



2019 Report Card

Methamphetamine Strike Force



The Status of Methamphetamine Abuse 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 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 2018 on leading indicators of meth problems. Please see page 2 for data sources.

Table 1. Methamphetamine Strike Force 2019 Report Card

Indicator		2014	2015	2016	2017	2018
1.	Unintentional Meth-Related Deaths ^a	262	311	377	368	483
	• Rate per 100,000 residents	8.1	9.5	11.5	12.3	14.5
2.	Unintentional Meth-Caused Deaths ^b	173	209	239	271	328
	• Rate per 100,000 residents	5.4	6.4	7.3	8.2	9.8
3.	Emergency Department (ED) Discharges for Amphetamines ^c	10,254	12,595	13,209	12,926	Available in 2020
	• Rate per 100,000 population ^d	321	383	402	390	Available in 2020
	• ED Use Rate per 100,000 ED Visits	1,260	1,469	1,539	1,469	Available in 2020
4.	Methamphetamine Primary Drug of Choice	4,991	4,564	4,689	4,911	6,906 ^e
	• Percent of all Public Drug Treatment Admissions	37%	36%	37%	37%	30%
5.	Positive Methamphetamine Tests					
	• Adult Arrestees	45%	49%	56%	56%	57%
	• Juvenile Arrestees	13%	8%	14%	11%	10%
6.	Lab Cleanup					
	• County Cleanup	4	7	8	3	3
	• DEA/NTF Cleanup	2	2	1	1	0
7.	Number of Misdemeanor/Felony Arrests for Meth Sales and Possession ^f	6,734	6,849	8,428	9,293	10,156
8.	Availability Measures					
	• “Easy to Get”	90%	90%	88%	89%	89%
	• Price per Ounce	\$400-1,200	\$350-600	\$250-450	\$120-250	\$150 -300
	• Meth Seizures at Border POE	5,862 kg.	8,103 kg.	8,706 kg.	13,831 kg.	19,171 kg.
9.	Hotline Contacts ^g	231	265	83	45	87

- These data represent deaths of all manner examined by the San Diego County Medical Examiner’s Office and those that had toxicology. There are over 22,000 deaths each year in San Diego County, the Medical Examiner’s office investigates around 3,000 deaths a year.
- These deaths are accidental overdose deaths in which methamphetamine alone or with other drugs and/or alcohol was a causative factor in death.
- 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.
- 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.
- Drug-MediCAL 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.
- 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.
- 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.



Report Card Indicator Details and Source(s)

1. Unintentional Meth-Related Deaths. *Source: County of San Diego Medical Examiner's Office.* San Diego Association of Governments (SANDAG) population figures based on 2018 Census data.
2. *Unintentional Meth-Caused Deaths.* *Source: County of San Diego Medical Examiner's Office.* 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 abuse. Patients who were admitted to the hospital were not included. *Source: County of San Diego, Health and Human Services Agency (HHSA), 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).*
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.*
9. Hotline contacts. Numbers of calls and emails to the Meth Hotline (1-877-No-2-METH, info@no2meth.org, or www.no2meth.org). *Source: San Diego Law Enforcement Coordination Center (SD-LECC).*

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.

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.

2019 MSF Addendum

A. Death Details

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

Table 1. Meth-Related Deaths by Race/Ethnicity, 2018

Race/Ethnicity	Number	Rate per 100,000
White	278	18.2
Hispanic	113	9.8
Black	49	33.2
Other	10	8.4
Asian/Pacific Islander	20	5.3
Native American	11	72.5
Unknown	2	--
Total	483	14.5

Table 2: Meth-Related Deaths by Age and Gender, 2018

Age	Total Number of Deaths			Rate per 100,000*		
	Female	Male	Total	Female	Male	Total
0-14	0	0	0	0	0	0
15-24	7	13	20	3.1	4.9	4.1
25-34	28	66	94	13.2	28.7	21.3
35-44	15	68	83	7.0	30.7	19.1
45-54	38	82	120	18.2	39.4	28.8
55-64	29	98	127	14.1	50.4	31.8
65+	11	26	37	4.1	12.1	7.7
Unknown	1	1	2	--	--	--
Grand Total	128	353	483	7.7	21.0	14.5

