County of San Diego
Methamphetamine Strike Force

STATUS REPORT

January 2004

County of San Diego Methamphetamine Strike Force

County of San Diego Board of Supervisors

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Health and Human Services Agency

METHAMPHETAMINE STRIKE FORCE
Recommendations:

The following recommendations were revised in 2000 and are based on the original recommendations developed by the Methamphetamine Strike Force (Strike Force) in 1996. The revised recommendations reflect a clearer understanding of current methamphetamine problems and the need for a systematic approach to address those problems within the San Diego region.

PREVENTION

1. Use a comprehensive media strategy to inform the public and policymakers.
2. Understand and match appropriate strategies for individual, family, and community risk and protective factors.
3. Reduce access to methamphetamine in key locations with clear policies, consistent sanctions, and strategic enforcement.
4. Within school districts, promote the development and enforcement of alcohol, tobacco, and other drug policies, and support education programs through collaboration with community resources.

INTERVENTION

5. Expand our system's capacity to perform interventions at earlier points and in community-based settings.
6. Learn more about effective interventions, and create teams to replicate workable programs in culturally appropriate and relevant ways in new communities.
7. Develop more funding to help cities and other systems create and evaluate cost-effective intervention programs.

TREATMENT

8. Educate the public and policymakers about the needs, effectiveness and cost benefits of treatment.
9. Seek permanent and stable funding to expand treatment services.
10. Improve abilities to target consumers of treatment and to assess/identify risk.
11. Develop an integrated systemic criminal justice approach with substance-abusing offenders, using screening, assessment, monitoring and treatment.

INTERDICTION

12. Use the Methamphetamine Hotline as a way to engage the public.
13. Increase penalties on methamphetamine sales to equalize with heroin, cocaine, and other illicit drugs. (Note: Judges abstained from participating in this recommendation because the California Cannons of Ethics prohibits advocacy by judges regarding sentencing laws).
14. Pursue stronger enforcement of the statewide ordinance on precursor chemicals and seek stiffer penalties for companies that distribute precursor and essential chemicals and equipment used to manufacture methamphetamine.
15. Expand community-policing strategies to engage the public in methamphetamine issues.

SYSTEMS

16. Promote training regarding methamphetamine issues across disciplines, in a variety of user-friendly settings, for health, social service, enforcement and other professionals.
17. Encourage regional and binational cooperation on border issues in health and enforcement across the four core strategies adopted by the Methamphetamine Strike Force.

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INTRODUCTION

Methamphetamine (commonly called "meth", "crank" or "crystal") is a highly addictive stimulant. Methamphetamine is a well-known source of health and criminal problems that negatively impact both family and community systems.

The San Diego region has a history of methamphetamine problems, and at one time was known as the "methamphetamine capital of the world." Today, thanks in large part to the efforts of the Methamphetamine Strike Force, the region is recognized as a source for a comprehensive approach to the prevention of methamphetamine problems.

THE HISTORY OF THE METHAMPHETAMINE STRIKE FORCE

In March 1996, after receiving reports showing methamphetamine problems had reached near epidemic proportions, the County Board of Supervisors, at Supervisor Dianne Jacob's request, authorized the formation of the multi-disciplinary Strike Force. The 70-member organization includes local, state, and federal representatives from public health, law enforcement, judiciary, education, treatment, prevention, and intervention agencies. A membership roster is provided in Appendix C.

The Board of Supervisors asked the Strike Force to research local methamphetamine problems, develop a set of recommendations, and return to the Board with an action plan to implement the recommendations. In December 1996, the Strike Force submitted their Translating Ideas into Action plan to the Board, and was authorized to implement a comprehensive set of 17 recommendations focusing on prevention, intervention, treatment, and interdiction. While the Strike Force has continued to concentrate on methamphetamine, the plan recognizes that methamphetamine must be addressed within the context of all alcohol and other drug issues. The Strike Force functions primarily as a coordinating and planning body to promote implementation of its recommendations. Through a collaborative effort, with limited direct resources, the Strike Force has:

- Raised public awareness that methamphetamine is everyone's problem.
- Leveraged resources through inter-agency cooperation.
- Increased understanding of how to integrate health and enforcement strategies.
- Attracted new, methamphetamine-specific, resources to the San Diego region.

