



2020 Report Card

Methamphetamine Strike Force

The Status of Methamphetamine Use in San Diego County

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 70 participating agencies. The annual MSF Report Card provides data from 2019 on leading indicators of meth problems. All data sources are identified on page 2.

Table 1. Methamphetamine Strike Force 2020 Report Card

Indicator		2015	2016	2017	2018	2019
1.	Total Meth-Related Deaths ^a	311	377	368	483	546
	• Rate per 100,000 residents	9.5	11.5	12.3	14.5	16.3
2.	Unintentional Meth-Caused Deaths ^b	209	239	271	328	379
	• Rate per 100,000 residents	6.4	7.3	8.2	9.8	11.3
3.	Emergency Department (ED) Discharges for Amphetamines ^c	12,595	13,209	12,926	13,020	Available in 2021
	• Rate per 100,000 population ^d	383	402	390	390	Available in 2021
	• ED Use Rate per 100,000 ED Visits	1,469	1,539	1,469	1,516	Available in 2021
4.	Methamphetamine Primary Drug of Choice	4,564	4,689	4,911	6,906 ^e	6,591
	• Percent of all Public Drug Treatment Admissions	36%	37%	37%	30%	33%
5.	Positive Methamphetamine Tests					
	• Adult Arrestees	49%	56%	56%	57%	59%
	• Juvenile Arrestees	8%	14%	11%	10%	11%
6.	Lab Cleanup					
	• County Cleanup	7	8	3	3	2
	• DEA/NTF Cleanup	2	1	1	0	3
7.	Number of Misdemeanor/Felony Arrests for Meth Sales and Possession ^f	6,849	8,428	9,293	10,156	11,313
8.	Availability Measures					
	• “Easy to Get”	90%	88%	89%	89%	88%
	• Price per Ounce	\$350-600	\$250-450	\$120-250	\$150 -300	\$150-325
	• Meth Seizures at Border POE	8,103 kg.	8,706 kg.	13,831 kg.	19,171 kg.	34,182 kg.

- a. These data represent deaths of all manner examined by the San Diego County Department of the Medical Examiner and those that had toxicology. Only deaths in which methamphetamine was detected are represented in these data. There are over 22,000 deaths each year in San Diego County, the Department of the Medical Examiner investigates approximately 3,000 of those deaths a year.
- b. These deaths, a subset of the total meth-related deaths, are accidental overdose deaths in which methamphetamine alone or with other drugs and/or alcohol was a causative factor in death.
- c. Emergency Department (ED) diagnoses are coded for all amphetamine misuse and amphetamine dependence; it is likely that most amphetamine mentions among ED discharges are in fact methamphetamine.
- d. 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. Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, Emergency Department Discharges Database, 2013 – 2017.
- e. The Organized Delivery System Drug-MedICAL (ODS-DMC) implementation began July 2018 which increased access to treatment facilities throughout San Diego County. This change may account for the increased number of treatment admissions.
- f. 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.

Report Card Indicator Details and Source(s)

1. Unintentional Meth-Related Deaths. These data represent deaths of all manner examined by the Department of the Medical Examiner and those that had toxicology report in which methamphetamine was detected. *Source: County of San Diego Department of the Medical Examiner. San Diego Association of Governments (SANDAG) population figures based on 2018 Census data.*
2. *Unintentional Meth-Caused Deaths. These deaths are accidental overdose deaths in which methamphetamine alone or with other drugs and/or alcohol was a causative factor in death. Source: County of San Diego Department of the Medical Examiner. San Diego Association of Governments (SANDAG) population figures based on 2018 Census data.*
3. Emergency Department (ED) Discharges for Amphetamines. Rate per 100,000 of emergency department discharges per 100,000 for San Diego County residents with a diagnosis of amphetamine dependence or misuse. Patients who were admitted to the hospital were not included. *Source: County of San Diego, Health and Human Services Agency (HHS), Emergency Medical Services.*
4. Total admissions to publicly-funded drug treatment in San Diego County that identified methamphetamine as their primary drug of choice. *Source: County of San Diego, Health and Human Services; Behavioral Health Services Data Book.*
5. Positive methamphetamine tests. 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, San Diego Association of Governments (SANDAG).*
6. Lab cleanup/seizure. Number of meth-related toxic clean ups and dump sites. *Source: County of San Diego Department of Environmental Health. Meth Lab Seizures. Source: Drug Enforcement Administration (DEA).*
7. Number of Misdemeanor/Felony Arrests for Meth Sales and Possession. *Source: Automated Regional Justice Information System (ARJIS).*
 - *Proposition 47, the Safe Neighborhoods and Schools Act, passed November 4, 2014, and recategorized some non-violent felony offenses including felony drug offenses, to misdemeanors.*
8. Availability Measures:
 - *Methamphetamine “easy to get” percent from jail interviewees. Source: Substance Abuse Monitoring, San Diego Association of Governments (SANDAG).*
 - *Price per ounce. Price of meth samples acquired during arrests/ investigations. Source: San Diego Law Enforcement Coordination Center (SD-LECC).*
 - *Meth seizures as border POE. Crystal and Ice Meth Seizures at San Ysidro, Otay Mesa and Tecate. Source: Customs and Border Protection.*