Table 3. Unintentional Meth-Caused Deaths by Race/Ethnicity, 2018

Race/Ethnicity	Number	Rate per 100,000
White	204	13.4
Hispanic	63	5.5
Black	32	21.7
Other	9	7.5
Asian/Pacific Islander	13	3.4
Native American	7	46.2
Grand Total	328	9.8

Table 4: Unintentional Meth-Caused Deaths by Age and Gender, 2018

Age	Total Number of Deaths			Rate per 100,000*		
	Female	Male	Total	Female	Male	Total
0-14	0	0	0	0	0	0
15-24	4	7	11	1.8	2.6	2.2
25-34	18	37	55	8.5	16.1	12.4
35-44	12	36	48	5.6	16.2	11.0
45-54	26	57	83	12.5	27.4	19.9
55-64	21	82	103	10.2	42.2	25.8
65+	8	20	28	3.0	9.3	5.8
Total	89	239	328	5.4	14.2	9.8

B. 2018 Substance Use Disorder Admissions

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

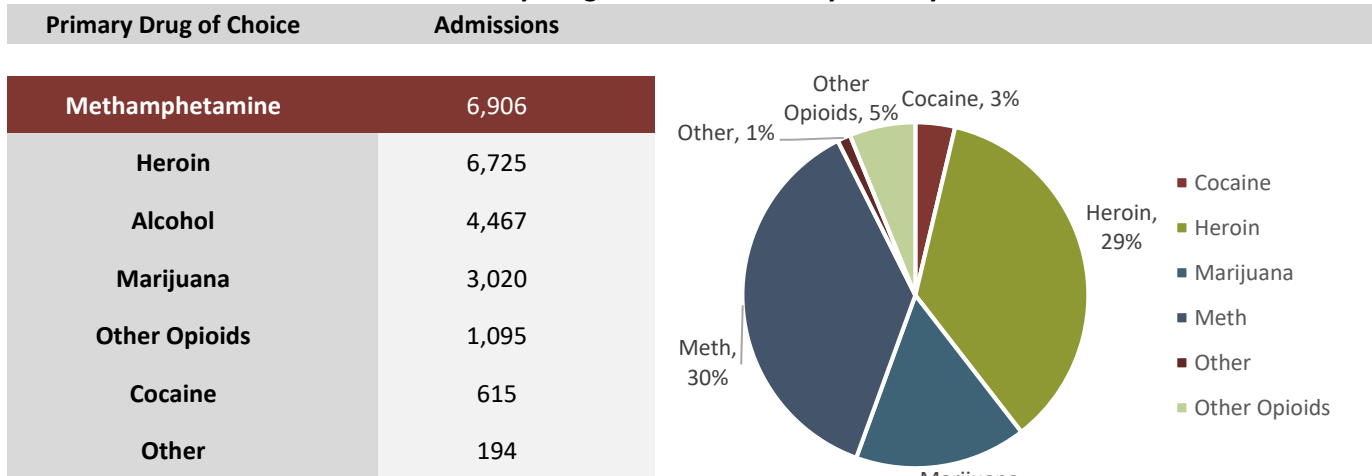


Table 6. 2018 Primary Methamphetamine Treatment Admissions by Gender, San Diego County

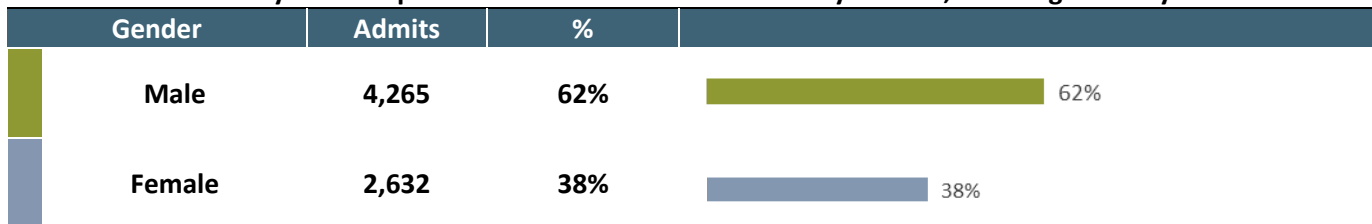


Table 7. 2018 Primary Methamphetamine Treatment Admissions by Age, San Diego County

