To the faculty of Washington State University:

The members of the Committee appointed to examine the dissertation of Nicholas Lawrence Parsons find it satisfactory and recommend that it be accepted.

__________________________________________
Clayton James Mosher, Ph.D., Chair

__________________________________________
Jennifer Schwartz, Ph.D.

__________________________________________
Michael Patrick Allen, Ph.D.
ACKNOWLEDGEMENTS

I would like to thank and acknowledge many people who have contributed greatly to this project. First and foremost, I wish to express much appreciation to Clay Mosher. Clay’s insights, guidance, and encouragement were instrumental, not just in the completion of this dissertation, but also in helping me navigate my way through graduate school into the profession of sociology. Also, I offer much gratitude for the support and assistance of my other Committee members, Mike Allen and Jen Schwartz. Like Clay, Mike and Jen have not just provided valuable direction for this dissertation. They have also been exceptional mentors throughout my graduate school career.

In addition to Clay, Mike, and Jen, I wish to thank several other remarkable faculty members at Washington State University who have greatly impacted me throughout this journey. I owe a great deal of my accomplishments to Don Dillman, Tom Rotolo, Alair MacLean, Lisa McIntyre, and Louis Gray, who have exemplified what it means to be a scholar, and provided much-needed advisement to me over the past several years.

I would also like to acknowledge my new colleagues at Eastern Connecticut State University, who have been exceptionally welcoming, supportive, and encouraging during the final stages of this dissertation. Kim Dugan, Theresa Severance, William Lugo, and many other members of the Department of Sociology and University administration have been awesome.

The inter-library loan departmental staffs at Washington State University, Washington State University Vancouver, and Eastern Connecticut State University have been extremely reliable and accommodating. Their help is immensely appreciated.

Several close friends have also played an important role in this dissertation. I thank Taj Mahon-Haft for many late-night engaging debates about society and life, some of which
provided ideas incorporated into this work. I also thank Mike Stern for helping me overcome various obstacles along the way, and for setting a positive example on adapting to the profession. Additionally, I thank Bryan Rookey for his encouragement and feedback on early excerpts of this dissertation, and for being a morale booster during times of uncertainty.

Finally, I wish to acknowledge the constant love and support from my mother, father, sister, grandmother, and many other inspirational family members, as well as several great friends, including MEA, BB, EB, KB, RC, JG, MG, BH, SH, PM, BS, LT, AW, and BW. Their faith in me is invaluable and immeasurable.
METHEDRINE, ICE, CRANK, AND CRYSTAL: AN HISTORICAL AND CULTURAL EXAMINATION OF METHAMPHETAMINE IN THE UNITED STATES

Abstract

by Nicholas Lawrence Parsons, Ph.D.
Washington State University
May 2009

Chair: Clayton James Mosher

In recent years, hysteria over America’s “meth epidemic” has infiltrated air waves, newspaper columns, and Congressional hearings. Contrary to much public opinion, methamphetamine is not a new drug, nor is it remarkably different from other amphetamines. The most recent “meth epidemic” is merely the latest of several methamphetamine scares that preceded it. A dope fiend mythology, conveyed through a discourse of fear, serves to reduce the sociological and historical complexities of the modern methamphetamine problem to simple personal troubles. From a social constructionist framework, attention is given to the various ways in which claims-makers have produced alarm through mass media depictions of the methamphetamine users and traffickers. Attention is also paid to many of the unintended consequences resulting from over a century’s worth of U.S. drug prohibitions. It is suggested that the current methamphetamine problem has evolved from a series of American drug policies enacted largely within a culture of fear.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>v</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>viii</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>ix</td>
</tr>
<tr>
<td>CHAPTER</td>
<td></td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>A Note on Research Methodology</td>
<td>8</td>
</tr>
<tr>
<td>2. THE CULTURAL CLASSIFICATION OF DRUGS</td>
<td>9</td>
</tr>
<tr>
<td>The Classification of Drugs in the United States</td>
<td>15</td>
</tr>
<tr>
<td>Pharmacological Determinism</td>
<td>23</td>
</tr>
<tr>
<td>3. HISTORY AND THEORY</td>
<td>34</td>
</tr>
<tr>
<td>Early Drug Use in the United States</td>
<td>44</td>
</tr>
<tr>
<td>Two Theoretical Explanations of Social Problems</td>
<td>48</td>
</tr>
<tr>
<td>Drug Scare and Early Federal Drug Legislation</td>
<td>62</td>
</tr>
<tr>
<td>Enter Amphetamines</td>
<td>97</td>
</tr>
<tr>
<td>4. PRELUDE TO METH – THE EARLY DAYS OF THE AMPHETAMINES</td>
<td>100</td>
</tr>
<tr>
<td>Research Note on Media Sources &amp; Searches</td>
<td>103</td>
</tr>
<tr>
<td>Ephedrine Background</td>
<td>104</td>
</tr>
<tr>
<td>Amphetamine Background</td>
<td>109</td>
</tr>
<tr>
<td>Methamphetamine Background</td>
<td>118</td>
</tr>
<tr>
<td>The Historical Context of Early Amphetamines, 1929-1945</td>
<td>122</td>
</tr>
<tr>
<td>The Benzedrine Backlash</td>
<td>125</td>
</tr>
<tr>
<td>The Durham-Humphrey Amendment of 1951 and the Use of Speed in the 1950s</td>
<td>133</td>
</tr>
<tr>
<td>Speed Diversion and the State’s Responses, 1960-1972</td>
<td>145</td>
</tr>
<tr>
<td>The CSA’s Aftermath: Bring on the Crystal Meth</td>
<td>161</td>
</tr>
<tr>
<td>5. FEAR AND AMERICA’S FIRST METHAMPHETAMINE SCARE</td>
<td>166</td>
</tr>
<tr>
<td>The Social Construction of Fear</td>
<td>166</td>
</tr>
<tr>
<td>Intravenous Use of Methedrine: America’s First Methamphetamine Scare</td>
<td>197</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Early Methamphetamine Use</td>
<td>227</td>
</tr>
<tr>
<td>The “New” Black Market for Methamphetamine</td>
<td>242</td>
</tr>
<tr>
<td>6. AMERICA’S SECOND AND THIRD METHAMPHETAMINE SCARES</td>
<td>257</td>
</tr>
<tr>
<td>Research Methodology Note on Media Sources &amp; Searches</td>
<td>259</td>
</tr>
<tr>
<td>Ice: America’s Second (and Most Fleeting) Meth Scare</td>
<td>262</td>
</tr>
<tr>
<td>The “Meth Epidemic”: America’s Third Methamphetamine Scare, 1995-2007</td>
<td>279</td>
</tr>
<tr>
<td>Socio-Legal Consequences of America’s 2nd and 3rd Methamphetamine Scares</td>
<td>339</td>
</tr>
<tr>
<td>7. CONCLUSION</td>
<td>353</td>
</tr>
<tr>
<td>The Current State of Methamphetamine-Related Affairs</td>
<td>356</td>
</tr>
<tr>
<td>To Legalize, or Not to Legalize? That is Not (Necessarily) the Question</td>
<td>361</td>
</tr>
<tr>
<td>Currently Legal Speed</td>
<td>362</td>
</tr>
<tr>
<td>Closing Remarks</td>
<td>371</td>
</tr>
</tbody>
</table>

REFERENCES ...........................................................................................................................372
LIST OF TABLES

1.1. Brand and Chemical/Generic Names of Several Prescription Stimulants...............................4
5.1. Types and Frequencies of Stimulants Used by a Sample of Males Aged 19 to 31, 1975 ...234
5.2. Routes of Stimulant Administration Among a Sample of Males Aged 19 to 31, 1975.......234
LIST OF FIGURES

5.1. The Relationship Between Illicit Drug Use and Public Opinion ........................................191
5.2. The Relationship Between Illicit Drug Use and Public Opinion Over Time ....................192
5.3. Number of Articles Containing “Methamphetamine” or “Methedrine” in Time Magazine, the New York Times, and Oakland Tribune, 1961-1977 ..................................................207
5.5. Lifetime Drug Use Among Males Aged 19 to 31, 1975 ....................................................231
5.7. Number (in thousands) and Rates (per 100,000) of Methamphetamine Initiates, 1966-1991 .............................................................................................................................................237
5.8. Lifetime Use of Methamphetamine Among Persons Aged 12 to 17, and 18 to 25, 1965-1991 .............................................................................................................................................240
6.4. Primetime Television News Coverage of Methamphetamine and Crack Cocaine on ABC, NBC, & CBS, 1985-1992 .................................................................272
6.7. Primetime Television News Coverage of Gay Marriage, Global Warming, and Illegal Immigration on ABC, NBC, & CBS, 1995-2007 .................................................................332
6.8. Primetime Television News Coverage of Methamphetamine and Crack Cocaine on ABC, NBC, & CBS, 1993-2007 .................................................................337
CHAPTER 1: INTRODUCTION

The drug is the stuff of nightmares, driving an Arizona father to allegedly hack the head off his teenage son because he thought the boy was a devil. A Fremont man who family members say is a loving son stabbed his 76-year-old father repeatedly, police said, thinking aliens had invaded the elderly man's body. A drug-crazed thief committed point-blank shotgun murders of two teens he mistakenly thought cheated him, Alameda County authorities say. He denies the killing but said: “I can tell you that that drug makes me the evilest person in the world.” The drug is methamphetamine, but in an alarming new form that is twice as potent and, experts say, more likely to provoke such unbridled violence. Because it's cheaper and easier to make than in the past, today’s methamphetamine is flooding California and spreading across the nation. (Vasquez, 1996:A1).

Cumberland County [TN] Sheriff Butch Burgess said he knows at least nine meth addicts who have died this year in his county along the Cumberland Plateau between Knoxville and Nashville....About 85 miles south in Athens, [TN] a meth lab explosion in April in the bathroom of a home killed a 48-year-old man and injured at least three other people, including two children. Neighbors saw a man on fire running from the house. A 15-month-old girl suffered chemicals burns on her feet and an older child had burns on her back and head (Poovey, 2003).
It was Christmas Eve 2003 and the St. Petersburg man was feeling lonely and sad. So the man, who is gay, logged onto the Internet, searching for gay personal ads. What he read sent his heart racing: someone offering PnP. It was code, he knew, for “party and play,” sex and drugs, which usually meant crystal methamphetamine, the drug that seemed to chase him across the country. “I didn’t think I would ever get clear of (crystal meth) out in California,” said the computer engineer, now 40. “I had to get as far away from meth or it would destroy me.” Within hours, the HIV-infected man was at the home of the Tampa man who wrote the ad, shooting up meth, having unprotected sex. (Amrhein, 2005).

This small collection of anecdotes published in American newspapers describes a miserable and vile condition of human suffering, all purportedly caused by the drug, methamphetamine. These accounts represent a tiny proportion of the total number of horror stories written about the real-world consequences people have suffered from their association with illicit drugs. Unquestionably, methamphetamine has contributed to a variety of problems, from poor health, violence, and property crime, to family dissolution, fear, and community decay. But if these newspaper excerpts were to represent colors, brush strokes, and figures in a painting depicting the methamphetamine problem in the United States, the portrait is unintelligible and incomplete.

Methamphetamine, also referred to as crystal meth, crank, ice, glass, yaba, and Tina, among other names, is a chemical stimulant, or “upper”. Stimulants arouse the brain and central nervous system, generally producing feelings of wakefulness, energy, heightened awareness and
concentration, and increased blood pressure and heart rate. In contrast, the large class of drugs referred to as depressants, or “downers” (e.g., alcohol, opium) generally produce calming feelings, decreased respiration, sedation, and sleep. Methamphetamine is one member of a broader class of stimulants – the amphetamines. Several other amphetamines include dextroamphetamine, leavoamphetamine, and methylenedioxymethamphetamine\(^1\) (MDMA, i.e., ecstasy). In popular culture, most amphetamines, including methamphetamine, are often referred to as “speed” for their energizing effects.

Despite much popular belief, methamphetamine is not uniquely different from other amphetamines, nor is it a “new” drug (Armstrong, 2007). Like cocaine, most amphetamines were once widely and legally available without a doctor’s prescription. A series of federal prohibitions enacted during the 1950s, 1960s, and 1970s ultimately created two separate markets for speed. In addition to the black market for “crystal meth”, methamphetamine and other amphetamines may now be obtained via prescription on the “white market” (DeGrandpre, 2006). Stimulants are often prescribed for attention-deficit hyperactivity disorder (ADHD) and narcolepsy. Though national data on medically sanctioned amphetamine use are scarce, Olfson and colleagues\(^2\) (2002) estimate 2.4 out of every 100 children in the United States received prescription stimulants in 1996, a statistically significant increase from 1987. Table 1.1 lists the brand and generic names of several prescription stimulants. While concerns over prescription drugs are occasionally raised in Congressional hearings, the news media, or other domains of public discourse, white market amphetamines are rarely met with the same degrees of fear and

\(^1\) While MDMA is classified by chemists as an amphetamine, it is not considered a typical stimulant due to its hallucinogenic effects (Mosher & Akins, 2007).

\(^2\) Both the 1987 and 1996 studies utilized national probability-based samples of persons aged 18 years or younger. The sample size of the 1987 study was 10,389. The sample size of the 1996 study was 6,490.
Table 1.1. Brand & Chemical/Generic Names of Several Prescription Stimulants.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Chemical/Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desoxyn</td>
<td>Methamphetamine HCl</td>
</tr>
<tr>
<td>Methedrine*</td>
<td>Methamphetamine HCl</td>
</tr>
</tbody>
</table>
| Adderall   | Amphetamine Salts, four equal parts of:  
|            | Dextroamphetamine Saccharate  
|            | Amphetamine Aspartate  
|            | Dextroamphetamine Sulfate  
|            | Amphetamine Sulfate  |
| Obetrol    | Amphetamine Salts, four equal parts of:  
|            | Dextroamphetamine Saccharate  
|            | Amphetamine Aspartate  
|            | Dextroamphetamine Sulfate  
|            | Amphetamine Sulfate  |
| Dexedrine  | Dextroamphetamine Sulfate |
| Dextrostat | Dextroamphetamine Sulfate |
| Biphetamine| Dextroamphetamine Sulfate & Amphetamine |
| Ritalin    | Methylphenidate HCl     |
| Concerta   | Methylphenidate HCl     |
| Metadate   | Methylphenidate HCl     |
| Methylin   | Methylphenidate HCl     |
| Focalin    | Dexamethasphidate HCl   |

Source: *Drug Identification Bible*, 2006

*Notes*: This list is by no means exhaustive; *= no longer in production.*
loathing accorded to street meth.

First synthesized in 1893, methamphetamine specifically, and amphetamines generally, have not always been subjects of national concern. Rather, public attention towards speed has ebbed and flowed over the past eighty years. In the 1940s, the Food and Drug Administration (FDA) expressed concern over the abuse of amphetamine-containing inhalers sold over-the-counter (OTC) in pharmacies and grocery stores. In the 1960s and 1970s, speed was linked with outlaw motorcycle gangs and working-class whites, and was even despised by members of the “hippie” counterculture. In 1989, during the midst of the crack cocaine problem, a mini-panic erupted over “ice”, a smokable form of methamphetamine. Since the mid 1990s, “crystal meth” has received considerable attention from public health advocates, government officials, mass media, and others. In April, 1996, President Bill Clinton (1996) warned that methamphetamine was “gaining in popularity” and was poised to become “the crack of the 1990’s.” By 2005, Newsweek magazine proclaimed methamphetamine as “America’s Most Dangerous Drug”.3 Around this time, methamphetamine arguably stole the limelight from crack cocaine as the worst chemical substance known to humankind.

Contrary to public portrayals, the connection between methamphetamine and the damage it allegedly causes cannot be understood through simple reference to the drug’s chemical structure. The scope and depth of the methamphetamine problem in the United States are much more complex and multi-dimensional than 500-word newspaper articles or 30-second sound bites suggest. Rather, the story of methamphetamine is rife with cultural contradictions, interest groups competing for power and prestige, and the unintended consequences of more than a

---

3 National Geographic one-upped Newsweek when they proclaimed methamphetamine as the “World’s Most Dangerous Drug”, in a 2006 documentary.
century’s worth of drug prohibitions. And although American citizens, media, and policymakers alike often tend to treat social problems as clear-cut, black-and-white, either-or matters, the historical and contemporary realities of methamphetamine suggest the opposite is true.

In the pages that follow, attention is given to a variety of cultural, historical, and social forces that have shaped the evolution of America’s stimulant problems since the early 1900s. Much of the discussion treats drugs as any other socially meaningful commodity, subject to basic economic forces of supply and demand. Put simply, a considerable segment of the American population – indeed, any human population – demands consciousness alteration. Those who require psychomotor stimulation fulfill their needs through a variety of chemicals, from coffee and nicotine, to cocaine and methamphetamine. With demand follows supply. Some of those individuals who are not satisfied with the stimulation provided by coffee and cigarettes obtain more potent chemicals from licensed physicians and pharmacists. Others turn to the black market. When policies enacted to tackle the supply-side of domestic drug problems mostly ignore the “need for speed” felt by tens of thousands of Americans, users, traffickers, and producers adapt accordingly. The present methamphetamine situation in the U.S. is a direct, almost natural, response to supply-side interdiction and enforcement efforts.

Adding to the messy American methamphetamine problem is a news industry that consistently and feverishly reduces public issues to personal troubles. The “dope fiend mythology” (Lindesmith, 1940a), existing in American culture since at least the late 1800s, is deeply rooted in cultural and religious traditions of early colonizers. Today, this ideology remains alive and well. From a social constructionist framework, media coverage of amphetamine, methamphetamine, and other “drug scares” (Reinarman, 2006) throughout
contemporary American history are examined. Attention is given to the “discourse of fear” (Altheide, 1997) through which claims-makers instill a sense of panic and dread over chemicals.

Chapter two discusses cultural classification systems inherent in human societies. As with many social phenomena, societies categorize drugs in order to clarify the murky reality of chemical substances. Culturally defined boundaries delineate right from wrong, good from evil, and poisons from remedies.

Chapter three offers a brief history of drug use around the world, a more detailed history of early American drug use, and a discussion of early federal legislation enacted in a culture of hysteria. The first federal drug prohibitions set the stage for the methamphetamine problem that has evolved over the past 60 to 70 years. Shortly after cocaine was made illegal, the demand for stimulation prompted pharmaceutical companies and chemists to create new, synthetic stimulants to meet America’s need for speed.

Chapter four examines the history of ephedrine, a precursor used in illicit clandestine methamphetamine production, and the early use of amphetamines in the United States. Attention is given to wide degree to which speed was initially embraced and used by the American public. As has been the case with many mind altering drugs, public perceptions of amphetamine as a “wonder drug” were short lived. As such, Chapter four also explores some of the first amphetamine scares in the U.S., through a discussion of media coverage by American newsmagazines and newspapers.

Chapter five examines Methedrine, America’s first methamphetamine scare. Methedrine was the brand name for one of the early pharmaceutical-grade methamphetamine products sold in the United States. In the late 1960s and early 1970s, news media and government officials expressed a great deal of alarm over intravenous use of Methedrine. After a discussion of the
social construction of fear, this Chapter investigates some of the early media portrayals of methamphetamine, including the “speed freak”, images of meth-induced violence, and concerns that the drug was spreading into the middle and upper classes. In addition, data on use are compared to media coverage of methamphetamine, indicating little to no relationship.

Chapter six discusses two recent methamphetamine scares – the “Ice Age” (Jenkins, 1994) of 1989 and the meth “epidemic” of the past fifteen-or-so years. Utilizing Best’s (1990) theoretical insights on the social construction of social problems, attention is paid to various claims and claims-makers who have worked to draw public attention to methamphetamine. Additionally, considerations are made of the socio-historical contexts in which both drug scares arose.

Finally, Chapter seven offers concluding remarks by providing a summary, a brief discussion of the current state of methamphetamine-related affairs, recommendations for dealing with the methamphetamine problem, and implications of the legal-illegal dichotomy of stimulant use in the United States.

A Note on Research Methodology

A variety of media sources were consulted for the writing of this document. ProQuest, Lexis-Nexis, Time magazine’s website, and Vanderbilt University’s Television News Archive were several electronic databases used to gather quantitative and qualitative information on media coverage of methamphetamine and other amphetamines. Throughout this report, methodological details are provided where appropriate.
CHAPTER 2: THE CULTURAL CLASSIFICATION OF DRUGS

Reality is not made up of insular chunks unambiguously separated from one another by sharp divides, but, rather, of vague, blurred-edge essences that often “spill over” into one another. It normally presents itself not in black and white, but, rather, in subtle shades of gray, with mental twilight zones as well as intermediate essences connecting entities. Segmenting it into discrete islands of meaning usually rests on some social convention, and most boundaries are, therefore, mere social artifacts. As such, they often vary from one society to another as well as across historical periods within each society. Moreover, the precise location – not to mention the very existence – of such mental partitions is often disputed even within any given society (Zerubavel, 2002:223).

The story of methamphetamine is a story about the human tendency toward classification. Individuals and institutions classify objects from the external world in an attempt to make sense out of reality. For example, the questions asked on the decennial U.S. Census differentiate people by their gender, race, and ethnicity. In American culture, persons whose ancestors lived in what is today Ireland, Italy, Germany, Poland, Norway, and Iceland are categorized as “white”. Similarly, those able to trace their lineage to present-day Sudan, Ghana, Rwanda, or Malawi are considered “black”, “Negro”, or African-American. As far as the Census Bureau is concerned, differences between persons who
fall into either “black” or “white” categories are unimportant. Cultural or ethnic variations between Rwandans and Sudanese are glossed over in this classification system. Furthermore, differences among people whose ancestors hail from any one of these lands are ignored as well. Thus, all persons of Irish descent are labeled as Irish, even if the class backgrounds, religious beliefs, or geographic locations of their ancestors within Ireland varied.

At the time of this writing, a U.S. Senator named Barack Obama (D-IL) is campaigning for President of the United States. Media discourse has given a great deal of attention to his race, noting the extraordinary historical significance of the Democratic Party’s selection of an African-American candidate. Given the way Americans classify people into different races, his candidacy is indeed significant. The shameful history of race relations in the U.S. may have reached a turning point with the election of a black candidate. Or so the story goes. What makes Obama’s run for President relevant to this discussion is the fact that he is not African-American. More accurately, he is not only African-American, but he is also white. That is, his father is a native Kenyan (black, according to American racial classificatory rules) and his mother descends from European settlers (white). Obama does not fit neatly into the black/white classification system of race in the United States, but in a modern version of the “one-drop” rule, as far as history, popular opinion and media are concerned, he is African-American.

The point is that our cultural rules for classifying people by their ancestry or skin color have led to the construction of Barack Obama as a black man. Although his ancestors (and those of many others) do not descend from one single area of the world,
the majority of political pundits, news anchors, and voting citizens are able to neatly place him into the “black” racial category.  

