego Region: CY 2012-2016*

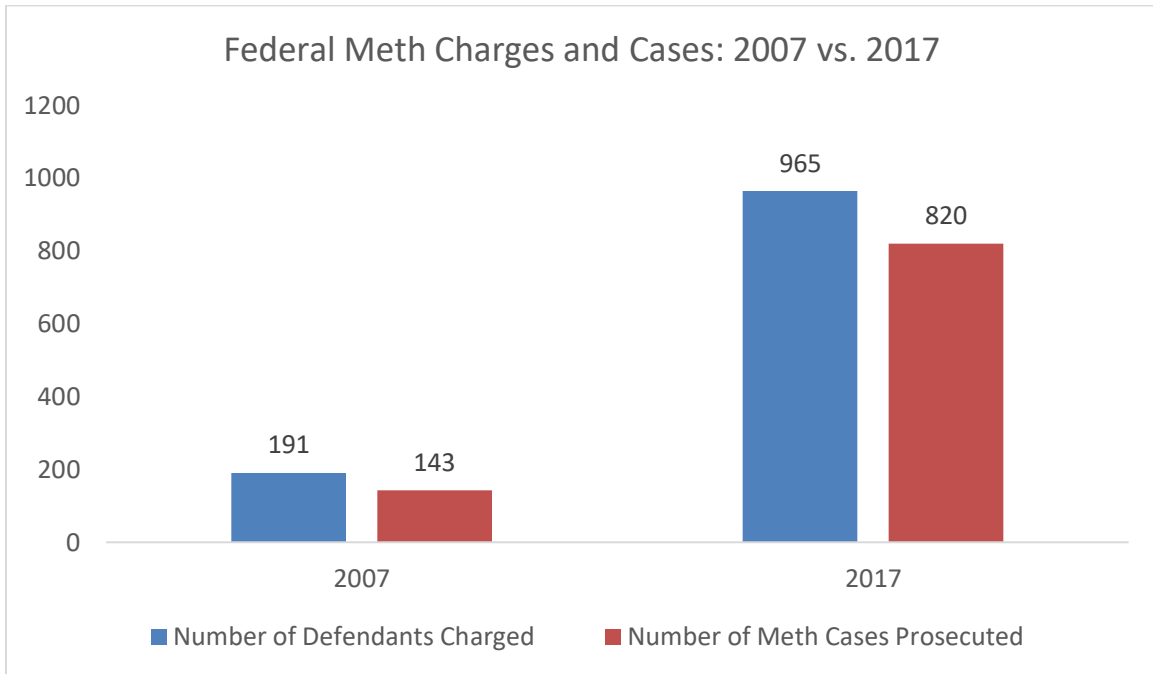
	Total Arrests**	Meth Related Arrests	% of Total
2012	84,375	5,157	6%
2013	84,520	6,625	8%
2014	83,277	6,614	8%
2015	84,745	6,869	8%
2016	82,646	8,669	11%

Sources: SANDAG; ARJIS

*2015, 2016 includes misdemeanor citations.

**Excludes juvenile status offenses

Figure 2. Federal Methamphetamine Charges and Prosecutions/Cases



Source: United States Department of Justice, 2018

Table 7. Emergency Department Discharges for Amphetamine Dependence and Abuse in San Diego County by Hospital, 2010 – 2016

Hospital	2010	2011	2012	2013	2014	2015	2016	7-Year Change	7-Year Change Percent	Percent of Total Meth Increase
Alvarado	223	184	258	529	654	827	964	741	332%	8%
Rady Childrens Hospital	22	15	19	11	15	21	19	-3	-14%	0%
Sharp Coronado	101	88	109	63	90	136	180	79	78%	1%
Sharp Memorial	275	291	433	559	619	740	882	607	221%	6%
Grossmont	680	751	1,140	1,786	2,169	2,697	2,485	1,805	265%	18%
Kaiser	77	104	253	205	233	325	452	375	487%	4%
Scripps Mercy*	444	643	952	1,333	1,561	2,008	1,775	1,331	300%	14%
Palomar Medical Center	372	390	482	870	1,391	1,416	973	601	162%	6%
Paradise Valley	288	219	317	832	962	1,183	1,286	998	347%	10%
Scripps La Jolla	35	106	47	68	110	140	171	136	389%	1%
Tri-City MC	330	409	425	492	711	728	923	593	180%	6%
UCSD MC**	249	314	774	859	1,144	1,525	2,344	2,095	841%	21%
Sharp Chula Vista	140	117	138	303	322	424	372	232	166%	2%
Pomerado Hospital	27	44	70	96	152	248	195	168	622%	2%
Scripps Encinitas	78	82	80	88	114	177	188	110	141%	1%