Facilitation services for the Meth Strike Force (MSF) are provided through HHS, 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.

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.

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.

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.

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.

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. It is equally important to reduce the overall stigma of addiction and substance use disorders to further encourage engagement in treatment services to regain health.

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.

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.

2020 MSF Addendum

A. Death Details

The following data is provided by the County of San Diego Department of the Medical Examiner. While death represents the tip of the iceberg of methamphetamine and other substance misuse, these numbers are also an absolute and visible sign of the problem.

Table 1. Meth-Related Deaths by Race/Ethnicity, 2019

Race/Ethnicity	Number	Rate per 100,000
White	295	19.5
Hispanic	141	12.9
Black	58	34.4
Asian/Pacific Islander	21	4.8
Multi-Race*	21	--
Other*	5	--
Native American*	3	--
Unknown*	2	--
Total	546	16.3

*Rates not reported for fewer than 5 cases or Race/Ethnicity of 'Other' or 'Multi-Race'.

Table 2: Meth-Related Deaths by Age and Gender, 2019

Age	Total Number of Deaths			Rate per 100,000*		
	Female	Male	Total	Female	Male	Total
0-14	0	0	0	0.0	0.0	0.0
15-24	5	26	30	2.1	9.4	6.0
25-34	20	77	97	8.6	29.5	19.7
35-44	19	81	100	8.9	36.2	22.8
45-54	26	113	139	13.0	57.0	35.0
55-64	24	113	137	11.9	58.6	34.7
65+	9	31	40	3.4	14.7	8.5
Unknown	1	1	3*	-	-	-
Grand Total	104	441	546	6.3	26.1	16.3

*This includes 1 additional death that had positive methamphetamine toxicology, but sex could not be determined due to postmortem changes.

Table 3. Unintentional Meth-Caused Deaths by Race/Ethnicity, 2019

Race/Ethnicity	Number	Rate per 100,000
Black	41	24.3
White	222	14.7
Hispanic	79	7.2
Asian/Pacific Islander	17	3.8
Multi-Race	14	--
Native American	2	--
Other	4	--
Grand Total	379	11.3

*Rates not reported for fewer than 5 cases or Race/Ethnicity of 'Other' or 'Multi-Race'.

Table 4: Unintentional Meth-Caused Deaths by Age and Gender, 2019

Age	Total Number of Deaths			Rate per 100,000*		
	Female	Male	Total	Female	Male	Total
0-14	0	0	0	0.0	0.0	0.0
15-24	5	12	17	2.1	4.3	3.3
25-34	11	47	58	4.7	18.0	11.8
35-44	9	50	59	4.2	22.4	13.5
45-54	22	81	103	11.0	40.9	25.9
55-64	19	91	110	9.4	47.2	27.8
65+	9	23	32	3.4	10.9	6.8
Total	75	304	379	4.5	18.0	11.3

B. 2019 Substance Use Disorder Admissions

Table 5. Admissions with Meth as Primary Drug of Choice in County Publicly Funded Treatment