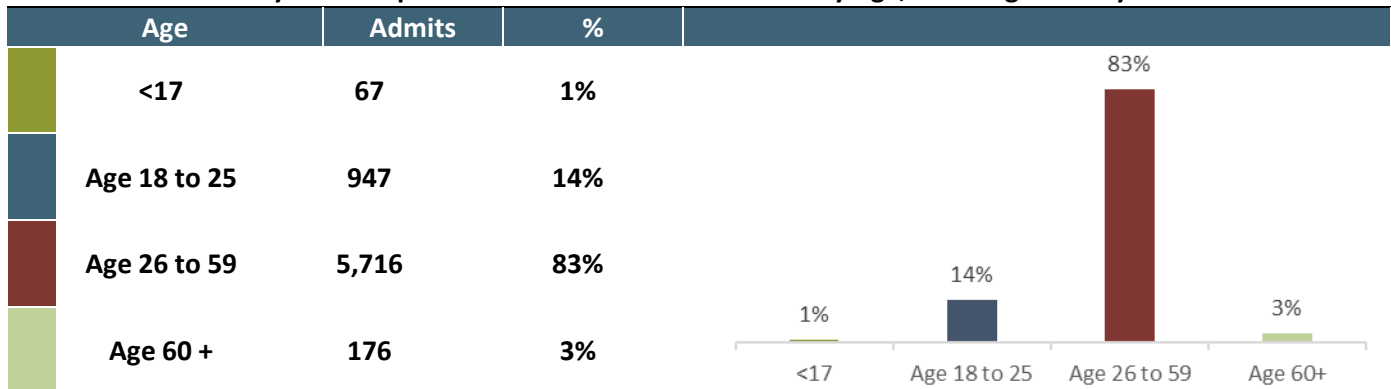
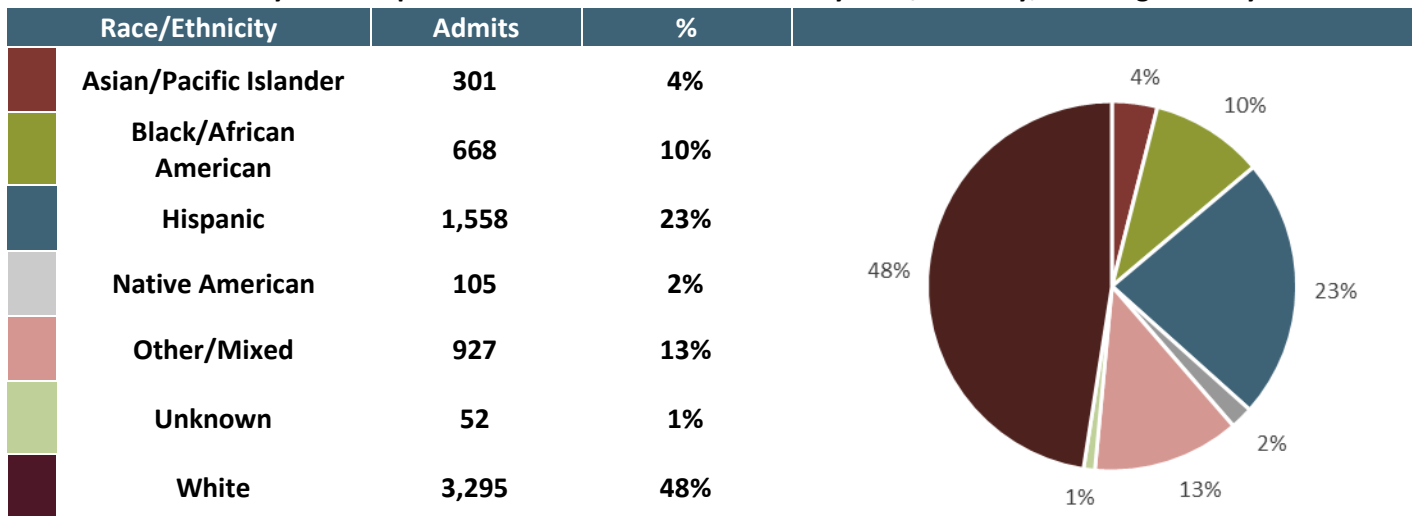
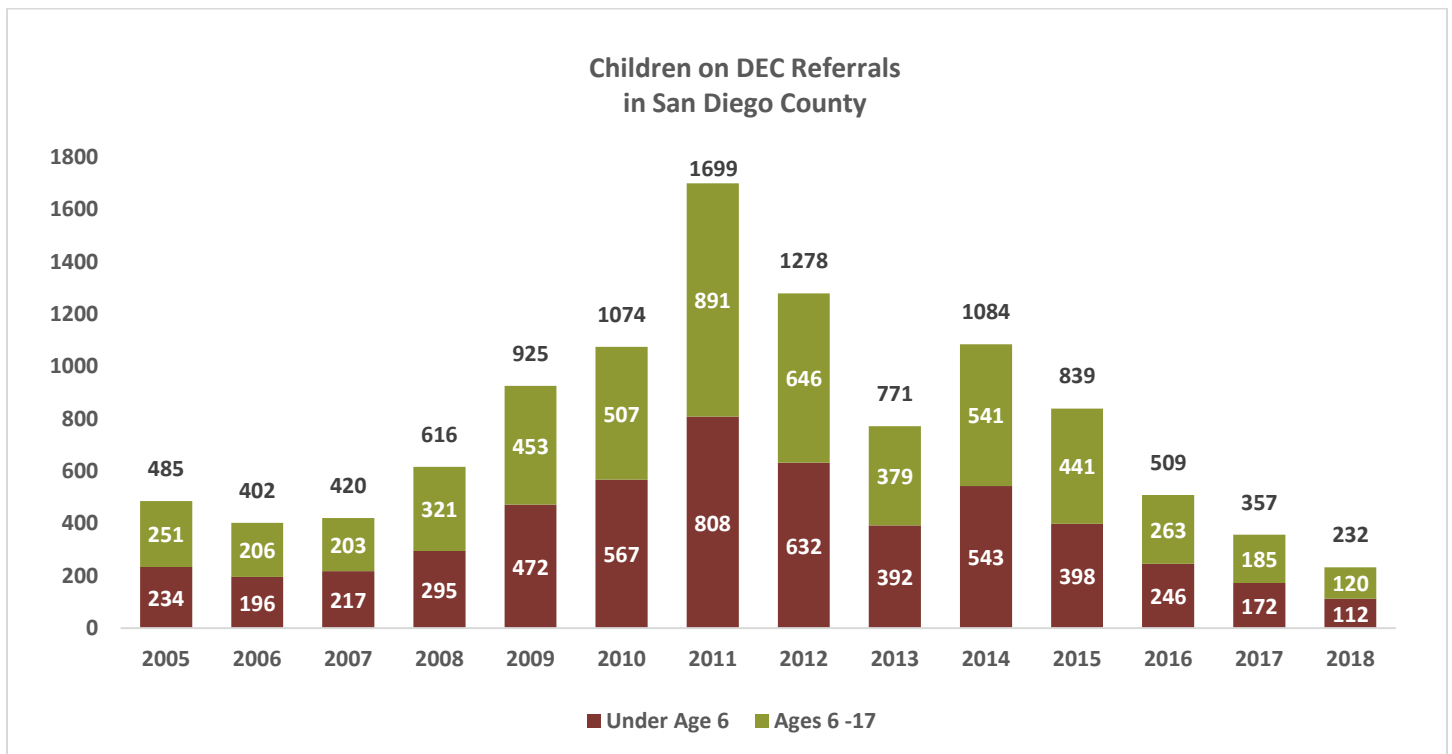


