This annual MSF Report Card provides data from 2013 on leading indicators of meth problems in San Diego County.

### 2013 Methamphetamine Strike Force Report Card

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Meth Deaths (Rate per 100,000)</td>
<td>138 (5.3)</td>
<td>157 (5.6)</td>
<td>171 (6.1)</td>
<td>217 (7.9)</td>
<td>267 (8.5)</td>
</tr>
<tr>
<td>2. Amphetamine in all Emergency Dept. Discharges¹ (Rate per 100,000)</td>
<td>2,548 (83.1)</td>
<td>3,360 (108.6)²</td>
<td>3,773 (121.1)</td>
<td>5,508 (176)</td>
<td>Not Available until 2015</td>
</tr>
<tr>
<td>3. Meth Primary Drug of Choice (Percent of All Drug Treatment Admits)</td>
<td>4285 (34%)</td>
<td>4015 (34%)</td>
<td>4097 (34%)</td>
<td>4055 (32%)</td>
<td>4,820 (34%)</td>
</tr>
<tr>
<td>4. Positive Meth Tests: a. Adult Arrestees</td>
<td>28% 6%</td>
<td>27% 8%</td>
<td>30% 4%</td>
<td>36% 4%</td>
<td>43% 10%</td>
</tr>
<tr>
<td>b. Juvenile Arrestees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Lab Cleanup/Seizure a. County Cleanup:</td>
<td>11 6</td>
<td>12 5</td>
<td>7 3</td>
<td>7 4</td>
<td>0</td>
</tr>
<tr>
<td>b. DEA/NTF Seizures:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Number of Arrests for Meth Sales and Possession³</td>
<td>4,107</td>
<td>5,139</td>
<td>4,869</td>
<td>5,190</td>
<td>6,658</td>
</tr>
<tr>
<td>7. Availability Measures a. “Easy to get”</td>
<td>73% $750-1,200</td>
<td>82% $1,200 – 1,800</td>
<td>88% $800-$1,100</td>
<td>85% $900 – 1,200</td>
<td>83% $400-$1,200</td>
</tr>
<tr>
<td>b. Price: Per Ounce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Drug Endangered Children Cases⁴</td>
<td>925</td>
<td>1,074</td>
<td>1,699</td>
<td>1,278</td>
<td>771</td>
</tr>
<tr>
<td>9. Hotline Contacts</td>
<td>406</td>
<td>379</td>
<td>166</td>
<td>180</td>
<td>215</td>
</tr>
</tbody>
</table>

### Trends over Time: Meth is Back (Though It Never Really Went Away)

Meth-related deaths, hospital activity, arrestee positive rates and actual arrests have all increased for five years in a row. Today meth is cheaper while purity is reported to be high. This perfect storm for our region results in higher impacts to users, their families, our social service, criminal justice and public safety systems.

Our region’s endemic problem with meth has ebbed and flowed over decades. Meth Strike Force leadership sees an opportunity to leverage health initiatives – especially Live Well San Diego (www.livewellsd.org). We can also leverage the opportunities presented by criminal justice realignment: better treatment in jail followed by a seamless transition into community resources that will encourage and continue recovery. Substance-abusing offenders need a longer treatment experience, and a system that gives and demands accountability. Our system can improve the match between an offender’s drug history, and the push into treatment given by the criminal justice system, with sufficient supervision and the needed continuity for improved treatment outcomes. The Strike Force is also committed to safe neighborhoods. Reducing meth dealing and distribution in apartment complexes with Crime Free-Multi Housing is an intervention that offers preventive protective influences for children. **It is time to expand the scope and dosage of our interventions across prevention, treatment and law enforcement.**

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¹ ED tracks amphetamine specifically; it can reasonably be assumed that most amphetamine mentions among ED discharges are in fact meth.

² Prior to 2010, hospitals in Fallbrook and Coronado were not included. The 2010 figure represents data from all non-federal hospitals with emergency departments in San Diego County.

³ Error was reported in the 2013 Report Card; the Sheriff Dept. re-analyzed and cleaned the ARJIS data over this period.

⁴ 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.
### Type and Source for Report Card Indicators

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 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. 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)

6. **Number of arrests for meth sales and possession.**

   **Source:** Automated Regional Justice Information System (ARJIS).

7. **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)

8. **Number of both Level I cases with meth labs, and Level II cases with exposure to any drug.**

   **Source:** County of San Diego, HHSA, Child Welfare Services

9. **Numbers of calls and emails to the Meth Hotline.**

   **Source:** SD-LECC

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**Meth-related deaths** are divided into two types:

1) **Overdoses** are the biggest group, and can involve other substances such as prescription drugs and other illicit drugs.

2) “**Meth-detected**” deaths occur when a person dies with meth in their system, but they may die of a natural disease. The largest group by far of these deaths involve chronic or acute cardio-vascular problems. This is an area of common ground with *Live Well San Diego*, a broad community initiative to change the three behaviors that contribute to heart disease and three other leading causes of death. Long term meth use has profound impacts on the cardio-vascular system that appears to be irreversible.

### Visit no2meth.org for more complete information about the Meth Strike Force

The Meth Strike Force is sponsored by the County of San Diego and includes more than 60 local, state and federal agencies. A complete list is available at [www.no2meth.org](http://www.no2meth.org)