The Strike Force has been acclaimed as a national model in addressing methamphetamine and other drug problems, and has co-hosted, along with the United States Attorney General's Office, a national conference to assist other cities in the development of effective responses to methamphetamine problems.

This Status Report and Report Card is the seventh in a series of annual reports to the Board of Supervisors that tracks progress, accomplishments, and future directions for the Strike Force. This document covers two periods of time:

1) The Report Card on page 3, which lists ten community-level measures

of methamphetamine problems, tracks calendar year 2002 data (the most recent available data); and

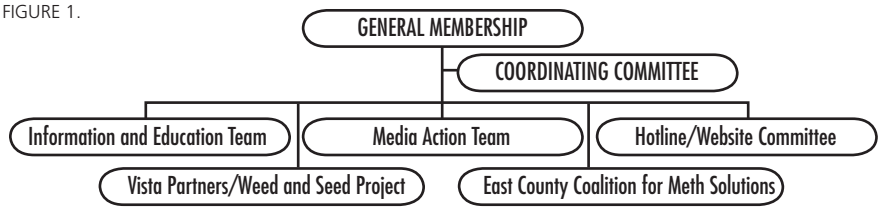
2) The Status Report narrative covers progress from the last report through the end of FY 2002-03.

The Status Report summarizes our region's progress in the fight against methamphetamine, looking at both the Strike Force activities and the outcomes of related initiatives that reflect the collective work of member agencies, government, and the private sector. The Strike Force, with its innovative structure and active and diverse membership, has stimulated collaborative efforts described later in this report.

To implement the action plan spelled out in the original Strike Force report, Translating Ideas into Action, the Strike Force structured itself according to the following functional chart:

METHAMPHETAMINE STRIKE FORCE

FIGURE 1.



- The Coordinating Committee provides overall coordination and guidance for the Methamphetamine Strike Force, under the leadership of co-chairs Jean M. Shepard, Director (Acting) of the Health and Human Services Agency (HHSA), and Undersheriff Jack Drown.
- The Information and Education Team (formerly called the Research Team) examines data, identifies areas for further inquiry, coordinates training and an annual Research Forum, and conducts focus groups to gather information "from the street" used in identifying emerging needs and responsive approaches to prevention, intervention, and treatment.
- The Media Action Team coordinates the media effort by creating newsworthy events and other opportunities for media coverage about methamphetamine problems and solutions.
- The Hotline/Website Committee provides input into hotline operations and manages the Website for the Strike Force. The Website has its own domain name (www.no2meth.org) and is registered with major search-engines.
- The Vista Partners Project implements a balanced approach to prevention, intervention, treatment, and interdiction in the City of Vista. This project now compliments the Federally-funded Weed and Seed project in Vista's Townsite neighborhood.
- The East County Coalition for Meth Solutions, which began in the fall of 2002, brings together representatives from the east county region to form a problem-solving team to address methamphetamine issues and implement Strike Force recommendations in the suburban portion of this region.

Methamphetamine Strike Force Report Card: 2002

Indicator	1995	1996	1997	1998	1999	2000	2001	2002	Change 1995-2002[1]	Change 2001-2002	Comments/Trends
1. Total Meth Deaths	150 (5.64)	124 (4.62)	156 (5.71)	110 (3.93)	108 (3.78)	136 (4.83)	145 (5.10)	167 (5.72)	+11% +1%	+15% +12%	
2. Related Emergency Room Mentions[1]	685 (25.8)	666 (24.8)	976 (35.8)	721 (25.8)	583 (20.4)	747 (26.5)	673 (23.7)	598 (20.5)	-13% -21%	-11% -14%	
3. Drug Treatment Admissions *(Meth primary drug of choice)*	3942 (148.27)	3109 (115.92)	3819 (139.94)	4398 (157.36)	4235 (148.43)	4475 (159.03)	5578 (196.06)	7023 (240.65)	+78% (+62%)	+30% (+21%)	All numbers in parentheses are the rate per 100,000
4.Positive Meth Tests: Adult Arrestees	37%	31%	41%	34%	29%	28%	34%	34%	-3%	0%	
5. Positive Meth Tests: Juvenile Arrestees	11%	9%	18%	13%	16%	11%	9%	12%	+1%	+3%	
6. Lab Cleanup/Seizure[2]											
County Cleanup:	40	34	13	18	46	47	22	19	-52%	-13%	Majority of labs are small toxic labs. Majority of labs in 2002 seized in North County.
BNE/DEA/NTF Seizures:	38	59	49	44	62	33	26	32	-16%	+32%	
7. Number of Arrests for Meth Sales & Possession	N/A	6736 (251.14)	8642 (316.66)	7453 (266.67)	7519 (269.95)	6820 (242.37)	6372 (223.96)	6343 (217.35)	-6% (-13%)	-1% (-3%)	
8. Availability Measures											
"Easy to get"	N/A	NA	71%	67%	64%	70%	66%	67%	-4%	+4%	Increase in purity levels may link to increase in deaths.
Price: Per "8-Ball" (1/8 oz.)	$140–$180	$120–$180	$100–$180	$125 –$180	$130–$150	$160	$100–$125	$100–$125	Stable	Decrease	
Purity	NA	15%–97%	20–40%	20%–40%	15%–40%	25%–53%	30%–40%	10%–99%	Within Range	Greater Range	
9. Hotline Calls	NA	245[3]	1204	432	385	236	265	375	-69%	+42%	In 2002, additional 68 reports via e-mail
10. Strike Force-Generated Media Stories	NA	32[3]	120	24	116	132	101	75	-38%	-26%	