Primary Drug of Choice	Number of Admissions	Percent of Admissions
Methamphetamine	6,591	33%
Heroin	4,973	25%
Alcohol	4,487	23%
Marijuana	2,508	13%
Other Opioids	684	3%
Cocaine	531	3%
Other	136	1%

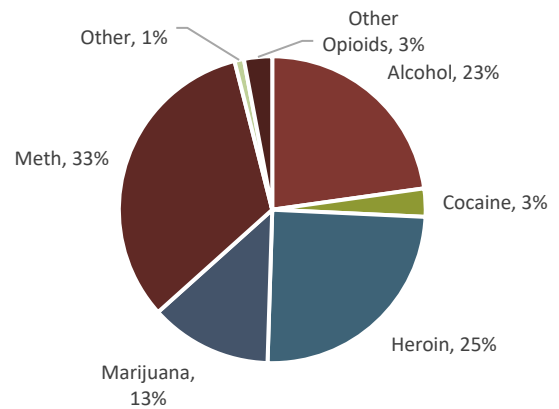


Table 6. 2019 Primary Methamphetamine Treatment Admissions by Gender, San Diego County

Gender	Admits	%
Male	4,029	61%
Female	2,559	39%



Table 7. 2019 Primary Methamphetamine Treatment Admissions by Age, San Diego County

Age	Admits	%
<17	46	1%
Age 18 to 25	868	13%
Age 26 to 59	5,499	83%
Age 60 +	178	3%

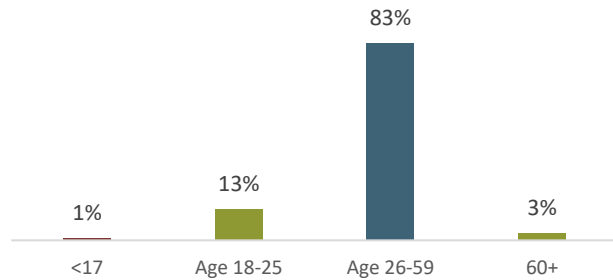
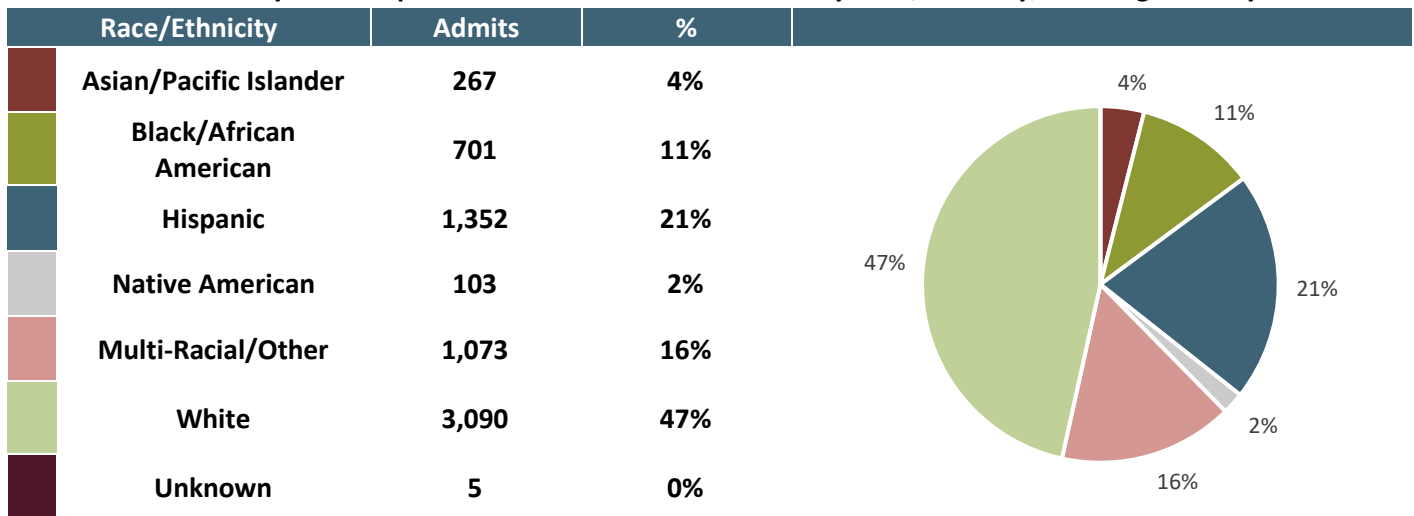