Cultural classification systems serve the purpose of creating black and white in a world of gray. In “an inevitably arbitrary act” classification systems break up reality “into discrete islands of meaning” (Zerubavel, 2002:227). In the United States, a person with eighteen years of age is legally classified as an adult. Adults can vote, serve in the armed forces, purchase tobacco, engage in sexual relations with other consenting adults, and face harsher criminal sanctions for breaking the law. Persons with seventeen years of age are structurally prohibited from engaging in many of the behaviors (and facing many of the penalties) available to adults. Presumably, this age distinction was put in place by lawmakers who decided that individuals are capable of making mature decisions at eighteen years of age. Although practical, the distinction is subjective, not based on some natural law. Are the cognitive and developmental differences between a 17 and 18-year old much greater than those between an 18 and 19-year old? To use a more extreme example, does an individual’s ability to decide whether or not to purchase and use tobacco change when he wakes up on his eighteenth birthday? On a cognitive level, is an eighteen year-old better informed to vote in a Presidential election than her classmate of seventeen years, eleven months? If our planet did not circle the sun every 365.25 days, but rather, 687 as Mars does, would the legal age of adulthood be 9.57 years (the number

---

4 Tiger Woods, a professional golfer, is another example of the cultural process of racial dichotomization in the United States. He has publicly stated his race as “Cablinasian”, a term he created to describe his Caucasian, black, American-Indian, and Asian ancestry. Despite his heterogeneous background, he is often referred to by commentators and fans as an African-American golfer.
of times Mars circles the sun in 18 Earth-years)? Or would adulthood be reached at a nice, round ten years of age?

In an ambiguous world, we create certainty and clarity through these kinds of arbitrary classifications. Classification is an artificial process of concept formation rather than of discovering categories that already exist. Through socialization,

Society…leads us to perceive things as similar to or different from one another through unmistakable social ‘rules of irrelevance’ that specify which differences are salient for differentiating entities from one another and which ones are only negligible differences among variants of a single entity (Zerubavel, 2002:228).

What results is the “social construction of discontinuity”, whereby people, objects, and behaviors are neatly classified into categories based on culturally significant characteristics (e.g., skin color, age), and distinguished from one another as discrete and separate things. Thus, Barack Obama is black, not white, nor a hue in between.

Language is the central ingredient in the social construction of discontinuity (Zerubavel, 2002). Language permits us to mentally organize the world “out there” according to linguistic rules and codes. Through language we assign objects “fixed, decontextualized meanings” and are able “to transform experiential continuums into discontinuous categories” (Zerubavel, 2002:229). In other words, when Americans encounter an individual who is of both African and European descent, our cultural norms encourage us to overlook potentially ambiguous racial criteria and place the individual
into an a priori category. Language provides us with the category labels (in the form of words) we use to classify ambiguities from the real world into discernible hunks of information, infused with culturally-bestowed meaning.

While Zerubavel (2002) and others (e.g., Douglas, 1966, as cited in DiMaggio 1997) point out that the tendency to create discontinuity in a continuous world appears to be a universal human behavior, the manner in which people classify reality varies greatly across cultures (Zerubavel, 2002; DiMaggio, 1997). Students taking introductory sociology courses, for example, learn that Eskimos have a variety of different words for snow. We may come to use words such as “dry”, “light” or “wet” to describe variations in snow texture, but lacking words for “fine powdery”, “thicker powdery”, and “more granual” means English and Eskimo-speakers come to perceive snow differently (Henslin, 1999:42). Zerubavel (2002:223) notes,

While there is a single word for both rats and mice in Latin, insects and airplanes in Hopi, and brothers-in-law and grandnephews in the Algonquian language of the Fox, there are separate words for blankets that are folded and spread out, for water in buckets and in lakes, and for dogs that stand and sit in Navajo.

In English, gender-laden words such as “mankind”, “policeman”, and “postman” indirectly affect people’s perceptions of occupational norms and help facilitate a patriarchal view of the human experience.
As these examples suggest, our language influences the way we perceive the external world (Whorf, 1956). “We see and hear and otherwise experience very largely as we do because the language habits of our community predispose certain choices of interpretation” (Sapir, 1929:210). Differences between languages have important cognition implications, for “it is much easier to isolate a distinct mental entity from its surroundings when one has a word to denote it” (Zerubavel, 2002:223). Different cultural classification systems, utilizing different languages, lead to variation in perceptions of reality.

Cognitive categories produce meaning out of a potentially undifferentiated flux of human experience and often spawn dissent and debate (Spillman, 2002). From grassroots social movements to full-scale political revolutions, the boundaries used to categorize and label empirical phenomena are frequently contested. Words are the weapons of choice for combatants. Some scholars write about “herstory” instead of history, “womyn” instead of women, and have replaced “mankind” with “humankind.” The U.S. Census form has evolved over the years such that “Negro” is not the only option listed for persons of African descent. Hair loss and decreased libido among men are no longer just physical consequences of aging. “Male pattern baldness” and “erectile dysfunction” have entered popular vernacular to describe medical problems in need of treatment. Battles are waged over language because the words we use shape our perceptions of the things we seek to describe.

As with other cultural phenomena, perceptions of drugs and drug users are affected by the language we use to describe them. In many respects, the War on Drugs is a war of words. For example, “drugs” (i.e., illicit street drugs) are evil and harmful,
while “medicines” (i.e., licit pharmaceutical drugs) are good and therapeutic. Drug users are often framed as immoral, weak-willed addicts, whereas medicine-takers are seen as sick patients trying to improve their health. Drug traffickers are selfish, greedy, and intent on getting children addicted, whereas pharmacies and pharmaceutical companies are in the healing and health business. Persons who operate clandestine drug laboratories are careless and haphazard threats to public safety, whereas pharmaceutical manufacturers employ chemists who utilize stringent safety controls and clean working conditions.

These examples, while simplified and somewhat over-generalized, serve to illustrate the cultural boundaries drawn between normative and deviant behavior, right versus wrong, and good versus evil. Socially constructed through the strategic use of language, these boundaries help create black and white distinctions in a gray reality. The worlds of illicit drugs and therapeutic medicines are distinguished from one another through the separate vocabularies used to describe them. To borrow Zerubavel’s terminology, drugs and medicines exist as separate and discrete islands of meaning, drawn from a continuum of chemical or pharmacological reality. Differentiating chemical substances with labels of “drug” or “medicine” leads to vastly different real-world consequences for the users of one or the other. These distinctions are not just made through public discourse, but they also arise in law.

**The Classification of Drugs in the United States**

America’s current legal classification system of psychoactive substances was established with the passage of the 1970 Controlled Substances Act (CSA; Title II of the Comprehensive Drug Abuse Prevention and Control Act), under President Nixon.
Chemicals are listed in one of five schedules (i.e., categories), depending on the Drug Enforcement Agency’s (DEA) assessment of their therapeutic benefits and potential for abuse and dependence. Heroin, LSD, marijuana, and ecstasy are a few Schedule I drugs, which means:

- They have a high potential for abuse.
- They have no currently accepted medical use in treatment in the United States.
- There is a lack of accepted safety for their use under medical supervision. (*Drug Identification Bible*, 2006:2).

Schedule I drugs are illegal to possess, manufacture, sell, or distribute, with one exception: Researchers may obtain these drugs for clinical research purposes only.\(^5\)

Methamphetamine (and many other amphetamines), cocaine, morphine, oxycodone, and PCP are categorized as Schedule II drugs, meaning that while they are considered about as dangerous as substances listed in Schedule I (Hogshire, 1999; *Drug Identification Bible*, 2006), they can be used for medical purposes (with severe restrictions). Legal use of Schedule II drugs is permitted by doctor’s prescription only, and prescription refills are not allowed. Legal use of Schedule III (e.g., anabolic steroids, some products containing opium derivatives) and Schedule IV (e.g., Xanax, Valium) drugs is also allowed only by prescription, though refills are permitted up to six months.

\(^5\) Gaines and Kraska (2003:6) note that under current law it is extremely difficult for someone to disprove the contention that there is no medical utility for marijuana, since, in order to test this thesis, a researcher must first legally obtain governmental permission to study its effects.
Very few drugs are classified under Schedule V, the category reserved for substances deemed to have low abuse potential, accepted medical use, and limited physical or psychological dependence (relative to Schedule IV) (Drug Identification Bible, 2006).

Cough medicines with trace amounts of codeine and antidiarrheal preparations with small amounts of opium are two Schedule V substances. Generally speaking, Schedule V drugs can be obtained without a prescription, but only if dispensed by a pharmacist (Hogshire, 1999). Caffeine, nicotine, alcohol, many inhalants, calamus (a psychoactive plant), and dextromethorphan (a fairly strong psychoactive substance found in cold syrups) are several unscheduled drugs people use to achieve altered states of mind.

The CSA has been amended many times. For example, the Comprehensive Crime Control Act of 1984 authorized the DEA to temporarily place an uncontrolled substance into Schedule I in order to “avoid an imminent hazard to public safety” (Drug Identification Bible, 2006:3). This happened in May, 1992, when methcathinone (CAT) was placed into Schedule I on an emergency basis after law enforcement discovered approximately 20 CAT labs in the upper Midwest in the preceding year. Eighteen months later, after formal procedures required by the CSA had been conducted, CAT’s Schedule I status was made permanent (Jenkins, 1999). In another CSA amendment, the Federal Analogue Act of 1986 (part of the Anti-Drug Abuse Act of 1986) allows the scheduling of substance analogues – chemicals “substantially similar” in structure or pharmacology to Schedule I or II drugs, with no medical use (Anti-Drug Abuse Act of 1986, Public Law 99-570). Sometimes referred to as the Designer Drug Act, this amendment essentially placed federal controls on chemicals that do not yet exist, in an
attempt to dissuade chemists from tinkering with molecules to invent new drugs (Hogshire, 1999).

The federal drug scheduling program can be viewed as the formal and legal manifestation of America’s attempt to create certainty in the uncertain world of drugs. The location of different drugs in the CSA’s five-tiered system, along with the rules and regulations that govern each tier, serve to create discrete categories out of a blurry continuum of chemical substances. Drugs sharing the same category are considered similar with respect to their potential for harm and abuse, as well as their therapeutic benefits. Since categories are ordered according to their dangerousness, Schedule I drugs are “officially” more dangerous than Schedule II drugs, Schedule II drugs more dangerous than Schedule III drugs, and so forth. According to this classification system, heroin and marijuana are equally dangerous and have no medicinal value. Marijuana is more dangerous than methamphetamine and cocaine, the latter two of which have officially recognized medical benefits. Furthermore, every pharmaceutical drug currently on the market is considered to be less dangerous than marijuana, by virtue of the CSA scheduling scheme. From a legal standpoint, alcohol, due to its unscheduled status, is considered less harmful than every classified substance, despite alcohol’s role in thousands of annual traffic fatalities, violent crime incidents, and health problems (e.g., liver cancer, heart disease, cirrhosis, brain damage). For example, it is estimated that alcohol is responsible for 200,000 annual deaths in the United States, compared with approximately 8,000 from all illegal drugs combined (Gahlinger, 2004).

Understandably, some individuals dismiss the claim that marijuana is as harmful as heroin and more destructive than cocaine, methamphetamine, or even alcohol. Indeed,
*Reefer Madness* (originally titled, *Tell Your Children*), a motion picture released in 1936 that unabashedly proclaimed marijuana as “public enemy number one”, is now a cult classic among film buffs who appreciate its unintentionally comedic depictions of pot-crazed rapists and murderers. Despite some public dissent from the official stance that marijuana is a dangerous drug with great potential for abuse and dependency, its Schedule I status has remained intact since 1970.

The boundaries defining each drug schedule are constructed and maintained by the DEA. Drugs are added or removed, or can change schedules through legal proceedings initiated by the DEA or the Department of Health and Human Services (HHS), or through petitions presented to the DEA by drug manufacturers, medical organizations, interest groups, local governments, or individual citizens. In the course of determining if and how to schedule a drug, the HHS (often in consultation with the FDA or the National Institute on Drug Abuse (NIDA)) conducts a series of medical and scientific evaluations of the substance under scrutiny and submits a report to the DEA. If the drug is determined by the HHS to have “abuse potential”, it can be controlled by the CSA. Abuse potential is based on evidence that:

- The drug is being taken in amounts sufficient enough to pose a health hazard to individual users and the community.
- The drug is being diverted from legitimate sources to the black market.
- The drug is being taken by individuals on their own initiative, rather than on the basis of legitimate medical advice.
The drug is similar to currently controlled drugs, making it reasonable to assume that it too will be abused (Gahlinger, 2004:72).

If the HHS recommends the drug in question not be controlled, the DEA is bound to this recommendation. If the HHS recommends the drug in question be controlled, the DEA can accept or reject the recommendation (Gahlinger, 2004).

After assessing “all available data”, the DEA makes a final decision regarding whether or not a substance should be controlled (assuming the HHS recommends its placement into the CSA), as well as the schedule under which the controlled substance should be listed (Drug Identification Bible, 2006:1). The DEA determines the schedule into which a substance is placed by considering:

- The drug’s actual or relative potential for abuse
- The drug’s pharmacological effects: whether the drug is a narcotic, depressant, stimulant, or hallucinogen.
- Current scientific knowledge regarding the substance: all data of the physical and mental effects of the drug.
- Its history and current pattern of abuse: where, when, and by whom the drug is abused.
- The scope, duration, and significance of abuse: what is the economic and social impact of regulating the use of the drug?
- What, if any, danger does the drug pose to the public health?
- The drug’s psychological or physiological dependence liability: Is it addictive?
Is the substance an immediate precursor of a substance already controlled
(allowing its manufacture)? (Gahlinger, 2004:74).

Once the DEA decides a drug’s schedule, if no interested parties request a hearing to
discuss or debate their decision, the DEA publishes a final order in the Federal Register,
codifying the drug’s status into law (Gahlinger, 2004; Drug Identification Bible, 2006).

The complex procedures involved in classifying controlled substances have the
appearance of being based on objectivity, with public safety being the overall guiding
force in classification decisions. While the CSA involves a variety of governmental
groups in determining the dangerousness of drugs, at the federal level, the DEA – not
Congress or the courts – generally has the final say regarding a drug’s legal status.
Recent discourse and debate about marijuana’s placement as a Schedule I drug serves to
illustrate this point. By virtue of marijuana’s Schedule I status, the DEA treats marijuana
as having a high potential for abuse and no medical benefits. This stance is curious given
the fact that despite its popularity, there are no known overdose deaths attributed to
marijuana use (Mosher & Akins, 2007). Compared to some other, legal substances (e.g.,
alcohol), the effects of marijuana are relatively benign. Furthermore, a great deal of
research published by the scientific community finds marijuana has an array of medical
uses. For example, a recent meta-analysis of 72 controlled studies determined that
cannabinoids (a series of chemical substances found only in the marijuana plant) have

Therapeutic potential as antiemetics, appetite stimulants in debilitating
diseases (cancer and AIDS), analgesics, and in the treatment of multiple
sclerosis, spinal cord injuries, Tourette’s syndrome, epilepsy and glaucoma (Amar, 2006:1).

In spite of these two basic facts about marijuana – that it does not cause users a great deal of harm and that it can be used medicinally to successfully treat a variety of ailments – the DEA refuses to remove it from Schedule I. In 1988, a petition to reclassify marijuana as a Schedule II drug was brought to court by National Organization for the Reform of Marijuana Laws (NORML), the Alliance for Cannabis Therapeutics (ACT), Cannabis Corporation of America (CCA) and Carl Eric Olsen (an individual petitioner). Numerous case studies of marijuana’s effectiveness in treating cancer and other ailments were submitted to the court, along with pro-marijuana testimony from physicians, psychiatrists, professors, neurologists, and pharmacologists. After reviewing much evidence, Judge Francis Young, the DEA’s chief administrative law judge, concluded,

“The marijuana plant considered as a whole has a currently accepted medical use in treatment in the United States, that there is no lack of accepted safety for use of it under medical supervision and that it may lawfully be transferred from Schedule I to Schedule II” (Young, 1988, as cited in Drug Library, 2008).

The DEA responded by promptly over-ruling its own judge’s order, maintaining marijuana’s Schedule I status (Mosher & Akins, 2007). Several subsequent petitions to reclassify marijuana into Schedule II have also been rejected.
Thus, revised criteria for Schedule I drugs may read as follows (revisions in brackets):

- They have a high potential for abuse [according to the DEA].
- They have no currently accepted medical use in treatment in the United States [according to the DEA].
- There is a lack of accepted safety for their use under medical supervision [according to the DEA].

While admittedly facetious, these revisions are made to underscore the fact that a drug’s schedule is based largely on the DEA’s interpretations and definitions of “abuse potential”, “medical use”, and so forth.

**Pharmacological Determinism**

The ongoing debate over marijuana’s criminalized status reveals the existence of a lack of consensus over the categorization system established by the CSA and enforced by the DEA. As Spillman (2002) and Zerubavel (2002) point out, the practice of creating black and white distinctions out of a realm of uncertainty is not always uniformly embraced by all members of society. Still, the fact that attempts to pressure the DEA to reduce or eliminate a drug’s restrictions rarely succeed not only illuminates the DEA’s extraordinary power over legal definitions of drugs, but also suggests the existence of a deeply rooted cultural ideology regarding chemicals.
The practice of assigning a chemical substance to a specific level of danger implies a widespread cultural belief in pharmacological determinism (Reinarman & Levine, 1997a), the belief that a drug’s pharmacological properties are solely responsible for its effect on human beings. The image of the innocent, calm citizen transforming into a drug-crazed lunatic upon immediate contact with a prohibited substance epitomizes this ideology. Illicit drugs – cocaine, heroin, methamphetamine, and so forth – are understood to contain a sort of magical power that is believed to completely and indiscriminately take hold of every user. Claims that a drug is “instantly addicting” or provokes “uncontrollable violence” embody this perspective. Yet if drugs affected every user in this manner, the estimated 35 million Americans who have used cocaine at least once in their lifetime (SAMHSA, 2007) would be violent addicts. Since roughly 2.4 million Americans have used cocaine in any given month (SAMHSA, 2007), and since the annual number of homicides committed in the U.S. is roughly 20,000, clearly neither claim is true. In spite of these data, claims-makers often talk about drugs in an alarming manner.

The ideology of pharmacological determinism “invests the substances themselves with more power than they actually have” (Reinarman & Levine, 1997a:8). In reality, when psychoactive drugs enter the body, they produce their effects through brain chemicals called neurotransmitters. That is, they work by stimulating neurotransmitters already present in the human brain. “Drugs cannot create sensations or feelings that do not have a natural counterpart” (Gahlinger, 2004:159). The basic fact that “psychoactive drugs produce their effects by neurotransmitters points out their true secret: *All drug sensations, feelings, awareness, or hallucinations can also be achieved without drugs*”
Indeed, people who are deprived of food, water, or sleep may experience sensations and perceptions similar to those produced by hallucinogenic drugs. Additionally, dedicated practitioners of yoga, Zen Buddhism, and other forms of meditation report achieving transcendental states of mind.

The point is that drugs do not produce feelings that the body and brain are incapable of producing by themselves. “All the thoughts, perceptions, and behaviors [resulting from drug use] already exist” (Gahlinger, 2004:159). By themselves, drugs are inert substances – they do not cause harm or relief until people willingly choose to consume them (Reinarman & Levine, 1997a). But by placing heavy emphasis on “the sphere of molecules” (DeGrandpre, 2006:27), an ideology of pharmacological determinism fails to consider the social, cultural, and historical contexts of drug use. And contexts, i.e., the conditions under which people take drugs, are often more important to understanding consequences and patterns of use than molecular structures.

Richard DeGrandpre (2006:22-26) debunks pharmacological determinism by providing a detailed description of a study on the worldwide use of cocaine conducted jointly by the World Health Organization and the United Nations Interregional Crime and Justice Research Institute (WHO/UNICRI) from 1992-1994. The study was exceptional not just because of its scale (nineteen countries across six continents), but for its scope – it sought to examine the variety of contexts - historical, market, economic and cultural – in which cocaine use takes place. In Brazil, researchers found heavy cocaine use among impoverished Sao Paulo children. Mexican researchers found cocaine use was confined mostly to 20-24-year old homeless males. In Cairo, affluent adults made up the majority of the cocaine-using population.
Researchers also found that methods of cocaine administration differed across populations. Wealthy Nigerians smoked the drug in rock form (crack). In Bolivia and Peru, users obtained the effects of cocaine by chewing the leaves of the coca plant, as this practice has been a cultural norm for centuries. Colombian prostitutes smoked cocaine paste (created during one of the intermediary stages of cocaine powder production). In Mexico City, homeless users injected the drug, and in Sydney, gay club-goers generally snorted it.

The WHO/UNICRI study also found that methods of cocaine administration varied economically. Since crack costs less than powder, cocaine smoking was generally associated with the underclass (with the exception of Nigeria). In addition, the WHO/UNICRI study found that people use cocaine for different reasons – to stay awake, party, accomplish work-related tasks, and cope with deplorable living conditions.

One basic conclusion made from this study was that there is no “typical” cocaine user. According to DeGrandpre (2006), the study’s results were not amenable to American political leaders and legislators, since popular American stereotypes about cocaine and cocaine users were not reaffirmed. To be sure, both powder cocaine and crack are demonized in U.S. society, though the former has occasionally been associated with the upper and middle classes and portrayed as one of America’s more prestigious illicit drugs. Crack, on the other hand, is associated with urban blacks, gangs, violence, and irrepressible addiction. Political and media rhetoric consistently attribute devastating consequences to crack, as if these consequences flowed directly from its molecular structure. Such rhetoric squeezes out of public
discourse any serious consideration of the social, cultural, economic, and psychological variables that are essential for understanding drug use and its behavioral consequences (Reinarman & Levine, 1997a:13).

The WHO/UNICRI study’s finding that attitudes and images of cocaine vary markedly across different societies does not support the theory of pharmacological determinism, or that crack and powder cocaine are disparate substances. While smoking or injecting cocaine produces a much quicker onset of effects than snorting or eating it, the pharmacological properties of cocaine are identical regardless of the physical form it takes (Hatsukami & Fischman, 1996; Reinarman & Levine, 1997a; Morgan & Zimmer, 1997; DeGrandpre, 2006; The Sentencing Project, 2008a). Rather than embracing pharmacological determinism, researchers and policy makers alike might consider viewing drugs as “socially defined commodities” (DeGrandpre, 2006:25).

One of the most insightful lessons DeGrandpre (2006:26) draws from his analysis of the WHO/UNICRI study is that cocaine is “not one thing – neither an angel nor a demon, neither good nor evil – but rather different things to different peoples.” The same line of reasoning can be made for the large majority of chemical substances, including methamphetamine, referred to as “drugs” and “medicines” in American culture. Consider these accounts of methamphetamine, taken from a variety of U.S. media sources:

- “It affects not merely the user, but it’s the leading cause of property crime, it’s the leading reason why children are removed from their homes,…it’s very hard to go to any part of Oregon and not experience the effects of methamphetamine” (*Frontline*, 2006, quoting a journalist).


Next, consider these descriptions of a prescription drug, advertised in two issues of *The American Journal of Nursing* (1951:29, 1952:23):

- An effective curb for the appetite.
- An effective morale booster with minimum side effects.
- Effective in depressive states associated with menopause, prolonged illness, and convalescence as well as in treatment of alcoholism and narcolepsy.

These remarks describe the indications and effects of Desoxyn, the trade name for *methamphetamine hydrochloride*, the pharmaceutical version of methamphetamine.\(^6\)

Desoxyn and other amphetamines have been available via prescription since the early

\(^6\) Methedrine was another brand name for a pharmaceutical preparation of methamphetamine. Today, illicit methamphetamine is occasionally referred to as Methedrine, but not as often as it was during the 1960s.
1950s (DeGrandpre, 2006). Twenty years earlier, amphetamines were sold over-the-counter (OTC) in drugstores throughout the United States.

Both sets of quotations describe the same chemical substance. Yet, “meth” is a dangerous and destructive demon drug, whereas Desoxyn is a medicinal panacea. These diametrically opposed descriptions of methamphetamine illustrate a fundamental contradiction in America’s War on Drugs: Most drugs are legal, if users obtain them as “medicines” through legitimate channels. Furthermore, while Schedule I drugs are off limits to everyone, most have white market counterparts. For example, heroin is illegal, but Oxycodone and other powerful pain-killers whose effects and pharmacological properties are strikingly similar to those of heroin are available via prescription.