1 Beginning 2001, ED data reflects methamphetamine only mentions.
2 County figures include residual clean-ups and dumping of toxic material. Drug Enforcement Administration (DEA) is source for seizure data.
3 Began December of 1996.

REPORT CARD ANALYSIS

The Report Card (See page 3) represents a snapshot of methamphetamine problems covering calendar year 2002 and allows for comparison with previous years' reports. The one-year delay of information is standard for all reports and allows for consistency in reviewing all data. Some numbers were converted into rates per 100,000 population, based on the 2000 Census estimates, in order to adjust for population growth in the region. Eight of the ten indicators represent health and enforcement areas.

The Report Card reveals both the changes over a period of time and changes within the last year for specific indicators. It is recommended that the reader keep the following in mind, while reviewing report card findings:

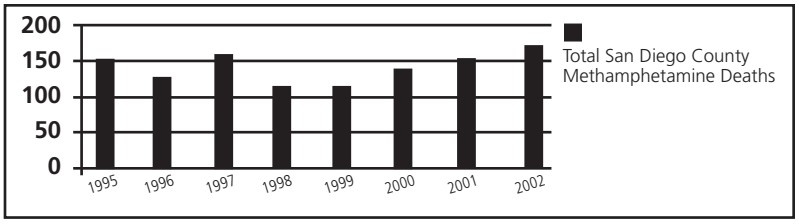
- No single indicator tells the complete story; the reader must look at relationships between indicators to ascertain meaning.
- Small changes do not signify definitive causal relationships or statistical significance.
- The numbers themselves must be considered in context. The raw local numbers represented in the Report Card are often quite small. For example, in 2002, 167 persons died with methamphetamine in their system – 12 more people than in 2001, but in context, a very minor change. When compared to the approximately 20,000 people who die every year in San Diego County, this increase is relatively small.

METHAMPHETAMINE-RELATED DEATHS

San Diego County methamphetamine-related deaths increased 15 percent from 2001 to 2002, marking the third year in a row with increases (See Figure 2). The 2002 rate per 100,000 for methamphetamine-deaths was 5.72. 1997 was the second highest reported year with a death rate of 5.71. The 2002 death demographics vary slightly from those of 2001: 74 percent were male (down four percent), 60 percent were Caucasian (down seven percent) and 26 percent were Latino (up seven percent). Some updated detailed information is available in Appendix B of this report.

METHAMPHETAMINE-RELATED DEATHS

FIGURE 2.



It is important to note that methamphetamine death rates only reflect the number of people who died with methamphetamine in their system. These figures do not include methamphetamine-fueled deaths, such as incidents in which the perpetrator is under the influence of methamphetamine, but the victim is not. It is interesting to note that the Medical Examiner's office found that positive rates for any drug increased 21 percent from 2001 to 2002, although the methamphetamine proportion of these deaths was five percent lower than the year before.

