

This annual MSF Report Card provides data from 2014 on leading indicators of meth problems in San Diego County.

Methamphetamine Strike Force 2015 Report Card					
Indicator	2010	2011	2012	2013	2014
1. Total Meth-related Deaths	157	171	217	267	262
Death Rate	5.6	6.1	7.9	8.5	8.2
2. Emergency Dept. Discharges for Amphetamines ^a	3,360	3,773	5,508	8,116	Not Available Until 2016
Population Rate ^b	109	121	176	258	
ED Use Rate	506	541	759	1071	
3. Meth Primary Drug of Choice	4,015	4,097	4,055	4,820	4,991
Percent of All Public Drug Treatment Admits	34%	34%	32%	34%	37%
Positive Meth Tests					
4. Adults Arrestees	27%	30%	36%	43%	45%
Juvenile Arrestees	8%	4%	4%	10%	13%
Lab Cleanup/Seizure					
5. County Cleanup	12	7	7	5	4
DEA/NTF Seizures	5	3	4	0	2
6. Number of Arrests for Meth Sales and Possession	5,139	4,869	5,190	6,658	6,598
Availability Measures					
7. "Easy to get"	82%	88%	85%	83%	90%
Price per Ounce	\$1,200-\$1,800	\$800-\$1,100	\$900-\$1,200	\$400-\$1,200	\$400-\$1,200
Meth Seizures at Border POE	2,560 kg	3,046 kg	3,585 kg	5,729 kg	5,862 kg
8. Drug Endangered Children Cases ^c	1,074	1,699	1,278	771	1,084
9. Hotline Contacts	379	166	180	215	231

Report Card Indicator Details and Source(s)

- 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.
- 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 (HHS), Emergency Medical Services
- Percent of persons admitted to publicly-funded drug treatment who identify meth as their primary drug of choice. Source: County of San Diego, HHS, Behavioral Health Services.
- 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.
- 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)
- Number of arrests for meth sales and possession. Source: Automated Regional Justice Information System (ARJIS).
- Availability Measures:
 - Methamphetamine "easy to get" percent from jail interviewees: Source: SAM interviews
 - Price of meth samples acquired during arrests/ investigations. Source: San Diego Law Enforcement Coordination Center (SD-LECC)
 - Crystal and Ice Meth Seizures at San Ysidro, Otay Mesa and Tecate. Source: Customs and Border Protection
- Number of cases with Special Project Codes for Drug Endangered Children. Includes both Level I cases with meth labs, and Level II cases which occur when children are found in settings involving the use, possession, selling or transportation of drugs. Drug Endangered Children (DEC) data depends on CWS staff entering the Special Project Code, which is not always consistent.
- Numbers of calls and emails to the Meth Hotline (1-877-No-2-METH or www.no2meth.org). Source: SD-LECC

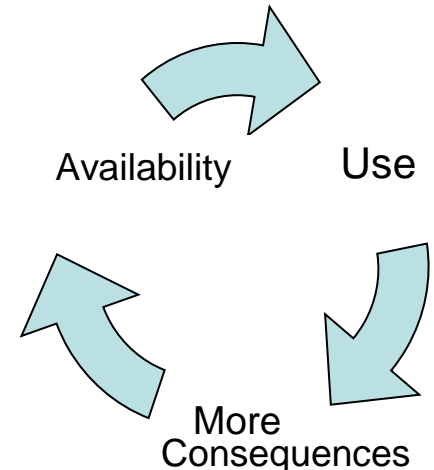
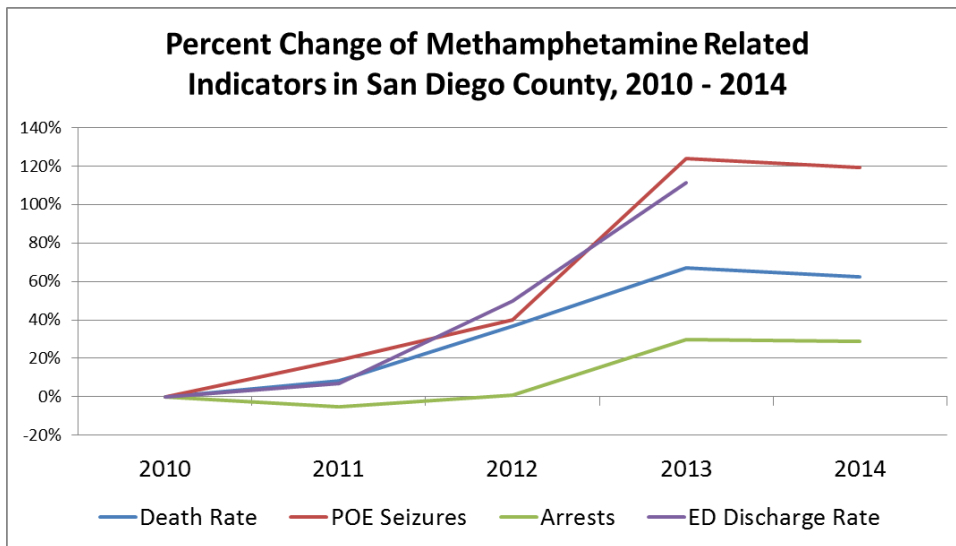
^a Emergency department diagnoses are coded for all amphetamine abuse and amphetamine dependence; it can reasonably be assumed that most amphetamine mentions among ED discharges are in fact methamphetamine.

^b 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, 2010 – 2013.

^c 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. DEC data depends on CWS staff entering the Special Project Code, which is not always consistent.

Why Are Meth Problems So Big?

As seen in the below chart, availability -- as measured by meth coming in across the border -- continues to be at an all-time high, closely matching consequence indicators at the morgue and emergency departments.



What Needs to Be Done?

Analysis of several databases, existing research and literature, along with discipline expert opinions, suggest the following are required to decrease meth use and subsequent consequences:

1. Disrupt the Meth Market At All Levels As Possible.

Support law enforcement efforts to reduce the availability of meth in our region. A new Drug Trends committee has begun to trade information on early trends among enforcement, prosecution and health.

2. Increase Health Screening Among Meth Users.

Older meth users are suffering the cardio-vascular consequences of chronic meth use. Earlier health screening and engagement in drug treatment may reduce early mortality. MSF is reaching out to the health care community to increase strong connections between physical and behavioral health care.

3. Increase Family-Based Intervention Services.

The data suggest a generational pattern where today's younger meth users are more likely to have parents with drug problems. Children need to recover alongside their parents. Trauma-informed practice for the whole family can get to root causes and break the cycle.

4. 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. Crime-Free Multi-Housing is being expanded to bring health, safety and thriving into this important strategy.

5. Maintain Our 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 – lifetime use rates range from 3 to 5 percent. However, early use of tobacco, alcohol and marijuana are risk factors that may lead to other substance use.