Table 8. 2018 Primary Methamphetamine Treatment Admissions by Race/Ethnicity, San Diego County



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.

Child Welfare Services (CWS) case review: Child Welfare Services (CWS) reviewed cases that involved parental substance abuse cases during the Federal Fiscal Year 2017-2018 to identify primary and secondary substance use, treatment engagement and reunification status. Below is a summary of findings from the case review:

- **Of the 51 cases reviewed:**
 - 28 (55%) involved parental substance abuse;
 - Methamphetamine was the most frequently identified primary substance (51% n=23).
- **Substance Abuse Treatment Programs:** Child Welfare Services (CWS) utilizes Substance Abuse Specialists (SAS) through Vista Hill to assess parents and provide a recommendation for substance abuse treatment services. In most cases, the Agency has contact with more than parent. Therefore, the sample of 28 applicable cases has 45 parents involved. Outpatient is the most common type of primary treatment program used (49%) and NA/AA meetings are the most common second type of treatment program used (51%).
- **Parent Reunification:** Among cases reviewed, 13% (n=6) of parents successfully received family reunification services.

Intimate Partners: The County of San Diego Domestic Violence Fatality Review Team (DVFRT) selects six domestic violence fatality cases each year for intensive 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 current and history of use by the perpetrators in these cases, as well as the domestic violence homicide victim. (Source: San Diego County DVFRT, 2019).