*Also includes data for Scripps Chula Vista

**Also includes data for UCSD Thornton

Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, Emergency Department Discharges Database (via OSHPD), 2010 - 2016.

Figures 3 and 4. Emergency Department (ED) Discharge Rates by Age Group and Region:

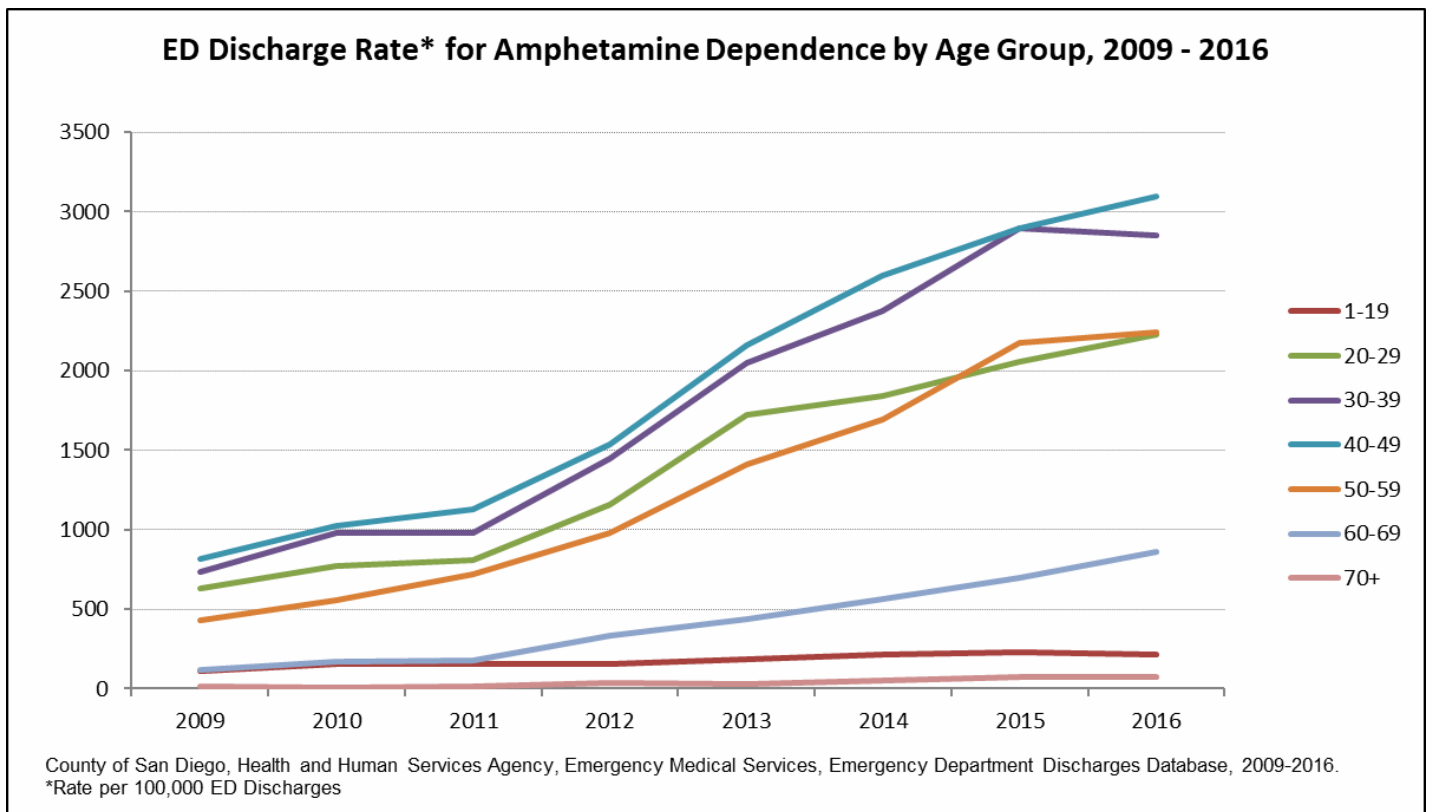
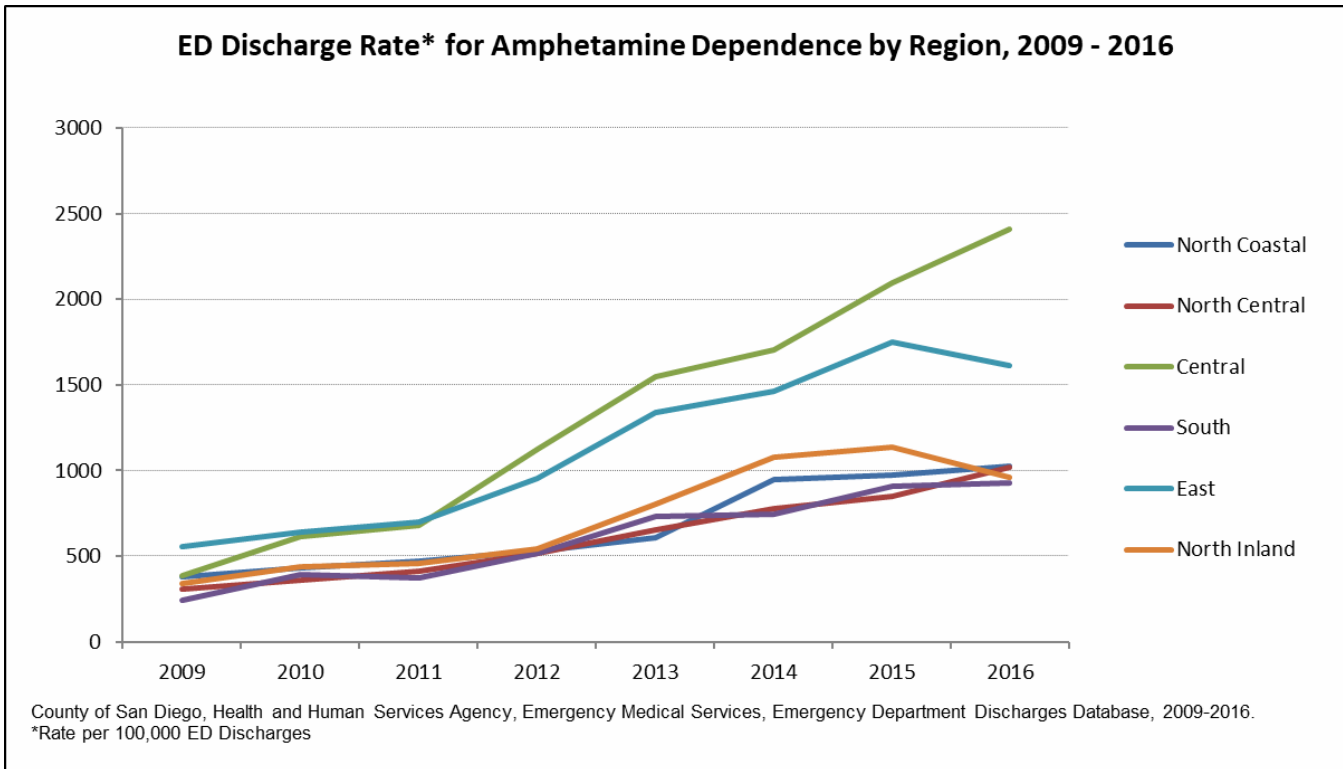