To be sure, there are some differences between licit and illicit methamphetamine. Though chemically identical, persons who use street methamphetamine usually administer it nasally, intravenously, or through inhalation, whereas most people who obtain methamphetamine via prescription take it orally. Absorption of a drug into the body and brain takes longer when it is ingested. Additionally, street meth, like most street drugs, is often “cut” with additives or adulterants, which allows dealers to maximize profit. The relative impurity of illicit methamphetamine likely causes added problems, particularly when cut with toxic substances, e.g., strychnine, or if harmful chemicals are unintentionally left in the final product. A final difference between illicit and licit versions of methamphetamine is that users of the former (at least those that make headlines) are more likely to consume higher doses than users of the latter. Desoxyn,

---

7 Reviewing a study on heroin overdoses, Brecher (1972) concludes that many deaths by heroin “overdose” are likely caused by the adulterant, quinine, or, when users mix heroin with alcohol, not by heroin itself.
once sold in 15 mg doses, is now only available in 5 mg tablets (FDA, 2007). According to the Drug Identification Bible (2006:244), regular users of illicit methamphetamine “get high” using 125 to 250 mgs. Medical doses of amphetamines rarely exceed 100 mg per day, but “chronic abusers…may ingest more than 15,000 mg every twenty-four hours during a ‘speed run’ or ‘binge’ lasting three to fifteen days.”

Surely these distinctions between illicit and licit versions of methamphetamine are not clear-cut. Some users of street meth choose to administer the drug orally. Conversely, users of prescription methamphetamine have been known to crush up pills and snort the powder or dissolve it in water to inject into their bloodstream (Gahlinger, 2004). Also, some batches of illicit meth are 100 percent pure. Pharmaceutical drugs are often “cut” with inert substances and, depending on the channels through which prescription methamphetamine is purchased (e.g., online pharmacies), prescription purity is not always a guarantee. Finally, while a doctor may clearly specify the number and potency of Desoxyn tablets to be ingested (e.g., two 5 mg pills twice a day), this does not necessarily ensure the patient will adhere to the instructions. Individuals have been known to disregard doctors’ orders and ingest entire prescriptions at once. On the other hand, many of those who illegally consume meth do not administer it in extraordinarily high doses.

Though important, the differences between licit and illicit versions of methamphetamine in terms of their preferred routes of administration, purity, and dosage, have nothing to do with their pharmacological properties, but rather, result largely from the existence of both “black” and “white” markets for drugs (DeGrandpre, 2006). Despite the fact that, chemically, meth (the drug) and Desoxyn (the medicine) are the
same, political rhetoric and media discourse about methamphetamine almost always concerns the illicit version. Thus, when President Clinton (1997) proclaimed, “Meth has a devastating effect on those who use it”, he certainly was not referring to the cure-all medicine manufactured by Abbott Laboratories, nor to the scores of chemically similar amphetamines or amphetamine-like preparations, including Ritalin, consumed legally by millions of Americans on a daily basis. This contradiction – “of meth as a demon drug and methamphetamine as a prescription angel” – cannot be resolved by any amount of pharmacological determinism (DeGrandpre, 2006:33). Under some circumstances, methamphetamine can produce very ill and devastating consequences. Under other circumstances, it can help people to function and lead more fulfilling lives. However, as Reinarman and Levine (1997a:9) note, “American culture lacks a vocabulary with which people can speak about drugs in this more complicated, qualified way.” Thus, in the black and white world of the War on Drugs, meth is notoriously “America’s Most Dangerous Drug” (Jefferson, et al., 2005a:41).

In the case of methamphetamine, pharmacological determinism works both ways. Use of illicit methamphetamine is said to inevitably lead to self-destruction and community decay, whereas use of Desoxyn and other prescription stimulants is said to generally result in improved physical and mental health. The dichotomization of meth the drug, and methamphetamine the medicine, serves to mark and maintain a clear boundary between the two pharmacologically identical substances. For the most part, this contradiction goes undetected by drug-consuming, medicine-taking Americans, and has escaped exposure and serious discourse in mass media. Yet, socially constructed boundaries and definitions have real consequences. Law enforcement and citizen
responses to methamphetamine depend on the channels through which it is obtained and consumed. Chemical substances acquired in a sterile, orange prescription bottle are perceived and treated quite differently than substances obtained in a plastic bag or glass vial.

The simultaneous existence of methamphetamine as both a drug and medicine is made possible through differences in language used to describe both. In popular discourse, “drugs” and “medicines” are oppositional terms. The former lead to sickness and disease, while the latter are cures for sickness and disease. Thus, in American society, if you consume methamphetamine illegally, you are a dangerous drug addict deserving of imprisonment or coerced treatment. If you are lethargic, obese, or cannot concentrate on your daily work duties, you are sick and in need of Desoxyn or other prescription stimulant medications.

Thomas Szasz (1974) argues that contemporary attitudes towards drugs are based on ceremony rather than chemistry. He likens the unease and trepidation accorded to illicit chemicals, and the acceptance and relief attributed to licit chemicals, with the ways in which some Christian denominations treat holy water. Both holy water and drugs are seen to possess special, supernatural qualities. But the mystical properties of both cannot be discerned under a microscope. “To understand holy water, we must examine priests and parishioners, not water; And to understand abused and addictive drugs, we must examine doctors and addicts, politicians and populations, not drugs” (Szasz, 1974:17).

In this spirit, in order to better understand how methamphetamine came to occupy the status of demon drug of the 2000s, it is imperative to consider the historical,
institutional, cultural and economic forces that have shaped its standing in American society. The following Chapter offers a brief history of drug use around world, and traces the historical developments of some of the first federal U.S. drug laws. From a social constructionist perspective, attention is given to claims made by various moral entrepreneurs and interest groups that exaggerated America’s drug problem, scapegoated drugs for other, larger social problems, and demonized drugs by linking them with socially marginalized groups. By the mid 1910s, a series of so-called “drug scares” had coalesced to form the first nationwide prohibitions, ultimately spurring the introduction of methamphetamine into American society.
CHAPTER 3: HISTORY AND THEORY

The origin of drug use is quite simple. Humans are inquisitive creatures. If something can be done – no matter how bizarre, silly or dangerous – somebody, somewhere, will try to do it. If a substance can possibly be eaten, it is certain that somebody will have tried to eat it. Why, for example, would anyone lick the slime off an ugly toad? And why, when it was found that swallowing this slime caused horrendous sickness and nightmare visions, would someone then decide to smoke the secretions? Yet that is exactly what happened (see Bufotenine), and it led to the discovery of yet another mind-altering substance (Gahlinger, 2004:5).

Legal and illegal psychoactive drugs have been used by people in virtually every society known to humankind (Mosher & Akins, 2007). Presumably due to the lack of vegetation, Eskimos are probably the only cultural group in the world without a tradition of drug use (DeGrandpre, 2006). Whether used for medicinal or religious purposes, for pleasure or out of sheer curiosity, drugs are integral to human life (Gahlinger, 2004). The ubiquity of psychoactive chemicals in past and present societies suggests that the desire to alter one’s consciousness is a basic human drive (Siegel, 1989; Bickel & DeGrandpre, 1996; Weil & Rosen, 2004; Mosher & Akins, 2007). Indeed, research has shown that humans may not be alone - even animals will seek out intoxicating foods. For example,
After sampling the numbing nectar of certain orchids, bees drop to the ground in a temporary stupor, then weave back for more. Birds gorge themselves on inebriating berries, then fly with reckless abandon. Cats eagerly sniff aromatic “pleasure” plants, then play with imaginary objects. Cows that browse special range weeds with twitch, shake, and stumble back to the plants for more. Elephants purposely get drunk on fermented fruits. Snacks on “magic mushrooms” cause monkeys to sit with their heads on their hands in a posture reminiscent of Rodin’s *Thinker* (Siegel, 1989:11).

Some scholars have gone so far to posit that the human species has evolved to its current state of “intelligence” as a result of past substance use. For example, McKenna (1991) theorizes that the ingestion of psilocybin, a hallucinogenic compound found naturally in certain mushrooms that sprout from cow manure, spurred the rise of human consciousness, religion and language. As the Sahara Desert started to expand approximately 150,000 years ago, forest-dwelling primates began foraging the grasslands, and consequently, domesticating cattle. McKenna (1991:147) cites archaeological evidence found on the painted walls of Algerian caves to support his theory:

Here are the earliest known depictions of shamans in coincidence with large numbers of grazing animals, specifically, cattle…. The shamans,
dancing and holding fistfuls of mushrooms, also have mushrooms sprouting out of their bodies.

McKenna suggests that the psychoactive properties of the psilocybin mushroom allowed early hominids to achieve levels of consciousness and conceive of the self in new and profound ways, “bootstrapping” them up evolutionarily by facilitating the development of language and religion.

McKenna’s postulation that psychedelic mushrooms were the seeds for the earliest spiritual beliefs held by humans points to a larger connection between psychoactive substances and religion. Across time and place, people have used drugs to “transcend their sense of separateness and feel more at one with God, nature, and the supernatural” (Weil & Rosen, 2004:16). Indeed, a cursory examination of the historical record of ancient civilizations finds plentiful evidence of a relationship between mind-altering drugs and religious ceremony. For example, soma is described as the “magical nectar of the Hindu Vedas” (Shanon, 2008:53). While the actual species is unknown, some suggest that soma was concocted from psychoactive mushrooms or shrubs. Shanon (2008:54) notes an anthology of Vedic and Zoroastrian hymns praising soma “as a divinity” and celebrating its special effects on worshippers. These texts suggest that the achievement of altered states of consciousness accomplished through the use of soma was central to the religious rituals of ancient India and Persia.

---

8 The soma described in the ancient Vedas should not be confused with the “soma” discussed in Aldous Huxley’s *Brave New World*. Also, in the United States, “Soma” may refer to the trade name of the drug carisoprodol (a muscle relaxant), available by prescription.
Peyote, a hallucinogenic species of cactus, has been used by North American Indian tribes for thousands of years (Faupel, Horowitz, & Weaver, 2004; Mosher & Akins, 2007). Many Native American tribes in Mexico and the American Southwest ingest mescaline “buttons” harvested from the cactus, during day-long rituals involving prayer, singing and dancing. “During these ceremonies...users experience God through the intermediary of nature, where he resides” (Faupel et al., 2004:143).

Rastafarians of Jamaica and elsewhere define marijuana (ganja) not as a drug, but as a sacramental herb. Many adherents smoke ganja during religious ceremonies and for healing purposes. Since Rastafarianism emphasizes a naturalistic worldview and vegetarian diet, marijuana is “believed to be a mechanism through which one can gain a greater understanding of God” (Faupel et al., 2004:140). While Rastafarianism has emerged as a new religion over the past hundred or-so years, marijuana’s use in religious ceremony dates back much further. For example, it was used for spiritual purposes in ancient India (Weil & Rosen, 2004).

Stimulants have also played a role in the religious institutions of some societies. Caffeine, in the form coffee, was referred to as the “wine of Islam” by 1300 C.E. (Gahlinger, 2004:180). Over a thousand years ago, Muslim men congregated weekly and would “stay up all night praying and chanting” with the help of copious amounts of coffee (Weil & Rosen, 2004:43).

For millennia, indigenous peoples of modern-day Chile, Colombia, Peru, and Bolivia have chewed the leaves of the coca plant, the natural source of cocaine, to ward off fatigue and work long hours at high elevations. Coca is enjoyed during civil and religious rituals, as Andean natives regard its leaves as sacred and vital to life (Gahlinger,
2004; *Drug Identification Bible*, 2006). In the Incan empire, “priests and supplicants were allowed to approach the Altar of the Inca only if they had coca leaf in their mouths” (Brecher, 1972:269).

The twigs and leaves of the *Catha edulis* plant, better known as *khat*, have been chewed throughout areas of Eastern Africa and the Arabian Peninsula for centuries (Brooke, 1960; Halbach, 1972; Warfa *et al.*, 2007). According to Brooke (1960:52), the effects are “pleasantly stimulating and mildly euphoric when chewed and ingested in small amounts, and intoxicating when consumed in large quantities.” Although slightly weaker in potency, khat’s pharmacological effects are quite similar to the effects of amphetamines (Halbach, 1972; “Catha Edulis”, 1980). Khat plays a central role in the daily lives of members of some Muslim Ethiopian cultures. Leaves are chewed to commemorate births, deaths, and religious celebrations. “Wadaja—a ceremony of group prayer performed at times of illness, death, or calamity—must have a plentiful supply of khat” (Brooke, 1960:52). In addition to its role in religious circles, khat is also used to combat drowsiness, facilitate long, hot days of work, and cure a range of ailments (Brooke, 1960).

The *ephedra vulgaris* plant, methamphetamine’s natural ancestor, was used at least 50,000 years ago, and is considered by some to be the earliest known plant used for its stimulating psychoactive properties. Pollen remains of the ephedra plant were found at a Neanderthal gravesite in present-day Iraq and prehistoric temples in Central Asia (Joseph, 2000). In India, dried branches from *Ephedra pachyclada* and *Ephedra intermedia* were used for both medicinal and religious purposes (Chen & Schmidt, 1930). Some suggest that the “soma” referred to in the ancient Vedas was actually ephedra
(Chen & Schmidt, 1930; Mahdihassan, 1987). Early botanists exploring the western United States in the 1840s and 1850s gathered *Ephedra americana* specimens growing along the shores of the Great Salt Lake (Durand, 1860). When Mormons reached Utah in 1847, they acquired a taste for “Mormon tea” brewed from *Ephedra nevadensis*, since their religion prohibits the use of coffee and tea (Rudgley, 1999; Gahlinger, 2004).

As these examples illustrate, drugs and religion have shared an intimate connection for millennia. One obvious explanation for this connection is the effects drugs have on consciousness. As Weil and Rosen (2004) note, the mind-altering capabilities of certain substances have encouraged users to ponder deep, philosophical questions about human existence, the meaning of life, and other existential inquiries. Some see drugs as windows to an alternative reality, a glimpse into a foreign and often glorious world. Indeed, the degree to which psychoactive substances affect perception has led people to treat them as magical or holy. Religious circles have often viewed certain drugs as gifts from God (or the Gods), given in order to allow worshippers to communicate with the supernatural.

While many past and present societies embrace and encourage the use of consciousness-altering substances, to be sure, the acceptance or disapproval of individual drugs varies across cultures. In other words, the use of one specific drug may be promoted in one place but condemned elsewhere. For example, marijuana is a sacred herb in Rastafarian Jamaica, but a demon weed in the United States. In the U.S. and other Christian societies, wine is often celebrated as a holy sacrament. In Saudi Arabia and several other Muslim countries, wine and other forms of alcohol are completely prohibited. Similarly, there is much historical variation in the acceptance of different
drugs. For example, cocaine, opium, heroin, and several other drugs currently demonized in the U.S. were once legally enjoyed by hundreds of thousands of Americans.

In some respects, variations in drug prohibitions across cultures can be thought of as variations in public definitions over the sacred and profane. In *The Elementary Forms of Religious Life* ([1912] 1995), Durkheim theorizes about the social significance of ritual. Sacred objects and ideas are distinguished from the profane world through religious ceremonies, which promote solidarity and collective consciousness. Treating the sacred as profane results in punishment or ostracism, and also has the latent function of strengthening group unity and re-clarifying normative boundaries.

In the Church, wine symbolizes the blood of Christ (Catholics maintain a more literal interpretation). According to the Bible, Jesus performed the magnificent feat of turning water into wine. In Christian societies, priests and parishioners come to understand the holiness of wine, elevating it to a sacred status through religious rituals (Szasz, 1974). While the American public is not completely ignorant of the problems resulting from alcohol use, its legal (sacred) status is at least partly due to the fact that the U.S. was settled by Christians. Consequently, American culture does not categorize alcohol as a drug, as evidenced in the popular phrase, “drugs and alcohol”. This dichotomy, i.e., alcohol’s cultural status as a non-drug to be compared against “drugs” (e.g., marijuana, cocaine), is an ongoing social construction, the roots of which can be found in the religious persuasions and rituals of the first European settlers.

But ritual need not be religious in nature for it to have the effect of distinguishing between sacred (good) and profane (evil) substances. The essential characteristic of ritual is that it facilitates the social construction of meaning. Through processes of social
interaction and socialization people learn to associate different meanings to different chemicals. We come to perceive some chemicals as dangerous and dirty and others as healthy and pure. These associations are not necessarily rooted in some objective truth. Rather, they are socially produced and transmitted between individuals and cultures.

In earlier time periods, religion was the primary social institution responsible for the construction of definitions about sacred and profane substances. In modern society, the institutions of science and medicine help forge and refine these definitions. Contrary to popular belief, many psychoactive drugs are legal in the United States. As long as users obtain them through culturally legitimate channels (e.g., physicians, pharmacies), stimulants, depressants, tranquilizers, painkillers, and other mind enhancers can lawfully be obtained and used. And while prescription drugs have become a subject of increasing concern and public debate in recent years, the prominence of the scientific and medical institutions in today’s society means that drugs sanctioned by individuals and organizations within this paradigm are treated with the same sense of social magic bestowed on other sacred substances by past civilizations. The ritual significance of the letters M.D., Dr., and Ph.D. allows Dexedrine, Xanax, and other pharmaceutical equivalents of street drugs to be treated and sold as medicines.

In much of the developed world, inclusion of the word “science” in any argument, idea, or social policy initiative almost always serves to strengthen the claim being put forth. This is the case regardless of whether the support for an argument is rooted in actual science (positivism) or pseudo-science. For example, on the surface the terms, “Creation Science”, “Scientology”, “Intelligent Design” and “Ufology” (the study of UFOs) sound as scientifically based as “Evolution”, “Einstein’s Theory of Relativity”,

41
and “The Law of Large Numbers”. The ideas behind the first set of terms, however, do not employ basic scientific principles of empiricism, tentativeness, falsifiability, and testability. Yet, by attaching scientific lingo to their pseudo-scientific theories, proponents attract adherents and achieve policy successes. While it is true that “scientific language does not [by itself] make a science” (Shermer, 2002:49), because science is such a powerful force in American culture, claims-makers who present agendas under the guise of science are often taken seriously. Thus, when methamphetamine hydrochloride is packaged as Desoxyn or Methedrine, recommended by a physician in a white lab coat, and purchased legally from a pharmacist in a white lab coat, it becomes a medicine. When renamed “crystal meth” or “ice”, obtained and administered outside the institutions of science and medicine, it is a deadly, instantly addicting drug.

Thus, while current definitions of sacred and profane drugs are no longer largely informed by religious institutions, the ritual significance accorded to the institutions of science and medicine operates a similar process of meaning construction: If science says something is healthy or harmful, clean or dirty, good or evil, it must be true, because in modern society, science equates to truth. Public knowledge of drugs has gone from “the realm of magic and spirit” and into the realms of science and medicine (DeGrandpre, 2006:29). While much of the scientific understanding about drugs is actually based on pseudoscience and political ideology, the presentation of knowledge about drugs in scientific terms is too technical and intimidating for the layperson to question. Thus, only those qualified with the appropriate credentials are able to legitimately take part in public discussions about drugs (DeGrandpre, 2006).
Szasz (1974) argues that America’s drug policies and definitions of drugs, drug abuse, and drug addiction result from ceremonial behaviors governed by tradition and ritual, not actual science. “We regard [certain drugs] as [immoral or] harmful in order to maintain our justification for prohibiting” them (Szasz, 1974:34). Modern drug laws provide the social function and symbolic significance of helping citizens become “holy”, which in contemporary times means, “healthy”. “To be healthy means to take those drugs prescribed by physicians (rabbis) and to avoid those prohibited by the State (God)” (Szasz, 1974:36). Thus, heroin is unholy, whereas OxyContin (“blessed” by a physician) is holy. Cocaine bought on the street corner is profane, but sacred when used by a dentist as an anesthetic. Methamphetamine used by ravers and truck drivers constitutes drug abuse, but Desoxyn, Adderall, or other prescription stimulants used for ADHD and narcolepsy are forms of treatment.

As these examples demonstrate, scientific definitions of individual chemical substances are not static. Meanings attributed to different drugs change through conflict, competing interest groups, and other social processes. According to Becker (1963), deviant behavior is that behavior we so label. The labels we attach to the pharmacological properties of individual substances, and consequently, to the behaviors of users of individual substances, vary over time. Indeed, the current popular and legal definitions attributed to various substances are merely a snapshot of public and official opinion taken at one point in time. As we shall see, many of today’s dangerous drugs were once defined as harmless tonics or medicines, and were widely available to the public. Changing definitions from good to evil (or vice versa) have resulted not necessarily from scientific discoveries, but rather, from the failures and successes of a
wide range of claims-makers, including the medical establishment, pharmaceutical companies, religious groups, politicians, and the press.

**Early Drug Use in the United States**

While amphetamines were not introduced into the U.S. until the 1930s, a plethora of other drugs satisfied American desires for consciousness alteration centuries prior. According to Brecher (1972:3), nineteenth century America could accurately be described as a “dope fiend’s paradise.” People were generally free to ingest whatever chemicals they could get their hands on, including cocaine, opiates, and marijuana. And obtaining chemicals was as easy as visiting the doctor, drug store, or local market.

As early as the late 1700’s, “Dover’s Powder” and other opium-based medicines designed to relieve pain, colds, fevers, athlete’s foot, alcoholism, diarrhea, hiccups, and other ailments, were sold in American pharmacies and grocery stores (Ashton, 1906; Inciardi, 2002; *Drug Identification Bible*, 2006). In 1898, the semi-synthetic opiate Diacetylmorphine was introduced to consumers after a series of experiments found it effective in treating common discomforts associated with pneumonia and tuberculosis. Bayer Laboratories marketed this drug under the trade name “Heroin”, and it soon became an ingredient in many medications and tonics. Two years later, articles published by physicians in leading medical journals extolled heroin’s benefits and asserted it was not addictive⁹ (Manges, 1900; Inciardi, 2002; *Drug Identification Bible*, 2006; Mosher & Akins, 2007).

---

⁹ More recently, Korcok (1978) discusses some of heroin’s positive benefits, including its effectiveness in the treatment of pain and dyspnea in cancer patients, and its superiority to morphine.
In the late 1800’s, products such as Ryno’s Hay Fever and Catarrh Remedy, Pemberton’s French Wine Cola (later renamed Coca-Cola), and other cocaine-containing products were used to treat nasal congestion, toothaches, chronic fatigue, depression (Inciardi 2002; Mosher & Akins 2007), and “almost any [other] illness” (Gahlinger, 2004:242). Dr. Nathan Tucker’s Asthma Specific contained 420 milligrams of cocaine per ounce, and was one of the most popular medications used to treat hay fever and asthma. Pharmaceutical companies manufactured cocaine-laced cigarettes and cigars to provide a source of “increased vigor” and to medically “cure” fatigue (Drug Identification Bible, 2006:253). Cocaine was even enjoyed by elites, including President William McKinley and psychoanalyst Sigmund Freud. Though he warned that cocaine could produce physical and “moral” problems if used excessively, Freud argued that its risks were outweighed by its benefits. Freud used cocaine throughout much of his life to treat depression and fatigue, and endorsed cocaine as a remedy for morphine addiction (Mosher & Akins, 2007).