Table 8. 2019 Primary Methamphetamine Treatment Admissions by Race/Ethnicity, San Diego County



Meth No2Meth Hotline

The Meth Hotline (1-877-No2-METH or 1-877-662-6384) was established in 1996 with support from the Sheriff’s Department and HIDTA with a dual purpose; to provide an anonymous place to report meth-related crimes including clandestine meth labs and identity fraud, and to provide referrals to local drug treatment programs. This was the first hotline resource of this kind in the county. From the onset, the hotline was staffed with interns from local colleges who were provided annual training on collecting tip information and from county treatment programs on how to make an appropriate referral. The www.no2meth.org website was established in 2005 to provide additional accessible information to the community that included tips on how to access treatment services and a confidential reporting section to report meth crime occurring in the neighborhoods. The website has received inquiries for information not only from San Diego County and other California counties, but also from a number of other states and from several countries including Australia, Scotland and Malesia.

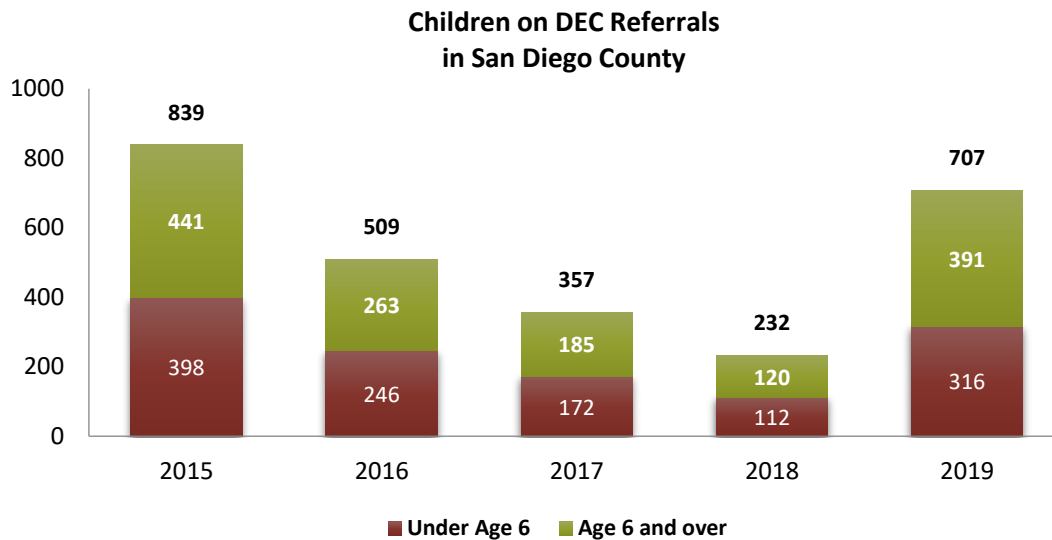
Table 9. Number of Hotline Contacts, 2015-2019*

	2015	2016	2017	2018	2019
Hotline Contacts *	265	83	45	87	21

*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 between 2016 to 2017.

C. Meth and Family Impacts

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



Notes:

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

Intimate Partners: The County of San Diego Domestic Violence Fatality Review Team (DVFRT) selects five to seven domestic violence fatality cases each year for in-depth, multidisciplinary review in order to identify needed improvements in areas such as policy, programming, resource development and awareness. Included in the table below are the findings for meth use - current and history - by the perpetrators and victims in these cases. (Source: San Diego County DVFRT 2020).

Table 10. Meth Involvement in Domestic Violence Fatalities: Findings from Multidisciplinary In-Depth Case Review CY 2015-2019		
	Intimate Partner Victims (n=106)	Perpetrators (n=106)
Current Meth Use*	6 (21%)	5 (17%)
No Current Meth Use	23 (79%)	24 (83%)
History of Meth Use**	7 (24%)	11 (38%)
No History of Meth Use	22 (76%)	18 (62%)

* 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 FY 19/20 Adult Protective Services confirmed 233 cases with reported meth detected substance by the suspected abuser.