EMERGENCY DEPARTMENT "MENTIONS"

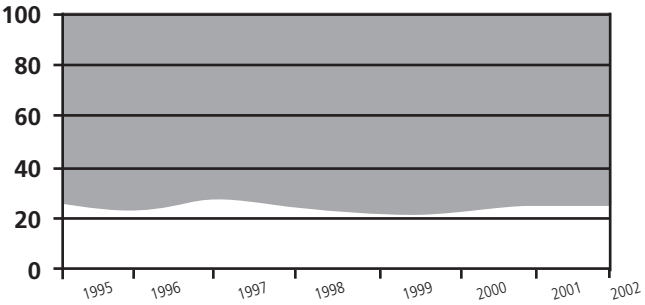
A "mention" occurs each time an emergency room patient mentions using a drug; each drug used counts as a separate mention. Between 2002 and 2003, a decrease in mentions continues, from 673 to 598 mentions, respectively. Medical professionals suggest mentions are merely the tip of the iceberg, since some doctors may fail to recognize the signs of methamphetamine use and may not flag cases in which patients don't admit drug use for further investigation.

POSITIVE DRUG TESTS AMONG ARRESTEES

Positive methamphetamine test rates for arrestees remained stable from 2001 to 2002, with no change for adults (See Figure 3). Juvenile rates increased by three percent (See Figure 4). However, both adult and juvenile rates remain within a few percentage points from the baseline year of 1995. Given that the San Diego region had the highest incidence of methamphetamine use among arrestees for many years, it is worth noting that positive test rates for male arrestees now show San Diego in "3rd place" (at 31.7 percent), behind Honolulu (at 44.8 percent) and Sacramento (at 33.5 percent).

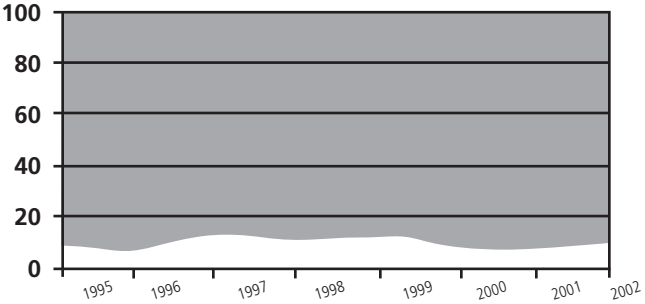
PERCENTAGE OF ADULT ARRESTEES WITH POSITIVE METH TESTS

FIGURE 3.



PERCENTAGE OF JUNEVILE ARRESTEES WITH POSITIVE METH TESTS

FIGURE 4.



METHAMPHETAMINE LABS

Methamphetamine manufacturing activity is recorded in two ways: actual lab seizures and clean-up activity (see Figures 5 & 6). Clean-ups, primarily lab "dump sites," dropped from 22 in 2001 to 19 in 2002, a 13 percent decrease. Lab seizures however, increased from 26 in 2001 to 32 in 2002, a 32 percent increase. Of the lab seizures, 13 were small labs (producing about one ounce in 24 hours), 6 were medium-sized, and one was a large lab, capable of producing over ten pounds of product in a 24-hour period – with the remaining lab sizes unidentified. Both 2002 measures, however, represent a decrease over the previous eight-year period. Anecdotal evidence seems to indicate that enforcement efforts have forced out large lab operations, which have given way to smaller, harder to identify labs.

FIGURE 5.

FIGURE 6.

Another unique feature of the San Diego Region is the San Ysidro and Otay Mesa Ports of Entry, which are two of the busiest in the nation. Despite county efforts to minimize lab activity, smuggling of methamphetamine across the border contributes to the availability of methamphetamine. Given the San Diego Region's proximity to the U.S./Mexico Border, work to limit the availability of methamphetamine must be a binational effort among all law enforcement agencies on both sides of the border.

METHAMPHETAMINE HOTLINE AND WEBSITE

The Methamphetamine Hotline (877-no2-meth) and Website (www.no2meth.org) are proving to be essential tools in the fight against methamphetamine in San Diego. After several years of declining calls to the Hotline, data from the last two years have showed increased use of Hotline resources, with 2002 showing a 42 percent increase in Hotline usage from 2001. Increases in arrests and lab seizures also resulted from Hotline activities.