Table 9. Meth Involvement in Domestic Violence Fatalities: Findings from Multidisciplinary In-Depth Case Review CY 2006-2018		
	Intimate Partner Victims (n=101)	Perpetrators (n=101)
Current Meth Use*		
No meth use	19 (19%)	22 (22%)
	82 (81%)	79 (78%)
History of Meth Use		
No known history of meth use	24 (24%)	33 (33%)
	77 (76%)	68 (67%)

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

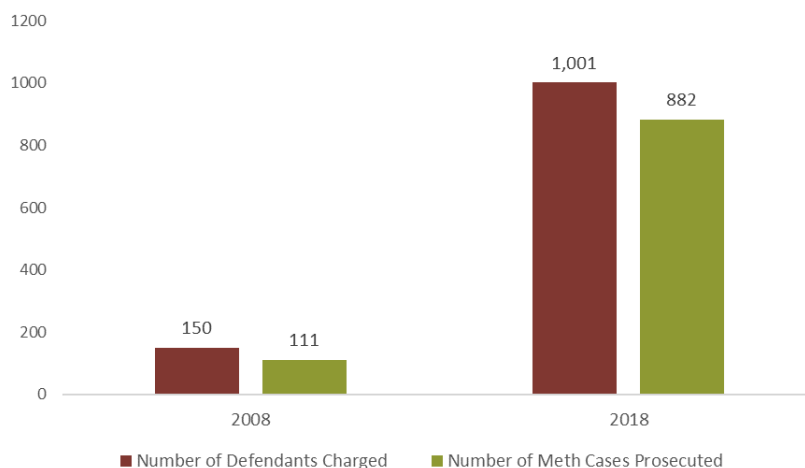
* Determined when the individual has been known to use methamphetamines at some point in their life, as documented through a review of multidisciplinary case records.

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

- In FY 17/18 Adult Protective Services confirmed 112 cases with reported meth detected substance abuse by the suspected abuser.

D. 2018 Public Safety Impacts

Figure 2. Federal Methamphetamine Charges and Prosecutions/Cases



Source: United States Department of Justice, 2019

Table 10: Number of Misdemeanor and Felony Arrests for Methamphetamine, San Diego Region: CY 2012-2018

LE Agency	2013	2014	2015*	2016*	2017*	2018*	% Change	2018**Rate Per 100,000
Carlsbad	132	148	204	192	159	234	47.2%	207
Chula Vista	413	382	502	899	782	869	11.1%	327
Coronado	14	17	12	19	18	30	66.7%	122
El Cajon	340	346	406	378	367	538	46.6%	511
Escondido	289	291	336	542	724	660	-8.8%	437
La Mesa	219	149	167	385	632	1,014	60.4%	1,663
National City	131	135	197	225	188	204	8.5%	333
Oceanside	276	283	330	467	418	744	78.0%	421
San Diego	2,502	2,403	1,695	1,997	2,200	2,492	13.3%	178
Sheriff Total	2,375	2,640	3,016	3,564	3,801	3,371	-11.3%	371
City of Del Mar	3	6	16	21	4	2	-50.0%	47
City of Encinitas	52	70	100	236	166	139	-16.3%	222
City of Imperial Beach	150	102	65	70	115	117	1.7%	417
City of Lemon Grove	78	83	121	115	145	121	-16.6%	453
City of Poway	52	62	67	73	79	50	-36.7%	100
City of San Marcos	154	207	223	250	294	241	-18.0%	256
City of Santee	176	159	185	217	223	212	-4.9%	376
City of Solana Beach	3	5	17	31	16	13	-18.8%	94
City of Vista	415	339	582	509	471	452	-4.0%	439
Sheriff Unincorporated	1,292	1,607	1,640	2,042	2,288	2,024	-11.5%	431
Grand Total	6,691	6,794	6,865	8,668	9,289	10,156	9.3%	311

Data Source: ARJIS; SANDAG, 2018 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.

*2015-2018 include misdemeanor citations.

**2018 Rate was calculated based on current 2017 population numbers.

Table 11. Number of Misdemeanor and Felony Arrests San Diego Region CY 2013-2017

Year	Total Arrests**	Meth Related Arrests	% of Total
2013	85,833	6,625	7.7%
2014	83,277	6,614	7.9%
2015	84,745	6,869	8.1%
2016	82,646	8,668	10.5%
2017	83,489	9,289	11.1%

Sources: SANDAG; ARJIS

*2015-2017 includes misdemeanor citations.