Figure 2. Federal Methamphetamine Charges

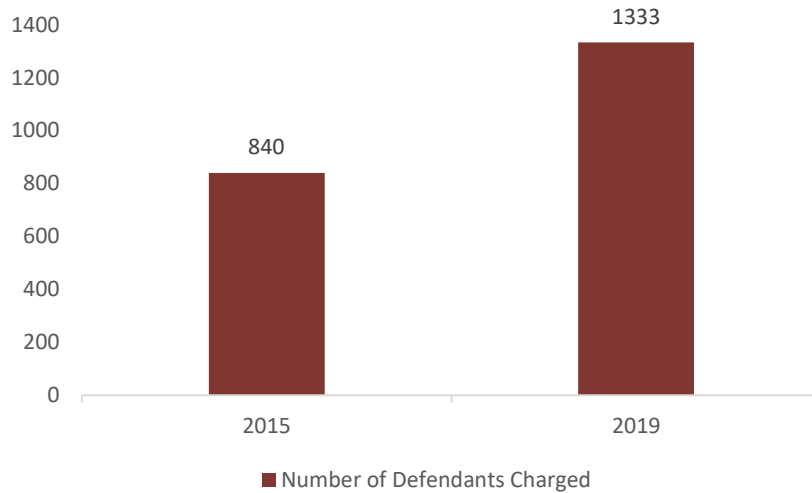


Table 11: Number of Arrests and Citations (Misdemeanor and Felony) for Methamphetamine, San Diego Region: CY 2015-2019

LE Agency	2015*	2016*	2017*	2018	2019	% Change (18-19)	2019 Rate per 100,000
Carlsbad	204	192	159	233	214	-8.2%	186
Chula Vista	502	899	782	870	770	-11.5%	287
Coronado	12	19	18	30	30	0.0%	138
El Cajon	406	378	367	538	721	34.0%	685
Escondido	336	542	724	660	697	5.6%	457
La Mesa	167	385	632	1,014	544	-46.4%	896
National City	197	225	188	204	202	-1.0%	324
Oceanside	330	467	418	744	942	26.6%	531
San Diego	1,695	1,997	2,201	2,493	3,455	38.6%	244
Sheriff Total	3,016	3,561	3,797	3,355	3,738	11.4%	410
City of Del Mar	16	21	4	2	4	100.0%	90
City of Encinitas	100	235	166	137	142	3.6%	224
City of Imperial Beach	65	70	115	116	116	0.0%	426
City of Lemon Grove	121	115	144	121	267	120.7%	986
City of Poway	67	73	79	50	81	62.0%	161
City of San Marcos	223	250	293	240	200	-16.7%	208
City of Santee	185	217	223	211	288	36.5%	502
City of Solana Beach	17	31	16	12	10	-16.7%	72
City of Vista	582	509	471	452	516	14.2%	507
Sheriff Unincorporated	1,640	2,040	2,286	2,014	2,114	5.0%	450
Grand Total	6,865	8,665	9,286	10,141	11,313	11.6%	344

Data Source: ARJIS; SANDAG, 2019 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. Meaning these data are based on where the arrest occurred, not where the individual arrested resides.

**2019 Rate was calculated based on current 2018 population numbers.

**Table 12. Number of Arrests and Citations (Misdemeanor and Felony) San Diego Region
CY 2015-2019**

Year	Total Arrests	Meth Related Arrests	% of Total
2015	84,745	6,865	8.1%
2016	82,646	8,665	10.5%
2017	83,489	9,286	11.1%
2018	81,225	10,141	12.5%
2019	N/A	11,313	N/A

Sources: ARJIS

**Excludes juvenile status offenses

**Table 13. Emergency Department (ED) Discharges for Amphetamine Dependence and Misuse in San Diego County by
Hospital, 2009 – 2018**