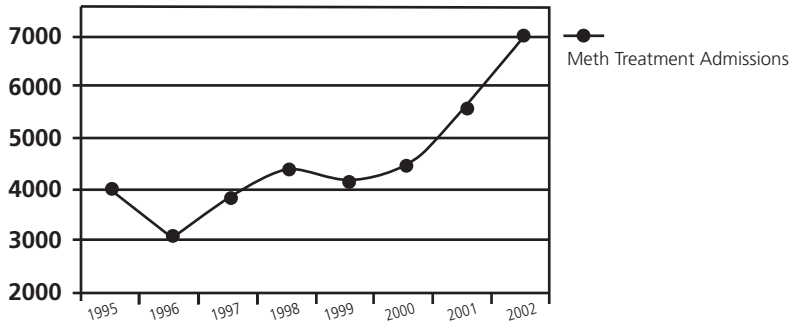
EXPANDING TREATMENT

Since its inception, the Strike Force has advocated for expanded public support and resources for effective substance abuse treatment and an integrated approach to deal with substance abusing offenders. The availability of treatment is key to reducing methamphetamine-related problems. As can be seen from the following chart (Figure 7), the number of individuals admitted to treatment that report methamphetamine as their primary drug of choice is rapidly rising. There has been a 78 percent increase since 1995

in the number of clients entering treatment who reported methamphetamine as their primary drug of choice. Between 2001 and 2002 alone, there was a 30 percent increase in such admissions.

NUMBER OF PUBLICLY FUNDED TREATMENT ADMISSIONS IN WHICH METHAMPHETAMINE WAS PRIMARY DRUG OF CHOICE

FIGURE 7.



MEDIA ADVOCACY

The Strike Force's media campaign has been used to educate the public about the danger of methamphetamine use and labs, to highlight successes, and to motivate citizens to take action in their communities. To make the best use of the power of media, the campaign is being redesigned to improve the quality and quantity of Strike Force-generated media stories.

HOLDING THE LINE . . . AND STRIKING BACK

Like many other communities struggling with methamphetamine-related problems, San Diego contends with the easy availability of methamphetamine, resulting from the abundance of the materials, chemicals, and recipes necessary for production. Yet the region has not experienced the dramatic increases evident in other communities. The Methamphetamine Strike Force has been key in keeping escalating methamphetamine problems in check. Given San Diego's history with methamphetamine, the region has been "holding the line."

However, simply "holding the line" is not enough. The devastating effects of methamphetamine on individuals, families, and communities require positive outcomes. In his July 2003 visit to San Diego, Office of National Drug Control Policy Director John Walters stated, "We need to move the needle on methamphetamine." To accomplish this, the Strike Force has been energized by three major new initiatives:

1. A developing partnership with law enforcement and health officials from Northern Baja California;
2. A major new emphasis on coordinated methamphetamine efforts among nine regional prevention programs.

The Methamphetamine Strike Force intends to continue to build on its national reputation as a leader and innovator in finding solutions to methamphetamine-related problems.

APPENDIX A

PROGRESS REPORT OF METHAMPHETAMINE STRIKE FORCE ACTIONS

Progress on the Strike Force objectives identified for 2002

OBJECTIVE 1: CONTINUE TO SUPPORT THE VISTA PARTNERS PROJECT.

The Vista Partners Project, launched as a pilot project by the Strike Force in 1999, offers a combination of prevention, intervention, treatment, and interdiction resources to reduce methamphetamine problems. The Project continues to show impressive results and demonstrates how community mobilization around methamphetamine issues can effect real change.

OBJECTIVE 2: INITIATE THE EAST COUNTY REGIONAL PARTNERS PROJECT.

The East County Coalition for Meth Solutions has engaged key leaders from La Mesa, El Cajon, Lakeside/Santee, Lemon Grove and Spring Valley to replicate the effective strategies used in the Vista Partners Project in the East County. The Coalition includes partners from law enforcement, health, as well as drug treatment and prevention agencies. Action plans include implementing a precursor chemical education campaign, advancing crime free multi-housing strategies in key East County cities, and developing options for a 24-hour, 7 day-a-week Drug Endangered Children's (DEC) Project for East County.

OBJECTIVE 3: BUILD PRODUCTIVE PARTNERSHIPS WITH THE COUNTY PREVENTION AND TREATMENT PROVIDER SYSTEMS.