**Excludes juvenile status offenses

Table 12. Emergency Department Discharges for Amphetamine Dependence and Abuse in San Diego County by Hospital, 2009 – 2017

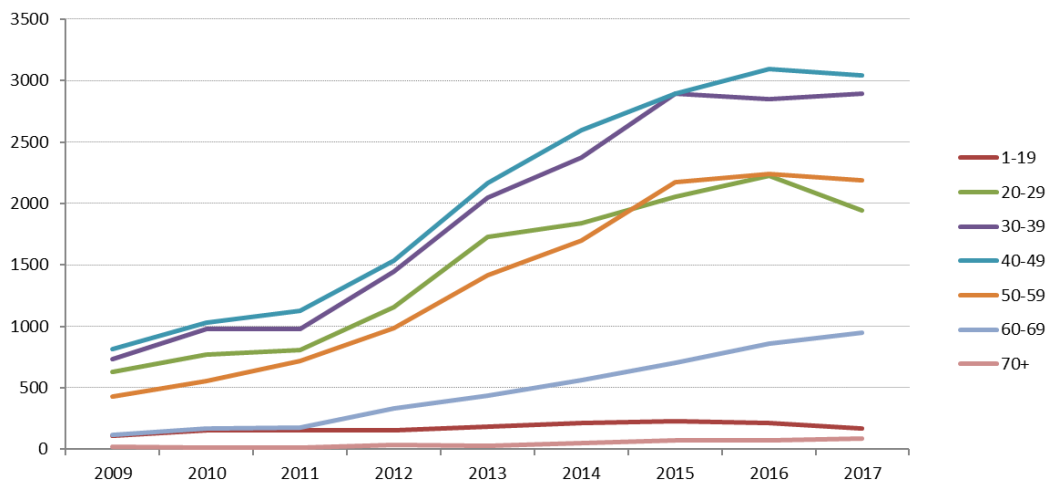
Hospital	2010	2011	2012	2013	2014	2015	2016	2017	8-Year Change	8-Year Change Percent	Percent of Total 8-Year Meth Increase
Alvarado	223	184	258	529	654	827	964	783	560	251%	5.8%
Rady Childrens Hospital	22	15	19	11	15	21	19	32	10	45%	0.1%
Sharp Coronado	101	88	109	63	90	136	180	202	101	100%	1.1%
Sharp Memorial	275	291	433	559	619	740	882	954	679	247%	7.1%
Grossmont	680	751	1,140	1,786	2,169	2,697	2,485	2,444	1,764	259%	18.4%
Kaiser	77	104	253	205	233	325	452	557	480	623%	5.0%
Scripps Mercy*	444	643	952	1,333	1,561	2,008	1,775	1,748	1,304	294%	13.6%
Palomar Medical Center	372	390	482	870	1,391	1,416	973	739	367	99%	3.8%
Paradise Valley	288	219	317	832	962	1,183	1,286	1,145	857	298%	8.9%
Scripps La Jolla	35	106	47	68	110	140	171	164	129	369%	1.3%
Tri-City MC	330	409	425	492	711	728	923	929	599	182%	6.2%
UCSD MC**	249	314	774	859	1,144	1,525	2,344	2,574	2,325	934%	24.3%
Sharp Chula Vista	140	117	138	303	322	424	372	354	214	153%	2.2%
Pomerado Hospital	27	44	70	96	152	248	195	165	138	511%	1.4%
Scripps Encinitas	78	82	80	88	114	177	188	136	58	74%	0.6%

*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 - 2017.