Marijuana was also quite popular during nineteenth-century America. Hundreds of articles appeared in European and American medical journals from 1840-1900, promoting its therapeutic benefits and recommending it as an anticonvulsant, analgesic, muscle relaxant, and appetite stimulant. At one point there were 28 different marijuana preparations in the form of pills, elixirs and tablets sold over-the-counter (OTC) in the United States (Gahlinger, 2004). In addition to its medicinal benefits, marijuana was cultivated for its fibers (i.e., hemp), from 1629 until the end of the Civil War.10 During

---

10 George Washington grew hemp at Mount Vernon, circa 1765 (Brecher, 1972) and Queen Victoria of England used it for relieving menstrual cramps (Mosher & Akins, 2007).
this time period, hemp was a major North American crop and played a significant role in national and colonial economic policy. For example, marijuana cultivation was important enough to colonial Virginia that in 1762, its government “imposed penalties upon those who did not produce” hemp (Brecher, 1972:403).

The legal means and relative ease through which Americans could obtain substances that are now classified as dangerous drugs suggests that support for prohibition laws during the 1800s and early 1900s was scarce. Brecher (1972:7) argues that there was little demand for outlawing opiates during this time period because they “were not viewed as a menace to society and…they were not in fact a menace.” While the non-medical use of opiates was not always respected in many social circles, users were not ostracized from society, nor did they lose their jobs or families (Brecher, 1972). Although Brecher’s comments concern attitudes toward and lack of socio-legal consequences from opiate use in the 1800s and early 1900s, the same sentiments held true for cocaine and marijuana. Generally speaking, most nineteenth-century users of “narcotics”\(^\text{11}\) were law-abiding, legitimate members of society (Musto, 1987; Inciardi, 2002).

But the “medicines and angels” (DeGrandpre, 2006) of long ago are today’s poisons and demon drugs, as evidenced by the remarkable shift in public and official sentiment towards the use of cocaine, opiates, and marijuana, beginning about one

---

\(^{11}\) In this context, “narcotics” refer to opiates and cocaine. When discussed in legal and public discourse, the term “narcotic” encompasses this very broad definition. However, medically, “narcotic” “refers specifically to drugs related to opium or its synthetic forms. The word comes from the Greek *narkotikos*, meaning ‘to numb’.” Opiates were the first drugs controlled through international laws, but “narcotics” has subsequently been redefined in popular vernacular to include all illegal drugs (Gahlinger, 2004:14).
hundred years ago. Cocaine went from being “a wonderful alleviator of pain” that any “true scientist would….[freely] give to suffering mankind” (“The Aim and Future”, 1890:239), to “a dangerous, addictive drug…. [that] can kill” (Reagan, 1986). Opiates, referred to by physicians as “God’s own medicine” during the late 1800s (Brecher, 1972:8), were said by President Nixon to be threatening to throw the American populace into “the hell of addiction”, in 1971 (Epstein, 1990:173). And marijuana, the moderate use of which was said to produce “no injurious effects on the mind” (Indian Hemp Drugs Commission, 1893:264, as cited in Mosher & Akins, 2007:7), was deemed “the most violent of all sexual stimulants” less than thirty years later\(^\text{12}\) (Simon, 1921:14, as cited in Mosher & Akins, 2007:7).

As national definitions of drugs and medicines changed, so too has government involvement in drug control, as measured by exponential increases in federal expenditures and legal consequences for illicit drug use. In 1967, decades after the enactment of the nation’s first drug prohibitions, the federal budget for drug enforcement totaled $3 million dollars (Epstein, 1990), equal to about $18.6 million in 2008 currency.\(^\text{13}\) The Office of National Drug Control Policy (ONDCP) authorized $13.7 billion dollars in federal drug control spending for the 2008 fiscal year (“National Drug Control Strategy”, 2008a). Adjusting for inflation, this means that the amount of federal money allocated to fighting drugs in 1967 was 0.14 percent of the total expenditures for 2008. These figures do not include funds distributed at state and local levels, estimated

\(^{12}\) More recently, marijuana has still been thoroughly demonized. For example, in 1986 two former federal executives claimed it was a potential cause of homosexuality and AIDS (Cowan, 1986).

\(^{13}\) This figure was estimated using the Consumer Price Index (CPI) figure from “Measuring Worth” (2008).
to be roughly $33 billion in 1996 (Blumenson & Nilsen, 1998), or money spent to
imprison persons convicted of drug offenses. In 1980, approximately 41,100 people were
incarcerated in prisons or jails across the United States for drug offenses. By 2005, that
number reached 493,800, representing 21.3 percent of the 2.32 million people
constituting the nation’s jail and prison population. Arrests for drug violations totaled
580,000 in 1980. Of the 1.85 million drug arrests made in 2005, 81.7 percent were for
possession and 42.6 percent were for marijuana offenses (Harrison & Beck, 2006; Mauer
& King, 2007). Indeed, America’s “War on Drugs” is alive and well.

How did therapeutic panaceas become deadly toxins in such a relatively short
time period? Why are so many public resources dedicated to punishing consciousness-
modifying behaviors? There are no simple answers to these questions, and certainly, there
is no single answer. In order to begin to address these questions, it is useful to ask others:
Who is responsible for current definitions of both illicit and licit drugs? How have
messages about drugs been conveyed and received? Who benefits from the current social
and legal structure of drugs in contemporary society? An historical examination of the
enactment and evolution of multiple narcotics laws, the growth of various interest groups
and claims-makers, and media portrayals of drug use and drug users may help explain
why medicinal panaceas became demonized. Permeated with theoretical insights from
social constructionism, the following discussion will shed some light on this transition.

Two Theoretical Explanations of Social Problems

Social problems, including drug use, are usually examined from one of two perspectives.
The objectivist perspective treats social problems as resulting from objective social
conditions. From this view, social problems are real, empirical phenomena studied in order to establish their “magnitude, causes, consequences, and resolutions” (Loseke & Best, 2003:3). Objectivists claim that social phenomena are defined as social problems because of “an objective, concretely real, damaging or threatening condition” (Goode & Ben-Yehuda, 1994a:151). In contrast, the constructionist approach seeks to investigate the causes and consequences of concerns over social problems. From this perspective, “social problems are socially constructed; people make claims arguing that particular social conditions are social problems, and others respond to those claims” (Best, 1990:11). The constructionist claims that conditions are defined as social problems, not because they exist objectively, but because people collectively say they exist (Goode & Ben-Yehuda, 1994a).

An objectivist studying drug use might ask the following questions: How big is the drug problem? What social conditions lead people to use drugs? What are the social consequences of drug use? What social changes (e.g., in public policy) are necessary to remedy the drug problem? To answer these questions, the objectivist might gather crime and arrest statistics, survey data on drug use, and information published by the Drug Enforcement Administration (DEA) and other governmental agencies.

A social constructionist approach to the study of drugs asks questions such as: Why does concern about drug use vary by time and place? What claims-makers and interest groups are involved in the construction of the drug problem, and what are their arguments? What are the social and legal consequences of claims-making campaigns against drug use? To address these questions, the social constructionist would look at the historical record for patterns in public crusades against drugs, identify the events through
which a drug problem came to be publicly defined, investigate fluctuations in public concerns over drugs, and examine the ways in which drugs and drug users are framed in the mass media.

While both objectivist and constructionist positions are sociologically valuable for understanding social problems, people in either camp are interested in fundamentally different phenomena. Whereas objectivists take the existence of a drug problem for granted, constructionists are interested in how and why concerns about drugs emerge at when they do (Best, 1990). And although persons from either position ask dissimilar questions, objectivist and constructionist approaches to the study of social problems need not be mutually exclusive. For example, objectivists may consider how socially constructed images of drugs influence subsequent usage: Do journalistic portrayals of crack cocaine as “the most addictive drug known to man” (Newsweek as cited in Reinarman & Levine, 1997a:3) deter its use? Or, has consumer skepticism of the scare tactics employed by mass media and politicians led to an increase in crack use?

The emergence of national drug crusades and prohibitions can often be explained by attention to both objectivist and constructionist perspectives. In other words, increasing concerns about drugs may result from actual increases in their use and harm associated with their use, coupled with socially constructed images of drug use by morality movements and the linking of drugs to deviant, undesired cultural groups, e.g., racial minorities, the underclass. Determining whether anti-drug crusades emerge because of increased usage of drugs or the increased perceptions of drug use is not an easy task. Some of the anti-drug movements that gained strength around the turn of the
nineteenth century seem to have been based on both increases in drug usage and socially constructed fears about drugs and drug-using groups.

Before the twentieth century, cocaine, opium, morphine, heroin, and marijuana were made available to consumers in two ways – from physicians and the marketplace. Generally speaking, doctors were their own pharmacists, preparing and mixing medicines in accordance with their patients’ individual ailments and needs. Alternatively, people could purchase these drugs over-the-counter (OTC) at local pharmacies, grocery stores, or even through the mail (Brecher, 1972; DeGrandpre, 2006). These so-called “patent medicines” were manufactured by early pharmaceutical companies, such as Rosengarten and Company of Philadelphia (later merged into Merck, Sharpe and Dohme (Musto, 1987)).

There were no restrictions on the kinds of drugs that could be sold by both the patent medicine industry and doctors. Additionally, there were no laws requiring a list of ingredients to accompany the medicines dispensed by either source (DeGrandpre, 2006). Consequently, it is likely that many parents who administered Mrs. Winslow’s Soothing Syrup to soothe their teething infants were completely ignorant of the fact that it contained morphine. People were also largely unaware that patent medicines marketed as “cures” for opium habits often contained large quantities of opiates. Since the ingredients in most patent medicines were not listed, users were often ignorant of what they were ingesting. Throughout the 1800s, patent medicine manufacturers were quite effective in preventing Congress from passing laws to require the disclosure of drugs in commercial preparations (Musto, 1987).
Many citizens and interest groups grew weary of the patent medicine industry as its products started having negative effects on a sizable proportion of the population. Claims that opiates and other drugs found in patent medicines were not harmful began to be questioned and reevaluated as some people got sick or died, and others found it was difficult to stop using opiate-containing patent medicines (Musto, 1987). Musto (1987) suggests that by 1900, the number of narcotics addicts in the United States was around 250,000. Public concerns about drug use increased at the beginning of the twentieth century (Bertram et al., 1996), and it seems plausible that some of the concern was based on real increases in narcotic drug use and the subsequent harm they caused.

While an objectivist might be satisfied with this explanation for the enactment of the first federal drug prohibitions, the growing outrage against opiates and cocaine circa 1900 resulted from more than just their increased use in American society. Put simply, increasing public concerns about drugs were influenced by moral crusaders whose efforts led to moral panics (i.e., “drug scares”) over certain chemicals. Reinarman and Levine (1997a:1) define drug scares as “periods when antidrug crusades have achieved great prominence and legitimacy.” It is important to note that while moral panics over drugs never sustain indefinitely, they leave long-lasting effects in the form of legislation and new definitions of deviance. Below, it is argued that the majority of federal laws designed to curtail the use of certain substances are based on socially constructed drug scares, rather than an empirical assessment of the objective harms drugs purportedly cause.
Moral Crusades

Organized attempts to outlaw opium, cocaine, alcohol and other psychoactive substances are moral crusades. Typically (though not always) coordinated by members of privileged classes, moral crusades are “special campaigns which highlight the dangers of a particular type of deviance” or social problem (Best & Luckenbill, 1994:210). The majority of moral crusades against psychoactive substances have employed the “dope fiend mythology” (Reasons, 1976) by defining drug use as immoral behavior resulting from the bad character traits and moral weaknesses of individual users. In campaigning to prohibit the free use of specific drugs, crusaders engage in an act of “moral enterprise”, endeavoring to create “a new fragment of the moral constitution of society, its code of right and wrong” (Becker, 1963:145). “The existing rules do not satisfy” the moral entrepreneur “because there is some evil which profoundly disturbs him” (Becker, 1963:147).

Best and Luckenbill (1994) note that typical moral entrepreneurs include individual citizens, politicians, and members of law enforcement. Community activist groups, governmental lobbyists, and professional organizations are several other sources of morality construction. It is important to point out that while, theoretically, moral crusades can be organized by anyone, the location of individuals and groups within the social structure largely affects the likelihood that their crusades will be successful in generating widespread public support. In order for a condition to be publicly defined as a social problem, claims-makers need to enlist activists, secure resources, and access people in power. The ease with which moral crusaders can accomplish these goals depends on their levels of social, economic, political and cultural capital. Put differently,
it is much more difficult for poor, racial minorities with no access to the polity or mass media to execute a moral crusade than persons who share characteristics with the dominant class, have ties to a variety of social networks, and so forth. Because moral crusades are usually operated by members of privileged classes, they “add to the power they derive from the legitimacy of their moral position” (Becker, 1963:149).

While journalists, television network executives, and other members of the mass media may sometimes serve as moral crusaders, more often, mass media serve as an outlet for claims made by other crusaders (e.g., law enforcement). In other words, moral crusaders, especially those who have the greatest chances of success, use mass media to communicate their ideas of what is wrong with the world to the general public. The standard moral crusade generates publicity to bring attention to a threat to the social and moral order posed by some behavior or group. When moral crusades against some socially defined problem (e.g., Internet predators, drunk driving, drug use) successfully stir up sentiment, agents of social control are usually called upon to reduce the perceived threat. Consequently, resources are allocated and laws are enacted to address the problem and satisfy the demands of both the moral crusaders and those members of the citizenry who have come to agree with the positions of the moral crusaders (Becker, 1963; Best, 1990; Best & Luckenbill, 1994).

*Moral Panics*

The efforts of moral crusaders may lead to a state of moral panic (Goode & Ben-Yehuda, 1994a; Adler & Adler, 2006). Formally introduced as a sociological concept by Stanley Cohen (1980:9), a moral panic exists when,
A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its interests is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible. Sometimes the object of the panic is quite novel and at other times it is something which has been in existence long enough, but suddenly appears in the limelight. Sometimes the panic passes over and is forgotten, except in folklore and collective memory; at other times it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy or even in the way the society conceives itself.

Cohen’s work came out of an analysis of public reactions to the activities of two groups of British youth. On Easter Sunday, 1964, in the English coastal town of Clacton, a fight broke out between two factions of teenagers and young adults who later came to be referred to as the Mods and Rockers. A crowd gathered, vandalism ensued, and about 100 teenagers and young adults were arrested. The next day, British newspapers had painted a picture of widespread destruction fueled by youthful angst. The day after that,
the incident was covered internationally by American, Canadian, Australian, South African, and European presses.

Cohen (1980) characterized the public’s reaction as a moral panic because the expressed concerns were not proportional to the objective threat posed by the Mods and Rockers. Media portrayals of the events, as well as three separate incidents that took place seven weeks after the Clacton scuffle were exaggerated and distorted so as to create an image of uncontrollable mayhem. For example, media coverage suggested the involvement of highly organized gangs and an excess of serious violence, and portrayed Londoners as “invading” the coastal town. Cohen notes that no evidence of structured gangs existed. Rather, the “groups were loose collectivities or crowds within which there was occasionally some more structured grouping based on territorial loyalty” (Cohen, 1980:34). Also, the amount of violent behavior that took place was not nearly as great as suggested by the press (only about ten percent of those arrested were charged with violent offenses). Finally, while Londoners traditionally traveled to coastal towns for holiday weekends, many of those involved in the incidents were local residents or from nearby towns.

Throughout moral panics, including the one observed by Cohen, members of the dominant classes – in the form of interest groups, moral entrepreneurs, government officials, and other concerned citizens – draw attention to some social phenomenon or group to be feared. Often with the aid of mass media, these groups work to socially construct “folk devils” who come to personify evil. “All moral panics, by their very nature, identify, denounce, and attempt to root out folk devils” (Goode & Ben-Yehuda,
Folk devils are a threat to social stability and thus, must be dealt with using any means necessary.

Goode and Ben-Yehuda (1994a; 1994b) identify five ingredients of a moral panic. First, moral panics are characterized by an increased level of concern over the activities of a certain group which are believed to jeopardize the rest of society. Concern over a specific issue or social group can be measured through public opinion polls, social movement activities, new law proposals, and increased media attention. Second, moral panics involve a heightened level of hostility toward the group whose activities have the public concerned. Hostility leads to the construction of folk devils, in the form of an “us vs. them” mentality, stereotyping, and the like. The third ingredient characterizing a moral panic is consensus, i.e., widespread agreement among many segments in society over the existence of a problem and group responsible for that problem.

Disproportionality is the fourth element of a moral panic. The term “moral panic” implies that the threat perceived by members of conventional society is exaggerated beyond the objective danger it poses. Goode and Ben-Yehuda (1994b:36) acknowledge that singling out the objective dimension of a moral panic is “tricky” since its true, empirical nature is “never definitive, never absolutely certain” (pg. 38). In other words, it is difficult to know what proportion of the concern is valid, and what proportion is exaggerated. Nonetheless, it is appropriate to refer to the existence of an objective threat (or lack thereof) with varying “degrees of confidence” (Goode & Ben-Yehuda, 1994b:36), which permits one to talk about a moral panic’s level of disproportionality with a fair degree of certainty.
The fifth and final aspect of a moral panic identified by Goode & Ben-Yehuda (1994a; 1994b) is volatility. Moral panics erupt suddenly, often triggered by a specific event (Adler & Adler, 2006). For example, in 1985 two young adults in Reno, Nevada attempted suicide, one succeeded. Their parents argued in court that their sons’ injuries were directly attributable to their preference for heavy metal music, specifically, lyrics in the song, “Better By You, Better Than Me”, by the band, Judas Priest. While members of Judas Priest were ultimately found not guilty of second degree murder, the isolated event of the two boys’ attempted suicides triggered a national witch-hunt against heavy metal music – its producers, recording artists and listeners. Heavy metal became linked with Satanism, and urban legends sprouted up across the country over the threat to conventional society posed by this genre of music. Heavy metal music existed long before the attempted suicides of the two Reno boys (and is still enjoyed by many today). Their acts of self-injury, and the widely publicized trial, functioned to trigger the moral panic. As in the example of heavy metal music, moral panics may recede just as quickly as they erupt. This is largely due to their exaggerated nature – after the hysteria subsides, the initial claims of widespread problem cannot be sustained due to a lack of an empirical base. However, this is not to say that moral panics cannot have everlasting consequences on the society in which they occur. To the contrary, moral panics often leave legislation and new definitions of deviance in their wake (Cohen, 1980; Ben-Yehuda 1994a & 1994b; Adler & Adler, 2006).

Studies of moral panics have been conducted on a variety of topics, from Cohen’s (1980) study of delinquent British youth, to Satanic day care centers (deYoung, 1998), lesbians in professional sports (Forman & Plymire, 2005), sex “trafficking” by migrant
workers (Agustin, 2006), publicly funded research on sexuality (Epstein, 2006), the SARS “epidemic” (Muzzatti, 2005), rap music (Rodman, 2006), flag burning (Welch, 2000), and animal abuse (Yates, Powell, & Beirne, 2001).

Drugs and drug use have also received a great deal of attention from researchers utilizing the moral panic framework. Goode & Ben-Yehuda (1994b:39) note that while on the surface, the “American drug panic” seems to have been ongoing for the past century, to talk of the hysteria over drugs in the United States as a single, 100-year-long moral panic would be inaccurate. “Upon closer inspection”, drug scares in the U.S. are “relatively local and time-delimited”. Reinarman (2006) discusses many of America’s drug scares, from anti-opium crusades, to Prohibition and the crack cocaine scare, as moral panics. Philip Jenkins (1999) sketches the rise and fall of various “synthetic panics” in the U.S., including scares over PCP, “rape drugs” (e.g., “roofies”), methamphetamine, and methcathinone (CAT). Warfa et al. (2007) argue that concern with khat in the United Kingdom contains elements of a moral panic. Ogwang, Cox, and Saldanha (2006) describe public reactions over paint-sniffing by indigenous Australians as characteristic of a moral panic. Armstrong (2007) argues that the recent American meth “epidemic” is a moral panic. Others have studied public reactions and concerns over heroin (Agar & Reisinger, 2000), ecstasy (Hier, 2002; Critcher, 2000), crack cocaine (Reinarman & Levine, 1997a; 1997b), and glue-sniffing (Brecher, 1972), drawing largely on the concept of moral panics. Finally, Tunnell (2005) researched the OxyContin “epidemic” in rural Kentucky, concluding that government and media claims purporting a relationship between OxyContin and crime were not consistent with empirical data.
Drug Scares

According to Reinarman (2006), moral panics over drugs and drug use share seven features. First, each panic sprouts from a “kernel of truth”. In other words, hysteria about drugs grows from the fact that virtually every society has experienced some degree of consciousness-alteration to provide some foundation for others to allege that it is problematic. Second, drug scares are magnified through mass media, informing the larger public that a drug problem exists. Third, drug scares involve the campaigns of moral entrepreneurs. Reinarman (2006) substitutes Becker’s (1963) term with “politico-moral entrepreneurs” to emphasize the central role played by political figures in moral panics over drugs. The fourth ingredient of drug scares is the presence of professional interest groups (e.g., medical organizations, Mothers Against Drunk Driving, various factions of the drug treatment industry), who claim “ownership” of drug problems (Gusfield, 1981:10-15, as cited in Reinarman, 2006:144). Interest groups declare themselves the legitimate authorities on the problem, and as a consequence, often acquire resources to enact their proposed solutions. Fifth, the proliferation of drug scares is facilitated by a ripe historical context. For example, panic over the Chinese practice of opium smoking coincided with high rates of unemployment and fears that Chinese immigrants were taking away American jobs. Sixth, the drug scares link the drug of concern to a “dangerous class” of people (e.g., foreigners, racial or ethnic minorities, the underclass). The seventh and final ingredient in a drug scare according to Reinarman (2006) is scapegoating. Drugs are often blamed for a variety of social problems, including poverty, crime, and homelessness, when typically, the alleged causal connection between drugs and social problems is merely an association. Rarely are
considerations made that drug use could be a *consequence* of poverty, unemployment, and the like.

The utility of the drug scare concept is that it questions the seemingly commonsensical belief that the current state of U.S. drug policy (or any other nation’s drug policy) is based on an assessment of the objective harm created by drugs. Cocaine, heroin, marijuana, and scores of other chemical substances are prohibited not simply because they cause users and society harm. If America’s drug policies and public attitudes towards drugs were strongly correlated with objective harm, tobacco and alcohol would surely be illegal (not to mention many prescription drugs). Rather, the present legal status of various mind-altering substances can be viewed as a consequence of the successes and failures of various interest groups and moral entrepreneurs who have been involved in the ongoing contestation of public meanings of different drugs.

Beginning with the Food & Drug Act of 1906,\(^\text{14}\) the steady increase in federal legislation enacted to fight those chemicals that have successfully been categorized as bad, evil, and unhealthy reflects the extent to which drug scares have been institutionalized. Drawing on the seven elements outlined by Reinarman (2006), the following discussion illustrates how early federal drug policies resulted from the social construction of drug scares.

---

\(^{14}\) The first federal drug law, the Drug Importation Act, was passed in 1848. It prohibited imports of adulterated drugs, which had caused major health problems in the U.S. at the time. Since the Act had no effect on drugs manufactured in the U.S. and appears to be based largely on an objective health threat (Mosher & Akins, 2007), it is not discussed here as resulting from a drug scare.
Drug Scares and Early Federal Drug Legislation

It is important to point out that most drug prohibitions do not completely ban the use of drugs, including many of those that have come to be regarded as illicit. For example, when we say that cocaine use is illegal, what we really mean is that its use is illegal under most circumstances. With a proper license, dentists can administer cocaine as an anesthetic during surgery. Similarly, it is important to reiterate that many prescription pain-killers contain opiates or opioids. So while heroin and raw opium are illegal to possess, with a doctor’s prescription pharmacologically similar, opiate-containing substances (e.g., methadone, OxyContin, Vicodin) can be used lawfully. To use a third example, possession of methamphetamine is only illegal if the person obtained the substance through illicit channels. People can and do use methamphetamine and other amphetamines legally. Thus, when we say, for example, that cocaine and opiates were prohibited by the federal government with the passage of the Harrison Act in 1914, what we really mean is that tighter restrictions were placed on who can sell them, who can use them, and how they can be obtained.