Hospital (ED)	2014	2015	2016	2017	2018	1-Year Percent Change	5-Year Percent Change	Percent of County Meth Increase
Alvarado	654	827	964	783	343	-56%	-48%	-11.2%
Rady Children's Hospital	15	21	19	32	18	-44%	+20%	0.1%
Sharp Coronado	90	136	180	202	239	+18%	+167%	5.4%
Sharp Memorial	619	740	882	954	1,055	+11%	+70%	15.7%
Grossmont	2,169	2,697	2,485	2,444	2,398	-2%	+11%	8.3%
Kaiser*	233	325	452	557	616	+11%	+164%	13.8%
Scripps Mercy**	1,561	2,008	1,775	1,748	1,738	-1%	+11%	6.4%
Palomar Medical Center	1,391	1,416	973	739	1,067	+44%	-23%	-11.7%
Paradise Valley	962	1,183	1,286	1,145	1,189	+4%	-10%	8.2%
Scripps La Jolla	110	140	171	164	168	+2%	+53%	2.1%
Tri-City MC	711	728	923	929	528	-43%	-26%	-6.6%
UCSD MC***	1,144	1,525	2,344	2,574	2,863	+11%	+150%	62.0%
Sharp Chula Vista	322	424	372	354	415	+17%	+29%	3.4%
Pomerado Hospital	152	248	195	165	249	+51%	+64%	3.5%
Scripps Encinitas	114	177	188	136	134	-1%	+18%	0.7%
Total	10,247	12,595	13,209	12,926	13,020	+1%	+27%	100.00%

*Starting in 2017 these data include two Kaiser locations in San Diego County – Kaiser Permanente San Diego Medical Center and Kaiser Permanente Zion Medical Center.

**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 - 2018.

Notes: Does not include inpatient admissions. These data do not include emergency department (ED) discharge data from the Veterans Administration Hospital or the Balboa Naval Medical Center.

Figure 3. Emergency Department (ED) Discharge Rates by Age Group and Region

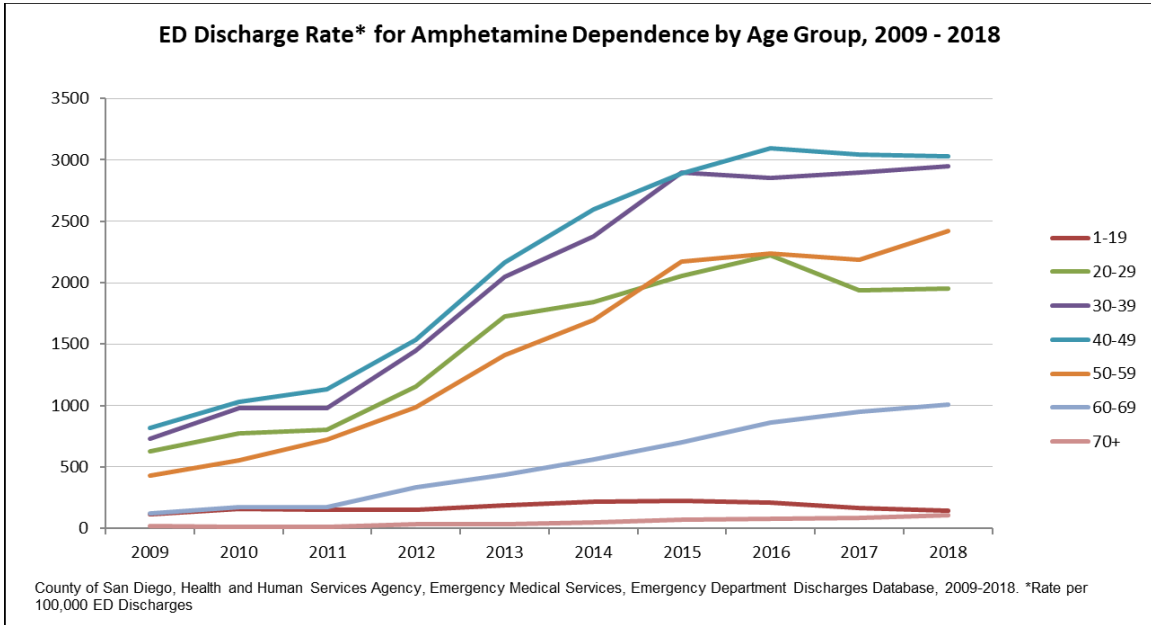


Figure 4. Emergency Department (ED) Discharge Rate for Amphetamine Dependence by Region, 2009-2018