In Fall 2002, prevention providers came together with law enforcement to learn how the precursor chemical campaign works. The campaign is targeted to reduce the availability of methamphetamine by making it difficult for methamphetamine manufacturers (or "cookers") to acquire large quantities of the ephedrine products used to make methamphetamine. The campaign includes compliance checks on businesses selling ephedrine products. The Vista Partners Project has provided training to other interested groups, including the East County Coalition for Meth Solutions. In addition, the regional prevention service providers have been enlisted to work with the Strike Force to produce a type of saturation campaign in the various regions, primarily through media advocacy and precursor chemical education.

OBJECTIVE 4: WORK WITH KEY AGENCIES TO INTEGRATE THE DRUG ENDANGERED CHILDREN'S PROJECT FEATURES WITHIN LAW ENFORCEMENT, PROSECUTION, AND CHILD PROTECTIVE SERVICES.

The Drug Endangered Children's (DEC) Project began in 1997, with the formation of a multi-disciplinary team that provides an immediate response to the needs of children

found at methamphetamine lab sites. The Strike Force supports replication of the DEC Project into all areas of the county. Challenges created by state budget problems have slowed progress on this high priority objective.

OBJECTIVE 5: BRING METHAMPHETAMINE-SPECIFIC FEATURES TO EXISTING INITIATIVES, SUCH AS LANDLORD TRAINING AND OTHER PROFESSIONAL TRAINING.

The Strike Force continues to recognize the need to integrate methamphetamine awareness as part of other endeavors. Regional prevention service providers are now actively working with the Strike Force and applying some of the Strike Force's effective strategies at a regional level. Another result of this new engagement effort is that the North County Crime Free Multi-Housing courses, offered by law enforcement, now include a methamphetamine module.

APPENDIX B

DETAILED INFORMATION ON DEATHS AND METHAMPHETAMINE USE

San Diego County Medical Examiner Methamphetamine Related Deaths

MANNER 2002

Manner	Total
Accident (Drug Related)	73
Accident (Motor Vehicle)	28
Accident (Other)	8
Natural with methamphetamine intoxication as a contributing factor	12
Homicide	21
Suicide	20
Fetal Death	2
Undetermined	2
TOTAL	166

Source: County of San Diego Medical Examiner, December 2003.

AGE 2002

Age	# Of Deaths	% Of Total
< 1 Year	2	1%
1-19 Years	5	3%
20-29 Years	36	22%
30-39 Years	48	29%
40-49 Years	53	32%
50-59 Years	21	13%
60 + Years	1	1%
TOTAL	166	

Source: County of San Diego Medical Examiner, December 2003.

ETHNICITY 2002

Ethnicity	# Of Deaths	% to Total
Black	13	8%
Filipino	3	2%
Cuban	1	1%
Hispanic	44	27%
Samoan	3	2%
Vietnamese	1	1%
White	100	60%
Other	1	1%
TOTAL	166	

Source: County of San Diego Medical Examiner, December 2003.

SEX VS. ETHNICITY 2002

Ethnicity	Female	Male	Total
Black	4	9	13
Filipino	1	2	3
Cuban	0	1	1
Hispanic	3	41	44
Samoan	2	1	3
Vietnamese	0	1	1
White	34	66	100
Other	0	1	1
TOTAL	44	122	166

Source: County of San Diego Medical Examiner, December 2003.

MANNER VS. SEX 2002

Manner	Female	Male	Total
Accident (Drug Related)	20	53	73
Accident (Motor Vehicle)	6	22	28
Accident (Other)	2	6	8
Natural with meth. intoxication contributing	7	5	12
Homicide	5	16	21
Suicide	4	16	20
Fetal Death	0	2	2
Undetermined	0	2	2
TOTAL	44	122	166

Source: County of San Diego Medical Examiner, December 2003.

MANNER VS. AGE 2002

Manner	<1 Year	1-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60 + Years	TOTAL
Accidental (Drug Related)	0	0	8	17	32	15	1	73
Accidental (Motor Vehicle)	0	0	12	9	6	1	0	28
Accidental (Other)	0	0	1	5	2	0	0	8
Natural with meth. intox. contributing	0	1	1	0	7	3	0	12
Homicide	0	3	9	7	2	0	0	21
Suicide	0	1	5	9	3	2	0	20
Fetal Death	2	0	0	0	0	0	0	2
Undetermined	0	0	0	1	1	0	0	2
TOTAL	2	5	36	48	53	21	1	166

Source: County of San Diego Medical Examiner, December 2003.