To understand how cocaine, opiates, and other substances came to be federally prohibited (i.e., controlled), it is useful to examine the historical developments that paved the way for new laws. As aforementioned, while most nineteenth-century users of these substances did not experience any social stigmatization and were not classified as “addicts”, the existence of cocaine and opiates in American society provides the “kernel of truth” from which drug scares begin. In other words, cocaine and opium were used by members of society, which provided some basis for others to claim these drugs were harmful enough to be restricted. The “others” who stepped forth to proclaim drug use as
a serious public issue include moral entrepreneurs and interest groups. Their claims were transmitted through word-of-mouth and mass media, garnering much of the public’s support for prohibition. Throughout the claims-making campaigns of moral entrepreneurs and interest groups, cocaine and opium became linked to socially disadvantaged groups and were scapegoated for an array of social problems. Concerns over cocaine and opium were more or less likely to resonate with the public depending on larger historical events going on during this time period.

In the late 1800s, when cocaine, opiates, and other “narcotics” were widely and legally available, physicians (and to a lesser extent, pharmacists) and the makers of patent medicines were in direct competition with one another (DeGrandpre, 2006). Since OTC preparations were less costly than a visit to the doctor, the patent medicine industry dominated the drug market. Furthermore, patent medicine manufacturers rarely provided information on the ingredients contained in their wares, and were not required to demonstrate their products’ effectiveness (Inciardi, 2002; Mosher & Akins, 2007). Manufacturers capitalized on the lack of regulation by making misleading claims (e.g., portraying their medicines as panaceas). During this time period, public definitions of opiate and cocaine use as social problems in need of solutions picked up steam, due to a combination of a corrupt patent medicine industry and the claims-making activities of doctors, pharmacists, and other interest groups and moral entrepreneurs.

In nineteenth century America, many considered federal control and prohibition of drugs unconstitutional (Musto, 1987). At the time, the decision to impose legal restrictions on drugs and the prescription practices of physicians was left up to individual states. Although there were no federal prohibitions on opiates throughout the most of the
1800s, a series of local and state laws were enacted, mostly on the West coast, to ban the smoking of opium in smoke-houses or opium “dens”. Opium smoking had been a traditional pastime in China and other Asian countries for centuries. Political leaders in some Asian countries would socialize by smoking opium much in the same way that Western leaders enjoy cocktails and cigars. Opium smoking was introduced into the U.S. during the 1850s and 1860s by tens of thousands of Chinese immigrants who helped mine gold and construct the vast railroad system that still functions today (Brecher, 1972; Szasz, 1974; Inciardi, 2002).

The roots of the first local and state ordinances banning the smoking of opium were “racist rather than health-oriented” (Brecher, 1972:42). They sought to drive out or at least isolate Chinese immigrants, particularly when economic depression resulted in a labor surplus (Musto, 1987). As their numbers grew, much of the American citizenry feared competition for jobs, and resented the Chinese for agreeing to work for very low wages (Brecher, 1972; Szasz, 1974). The Chinese were “actively persecuted” (Musto, 1987:3) throughout the latter half of the nineteenth century, and many Americans came to associate opium smoking with Chinese criminality and a Chinese plan to undermine U.S. society (Musto, 1987; Inciardi, 2002).

Under intense pressure from labor unions, the Chinese Exclusion Act was passed in 1889, barring Chinese immigration. About 100,000 immigrants of Chinese descent were already in the U.S. by this time, so opium smoking “became the focal point of attack and…the leading symbol of the Chinese people’s ‘dangerousness’” (Szasz, 1974:67). This was evidenced in 1887 when Congress enacted a law prohibiting opium importation by Chinese immigrants, but not by Americans. In 1890, a federal law was
created that restricted the manufacturing of smoking-type opium to American citizens (Szasz, 1974). By 1909, the importation of smokable opium was barred altogether at the federal level, with the passing of the Smoking Opium Exclusion Act (Brecher, 1972; Musto, 1987). This Act, as well as the series of local, state, and federal opium-related laws that came before it, was a response to public hysteria over the “filthy Oriental habit” (Gahlinger, 2004:58). The fact that these laws only addressed smoking opium (the product itself and the practice), which was favored by the Chinese, points to their racist nature.

The gradual prohibition of cocaine exhibited many similarities with the outlawing of opium. Like the opiates, restrictions on cocaine during the 1800s were few. Cocaine powder was cheaper than alcohol. For this reason, poor people, many of whom were black, often used cocaine in place of alcohol to obtain altered states of mind (Gahlinger, 2004).

It is probably not an historical coincidence that cocaine use became associated with southern Blacks shortly after the Civil War. Musto (1987:7) notes that fears of “the cocainized black coincided with the peak of lynchings, legal segregation, and voting laws all designed to remove political and social power from” the African American community. At this time, whites believed cocaine spurred violence against them when used by blacks. Thus, the growing condemnation towards cocaine was not a result of its chemical properties, but rather, its association with black people. Fear of cocaine probably “contributed to the dread that the black would rise above ‘his place’” and the belief that it would lead to black “defiance and retribution” (Musto, 1987:7). Southern whites feared that blacks would use cocaine and “attack white society” (Gahlinger,
Myths about cocaine’s effects (e.g., it made blacks impenetrable with .32 caliber bullets thus prompting some southern police departments to switch to .38 caliber bullets) typified whites’ fears, not reality. The evidence suggests cocaine did not cause an increase in crime. Instead, the expectation of black rebellion resulting from the use of cocaine created alarm among whites (Musto, 1987).

The racial overtones of growing concerns over cocaine use are evident in the following congressional testimony, given in 1910:

The colored people seem to have a weakness for it [cocaine]. It is a very seductive drug, and it produces extreme exhilaration. Persons under the influences of it believe they are millionaires. They have an exaggerated ego. They imagine they can lift this building if they want to, or can do anything they want to. They have no regard for right or wrong. It produces a kind of temporary insanity. They would just as leave rape a woman as anything else and a great many of the southern rape cases have been traced to cocaine (as cited in Inciardi, 2002:130).

The anti-opium and cocaine crusades of the late 1800s and early 1900s were not the first time moral entrepreneurs linked substance use with socially powerless groups. Beginning in the nineteenth century, temperance and prohibition movements demonized alcohol and associated its use with European immigrants and the economically disadvantaged. The first state-wide prohibition laws were enacted in the 1850s, and the successes of groups such as the Women’s Christian Temperance Union and the Anti-
Saloon League resulted in a nationwide ban on alcohol with the passage of the Volstead Act in 1919 (Mosher & Akins, 2007).

Movements to forbid alcohol use accomplished the goal of legal prohibition by influencing its public meaning. The “problem” of alcohol was not with alcohol per se. Rather, drinking problems were identified by reference to lower class individuals and groups who publicly consumed alcohol (DeGrandpre, 2006). Temperance was perceived as the solution to problems of the lower classes (Gusfield, 1955). Essentially, middle class Protestants feared society was being undermined by immoral ethnic groups, including Irish Catholics, Poles, and Germans.

As the opium scare associated the evils of opium smoking with Chinese immigrants, and the cocaine scare linked cocaine use to the newly freed African American slaves, alcohol prohibition was a backlash against groups whose religious practices and cultural traditions differed from the power-wielding majority (Ray, 1983 as cited in DeGrandpre, 2006; Gusfield, 1996; Musto, 2003). Drinking controls put forth “in the name of helping others” had the latent, and perhaps intended, consequence of benefiting elites (Gusfield, 1996:83).

Those moral entrepreneurs organized around racist and nativist beliefs, exhibited their concerns with drugs and alcohol by attacking minority groups. They generally “feared that America would be mongrelized and contaminated by drug-consuming ‘inferior peoples’” (Bertram et al., 1996:62).

Reinarman (2006) distinguishes between the linking of a drug to dangerous classes and the scapegoating of the drug itself. Surely, these two ingredients of a drug scare overlap, i.e., drug scares scapegoat both drugs and stereotyped users of drugs. In
either case, the essential element of scapegoating – blaming someone or something as the cause of a range of social ills – is present.

Since the dawn of human civilization, religious ceremonies have helped people protect themselves from events beyond their control, including plagues, famine, foreign armies, bad weather, and other catastrophes. One ancient ceremony conducted to please the Gods and hence, avoid calamities, involved the sacrificing of human life. “The selection, naming and ritualized destruction of the scapegoat was the most important and potent therapeutic interventions known to primitive man” (Szasz, 1974:18). In the biblical story of Leviticus, Aaron confesses the sins of all the children of Israel over the head of a live goat. The goat’s release into the wilderness symbolizes the cleansing of sins. Thus, the term “scapegoat” refers to someone who is blamed or punished for the errors of others. By identifying scapegoats, accusers experience both relief and hostility – relief for not having to take any responsibility for whatever problem the scapegoat is being blamed, and hostility towards the scapegoat.

The peculiar origin of the word “scapegoat” merits mention because of its close connection to current cultural definitions of drugs. “Scapegoat” derives from the ancient Greek word “pharmakos”, roughly translated to “poisoner of the community” (Szasz, 1974; Raad, Kaderly & Calcagnotti, 1997). “During times of plague, selected unfortunates were stoned to death in the marketplace in order to appease the Gods. These sacrificed individuals were referred to as the pharmakos, meaning the cure for public ill” (Raad et al., 1997:56). Paradoxically, the pharmakos is seen as both a medicine, in that it is a remedy for the uncleanliness of the group, and an ill in that it is a poison or evil responsible for the group’s impurity (Derrida, 1981, as cited by Cosbussen, 2001). The
word “pharmacon”, meaning drug or magical substance, originates from “pharmakos”. From “pharmacon” comes the word “pharmacology” (Raad et al., 1997), the study of drugs. Thus, in a literal sense, the contemporary study of drugs is the study of poisons (i.e., scapegoats) responsible for society’s problems.

Szasz (1974) notes that while early civilizations recognized the scapegoat for what it was, modern societies do not. Instead, we look for scientific or objectivist “explanations to explain away the obvious” (Szasz, 1974:19). Human societies seem to demand scapegoats. In modern day drug scares, popular scapegoats are substances (“dangerous drugs”), entrepreneurs (“dealers”, “pushers”), or users (“addicts, abusers”) (Szasz, 1974:19). Through the ritualized sacrificing of scapegoats (i.e., by blaming contemporary social problems on drugs, drug dealers, and drug users), we symbolically purify society. The scapegoating element of drug scares appeals to many because it perpetuates the belief that drugs cause violence, poverty, and a host of larger social ills. Scapegoating cultivates the belief that if drugs were purged from society, these widespread, more complex social problems would disappear. Similarly, when drugs are linked to members of “dangerous classes” (Reinarman, 2006), they too are scapegoated for the social problems purported to be caused by their own drug use.

The popular and straightforward belief that drugs and drug users cause an array of social problems is partly true. For example, alcohol contributes to domestic partner abuse, the illicit drug trade has led to violent crimes, and intravenous injection of drugs fosters the spread of diseases such as HIV and hepatitis. For the sake of brevity, it is not practical to discuss here the large degree to which these negative consequences of drugs are a result of misguided social policies. Instead, it is worthwhile to point out that rarely
are considerations made that drug use is a consequence of social problems. In other words, the idea that socioeconomic conditions, blocked opportunities, or other social forces encourage people to sell and use illicit drugs is seldom featured in drug scares. One reason for this, the social utility of scapegoating, has already been discussed. It is more convenient to blame drugs and drug users for social problems than vice versa. A second, related reason concerns the cultural values of individualism and self-control so heavily stressed in the United States.

The cultural emphasis on individualism is a product of the religious beliefs of many early Protestant groups who immigrated to and colonized the U.S (Weber, [1920] 2002). The degree to which individualism is central to American tradition is expressed in two ways. First, on a personal level, individualism is articulated in the cultural emphasis on close interpersonal relationships and an avoidance of large and impersonal groups or organizations. Second, individualism is expressed in popular sentiments regarding the behaviors of others. Specifically, individuals are expected to accept total responsibility for any problems they encounter (Surette, 1994). Failing to achieve the American Dream is not thought to be a result of differential structural opportunities, but rather, from defective character traits, immorality, and simply not trying hard enough. Consequently, social problems, including drug use, come to be perceived largely as personal troubles rather than public issues. Talking mostly about how the value of individualism is cultivated in mass media, Surette (1994:136) notes, “the culture of individualism…affects our perceptions of the causes of crime, forwarding personal and interpersonal moral explanations.” In the U.S., problems people encounter are created and resolved at the individual level.
Individualism is inextricably linked with an emphasis on self-control. Specifically, individualism encourages personal responsibility for one’s decisions, and associates the loss of self-control with evil. Since they alter consciousness and, consequently, detract one’s attention from a life of asceticism, intoxicants are perceived as particularly antithetical to self-control (Becker, 1963; Levine & Reinarman, 1991; Gusfield, 1996). Hence, their use constitutes immoral conduct. Pleasurable states of mind are generally condemned because they inhibit utilitarian or pragmatic behavior (Becker, 1963). Like individualism, America’s cultural emphasis on self-control originates from the religious tenets of early Protestant groups who believed a life of asceticism was God’s will (Weber, [1920] 2002; Waters, 1994; Ashley & Orenstein, 1998).

Hence, moral opposition to the use of opiates, cocaine, and other mind-altering chemicals, as expressed by a variety of past and present anti-drug crusaders, is deeply rooted in long-held cultural values of individualism and self-control. An assortment of moral entrepreneurs sharing a wide range of folk devils coalesced in the early crusades against opiates and cocaine. Crusaders from the Progressive and Temperance movements and anti-vice crusades helped lead the push for the national prohibitions (Bertram et al., 1996). While members of these different groups often crusaded against disparate substances or behaviors (e.g., alcohol use, gambling), they all shared a unifying belief that behaviors resulting in the loss of self-control were immoral. Furthermore, these groups generally agreed that drug use and problems associated with drug use were purely individual level problems.
Members of the Temperance and Progressive movements, anti-vice crusades, and racist and nativist groups were not the only moral entrepreneurs campaigning to prohibit the use of patent medicines. Members of the medical establishment can also be considered moral crusaders because of their moral opposition to the casual use of opiates and cocaine. Generally speaking, by the late 1800s, many had grown weary with the accepted practice of self-medication made possible by the ease through which opiate and cocaine-containing elixirs and tonics could be obtained. The American Medical Association (AMA) and the American Pharmaceutical Association (APhA, later renamed the American Pharmacists Association) argued that these substances should only be used for medicinal purposes (Musto, 1987), partly because of deep-seated beliefs that taking mind-altering substances for recreation or experimentation was immoral. Beyond their moral reservations, the AMA, APhA, and other professional medical organizations had economic interests in changing the definitions of drugs and reconfiguring the power structures through which they were made available to the public. Thus, first and foremost, these organizations can be considered professional interest groups.

Formed in 1852, the APhA’s Constitution listed “to as much as possible restrict the dispensing and sale of medicines to regularly educated druggists and apothecaries” as one of its goals (Hogshire, 1999:176). Members of the APhA sought to distinguish themselves as professionals, rather than mere patent medicine peddlers (Musto, 1987). In 1901, the APhA created a Committee on the Acquirement of the Drug Habit, to draw attention to and vigorously combat “drug abuse”. One of their recommendations was government regulation of the sale of drugs (Hogshire, 1999). Two years later, the APhA argued that cocaine and opium derivatives should only be available by prescription
(Bertram et al., 1996). Clearly, the imposition of governmental regulations on the dispensing of certain drugs would have increased the APhA’s control over the medicine business. While the APhA never fully obtained the power they sought, they would prove to be quite influential in future drug legislation enacted in the medical establishment’s favor (Hogshire, 1999).

Physicians were also dissatisfied with the patent medicine industry’s domination of the drug market. It was in their best interests to wrestle control away from the patent medicine manufacturers and into their own hands (DeGrandpre, 2006). In 1900, the AMA was one of many splinter groups contending for legitimacy and domination over public definitions of drugs (Musto, 1987; Hogshire, 1999), but five years into the twentieth century it emerged as an authority on drugs and medicine.

The AMA earned much of their legitimacy through an organized attack against the patent medicine industry. First, misleading advertisements of patent medicine manufacturers were removed from AMA journals (Inciardi, 2002). Then, in 1905, the AMA created the Council on Pharmacy and Chemistry (CPC) in order to evaluate patent medicines. The Council’s publication, *New and Nonofficial Remedies*, rapidly gained influence over public and legal definitions of drugs, and painted the patent medicine industry as negligent and deceptive (DeGrandpre, 2006). They successfully defined a new categorization of drugs, distinguishing between “‘ethical” and “patent” medicines. The former were “defined as preparations of known composition advertised exclusively to physicians”, while the latter were considered “preparations of unknown or secret composition advertised, usually in a shamelessly deceitful manner, directly to the public” (DeGrandpre, 2006:141). Essentially, this bifurcation created a new set of public
meanings regarding the ethical nature of using drugs. By definition, taking “ethical”
drugs (i.e., those provided by doctors) for medicinal purposes was deemed acceptable,
whereas the use of patent medicines came to be seen as nonmedical, dangerous and
irresponsible (DeGrandpre, 2006).

The AMA’s newly proposed definitions of drugs entered public lore when
findings from the CPC’s evaluation of the patent medicine industry were passed on to
journalists. It was at this point that mass media began to play a crucial role in the
magnification of the drug problem. Articles decrying the fraudulent intentions of patent
medicine makers began appearing in newspapers and magazines, arousing public
sentiments (Inciardi, 2002). While not at all related to the patent medicine industry,
Upton Sinclair’s *The Jungle*, published in 1906, was arguably the tipping point for the
first federal piece of drug legislation, the Pure Food and Drugs Act of 1906. In sickening
detail, Sinclair’s book revealed disturbing and unhealthy conditions at Chicago meat-
packing plants,15 and questioned the lack of regulations on food industry business
practices (Inciardi, 2002; Mosher & Akins, 2007).

To reiterate, the APhA and AMA were two professional interest groups who
stood to directly benefit from federal laws designed to clamp down on the patent
medicine industry. If the latter’s distinctions between “ethical” and unethical drugs were
codified into law, people would come to rely less on the patent medicine industry and
more on doctors and pharmacists. The Pure Food and Drugs Act marked the beginning

---

15 For example, plant workers controlled rat infestations by “baiting the unsuspecting rodents with poisoned
bread. Then, dead rats (poisoned bread and all) typically went into the hoppers of oddments used in
sausages and other processed meats used for human consumption” (Inciardi, 2002:28).
of this codification. The Act did not prohibit the use of opiates, cocaine, and other drugs available as patent medicines. Rather, it simply required manufacturers to list the ingredients in their products.

Despite the fact that the Act allowed people to continue to legally obtain opiates, cocaine, and other drugs with relative ease, its passing is important for several reasons. First, the Act officially marked the federal government’s involvement in drug regulation (DeGrandpre, 2006). As aforementioned, prior to this time period, federal control over drugs was considered to be a violation of the Constitutional right of freedom (Musto, 1987). With its leg in the door, the Pure Food and Drugs Act would be the first of many federal regulations to follow. Second, the Act significantly weakened the patent medicine industry’s stranglehold on the market. In less than two years, sales of patent medicines containing narcotics had decreased by about one-third (Musto, 1987). Related to the diminished power of the patent medicine industry, a third significant outcome of the Act was the increased strength and legitimization of the medical establishment. The AMA’s involvement in the creation of this first national drug law was a sign of things to come. Less than ten years after the Pure Food and Drugs Act, the medical institution would play a significant role in the first federal law enacted to change the manner in which drugs were distributed - The Harrison Act of 1914.

As Reinarman (2006) notes, drug scares are most likely to blossom under conducive historical conditions or conflicts. Great Britain gained control over China’s opium supply after the “opium wars” waged in the early nineteenth century. Since the late 1800s, American missionaries in China had been protesting the “moral and social degeneration” they purported to be caused by opium use among the Chinese (Bertram et
Britain’s central role in the international trade, specifically as China’s supplier, was a source of tension for relations with the United States. In addition to the sense of moral indignation held by American missionaries towards Britain’s role in the Chinese opium problem, another U.S. group – traders – expressed hostility. “American traders…complained that the silver bullion China was trading for British opium could better be traded for other, perhaps American, products” (Brecher, 1972:48).

When the U.S. War Department took over the Philippines after the Spanish-American War, it inherited its system of opium licensing (Brecher, 1972). Opium imports from China increased after the Spanish were kicked out in 1898, and use among Filipinos soared during a cholera outbreak in 1902 (Musto, 1987). Reverend Charles Brent, sent from the U.S. to serve as Episcopal Bishop of the Philippines, viewed the opium problem primarily as a moral issue (Bertram et al., 1997). A proposal was made to reinstate governmental restrictions by allowing sales to only non-native Chinese opium smokers. Brent and other American religious figures stationed in the Philippines protested on moral grounds. The U.S. government’s solution to the Filipino opium problem was a complete prohibition, established by 190816 (Musto, 1987).

Two years earlier, Reverend Brent urged President Theodore Roosevelt to hold an international conference to regulate the opium trade (Bertram et al., 1997). In 1909, Brent and American doctor Hamilton Wright represented the U.S. at the Shanghai Opium Commission (Musto, 1987). The nations in attendance agreed to take steps to limit the global opium trade, but had no treaty enforcement powers. To show U.S. cooperation,

---

16 The effectiveness of the opium ban was questionable. As late as 1930, Americans in the Philippines reported that obtaining opium was quite easy (Musto, 1987).
Congress passed the Opium Exclusion Act, banning the importation of opium, save for medicinal purposes (DeGrandpre, 2006; Gieringer, 2006).

Diplomats from twelve nations convened in the Netherlands in December, 1911 for a second international conference. The United States insisted that representatives from China, Britain, and other worldly powers draft a formal treaty to further restrict the global opium and cocaine trades. On the surface, the U.S. wanted a treaty because they thought it would help them gain control over their domestic drug problem. International restrictions would also benefit the U.S. by ending colonial control of the lucrative drug trade, resulting in improved economic relations between the U.S. and China. The 1912 Hague International Opium Convention resulted in increased global regulation of opium, heroin, morphine, and cocaine, whereby the countries involved agreed to enact laws to control narcotics production and distribution, and limiting use for medicinal or research purposes (Musto, 1987; Gieringer, 2006; “Canadian Senate”, 2001-2002 as cited in Shaffer Library, 2008). After two more follow-up conferences, 44 of the 46 countries involved in talks had signed the Convention’s treaty by 1914 (Turkey and Serbia refused). However, less than half ratified the treaty, and only seven would put it into effect over the next five years (Musto, 1987).

In summary, during the first fifteen years of the twentieth century, the U.S. helped lead a series of international agreements to restrict the availability of narcotics. America’s call for global restrictions was prompted by claims that regulations were needed to reduce its own drug problem. More subtly, the U.S. appeared motivated by potential economic and
political gains associated with the diminished profits of those nations involved in the international drug trade.

As the U.S. demanded other nations enforce their own drug controls, at home, opiates, cocaine, and several other consciousness altering substances were still easily available. In order to fulfill the obligations of the Hague treaty and to avoid international embarrassment for failing to enact its own narcotic controls, politico-moral entrepreneurs, working with professional interest groups, urged domestic legislation (Musto, 1987). The climate of fear over drugs had slightly waned right after the passage of the Pure Food and Drug Act, but the public was “increasingly receptive” to the claims made by antidrug crusaders (Bertram et al., 1997:66). A belief in increased governmental control of drugs gained widespread legitimacy.