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



County of San Diego, Health and Human Services Agency, Emergency Medical Services, Emergency Department Discharges Database, 2009-2017.
*Rate per 100,000 ED Discharges

Figure 4. Emergency Department (ED) Discharge Rate for Amphetamine Dependence by Region, 2009-2017

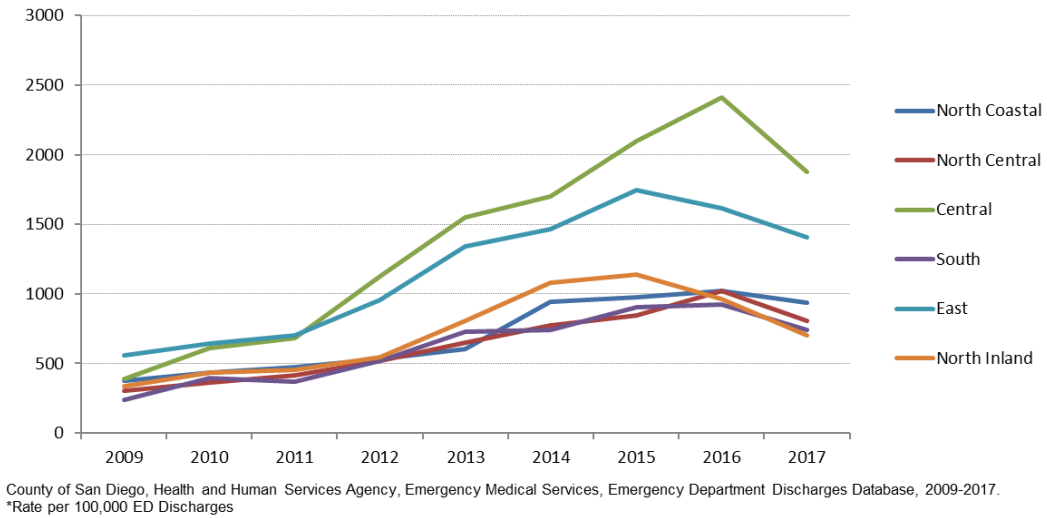
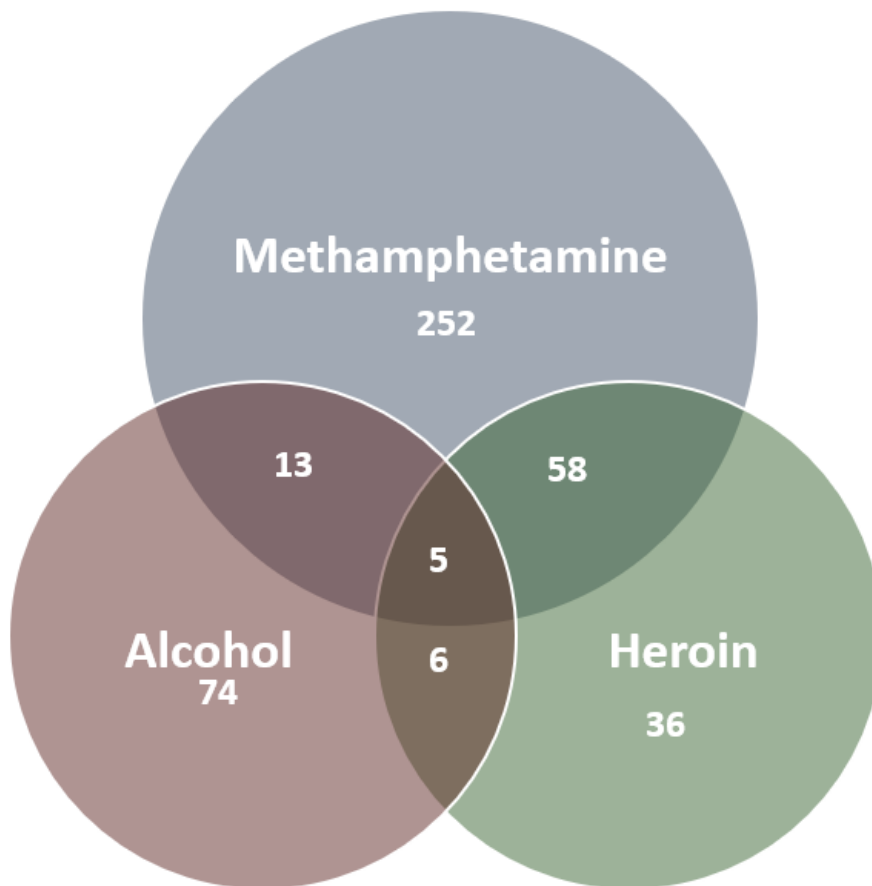


Figure 5. Relationship Between Unintentional Methamphetamine, Heroin, and Alcohol Caused Deaths in San Diego County, 2018*



*The 2018 Report Card diagram included the number of all accidental deaths in which alcohol and meth were detected. The 2019 diagram has been updated to include only deaths in which meth, heroin and/or alcohol was a causative factor.