MANNER VS. ETHNICITY 2002

Manner	Black	Filipino	Cuban	Hispanic	Samoan	Vietnamese	White	Other	TOTAL
Accidental (Drug Related)	5	1	0	8	1	0	58	0	73
Accidental (Motor Vehicle)	2	0	0	10	0	0	16	0	28
Accidental (Other)	2	0	0	3	0	0	3	0	8
Natural with meth. intox. contributing	0	1	0	2	2	0	7	0	12
Homicide	1	0	1	13	0	0	5	1	21
Suicide	1	1	0	8	0	1	9	0	20
Fetal Death	2	0	0	0	0	0	0	0	2
Undetermined	0	0	0	0	0	0	2	0	2
TOTAL	13	3	1	44	3	1	100	1	166

Source: County of San Diego Medical Examiner, December 2003.

DRUG RELATED ACCIDENTS 2002

Accident – Drug Related	Total
Overdose on Methamphetamine Only	15
Overdose on Meth. + Another Drug(s)[1] (Including: Morphine/Heroin, Alcohol, Cocaine, Diazepam, Carisoprodol, GHB, Methadone, Propoxyphene, other prescription medications)	28
Contributing Chronic Cardiac Disease	28
Contributing Other Chronic Natural Diseases	2
TOTAL	73

Note:

[1] Other drugs listed with most frequently detected drugs first.

Source: County of San Diego Medical Examiner, December 2003.

APPENDIX C

METHAMPHETAMINE STRIKE FORCE ROSTER

CO-CHAIRS

Jean M. Shepard, Director (acting)
Health and Human Services Agency
County of San Diego

Jack Drown, Undersheriff
Sheriff's Department
County of San Diego

FACILITATOR

Angela Goldberg, Facilitator
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COUNTY OF SAN DIEGO

Nick Macchione, Deputy Director
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Public Safety Group

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Office of Public Health
Health and Human Services Agency

Nick Vent, Program Manager
Emergency Response
Department of Environmental Health Services
Dept. Hazardous Materials

Steven Smith Liaison (acting)
East Region
Health and Human Services Agency

Tom Gray, Health Planner
Tim Smith, Correctional Counselor
Office of AIDS Coordination
Health and Human Services Agency
Dr. Christina Stanley, Chief Deputy Medical Examiner
Department of Medical Examiner

Sonja Schmidt, Assistant Director
Office of Media and Public Relations

Lara Lambert, Children Protective Services Worker
Health and Human Services Agency

Oscar Talaro, Liaison
South Region
Health and Human Services Agency

OTHER LOCAL GOVERNMENT AGENCIES

Jennifer Fightlin, Children's Protective Services Worker
Drug Endangered Children (DEC)
San Diego Police Department

Cynthia Burke, Director
Mara Bernd, Associate Research Analyst
Criminal Justice Research Unit
San Diego Association of Governments (SANDAG)

COURTS/JUDICIARY

The Honorable Patricia K. Cookson, Judge
San Diego Superior Court, East County Division

Charles Ervin, Judge
San Diego Superior Court, East Division

Jan Dame, Deputy Court Administrator
Karen Derwin, Special Projects Manager
San Diego Superior Court, Central Division

EDUCATION

David Deitch, Clinical Professor of Psychiatry
Department of Psychiatry, School of Medicine
University of California, San Diego

Cathy Sholty, Director
Alcohol and Drug Studies
San Diego City College

Liz Lebron, Director
Jim Crittenden, Project Specialist
County Office of Education, Office of Safe Schools

Fred Becker, Director
Becker Institute

Donald Braun, Assistant Chief of School Police
San Diego Unified School District

FEDERAL/STATE AGENCIES

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U.S. Attorney's Office

Mike Vigil, Special Agent in Charge
Gene Sugimoto Group Supervisor
David Surh, Assistant Special Agent in Charge
Darlene Hithe, Program Analyst
Misha Piastro, Public Information Officer
Tom Lennox, Training Officer
Drug Enforcement Administration, San Diego Division
United States Department of Justice

Michael Flax, Agent
Jim Wetzel, Group Supervisor
Bureau of Immigration and Customs Enforcement

Richard Gorman, Executive Director
Ron Papania, Deputy Director
Scott Gaukel, DDR Prevention NCO
California Border Alliance Group

Gary Hudson, Special Agent in Charge
Dave Vialpondo, Special Agent Supervisor
Holly Swartz, Special Agent
Bureau of Narcotics Enforcement
California Department of Justice