While estimates of national levels of opium use were hotly debated, drawing on a report of a threefold increase between 1870 and 1909, Rep. Francis Harrison of New York contended,

> This enormous increase in the importation…and consumption of opium in the United States is startling and is directly due to the facility with which opium may be imported, manufactured…and placed within the reach of the individual. There has been in this country an almost shameless traffic in these drugs. Criminal classes have been created, and the use of the drugs with much accompanying moral and economic degradation is widespread among the upper classes of society. We are an opium-consuming nation today (Bertram et al., 1997:67).
In addition to concerns of uncontrollable opiate abuse, it was also around this time that moral crusaders heightened the link between cocaine use and blacks (Reinarman, 2006). As aforementioned, cocaine use became associated with the freed black slave, and fears that the African American would “rise above his place” (Gahlinger, 2004:42) intensified. Indeed, during a Congressional hearing leading up to the Harrison Act, a doctor testified to Congress, “Most of the attacks upon white women of the South are the direct result of a cocaine-crazed Negro brain” (as cited in Gahlinger, 2004:42).

Clearly, the conditions were ripe for America’s first federal drug prohibition. Despite modest declines in domestic opiate and cocaine use since the Pure Food and Drug Act (Brecher, 1972; Musto, 1987; Inciardi, 2002; DeGrandpre, 2006), an increasing fear of drugs among the public coupled with the government’s responsibilities entailed by the Hague treaty meant that a national law was imminent. However, early drafts of an anti-narcotics bill were vehemently opposed by professional interest groups, including the AMA, APhA, and the patent medicine industry. Their concerns were allayed before the final version of the Harrison Narcotic Act went to Congressional vote.

“Believing that the movement to control narcotics was gaining strength and that some legislation was likely to be enacted” the APhA organized the National Drug Trade Conference (NDTC) in 1913 (Musto, 1987:54). Present were representatives of the patent medicine industry, retail druggist associations, and of course, members of the APhA. While all groups accepted impending federal restrictions on drugs, all opposed the first version of the Harrison bill, arguing that the record-keeping procedures it required were too complex and would hurt the trade in retail drugs (Musto, 1987). They
also feared the complete prohibition of opiates, cocaine, and other substances sold in patent medicines would put them out of business.

In addition to the interest groups present at the NDTC, the AMA also expressed skepticism of a national drug prohibition. By 1913, the AMA had grown to 36,000 members, up from 8,500 in 1900, and “was well on its way to consolidation of American medical practitioners” (Musto, 1987:56). The AMA sought to institutionally legitimize physicians by increasing and standardizing the educational requisites for American doctors, and knew engaging in political activity would help them accomplish this goal. Their earlier support of the Pure Food and Drug Act helped provide them with institutional access to law-making activities surrounding the Harrison Act. The AMA’s primary concern was that the government would gain too much control over physician dispensing of drugs, and thus, cut into their business. The AMA was also concerned that physicians might face charges for prescribing prohibited drugs to their patients.

After hearing the apprehensions of the AMA and NDTC, Dr. Hamilton Wright and Representative Harrison reluctantly decided to revise the Act. While Wright, Harrison, and many other prohibitionists favored a complete ban on opiates and cocaine, the final version of the Harrison Act, signed by President Wilson on December 17, 1914, represented a compromise (Musto, 1987; Bertram et al., 1997). Its enactment symbolically demonstrated to the world that the U.S. was serious in its plan to curb narcotics, and that it could be counted on to uphold its end of the Hague treaty. On the other hand, the bill seemed to protect the professional and financial interests of the medical community and the patent medicine industry. Physicians would be allowed to continue to dispense opiates and cocaine “in the course of [their] professional practice
only” (*Harrison Act* (1914), Sec. 2a). Pharmacists were allowed to continue narcotic sales so long as purchasers had a doctor’s prescription (*Harrison Act* (1914), Sec. 2b). The patent medicine industry was allowed to continue manufacturing opiates and cocaine, so long as their wares contained limited supplies of these drugs. Preparations containing at most “two grains of opium…one-fourth of a grain of morphine…one-eighth of grain of heroin…one grain of codeine…or to liniments, ointments, and other preparations which contain cocaine or any of its salts” were exempt (*Harrison Act* (1914), Sec. 6).

Thus, “on its face…the Harrison bill did not appear to be a prohibition law at all…. [Rather, it] was merely a law for the orderly marketing of opium, morphine, heroin, and other drugs” (Brecher, 1972:49). The Act required physicians and pharmacists to maintain records of the drugs they prescribed or distributed. It also imposed taxes on opiates and cocaine, requiring importers, pharmacists, physicians, and manufacturers to obtain a license from the federal government in order to legally continue their practices (Brecher, 1972). From this point forward, the unlicensed dealing of these drugs was illegal and punishable (DeGrandpre, 2006).

In short, the terms of the Harrison Act illuminated the institutional legitimacy of the medical profession. The “enforcement mechanisms – registration, taxes, penalties – were designed to keep drugs under the control of the medical community” (Bertram *et al.*, 1997:68). The law also appeared to support a treatment model of drug control. Drug users – both addicts and non-addicts – were not criminalized. They were simply required to obtain a physician’s prescription in order to acquire the drugs they sought (Bertram *et al.*, 1997).
Although anti-drug crusaders failed to achieve their ultimate goal of complete prohibition, they saw the Harrison Act as an effective step towards inhibiting addiction and curtailing the perceived over-prescription of narcotics (Gahlinger, 2004). However, the medical community defined addiction as a disease, rather than an immoral character defect. Hence, they treated narcotics addicts as patients, and prescribed drugs in order to avoid the suffering associated with withdrawal (Inciardi, 2002). This was a crucial point of contention between the medical establishment and the federal government. Shortly after the Harrison Act was passed, physicians were arrested and imprisoned for dispensing opiates and other drugs to addicts (Brecher, 1972). The Act’s provision that allowed the doctor to prescribe narcotics “in the course of his professional practice only” was construed by law-enforcement “to mean that a doctor could not prescribe opiates to an addict to maintain his addiction” (Brecher, 1972:49).

In the end, the government’s interpretation held, as moral objections to drug use became codified into law. Prohibitionists were able to transform the mostly medical model for controlling drug use into a punitive model for banning drug use through force (Bertram et al., 1997). A series of Supreme Court decisions handed down in the first few years after the Harrison Act upheld that physicians who prescribed drugs to addicts were in violation of the law (Inciardi, 2002). Musto (1987:133) suggests that events surrounding World War I influenced the Court’s interpretation of the Harrison Act, as propaganda framed drug addiction as “a threat to the national war effort”. Narcotics-using African Americans and Chinese immigrants were not the only scapegoated groups
by this time. During the War, American drug users were associated with Bolsheviks, anarchists, and Wobblies\(^\text{17}\) (Musto, 1987).

\textit{Some Long-Term Consequences of the Harrison Act and Subsequent Drug Prohibitions}

The Harrison Act of 1914 is noteworthy for several reasons. First, it was the first federal drug prohibition, and served as a model for many future drug laws. Second, it led to the creation of a black market for prohibited drugs. Third, it further institutionalized the categorization of “good” and “bad” drugs, and, despite early troubles encountered by some in the medical establishment, solidified the role of science and medicine in these public definitions. Finally, the Harrison Act is important because it initiated the race to discover and manufacture synthetic drugs. An understanding of these four consequences provides a foundation upon which the evolution of methamphetamine and the emergence of methamphetamine-related problems can be appreciated.

\textbf{The First U.S. Drug Prohibition}

A series of national drug prohibitions followed the enactment of the Harrison Act. The Volstead Act of 1918 prohibited the manufacture, distribution, and sale of alcohol. The

\begin{footnote}{\textquoteleft\textquoteleft Wobblies\textquoteright\textquoteright is the slang term for members of the International Workers of the World (IWW), a labor union founded in Chicago in 1905. During the early 1900s, sensationalist media accounts of the IWW portrayed them as a grave threat to capitalism (Hoxie, 1913). While the IWW hoped for an overthrow of capitalist society, they never posed a real revolutionary threat. President Wilson ordered raids on local IWW chapters after labor protests took place in areas vital to the war effort. In the end, 101 IWW members were indicted on charges of undermining the war effort. They were quickly demonized as unpatriotic and the “American version of bolshevism” (Renshaw, 1968:67).}

83
Jones-Miller Act of 1922 prohibited all cocaine imports and imposed hefty fines and prison sentences on violators. Like the Harrison Act, the Marihuana Tax Act of 1937 began as a revenue measure, and ultimately led to the complete prohibition of marijuana. The Boggs Amendment to the Harrison Act, passed in 1951, set up mandatory minimum prison sentences for opium, cocaine, and marijuana violations. Five years later, the Narcotic Drug Control Act raised these minimums and defined the sale of heroin to a minor as a capital offense (DeGrandpre, 2006).

The Harrison Act was a blueprint that came to define American drug policy up until present day. It and many other federal drug laws embody a punitive approach to drugs. They are designed to “solve” drug problems by punishing offenders with fines, prison terms, asset seizures, and other punitive measures. When people continued to use cocaine and opiates after the passage of the Harrison Act, legislators and the public assumed penalties were not harsh enough. As a result, more severe laws were enacted. This mentality has informed the majority of U.S. drug policies, despite the fact that increases in the punitive nature of drug prohibitions over the past hundred or-so years have not deterred use.

In fact, recent research suggests an inverse relationship between the amount and severity of a nation’s drug policies and the proportion of its citizens who use drugs. A study conducted by the World Health Organization found that the U.S. had the highest lifetime usage rates of cocaine and marijuana among 17 nations surveyed (Degenhardt et al., 2008). The U.S. represented an “outlier” in cocaine use: Over 16 percent of Americans admitted using cocaine at least once. The second highest percentage of lifetime cocaine use was 4.3, in New Zealand. The survey also found that 42.4 percent of
Americans used marijuana in their lifetime, also the highest rate among the 17 countries surveyed. By comparison, lifetime usage the Netherlands, where marijuana use has been decriminalized, was 19.8 percent (Degenhardt et al., 2008). While usage rates between countries depend on a variety of demographic, economic, and political factors, the punitive nature of American drug policies compared with the progressive policies of the Netherlands and some of the other countries surveyed, suggests that deterring drug use through punishment and coercion does not work. Despite evidence that wholly punitive policies fail to prevent use, the “get tough on drugs” mantra has generally persisted in the United States since the Harrison Act.

The Black Market

Shortly after it was passed, the Harrison Act spawned a black market for prohibited drugs. If we accept the notion that some segment of any human population has a need for consciousness alteration, basic principles of economics suggest that suppliers will rise to meet the demand. Before 1914, addicts and more casual users of mind-altering substances obtained their drugs legally and cheaply from physicians, pharmacies, grocery stores, and through mail orders. As the Harrison Act and subsequent prohibitionist policies were passed, the legal means through which people could obtain drugs were limited to a doctor’s prescription. As court cases determined that prescribing opiates and other drugs to addicts was not part of a physician’s “professional practice”, a sizable population of users was suddenly denied legal access to their drugs. Surely, the enactment of federal laws did not bring a sudden end to the user’s need for consciousness
alteration. Rather, the demand persisted, and a black market sprung up to supply opium, cocaine, heroin, and other drugs.

Through their creation of the black market, anti-drug laws have actually made drug problems worse for both individuals and society. Additionally, they have exacerbated many other social problems, such as property crime, violent crime, and disease. The most significant outcome of prohibitions is the effect they have on the price of drugs. When manufacturing, trafficking, and selling chemical substances become illegal, the risks associated with dealing in the drug business increase. Operators of the black market are able to capitalize on the lack of outside regulation and less market competition. As a result, prices of drugs skyrocket.

The increased price of drugs resulting from black market control leads to a host of other problems. As prices rise, users respond in a variety of ways. First, they may commit property crimes (e.g., theft, robbery) or vice crimes (e.g., prostitution, numbers running) to finance their habit (Nadelmann, 1997). For example, in 2004, it was estimated that approximately 18 percent of state and federal prisoners committed their current offense to pay for drugs (Mumola & Karberg, 2006). Dedicated drug users will undertake extreme, illegal measures to satisfy their demand for consciousness alteration.

Second, the user may respond to increased prices by resorting to cheaper drugs. For example, the federal campaign against marijuana from the late 1970s to the late 1980s resulted in the tripling of pot prices. During this time, cocaine received relatively less attention from law enforcement, leading to a marked drop in price and an escalation in availability. Facing greater scrutiny, as well as greater difficulty obtaining marijuana (and amphetamines), many switched to cocaine. Thus, government efforts to fight
marijuana, a relatively benign drug, promoted a black market shift to cocaine, a much harsher drug in terms of its effects on users. By 1989, the cocaine and crack cocaine “epidemic” was at full throttle. Its emergence was at least partly due to the effects of anti-marijuana efforts on the supply and demand forces of the black market (Duster, 1997).

A third response to increased prices of black market drugs is that users may resort to those drugs that provide more “bang for the buck”. While the Harrison Act criminalized all opiates, including opium, morphine, and heroin, supplies soon shifted heavily to the latter. The pharmacological effects of these opiates are quite similar. In fact, heroin is quickly converted into morphine as soon as it enters the body. Since heroin is more powerful than opium and morphine, smugglers and dealers were able to maximize their profits by providing heroin to opiate users. In other words, one pound of heroin can supply many more users than one pound of morphine or opium, and consequently, heroin is worth more per pound (Brecher, 1972). This likely explains why today’s opiate users are much more likely to use heroin than opium or morphine.

Fourth, users may resort to methods of drug administration that maximize the drug’s absorption into the brain. Generally speaking, injecting or smoking a drug maximizes both its effects and onset. These methods have a greater propensity to lead to dependency, overdose, and overall harm of the user. Intravenous drug use is particularly damaging because chances of disease transmission (e.g., HIV, hepatitis) are great. Snorting or ingesting a drug results in less absorption by the brain and a slower onset of effects, and is relatively less harmful to users (Strang et al., 1998; Maisto, Galizio, &
Connors, 2008. Higher prices may lead to more dangerous routes of administration as users seek to make the most of small quantities of expensive drugs.

Two additional harmful consequences resulting from the policy-induced black market for drugs merit discussion: adulteration and the lack of legal means of dispute resolution. By definition, black markets are underground criminal enterprises not subject to the same quality controls enforced on legitimate businesses. The lack of governmental regulation affects both the quality of black market drugs and the manner in which drug suppliers and users handle disputes.

Unlike the pharmaceutical industry, the illicit drug trade does not face regular governmental inspections or health and safety regulations. Smugglers and dealers often “cut” their wares with cheaper substances in order to maximize profit. For example, one kilo of pure cocaine can be turned into two kilos of 50 percent purity by mixing in one kilo of caffeine, baby powder, sugar, or many other substances. By the time the drug reaches the user, it has likely passed through the hands of a series of distributors, from importers, to wholesalers, to street dealers. It is likely that adulterants are added at each stage of distribution such that the final product is an impure mixture of the actual drug and unknown substances (Brecher, 1972).

Adulterated drugs can pose problems for users in several ways. First, while many of the substances used as adulterants are relatively benign (Coomber, 1997), some can be poisonous. For example, strychnine, an active ingredient in rat poison, and brucine, a less potent alkaloid of strychnine, have been found in samples of street-seized amphetamine (Morgan & Kagan, 1979). Brecher (1972) suggests that much of the huge increase in deaths attributed to heroin overdose in New York City during the late 1960s
and early 1970s may actually be due to the quinine, a muscle relaxant and anti-malarial drug that has been found to cause fatal lung lesions. Quinine became a popular heroin adulterant in New York City after 1939, when a malaria outbreak spread among intravenous heroin users.

A related problem is that adulterated drugs are sometimes cut with other illicit drugs. Amphetamine samples have been found to contain cocaine (Morgan & Kagan, 1979), and vice versa (Gahlinger, 2004). Marijuana samples in Connecticut and Texas have been found to contain formaldehyde and PCP (Inciardi, 2002). The presence of methamphetamine and ketamine (a cat tranquilizer) was detected in a 2002 Canadian seizure of ecstasy pills (Mosher & Akins, 2007). These are only a few examples in which street drugs are adulterated with other illicit drugs. In these cases, users may often unknowingly and unintentionally ingest a substance they otherwise would not use.

A third potential problem with adulterated drugs is overdose. For example, suppose a heroin user gets high by injecting five CCs of heroin. Further suppose the heroin he uses is 10 percent pure. Now, suppose the user turns to an unfamiliar source when his usual supplier temporarily runs out of heroin. The heroin he obtains from the new source is of 80 percent purity. The user’s regular injection of five CCs could potentially lead to an overdose, considering the much greater potency of his newly acquired heroin.

Besides the problems associated with adulteration, the black market for drugs also prevents any legal recourse for resolving problems that arise from dealer competition for customers and daily drug transactions (Reinarman, et al., 1997). In sanctioned businesses, customers who are cheated through illegal practices can turn to the law for
justice. For example, a bookstore clerk could easily face arrest if he takes his customer’s money without actually giving up the books the customer seeks to purchase. Such acts of blatant injustice cannot be corrected in the black market. A drug user who gets “beat” by a dealer for money cannot turn to the police for help. A pot smoker who receives a bag of oregano instead of marijuana cannot call on the law to enforce the transaction. In black markets for drugs, or any good or service whose providers are not governed by standard business regulations, there is no legal recourse for unethical business practices. When perceived injustices occur, users or suppliers often resort to violence as a means for dispute resolution (Nadelmann, 1997). Similarly, competition among traffickers or local dealers can often lead to violence as rival entrepreneurs attempt to establish territory for their enterprise. Contrary to media portrayals of “drug-related crime”, much of the drug-violence connection in the form of gun violence and murder results from the illegal nature of the market, rather than the popular image of the drug-crazed lunatic (Reinarman et al., 1997; Brownstein, 2000). Governmental regulations used to protect both the consumer and enterprising organization do not apply to illicit drug transactions.

Robert A. Schless, a Philadelphia physician, succinctly summarized the effects of the Harrison Act on the black market, in the February, 1925 issue of the now defunct magazine, American Mercury:

I believe that most drug addiction today is due to the Harrison Anti-Narcotic Act, which forbids the sale of narcotics without a physician’s prescription. Addicts who are broke act as ‘agent provocateurs’ for the peddlers, being rewarded by gifts of heroin or credit for supplies. The
Harrison Act made the drug peddler; and the drug peddler makes drug addicts (as cited in Hogshire, 1999:144).

The Institutionalization of “Good” and “Bad” Drugs

The third noteworthy consequence of the Harrison Act was that it heightened the bifurcation (i.e., “differential prohibition”) between “ethical” and dangerous drugs. Even though many physicians lost their careers due to the government’s refusal to adopt a disease model of addiction, the fact that opiates and other narcotic drugs could be used for medical purposes (besides the treatment of addiction) attests to the medical community’s strength. By invoking the power of the physician’s pen, drug prohibitions have facilitated the institutionalization of the dichotomy of medicine/drug, ethical/unethical, licit/illicit, and angel/demon. In doing so, “ethical” people are allowed continued use of ethical drugs, whereas nonmedical drug users are defined as immoral criminals (DeGrandpre, 2006).

The AMA and other professional medical organizations grew weary of federal supervision, but at the same time, benefitted from a close relationship. Essentially, the medical establishment favored government control so long as new laws enacted by the latter increased the authority of the former. As the number of drugs requiring a prescription increased, so too did the authority and revenues of the medical establishment. For example, when the Volstead Act prohibited alcohol, whiskey prescriptions brought in $40 million annually to medical practices. Physicians supported Prohibition, condemning the casual use of alcohol as unethical and dangerous, while promoting doctor-sanctioned use as ethical and therapeutic. The illegalization of liquor
“was directed principally at a certain kind of drug use in America – drinking in taverns – and by a certain kind of people – Irish immigrants. Medical prescriptions….were a way for ‘ethical’ people to forbid and degrade a practice viewed as corrupting and immoral” (DeGrandpre, 2006:143).

The current distinction between “crystal meth” and Desoxyn, between heroin and OxyContin, is a present-day manifestation of this dichotomy. To reiterate, Americans can legally use and sell mind-altering drugs if they do so through legitimate channels. Interest group definitions of “good” and “bad” drugs have allowed for analogous definitions of “good” and “bad” people, defined in terms of whether or not they use institutionally sanctioned means to acquire or distribute substances.

The Race to Develop Synthetic Drugs

The fourth important consequence of the Harrison Act is that it promoted the discovery and synthesis of new drugs. Cocaine, morphine, opium, marijuana, and other substances prohibited by early drug policies are either natural drugs or refined forms of natural drugs. They are referred to as natural drugs because their “molecules already exist in nature”, i.e., they derive from a natural source such as the opium poppy or coca leaf\(^\text{18}\) (Weil & Rosen, 2004:34). On the other hand, synthetic drugs are produced entirely under laboratory conditions. Hence, they do not require a natural source (Gahlinger, 2004). As

\(^{18}\) Weil & Rosen (2004) suggest that natural drugs are probably safer than synthetic ones, since the chemical structures of the former are more similar to the chemicals produced in the human body than the latter. Thus, as drug laws promoted a shift from natural to synthetic drugs, they have resulted in an increase in the use and availability of chemicals more foreign (and potentially more harmful) to the body’s natural chemistry.
the Harrison Act and subsequent legislation placed tighter restrictions on natural drugs, the pharmaceutical industry adapted by “synthesizing new, artificial angels” that would allow for the continued maintenance and expansion of a “parallel, legal drug market” (DeGrandpre, 2006:144).

By the third decade of the twentieth century, the patent medicine industry was no longer in direct competition with the AMA. The power of the prescription, legitimized by new drug prohibitions, meant that doctors and drug manufacturers would be able to coexist. Physicians relied less on revenues from homemade preparations as they were able to make money from prescription-seeking patients. Drug companies continued to earn profits by producing the drugs – first natural, then synthetic – prescribed by doctors (DeGrandpre, 2006).

While legislators were demonizing natural drugs throughout the first half of the twentieth century, scientists were making great strides in the fields of chemistry and pharmacology (Jenkins, 1999). Despite prohibitionist philosophies that punitive measures would stop people from using drugs, the demand for consciousness alteration persisted among a sizable proportion of the American population. While the black market met the demands of some, the “white” market of pharmaceutical drugs was able to remain a supplier for others (DeGrandpre, 2006).

Starting in the 1930s, opioids (i.e., synthetic opiates) such as Demerol (meperidine) and, a little later, Darvon (propoxyphene) were invented in chemistry laboratories and marketed by drug companies to alleviate pain. Similar in their effects and chemical structures to the natural opiates, the discovery and synthesis of opioids was
both an industry adaption to newly enacted drug laws and a legal means to meet the continuing demand for potent analgesics (Gahlinger, 2004; DeGrandpre, 2006).

Similar discoveries were made with other classes of drugs. Though first sold to the American public in 1903, barbiturates gained a great deal of scientific attention and scrutiny shortly after the Harrison Act. Chemists working for pharmaceutical companies developed “new and improved” barbiturates in the 1920s and early 1930s, including Amytal (amobarbital), Nembutal (pentobarbital), and Seconal (secobarbital) (DeGrandpre, 2006). Barbiturates are used as sedatives, sleep aids, anticonvulsants and anesthetics. Like opiates, barbiturates are depressants. Unlike opiates, this entire class of drugs (over 2,500 total kinds) is entirely synthetic. By the 1950s, barbiturates had reached their pinnacle of popularity in American society, especially among movie stars and other entertainers (Gahlinger, 2004).

