



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 2016 on leading indicators of meth problems. Data sources are listed on the back.

## Methamphetamine Strike Force 2016 Report Card

	Indicator	2012	2013	2014	2015	2016
1.	Total Meth-related Deaths	217	267	262	311	377
	Death Rate	7.9	8.5	8.2	11.1	11.5
2.	Emergency Dept. (ED) Discharges for Amphetamines <sup>1</sup>	5,508	8,116	10,254	12,595	Not Available Until 2018
	Rate per 100,000 population <sup>2</sup>	176	258	321	383	
	ED Use Rate per 100,000 ED Visits	759	1071	1,260	1,469	
3.	Meth Primary Drug of Choice	4,055	4,820	4,991	4,564	4,689
	Percent of All Public Drug Treatment Admits	32%	34%	37%	36%	36.8%
4.	Positive Meth Tests					
	Adults Arrestees	36%	43%	45%	49%	56%
	Juvenile Arrestees	4%	10%	13%	8%	14%
5.	Lab Cleanup/Seizure					
	County Cleanup	7	5	4	7	8
	DEA/NTF Seizures	4	0	2	2	1
6.	Number of Misdemeanor/Felony Arrests for Meth Sales and Possession <sup>3</sup>	5,150	6,644	6,734	6,849	8,428
7.	Availability Measures					
	"Easy to get"	85%	83%	90%	90%	86%
	Price per Ounce	\$900-\$1,200	\$400-\$1,200	\$400-\$1,200	\$350-\$600	\$250-\$450
	Meth Seizures at Border POE	3,585 kg	5,729 kg	5,862 kg	8,103 kg	8,706 kg
8.	Hotline Contacts	180	215	231	265	83

### Someone in San Diego County Died Every 23 Hours with Meth in Their System in 2016



<sup>1</sup> 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.

<sup>2</sup> 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, 2011 – 2014.

<sup>3</sup> 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.

## 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. 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)
  - c. Crystal and Ice Meth Seizures at San Ysidro, Otay Mesa and Tecate. Source: Customs and Border Protection
8. Numbers of calls and emails to the Meth Hotline (1-877-No-2-METH or [www.no2meth.org](http://www.no2meth.org)). Source: SD-LECC