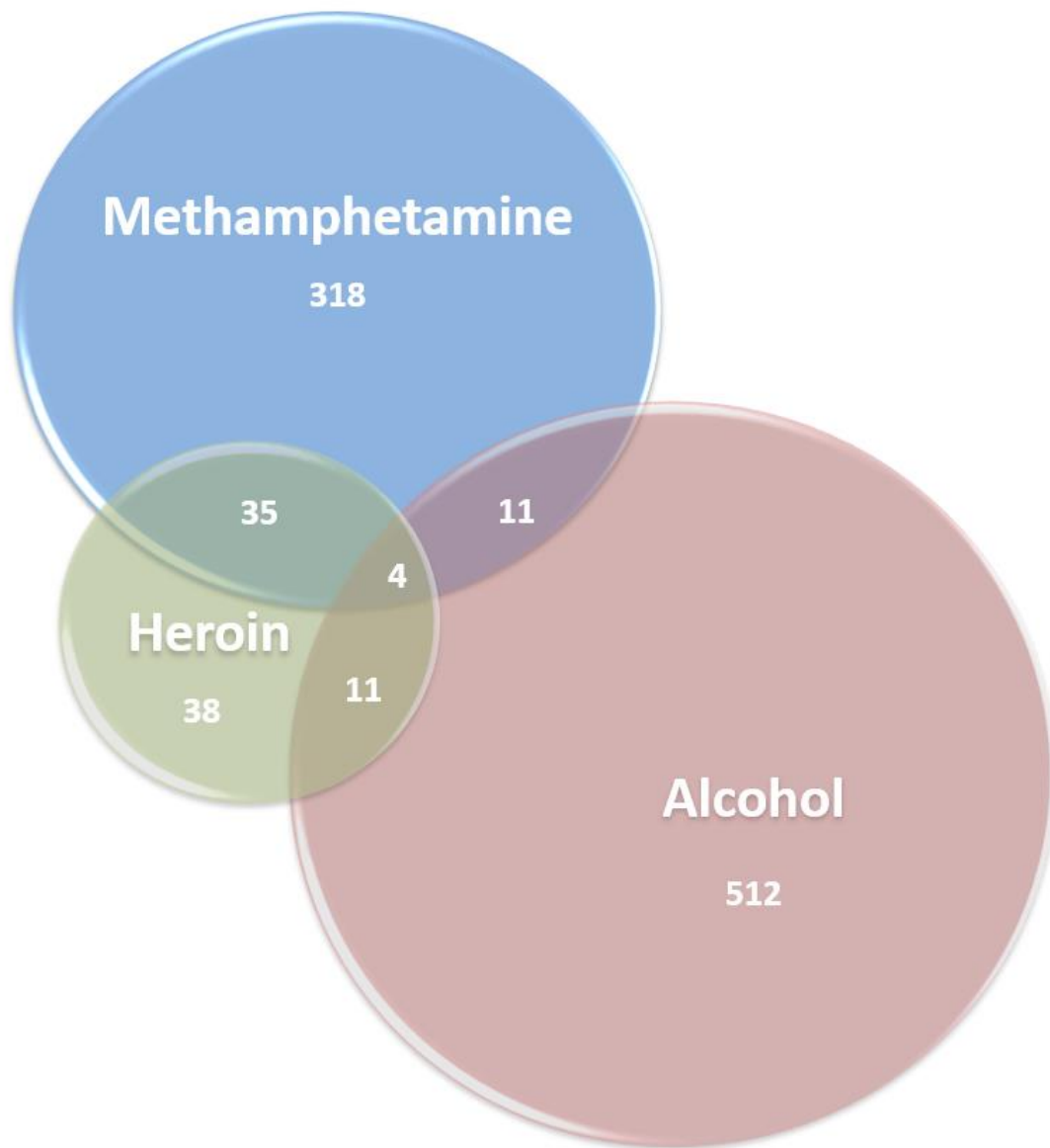


Figure 5



Relationship Between Methamphetamine, Heroin, and Alcohol Deaths in San Diego County, 2017



Source: County of San Diego Medical Examiner's Office, 2017