In 1945, a scientist testing the potential of new antibiotics found that one substance under investigation produced a feeling of “tranquilization” (DeGrandpre, 2006:151). Ten years later, Wallace Laboratories of New Jersey released Miltown (meprobamate) as a prescription drug to treat anxiety, insomnia, premenstrual syndrome, depression, headaches and alcoholism (DeGrandpre, 2006). Miltown was the first of many “minor tranquilizers” prescribed to make people calm and relaxed. Several other

---

19 The first barbiturates were so long-acting that users were sometimes sedated long after taking them. The “new and improved” barbiturates were shorter-acting (DeGrandpre, 2006).
20 In 1962, Marilyn Monroe was found dead with 47 Nembutal capsules in her stomach (Gahlinger, 2004).
21 According to Weil & Rosen (2004:86), the use of the word “minor” to describe these drugs is misleading. They were called “minor” in an attempt to “distinguish these drugs from the ‘major’ tranquilizers…used to
minor tranquilizers that were synthesized and marketed after Miltown include the benzodiazepines of Valium (diazepam), Halicon (azolam), and Xanax (alprazolam). Millions of prescriptions have been written for these drugs, and drug companies have made billions of dollars promoting them as anti-anxiety cures (Weil & Rosen, 2004).

As pharmaceutical firms hurried to invent new drugs, they also worked to cultivate a consumer base of “sick” people. Indeed, in many cases new “diseases” sprung up to create a demand for newly synthesized drugs. DeGrandpre (2006:139) notes that “in order to legitimize drug use under the guise of medical treatment, drug makers carried the day in redefining the stress and dysfunctions of everyday life in terms of illness and disease, which the new drugs were said to treat.” In the social construction of disease, moral entrepreneurs attract attention to some human condition through the strategic use of language. Regular conditions or behaviors are reinterpreted as ailments and abnormalities. Persons are labeled as sick, and encouraged to see a doctor for the prescription cure. Moynihan, Heath, and Henry (2002:886) note,

There’s a lot of money to be made from telling healthy people they’re sick. Some forms of medicalising ordinary life may now be better described as disease mongering: widening the boundaries of treatable illness in order to expand markets for those who sell and deliver treatments. Pharmaceutical companies are actively involved in sponsoring

manage psychotic patients….There is nothing minor about their effects, the problems they can cause, or their potential for abuse.”
the definition of diseases and promoting them to both prescribers and consumers.

Though DeGrandpre (2006) may be correct in pointing out that increases in the social construction of disease paralleled the onset of synthetic drugs following the drug prohibitions of the early twentieth century, it is also important to point out that this tendency persists today. The social construction of disease and the subsequent promotion of new “cures” cannot be understated, for it is a recurring theme in medicine in American culture. For example, the condition “erectile dysfunction” (ED) was institutionalized in 1992 on a recommendation made at a conference held by the National Institute of Health (NIH) (Miller, 2000). Shortly thereafter, the “ED industry” promoted ED, not as a re-orientation of normative expectations, but as a medical epidemic (Marshall, 2002:138). Suddenly millions of men, who previously were unable to become sexually aroused due to old age and boredom with their partner, had a clinical medical disorder that could be “cured” with medicine. By 2001, Pfizer was estimated to have made $1.3 billion on Viagra profits (Mosher & Akins, 2007). Other drugs such as Cialis, Levitra make for a very lucrative ED market.

In summary, the black and white markets for drugs emerged in direct consequence to the Harrison Act and other early prohibition laws that defined use of the substances found in many of the patent medicines illegal and immoral. The demand for consciousness alteration did not dissolve when cocaine, heroin, opium, and other “narcotics” were made illegal. In response to these laws, a black market erupted to supply the newly prohibited
substances. The pharmaceutical profession developed white market drugs that could legally satisfy the demands of those who had the institutionalized access and financial resources to obtain them. One set of drugs came to be seen as dangerous and demonic, while the other set of drugs became framed as medicinal cures.

Since technically the Harrison Act and subsequent early drug prohibitions outlawed “narcotics” and not “drugs”, control of synthetic substances fell under jurisdiction of the FDA, a civil regulatory agency whose enforcement powers were much weaker than those of the Federal Bureau of Narcotics (FBN). Pharmaceutical companies flourished as industry chemists synthesized new cures and marketing executives promoted new illnesses, while the federal government focused attention and resources on the evils of narcotics (Jenkins, 1999).

**Enter Amphetamines**

Generally speaking, synthetic barbiturates, minor tranquilizers, and opioids, can all be considered depressants since they reduce the nervous system’s activity (Weil & Rosen, 2004). Another class of synthetic drugs that became discovered and popularized during the first decades of federal drug prohibition was the amphetamines (i.e., “speed”). Unlike these previously discussed classes of synthetic drugs, amphetamines are considered stimulants, since they increase nervous system activity, making users feel more energetic, alert, and awake.

Of those members of any population who have a demand for consciousness alteration, some seek stimulation, some seek to slow down their body and mind, and
some seek other sensations. Synthetic depressants filled the much of the void left by the criminalization of opiates. Amphetamines were the industry’s solution to the prohibition of cocaine. Both amphetamines and cocaine are stimulants, and as such, their effects on users are quite similar. Despite their similarities, amphetamines were superior to cocaine in at least two respects. First, amphetamines are effective orally in tablet form, whereas cocaine is not as effective when absorbed gastrointestinally as it is when used intravenously or intranasally. Second, the feelings of alertness and energy produced by amphetamines persist from anywhere between two and ten hours, whereas cocaine’s stimulating effects dissipate much more quickly (Brecher, 1972).

As early drug prohibitions criminalized cocaine, the race for a developing a synthetic stimulant began. The first amphetamine was on the market less than twenty years after the Harrison Act was passed. Benzedrine was available OTC by 1932, and a host of amphetamines, including methamphetamine, followed shortly. By 1971, fifteen pharmaceutical companies manufactured and distributed at least 31 preparations of amphetamines (Brecher, 1972).

The synthesis of amphetamines was able to meet the demand for stimulation that anti-cocaine laws had hindered. “Cocaine would not be allowed back into the kingdom of ethical drugs” but its loss was overcome when amphetamines were discovered (DeGrandpre, 2006:144). Thus, the invention and popularization of speed can be seen as a partial consequence of the Harrison Act and other early drug laws. Prior to cocaine

---

22 It would be inappropriate to talk of the population of drug users consisting solely of those who seek stimulation and those who seek depression. Some drug users enjoy both stimulants and depressants. Other people demand other drugs such as marijuana, hallucinogens, anti-depressants, and performance-enhancing drugs, the effects of which are not generally classified as uppers or downers.
prohibition, there was no “need for speed” since the demand for stimulation was accomplished via cocaine-containing patent medicines.

In the first decade of the twenty-first century, methamphetamine has earned a great deal of attention and concern from the press, lawmakers, law enforcement, and the general public. In recent years, “meth” has been framed as a new drug and a new threat to society’s values, morals, and stability. As a discussion of its history will demonstrate, methamphetamine is not new. Rather, like other amphetamines, methamphetamine came about in the early-to-mid 1900s as a way to fill the void left by cocaine prohibition. In order to understand the recent heightened concern over methamphetamine, it is important to discuss its history. The following Chapter addresses the history of methamphetamine by situating it in the broader context of all of the early amphetamines.
CHAPTER 4: PRELUDE TO METH – THE EARLY DAYS OF THE AMPHETAMINES

One day by mistake, I picked up the Benzedrine thinking it was my calcium lactate (the two tablets are about the same size and I failed to notice the cross markings on the Benzedrine tablet.) All day I had the most marvelous feeling of exultation (not knowing the cause.) Whereas I am ordinarily inactive and without ambition to do things, that day I painted the porch furniture, caught up on garden work long neglected, rearranged the furniture in living room, altogether feeling for the first time in years like a colt….One or two daily rations of it apparently changes me in spirit from a forlorn old lady to a cheerful young woman. (“Doctor Brady’s Health Talks”, 1939:8).

Any adequate discussion of methamphetamine must make mention of two other, structurally and functionally similar chemicals – ephedrine and amphetamine. Amphetamines did not exist until 1887, when German pharmacologist Lazar Edeleano became the first person to synthesize phenylisopropylamine. The American Medical Association renamed this substance “amphetamine” in the early 1930s (Grinspoon & Bakalar, 1979). The same year Edeleano invented amphetamine, a Japanese chemist named Nagayoshi Nagai became the first person to isolate ephedrine, the psychoactive ingredient in the ephedra (ma huang) plant that had been used
medicinally for millennia\textsuperscript{23} (Joseph, 2000). Six years after he had successfully isolated ephedrine, Nagai became the first to synthesize methamphetamine, in 1893 (Anglin et al., 2000; Joseph, 2000).

While in strict chemical terms, “amphetamine” refers to phenylisopropylamine, one specific type of amphetamine (Shulgin, 1976; Morgan, 1979), this discussion uses the term “amphetamine” to refer to the many variations of the amphetamine molecule, all of which have stimulating, amphetamine-like properties (Gahlinger, 2004:151). Included in this class of stimulant drugs is methamphetamine.

Ephedrine and amphetamines, including methamphetamine, are similar in that they provide stimulation of the central nervous system, affecting respiration and energy levels. When the nervous system is stimulated, the muscular walls of the bronchial tubes relax, opening respiratory tract airways and allowing asthma sufferers to breathe more easily\textsuperscript{24} (Morgan, 1979; Weil & Rosen, 2004). The nervous system stimulation produced by amphetamines often leads to mood elevation, decreased fatigue, and increased alertness, initiative, confidence and elation (Morgan, 1979). Though milder in its effects, ephedrine produces similar psychoactive stimulation (Iversen, 2006).

\textsuperscript{23} The date at which ephedrine was isolated from the ephedra plant is debated. Hartung and Munch (1929) claim that Nagai isolated ephedrine in 1885. However, Chen and Schmidt (1930) note that an impure form of ephedrine was isolated from Mu Huang in 1885 by G. Yamanashi. Two years later, continuing Yamanashi’s research, Nagai was able to obtain ephedrine in its pure form.

\textsuperscript{24} Morgan’s (1979:7) claim that “amphetamine has not been useful therapeutically for asthma” is curious given the fact that asthma was one of the first indications for its use. Even today, the Vicks inhaler, available OTC, contains 50 mg of the L-isomer of methamphetamine. While the L-isomer has no psychoactive properties, it does mimic central nervous system stimulation (Iversen, 2006).
The synthesis of amphetamines, including methamphetamine, and the isolation of ephedrine did not result in their immediate usage in the United States (Anglin et al., 2000). As discussed in Chapter 3, prior to the passing of the Harrison Act, cocaine was widely available from doctors, via mail-order, and in stores throughout the country. Two common ailments cocaine was used to treat were fatigue and asthma (Drug Identification Bible, 2006). Much of the popular demand for alertness and bronchodilation was met with cocaine-containing tonics and elixirs, and thus, there was no need for amphetamines and ephedrine.

Though speculative, it is likely that had cocaine been prohibited in the United States during the ephedrine and amphetamine discoveries of the late 1880s, drug companies would have not waited almost fifty years to market them to American consumers. Only after cocaine became prohibited by the Harrison Act did the scientific and pharmaceutical communities become significantly interested in these “new” stimulants. Like most drug prohibitions, the Harrison Act criminalized a substance yet did not eliminate the demand for it. Asthma, fatigue, and other conditions that had been remedied through cocaine did not disappear in 1914. America’s persisting demand for stimulation prompted significant advances in the fields of chemistry and medicine.

This Chapter presents a brief discussion of the history and development of ephedrine and amphetamines as a response to the Harrison Act of 1914. Though they fulfilled the same general functions, ephedrine was more difficult to manufacture than amphetamines. When amphetamines landed in drug stores in 1932, historical and political events of the social milieu into which they were introduced ensured amphetamines would be met with a great deal of enthusiasm. Like cocaine and other early demon drugs, public sentiment toward speed eventually shifted to negative in tone. The first early crusade against amphetamine gained credence by the 1940s,
especially when its use became associated with socially marginalized groups. The actions of interest groups and politico-moral entrepreneurs, in the form of policy responses to the early speed scare, had the unintentional consequences of worsening the amphetamine situation. Indeed, the current “meth epidemic” can be seen as a logical consequence of earlier drug policies designed to stop (at least symbolically) the perceived socially widespread amphetamine problem of previous decades. As in other American drug scares, attempts by legislators and formal social control agents to reduce drug use through a focus on supply-side solutions of interdiction and prohibition, have largely ignored the fact that certain people demand stimulation. With each legal restriction, innovators have adapted by changing the ways in which they access and use drugs, as well as the types of drugs they will use. Before an examination of the antecedents to the “meth epidemic”, a brief discussion of the research methodology used to locate media reports of amphetamines is in order.

Research Note on Media Sources & Searches

Discussions of media coverage of amphetamine in this Chapter are based largely on reports published in Time magazine, the New York Times, and many regional American newspapers. To find amphetamine-related newspaper and newsmagazine articles, common search terms used were “amphetamine*”, “Benzedrine”, and “ephedrine”. Articles from Time were obtained from the magazine’s website at www.time.com, which provides archived issues from 1923 to present. Old issues of the New York Times were searched using ProQuest’s historical newspapers database at www.proquest.com. In addition, the search engine EBSCOhost was used to locate articles in the Saturday Evening Post. Finally, regional and local newspapers were searched using the website, www.newspaperarchive.com. The NewspaperARCHIVE provides access to
over one billion articles, published in 3,304 newspapers, spanning 241 years of coverage. While
it does not provide comprehensive coverage of all regional newspapers for all time periods, it is a
great resource for obtaining newspaper articles published during the early years of amphetamine
use.

Ephedrine Background

For thousands of years, the Chinese have used ephedra (Ma Huang) medicinally as a circulatory
stimulant and to treat asthma and other breathing ailments (Chen & Schmidt, 1930; Gahlinger,
2004). Ma Huang comes from the *ephedra vulgaris* plant, one of many species of ephedra plants
found in arid regions throughout the world (Joseph, 2000; Weil & Rosen, 2004). Historically,
many of the different ephedra species have been used for a variety of medicinal purposes. Greek
physicians used *Ephedra fragilis* as an astringent to treat internal rupture, cough, and dysentery
about 2,000 years ago. Indians native to Mexico and the western U.S. ingested ephedra well
before they came into contact with whites (Chen & Schmidt, 1930; Abourashed *et al.*, 2003;
Gahlinger, 2004). For example, *Ephedra californica* was used by Indians as a blood purifier,
*Ephedra trifurca* as a cure for nephritis (i.e., kidney inflammation), and *Ephedra aspera* for the
treatment of pneumonia (Chen & Schmidt, 1930). Palmer (1878:653) notes that “teamster’s tea”
(*Ephedra antisyphilitica*) was used in the treatment of gonorrhea by Indians, Mexicans, and
white settlers traveling in “teams” throughout the American Southwest.25

---

25 While Rudgley (1999) says *Ephedra nevadensis* was the species used in Mormon tea, a biosurvey project
conducted by the University of Oklahoma (“Ephedra antisyphilitica”, 1999) suggests it was *Ephedra antisyphilitica*.
It is also known as Clapweed and Whorehouse tea for its use in treating venereal diseases.
Although the ephedra indigenous to China appears to be among the more potent strains of the herb, several other species of ephedra have stimulating effects on the body and mind (Weil & Rosen, 2004). Until 1887, the scientific community was unable to pinpoint precisely what it was about ephedra that soothed asthmatics and produced stimulation when ingested. That year, Nagai successfully isolate ephedrine from the ma huang plant (Joseph, 2000).

It is important to point out the difference between isolating and synthesizing a drug. A drug is isolated when a chemist takes a substance with a known or suspected effect (e.g., psychoactive, therapeutic) and attempts to determine which chemical or chemicals in that substance produce the desired effect (Biggs, 2008; Contento, 2008). For example, Green Tea (Camellia sinensis) has been enjoyed for its health benefits in the Far East since ancient times, and more recently in Western countries. It contains a variety of chemical compounds, some of which are therapeutic and some of which are inert. Scientists were able to isolate the anti-oxidant EGCG from green tea, and determined it was one of the “active” chemicals that produce health benefits (Weil & Rosen, 2004).

Once scientists have mapped out the structure of an active chemical from a plant or other substance (i.e., once they have isolated it), efforts are often made to synthesize it. Synthesizing a drug is producing it through artificial means. Generally speaking, chemists take other chemicals and mix them together to force reactions. The end result of chemical synthesis is a drug with the same chemical structure achieved through isolation. Chemical synthesis is often preferred over isolation because the former method does not require a steady and healthy supply of trees, plants,

---

27 Randall Contento, personal communication to the author, July 13, 2008.
28 See Moon et al., (2006) for an example of EGCG synthesis.
or other bulky (and sometimes scarce) natural products that contain the desired chemical. Rather, scientists can often use easily available, bulk chemicals once they have learned how to synthesize a specific drug\textsuperscript{29} (Biggs, 2008\textsuperscript{30}; Contento, 2008\textsuperscript{31}).

Purely synthetic drugs, like the amphetamines, do not derive from a natural source. There is no amphetamine plant from which scientists isolated amphetamine. In some cases, synthetic drugs are discovered by accident in a chemistry lab. In other instances, scientists intentionally synthesize a drug based on information known about other drugs (Weil & Rosen, 2004).

In the 1910s, ephedrine was used by the Japanese to treat asthma, but was relatively unknown to the Western world. In 1923, the first of several clinical trials found ephedrine to be promising as a circulatory stimulant. Three years later, ephedrine was approved by the American Medical Association and introduced to the medical community and public (Chen & Schmidt, 1930). Dr. Ko-Kuei Chen, born in Shanghai, China, and educated in the United States, was largely responsible for the introduction of ephedrine into the U.S (“Be-Still,” 1935). In 1926 he proclaimed it would become “a powerful aid in the hands of modern physicians”\textsuperscript{32} (“Ancient Drug,” 1926:29). In less than five years, ephedrine rose “from obscurity to…[a] state of widespread popularity” (Chen & Schmidt, 1930:2) in the U.S., was produced by several

\textsuperscript{29} Not all drugs can be synthesized. For example, there is no known method to produce cocaine or morphine synthetically. All the cocaine and morphine in the world derives from their natural sources, the coca plant and opium poppy, respectively (Weil & Rosen, 2004).

\textsuperscript{30} Tyler Biggs, email messages to the author, July 7, 2008 & July 8, 2008.

\textsuperscript{31} Randall Contento, personal communication to the author, July 13, 2008.

\textsuperscript{32} Chen would later become director of pharmacological research for the pharmaceutical giant, Eli Lilly & Co. (“Be-Still”, 1935).
manufacturers, and was “quite generally obtainable” (Chen & Schmidt, 1930:7). During the mid-to-late 1920s, ephedrine was used in medical practice as an anti-asthmatic and anesthetic, and to treat colds, low blood pressure, hay fever, and “shock and accidents” (“Ancient Drug”, 1926; Chen & Schmidt, 1930; “Psychic Treatment”, 1931:18).

Many of these ailments, including asthma, pain, and especially, low blood pressure, were treated with epinephrine prior to the introduction of ephedrine (Hartung, 1931) and after the demonization of cocaine (Rasmussen, 2008a). Commonly known as adrenaline, epinephrine is a neurotransmitter that is produced by the adrenal gland, located above the kidney. Whether triggered from a worldly experience (e.g., bungee jumping, fighting, an emergency) or through the introduction of epinephrine or epinephrine-like drugs, the result is that the body prepares for “fight or flight: the heart rate increases, blood is moved away from the digestive organs to the muscles, and the lungs open up to breathe faster” (Gahlinger, 2004:139). In short, the “adrenaline rush” reported by dare-devils or persons in dire situations occurs from the brain’s rapid release of epinephrine during survival mode. Senses are heightened and time is sometimes distorted. Both ephedrine and amphetamines (including methamphetamine) mimic the effects of epinephrine (Gahlinger, 2004) and cause the brain to release noradrenaline (Weil & Rosen, 2004).

As researchers discovered ephedrine and epinephrine produced similar effects, the former replaced the latter in some forms of medical practice. This was largely due to the fact that epinephrine is only administered subcutaneously or intravenously and has no effect on blood pressure when ingested (Peterson, 1928; Hartung, 1931). Not only was ephedrine found to have its desired effects when taken orally, but its effects were discovered to last much longer than epinephrine injections (Chen & Schmidt, 1930). When researchers were experimenting with
Ephedrine’s effectiveness in raising blood pressure and preventing surgical hemorrhage, they learned it caused nasal tissue shrinkage and relieved sinus congestion for hours (Rasmussen, 2006). Ephedrine also became very popular among asthmatics, since unlike epinephrine, it could be taken orally to prevent attacks. As a result, “demand quickly outstripped supply…creating an incentive for chemists to develop substitute drugs” (Rasmussen, 2008a:14).

Early attempts to synthesize ephedrine were partial-successes since the end result was a racemic (i.e., less centrally active) product. Thus, while a host of pharmaceutical companies and chemists had synthesized ephedrine by 1926, the natural product (i.e., ephedra) or isolated ephedrine were more widely used than synthetic ephedrine up until at least 1930. As a result, most ephedrine preparations sold OTC or used in medical practice relied on natural sources of ephedra. During this time period, Japan and India exported ephedrine-containing plants to the U.S., but the majority of ephedra imports came from China (Chen & Schmidt, 1930). Political developments in the Far East led to inconsistent and unreliable ma huang imports (Osborne, 2005) and consequently, caused concern among American and European medical communities (Joseph, 2000).

The disadvantages of relying on foreign sources for natural drugs and herbs were expressed in 1940 by Ernest H. Volwiler (1940:1179) of Abbott Laboratories in the Industrial and Engineering Chemistry journal.

When the world is at peace, commerce flows almost effortlessly and industry itself gives relatively little thought to the degree of its dependence upon supplies which must come from foreign sources. When widespread war occurs, pinching needs may develop; this was painfully evident during World War I, when a
considerable number of essential drugs became scarce or even unobtainable. Fortunately the American pharmaceutical manufacturing industry took those lessons to heart, and largely by its own industrial and inventive contributions, it has removed the danger of shortages of the great majority of drug items. Even in cases of certain raw or finished drugs which heretofore have still been imported, adequate products for the same purposes are or can be made available in the United States.

Surely, concerns over American dependence upon foreign imports of natural herbs and plants played a role in the great scientific advances made during this time. However, it is important to point out that many of the “new” natural drugs utilized by the pharmaceutical industry were in great demand because of the federal drug prohibitions enacted in the early 1900s. Beginning with the Pure Food and Drug Act and continuing with the Harrison Act, pharmaceutical company profits suffered greatly as cocaine and opiates became demonized (Musto, 1987; DeGrandpre, 2006).

The scarce and sporadic supply of ephedra during the 1920s prompted the pharmaceutical industry to perfect the methods used in ephedrine synthesis in order to meet the large market demand. The synthesis process for ephedrine was not mastered until the late 1930s, but by that time amphetamines had entered the market (Osborne, 2005).

Amphetamine Background

As drug companies struggled from the coupling of prohibition-induced revenue losses with increased risks involved in relying on foreign sources for legal drugs, an age of pharmacological
enlightenment emerged in which companies engaged in extensive research to create synthetic
drugs. During this period of heightened interest in pharmacology, amphetamines finally gained
attention in the United States. Forty years after their invention, American scientists began to
research their therapeutic potential as an ephedrine substitute, especially in the treatment of
asthma (Rasmussen, 2006; 2008a). Gordon Alles, a Los Angeles chemist, discovered Edeleano’s
research from the 1880s and successfully reproduced amphetamine in 1927 (Grinspoon &
Bakalar, 1979; Joseph, 2000). After trying the drug himself, Alles proclaimed that amphetamine
could serve as an ephedrine substitute in treating not only respiratory problems, but fatigue, lack
of confidence, and lack of concentration (Grinspoon & Bakalar, 1979). Amphetamine’s promise
in treating asthma, as well as its psycho-stimulating side effects, may have appealed to a
pharmaceutical industry hoping to find a legal substitute for cocaine.