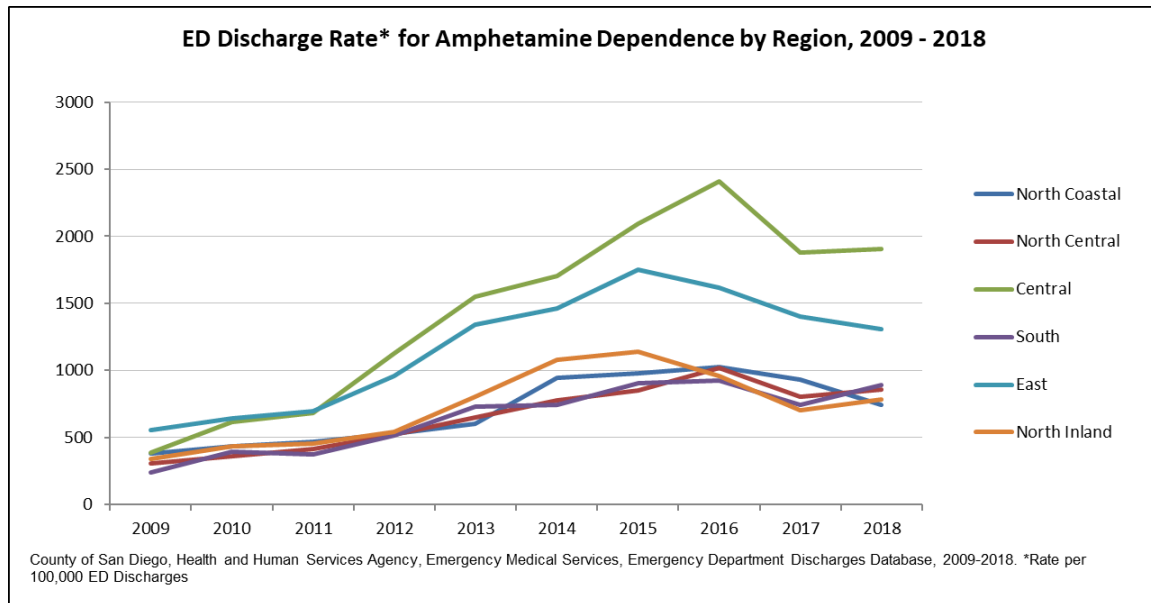
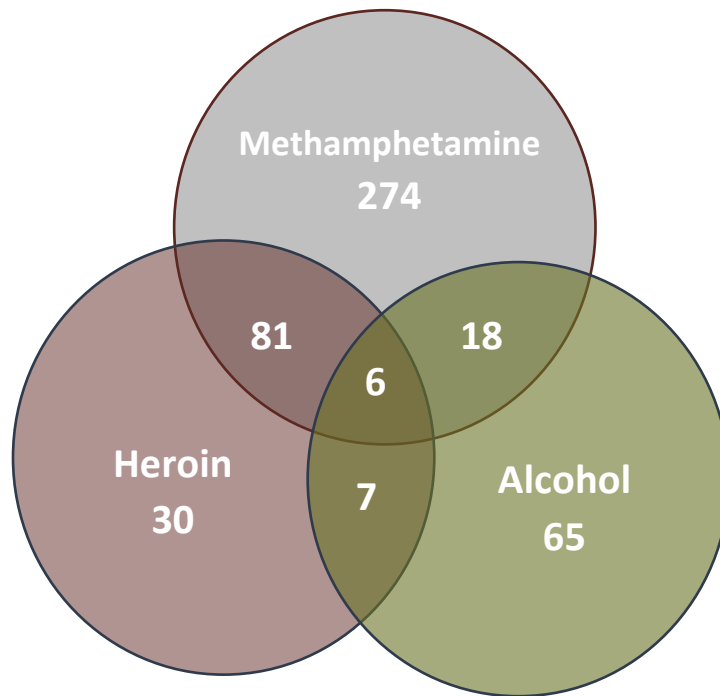


Figure 5. Relationship Between Unintentional Methamphetamine, Heroin, and Alcohol Caused Deaths in San Diego County, 2019



Source: San Diego County Department of the Medical Examiner, 2020