Ugene Stephens, Director
Judy Van Winkle, Watch Center Supervisor
Steve Lough, Meth/Chemical Coordinator
San Diego Narcotics Information Network (NIN)
California Department of Justice

Maritza Rodriguez, District Administrator
Brenda Crowding-Johnson, Parole Agent
State of California Department of Corrections

Daryl Reed, Agent
US Border Patrol

LOCAL LAW ENFORCEMENT

Bonnie Dumanis, District Attorney
Damon Mosler, Chief of Narcotics Division
Lori Koster-Temko, Attorney
Gail Stewart-Brockman, Director of Communications
Office of the District Attorney, County of San Diego

Casey Gwinn, City Attorney
Joseph Sanchez, Head Deputy City Attorney
Office of the City Attorney, City of San Diego

Vincent Laria, Chief Probation Officer
Dave Cranford, Assistant Chief
Chris Henley, Prop 36 Director
Probation Department, County of San Diego

George Saldamando, Assistant Chief
Glenn Breitenstin, Captain
Carl Black, Lieutenant
Narcotics Task Force

Cesar Solis, Lieutenant
Street Narcotics Division
Police Department, City of San Diego

David Brown, Sergeant
Sheriff's Department, County of San Diego

PRIVATE/COMMUNITY

Mary Harrison, Executive Director
Lorenzo Higley, Director of Program Services
Communities Against Substance Abuse

John Redman, Executive Director
San Diego County Prevention Coalition

Michael Ann Haight, M.A.
Community Representative

Ami Caldwell, ADAM Program Regional Field Rep.
ABT Associates

Michael Sise, M.D.
Beth Sise, M.S.N., J.D., Coordinator for Community Outreach
Scripps Mercy, Division of Trauma

Steve Escoboza, CEO
Sonja Fulton, Director of Program Development
The Health Care Association of San Diego and Imperial Counties

Mickey Goldman
Alcohol and Drug Advisory Board Member
County of San Diego

Kaare Kjos, Executive Director
Veronica Baeza, MPA, Coordinator
San Diego-Tijuana Border Initiative

TREATMENT/ PREVENTION

Dawn Kamali, Prevention Specialist
Kevin Hauck, Community Organizer
Connie Dahl, Media Specialist
Mid-City CAN
SAY-San Diego

Rob Hall, Media Specialist
North Inland Prevention Program
Mental Health Systems, Inc.

Roxy Walnum, Program Manager
East County Center for Change
Mental Health Systems, Inc.

Judy Strang, Executive Director
Libba Jackson-Ambrosi, Media Specialist
San Dieguito Alliance

Glen Webber, Administrator
San Diego Freedom Ranch, Inc.

Cleo Malone, Ph.D., Executive Director
Juan Smith, Program Coordinator
Palavra Tree, Inc.

Eric Mosley, Criminal Justice Programs' Director
McAlister Institute

Barbara Morton, Resource Development Director
CRASH, Inc.

John Byrom, Community Collaboration Specialist
Vista Community Clinic

Cheryl Houk, Executive Director
Marc D'Hondt, Director of Support Services
Stepping Stone, Inc.

APPENDIX D

REPORT CARD INFORMATION SOURCES

1. Total methamphetamine deaths:
   County of San Diego Medical Examiner's Office.
2. Related emergency room mentions:
   Drug Abuse Warning Network (DAWN), a national information system.
3. Drug treatment admissions:
   County of San Diego, Health and Human Services Agency, Alcohol and Drug Services.
4. & 5. Positive methamphetamine tests - adult and juvenile: Arrestee Drug Abuse Monitoring (ADAM), a program operated by the San Diego Association of Governments (SANDAG).
6. County clean-ups:
   County of San Diego Environmental Health Department:
   Lab seizures:
   Drug Enforcement Agency (DEA).
7. Number of arrests:
   Automated Regional Justice Information System (ARJIS).
8. Availability measures:
   - Methamphetamine "easy to get:" ADAM interviews.
   - Price & Purity: Narcotic Information Network (NIN).
9. Hotline calls: Narcotic Information Network (NIN).
10. Media stories: Communities Against Substance Abuse (CASA).

More information, including demographic breakdowns, is available on many of these items at the Health and Human Services Agency, Alcohol and Drug Services.
Call (619) 692-5762.