The benefits of amphetamine over other, similar drugs were many. Like ephedrine,
amphetamine could be administered orally, boost blood pressure for a longer duration than
epinephrine, and was not especially toxic (Rasmussen, 2006). Best of all, the drug could be
produced synthetically, releasing the American medical industry from its dependence on foreign
ephedra supplies. “The discovery of a cheap synthetic drug [i.e., amphetamine] with a known
and controllable composition, that was not vulnerable to the variable quality and availability of a
natural herb from a faraway foreign land, was a major step forward” (Joseph, 2000:20).

When the chief chemist at Smith, Kline & French (SKF, now GlaxoSmithKline)
discovered Alles’ work, his firm began to experiment with potential commercial applications of
amphetamine. SKF executives “realized the potential bonanza this ‘new’ class of synthetic
‘ephedrine substitute’ represented, and persuaded Alles to sell them all his patent rights”
(Grinspoon & Bakalar, 1979:19). By 1932, SKF released the first amphetamine available to the
public, in the form of Benzedrine inhalers. Like cocaine and opiates of the previous century, Benzedrine and other amphetamine inhalers were available OTC in local drug and grocery stores (Anglin et al., 2000; DeGrandpre, 2006). Amphetamine tablets, also available OTC, became publicly available in 1937 (Grinspoon & Bakalar, 1979; Gahlinger, 2004).

When Benzedrine inhalers hit stores in 1932, they were marketed for the treatment of asthma (Grinspoon & Bakalar, 1979). Soon thereafter researchers and manufacturers announced a variety of other conditions that could be treated with amphetamines. In 1935, research found that amphetamine tablets were valuable in the treatment of narcolepsy. As early as 1937, the use of amphetamines was found to treat hyperactivity and inattentiveness in children (Bradley, 1937). In the 1930s, children who had difficulty concentrating and paying attention were said to suffer from minimal brain dysfunction or hyper kinesis. Today’s label for this condition is attention deficit hyperactivity disorder (ADHD). In 1938, research conducted by Barmack (1938) found that amphetamines “reduced boredom”. That same year they were marketed as an anorexiant (Morgan, 1979) and declared to be a cure for alcoholism (Osborne, 2005).

Throughout the late 1930s and early 1940s, the utility of amphetamines seemed endless (Joseph, 2000). Physicians and psychiatrists used amphetamines to treat schizophrenia, morphine addiction, tobacco smoking, low blood pressure, radiation sickness, obesity, Parkinson’s disease, epilepsy, “caffeine mania” and even persistent hiccups (Lukas, 1985:20; Anglin et al., 2000; Joseph, 2000). By 1946, the pharmaceutical industry listed 39 separate clinical uses, including depression, for amphetamines (Lukas, 1985).

Rasmussen (2006; 2008a) argues that amphetamine can be considered the first anti-depressant, since it was used widely in therapy for neurotic depression, beginning in the late 1930s. Additionally, he posits that amphetamine had such an impact on psychiatry that it
transformed both medical and popular understandings of depression, in essence, creating a market for anti-depressants. Thus, while amphetamines are no longer officially prescribed to the clinically depressed, their introduction in the 1930s created the demand for anti-depressants that is currently met with Prozac and other selective serotonin reuptake inhibitors (SSRIs).

Initially, amphetamines were described as wonder drugs and were generally met with much praise from mass media, the scientific community, drug manufacturers, and users. A casual search of the medical literature from the 1930s finds mostly pro-Benzedrine articles, espousing its benefits for narcoleptics, asthmatics, and others (e.g., “Find Drug”, 1935; Bradley, 1937; “Pep Drug”, 1937; Barmack, 1938). Amphetamines were said to be non-addictive, safe, and effective (Stuart, 1962; Jackson, 1979; Lukas, 1985; Jenkins, 1999; Joseph, 2000; Osborne, 2005). Echoing the medical establishment’s positive assessments, a *Time* magazine article quoted a doctor who reported that Benzedrine had “very interesting and favorable results in a good many of those normal and quasi-normal [such as hangover] states where the individual has not had sufficient rest or is depressed in the morning” (“Trial & Error”, 1936). An article in the *New York Times* likened amphetamine to a “high octane…gasoline” that would allow the brain to more effectively “hit on all cylinders.” Quoting from a doctor’s lecture at the New York Academy of Medicine, the article notes, “the extraordinary energy-stimulating powers of Benzedrine…appear to prove that the potential of brain cells is far from being fully realized under ordinary conditions” (“Efficiency of Brain,” 1937:6). Even local newspapers extolled the virtues of amphetamines. For example, a headline appearing in the *Lima News* (OH) reads, “Harmless Drug Will Make You Life of Party”. The article begins:
An apparently harmless and non-habit forming drug which can convert a tired individual into the life of a party for only two cents a day was described today by Dr. Henry B. Gwynn of Georgetown University's medical school. The drug is known as Benzedrine sulfate. Dr. Gwynn said the drug has been tested by 147 Georgetown medical students.…Students who took the drug were able to obtain better grades. Grouchy personalities were converted into charming, considerate persons (“Harmless Drug,” 1937:5).

The mostly positive sentiments expressed early on, combined with the array of conditions amphetamines were being used to treat, led to their widespread popularity by a variety of people for a variety of reasons. Truck drivers used amphetamines to drive long distances without rest. Blue collar workers used them to work long hours at factories and plants, and to counteract abnormalities in biorhythms experienced in the “shift system” (Jenkins, 1999:31). Under normative pressures to maintain a thin figure, amphetamines appealed to middle-aged women trying to lose or keep off weight (Jenkins, 1999). Dozens of amphetamine preparations were advertised to housewives for depression and diet (Gahlinger, 2004). Speed was also adopted by high school and college students trying to handle the ins and outs of term papers, exams, and the like (Jenkins, 1999). As early as 1940, business executives were reported to use amphetamines

33 In a rather amusing tale, the medical superintendent of the Cook County (IL) hospital reported using amphetamine-covered crabs to catch fish. “I was tired of waiting for bites, so I dipped a crab in Benzedrine. When the crab hit the water on the end of the line, he dived down, grabbed a bass by the nose with his claws. From then on, fishing was good. I got fifty-six bass” (“Doctor-Angler,” 1949:15).

34 DeGrandpre (2006:147) suggests the creation of America’s amphetamine subculture occurred in 1936 at the University of Minnesota. There, researchers tested the effects of Benzedrine on the performance of college students.
(Brecher, 1972), perhaps to increase their work capacity. Athletes used amphetamines to heighten endurance and aggression (Plumb, 1959; Jenkins, 1999). Even animals were given speed, as several horse owners and jockeys were found to have injected their racehorses with the drug (e.g., Field, 1941).

Starting in the 1940s, amphetamines became part of American popular culture as their use became associated with musicians, artists, actors, and others in the entertainment industry. Speed became a key element of the sociability and community of the Beat subculture, and was enjoyed by Jack Kerouac, Allen Ginsberg, and other beatnik poets of the 1940s and 1950s (Rasmussen, 2008a). According to Joseph (2000:40-1), “speed stood at the crossroads of early rock ‘n’ roll and country music, consumed by the performers, roadies and audiences alike.” Jerry Lee Lewis, Hank Williams, Elvis Presley, Mick Jagger, the Everly Brothers, and Johnny Cash were notable popular musicians of the middle twentieth century who used amphetamines when playing music and managing long concert tours across the country (Hogshire, 1999; Joseph, 2000). The Beatles “got by with a little help from their friends”, as they enjoyed generous amounts of amphetamines when playing many hours per day, seven days per week at various venues across Europe (Joseph, 2000). Royston Ellis, a British poet, taught John Lennon how to crack open Benzedrine inhalers in order to ingest “the amphetamine-laced wads inside” (Rasmussen, 2008a:104). Film producer Cecil B. de Mille, comedian Lenny Bruce, composer Leonard Bernstein, writer Truman Capote, playwright Tennessee Williams, pop artist Andy Warhol, and movie star Judy Garland were several other distinguished entertainers who

---

Much to the surprise of the researchers, students in the “treatment” group were so impressed with the results that they sought the drug afterwards. After discovering Benzedrine could be purchased at the local pharmacy, “amphetamine’s use as a party drug and late-night study aid was born.”
frequently used speed (Iversen, 2006). According to Hogshire (1999:105), the producer of the classic American film *Gone with the Wind* “constantly ate Benzedrine tablets to fuel 22-hour days” on the movie set. Several prominent cast members in *Dr. Zhivago, Lawrence of Arabia,* and *Ciao Manhattan* took speed throughout filming (Hogshire, 1999).

Several notable world leaders also used amphetamines from time to time. Adolph Hitler took amphetamine tablets, and at one point during World War II, injected himself with methamphetamine on a daily basis (Joseph, 2000). Winston Churchill used both amphetamines and barbiturates during the War (Gahlinger, 2004). Prime Minister Sir Anthony Eden of Great Britain admitted to taking Benzedrine daily throughout the Suez Crisis with Egypt in 1956 (Joseph, 2000). John F. Kennedy received amphetamine injections twice per week during various parts of his political career. He was injected the night of his first televised debate with Richard Nixon, before his first summit talk with Nikita Khrushchev, and throughout the Cuban missile crisis (Rasmussen, 2008a).

Amphetamines have also been used as “performance enhancers” by militaries since the Spanish Civil War (Iversen, 2006:71). During World War II, amphetamines were rationed to American, Japanese, German and British soldiers to combat fatigue and increase endurance (Rawlin, 1968; Brecher, 1972). A cursory examination of American periodicals during the 1940s suggests that the United States considered giving amphetamines to their troops after hearing of their use by German armed forces. For example, a story published in 1940 in the *New York Times* quoted a doctor who suggested German infantry seized France, Belgium, and Holland with the aid of a “powerful stimulant.” The speed with which Nazi troops advanced into

---

35 JFK also used Librium (chlordiazepoxide) and Miltown for anxiety, methadone and Demerol for pain, and barbiturates to help him sleep (DeGrandpre, 2006).
Allied territory “probably meant [they experienced] 48 continuous hours of action and tension, no sleep and an imperative need for unbroken alertness” (“Thinks Nazis,” 1940:21). Two years later, a Time magazine article proclaimed, “The mysterious ‘pep-pills’ long-rumored in use by the Nazi army have been tentatively identified. They are probably benzedrine sulfate—a drug ten times as potent as caffeine” (“Nazi Pep Pills,” 1942). Another New York Times article, published in 1942, noted that Benzedrine spurred Hitler’s troops to “superhuman assignments” 36 (“Pep Pills,” 1942:7).

Hearing of potential Nazi use of a powerful stimulant (and also learning that the British military gave its troops Benzedrine tablets), in 1940, the National Research Council (NRC) of the U.S. National Academy of Sciences set up medical advisory panels to prioritize research on “fatigue treatments and performance boosters” (Rasmussen, 2008a:72). By 1943, the U.S. military made amphetamines available to its troops, after a series of research studies on their effectiveness (Rasmussen, 2008a). Although the U.S. did not “officially” sanction amphetamine use among its troops, tablets were supplied in Army-issued first-aid kits and given to weary pilots for long bombing missions 37 (Jackson, 1979; Rasmussen, 2008a). By all indications amphetamines were used routinely throughout World War II, especially by Air Force bomber crews (Rasmussen, 2008a).

---

36 It was later discovered that German armed forces had actually been using Pervitin (a European brand name for methamphetamine), not Benzedrine (“Benzedrine Alerts,” 1944; Rasmussen, 2008a:54).

37 A full-text search of old articles from the New York Times using the word “amphetamine” returns several classified advertisements from the 1940s for military survival and first-aid kits. For example, one ad published December 2, 1945 lists 13,973 first-aid kits for sale, with “1 vial containing 5 amphetamine tablets” in each kit (“Offerings to Buyers,” 1945:F6).
In a letter written from Guam in 1945, First Lt. Wilfred N. Lind discussed his experiences flying B-29 bombers over Japan during the War with the aid of Benzedrine. Describing the perils of air warfare, he wrote,

To begin with, you’re flying in combat, which fact alone adds to the obstacles in a man’s mind. You’re flying long drawn-out flights at altitudes ranging all the way up to 30,000 feet…, and being the navigator of one of these sky wagons means that you must work every minute of the flight. The pilot and co-pilot can get a bit of shut-eye every so often. Automatic pilot is a great help to everyone but the navigator. He just rubs his tired eyes, takes some more Benzedrine and goes to work again (Lind, 1945:SM3).

World War II was the first, but certainly not the last time speed had been utilized by the U.S. military. By the Korean War, amphetamines were standard issue to Army soldiers (Iversen, 2006). In Vietnam, amphetamine pills were distributed in great quantities to servicemen on long patrols (Jenkins, 1999). According to Joseph (2000), the U.S. military was one of the top purchasers of amphetamines from pharmaceutical companies. Toward the end of the Vietnam War, soldiers had used 200 million doses of amphetamines (Gahlinger, 2004). To quote one veteran, Dexedrine “was distributed ‘like candy’…without any limits on the dose or frequency of use” (Rasmussen, 2008a:190). Surveys of soldiers in Vietnam conducted by medical researchers found five to seven percent of them used amphetamines heavily. Though temporarily banned by
the Air Force in 1992, amphetamines were reintroduced during the Second Gulf War and used routinely in long flights by bomber crews\(^\text{38}\) (Iversen, 2006).

**Methamphetamine Background**

Due to amphetamine’s huge popularity and the variety of conditions it purported to treat, the early market for licit speed was quite profitable. Benzedrine sulfate sales totaled $330,000 in 1939, up from $95,000 only two years prior. Realizing the potential for big earnings after the initial Benzedrine bonanza in the early 1930s, pharmaceutical companies scurried to develop and market their own amphetamine products. While a host of “bootleg” drug companies (e.g., Custazin Incorporated, Professional Laboratories) produced amphetamine shortly after SKF’s release of the Benzedrine inhaler, due largely to the fact that it owned the patent rights, SKF dominated the market for amphetamine from 1932 until at least 1940. After a series of court cases in the early 1940s, SKF’s patent claims over Benzedrine were upheld, granting the company a legal monopoly on the drug and putting a damper on the bootlegging operations of other companies (Rasmussen, 2008a).

With SKF’s market control over Benzedrine, other companies adjusted by promoting a very structurally similar chemical (Rasmussen, 2008a). In 1944, the FDA approved public sales

\(^\text{38}\) Iversen (2006:73) notes, “the US Air Force stresses that the use of amphetamine is voluntary, but there appears to be some element of coercion in the statement that pilots are required to sign: ‘It has been explained to me that I understand that the US FDA had [sic] not approved the use of Dexedrine to manage fatigue…and I further understand that the decision to take the medication is mine alone.’ But later in the same consent form, pilots are informed that there are serious consequences to not taking the drug: ‘Should I choose not to take it under circumstances where its use appears indicated…my commander, upon advice of the flight surgeon, may determine whether or not I should be considered unfit to fly a mission.’”
of d-phenyl-isopropyl-methylamine. Called Methedrine by its manufacturer and deoxyephedrine by others, but better known today as methamphetamine, Burroughs Welcome provided injectable and pill forms of the drug when it first hit the market (Jenkins, 1999; Osborne, 2005). Abbott Laboratories released methamphetamine under the trade name Desoxyn shortly thereafter (Joseph, 2000). Immediately after losing court battles to SKF over the right to market Benzedrine, Clark & Clark responded by releasing methamphetamine in the form of Clark-O-Tabs Modified (Rasmussen, 2008a). Other, less popular brand names of methamphetamine in various preparations marketed in the decades following the War included Gerilets Filmtab, Oesoxyn, Meditussin, Methampex, Amerital, Span-RD, Amphaplex, Obestat Ty-Med, Cartussin Syrup, Opidice, Desefedrin, Norodin, Secodrin, and Syndrox39 (Seevers, 1968; Iversen, 2006; Owen, 2007). Like other pharmaceutically produced amphetamines, methamphetamine was used to treat asthma, narcolepsy, minimal brain dysfunction, depression, obesity, and a host of other ailments.

As mentioned previously, methamphetamine is one type of amphetamine. Public discourse about these drugs tends to dichotomize “methamphetamine” from “amphetamine”, where the latter usually refers to a host of amphetamines, such as Dexedrine (dextroamphetamine), Benzedrine (racemic amphetamine sulfate), Adderall (four equal parts of dextroamphetamine saccharate, amphetamine aspartate, dextroamphetamine sulfate, and amphetamine sulfate), or Biphetamine (amphetamine complex (amphetamine and dextroamphetamine resin)) (Morgan, 1979; Drug Identification Bible, 2006; Armstrong, 2007). This distinction has facilitated a general acceptance that methamphetamine is more powerful and

---

39 Desbutol, Ambar and Obedrin were three brand name products that combined methamphetamine and pentobarbital (a sedative barbiturate) (Iversen, 2006; Rasmussen, 2008a).
addictive than other amphetamines (Iversen, 2006; Armstrong, 2007). For example, Robert Mathias (1998) of the NIDA writes, “Methamphetamine, also called ‘meth,’ is a potent, highly addictive form of amphetamine.”

Much of the dichotomization between methamphetamine and the rest of the amphetamines appears to be a social construction. According to Rasmussen (2008a:19), “the subjective effects [of amphetamine and methamphetamine] are virtually indistinguishable” to drug users. Clinical studies investigating addiction liability have found that when methamphetamine is compared to other amphetamines, animals and humans prefer similar doses and cannot distinguish between equal doses of each (see Shoblock et al., 2003 for a review). In the first study of its kind, Shoblock et al. (2003:366) directly compare the effects of equal doses of methamphetamine and amphetamine (dextroamphetamine sulfate) on the locomotor activity40 of female rats. They find no difference in potency between the two drugs, and conclude that the results from their study “are in direct contrast to the widely quoted view that [methamphetamine] is a more potent central psychostimulant…than [amphetamine].” Research demonstrating the great similarities between methamphetamine and other amphetamines has prompted one critic to say, “The vision that meth is something new, different from other drugs, is fundamentally flawed” (Armstrong, 2007:429).

---

40 Locomotor activity is considered “a reflection of the decision-making process” and incorporates the neurological factors that lead to behavior (Martin, 2003:146). The reinforcing impact of addictive drugs derives largely from their activation of “brain mechanisms associated with normal behaviors such as… locomotor activity.” While locomotor activity is not a direct measure of drug reinforcement, it is often correlated with it. Measures of locomotor activity are often used to learn about “the conditioning and neuradaptive responses that occur with repeated drug administration” (“Locomotor Activity”, 2000).
Thus, in its early years, methamphetamine was merely one of the many amphetamine-like OTC stimulants used for asthma, invigoration, weight loss, depression, and other conditions. Unlike today, methamphetamine was not considered gravely different from Benzedrine and other amphetamines of the 1940s and 1950s when it first became publicly available. Methamphetamine’s entry into the licit drug market largely appears to be a response to legal decisions giving SKF sole control over Benzedrine sales (Rasmussen, 2008a). Burroughs Welcome, Clark & Clark, and other pharmaceutical companies were able to produce a chemical that was barely different from amphetamine in its molecular structure, and identical in its effects.

In summary, the great popularity of all the amphetamines and general demand for stimulation by a multitude of Americans for a multitude of reasons suggests that speed was the wonder drug of its day. Amphetamines, including methamphetamine, were met with great enthusiasm by hundreds of thousands of people. From 1937 to 1939, over 50 million dosage units of Benzedrine tablets were sold (Grinspoon & Bakalar, 1979). By 1945, it was estimated that one million 5-10 mg amphetamine tablets were consumed by Americans each day (Rasmussen, 2008a). In 1971, legal production of amphetamines reached over 12 billion pills (Grinspoon & Bakalar, 1979).

Despite its popularity early on, speed would eventually receive the same kind of treatment accorded to cocaine, opiates, marijuana, and many other demonized substances. While the first anti-amphetamine crusade will be discussed shortly, first, it is worthwhile to ask why speed was not met with widespread opposition at the outset of its availability. In an attempt to explain why amphetamines were initially accepted, or at the very least, why they were ignored
by anti-drug crusaders, we turn to a brief discussion of the historical context surrounding their entry into American society.

The Historical Context of Early Amphetamines, 1929-1945

One of the main ingredients of a bona fide drug scare is a historical context of conflict (Reinarman, 2006). Interest groups, mass media, and politico-moral entrepreneurs may work diligently to construct a particular chemical substance as a threat to moral order and social stability. However, their efforts are less likely to lead to serious social or legal change if the historical conditions in the larger society are not congruent with claims-making endeavors. For example, Reinarman (2006) points out that people crusaded against alcohol for decades without achieving success in the form of policy change. It was not until the turbulent times of the early twentieth century – World War I, widespread immigration and poverty, socialist and labor movements, and so forth – that alcohol sales became illegal. In other words, the historical context of the 1910’s (i.e., the glut of political, cultural and economic conflict) provided much of the impetus for Prohibition.

If historical conditions are important in the escalation of a drug scare, it is logical to presume that they may also be inhibitory. In this light, it can be supposed that amphetamines were not immediately vilified when they became publicly available in 1932 partly because of the economic and social milieu into which they were introduced. Three important socio-historical phenomena present around the time amphetamines were introduced to the American public – The Great Depression, the anti-marijuana campaign, and the use of speed by the military – may be partly responsible for the sluggishness with which claims-makers mounted a respectable crusade against speed.
In 1929, the U.S. stock market crashed, sending the American economy into a depression that would last until the Second World War. Unemployment rates reached 25 percent in 1933 (Romer, 1992), bankruptcies skyrocketed, and income was severely reduced (Wilkison, 2008). Joseph (2000:22) suggests that the use of amphetamines was an attractive coping mechanism for many of those hit hard by economic catastrophe. “In the absence of other effective pharmaceutical remedies for depression, doctors were relieved to be able to offer speed to their patients.”

The Great Depression was intimately connected to the “reefer madness” crusade that was in full-force during the 1930s. With a surplus of Mexican laborers, claims linking Mexicans with marijuana resonated with an economically struggling white majority (Bertram et al., 1996). Newspaper and magazine coverage of marijuana was rife with assertions that marijuana-smoking Mexicans were violent and sexual deviants, and a grave threat to children (Mosher, 1985). Harry Anslinger, the first director of the Federal Bureau of Narcotics (FBN), led the campaign. Anslinger whipped the public into a frenzy by providing “media sources with ‘information’ on the effects of marijuana that was widely reported and served to demonize the substance” (Mosher & Akins, 2007:7). The Marihuana Tax Act, the culmination of the FBN’s anti-pot crusade, was passed in 1937.

Amphetamines entered the consumer market precisely during this period of heightened concerned with marijuana. Thus, the federal government was too distracted by marijuana in the mid-to-late 1930s to worry about speed. Musto (1987) notes that despite the fact that amphetamines began to receive negative publicity shortly after their arrival in American stores, Anslinger and the FBN were hesitant to address the new drug. The FBN was small, understaffed, and invested heavily in the anti-marijuana campaign. Speed’s white market status
and the potential bureaucratic difficulties inherent in going after an FDA-controlled substance did not appeal to an organization that had spread itself thin. Furthermore, Anslinger did not “wish to tread on the toes of politically powerful pharmaceutical firms like Parke-Davis and Smith Kline French, with which he had a congenial relationship” (Jenkins, 1999:36).

A third socio-historical factor that may have diminished early attempts to demonize amphetamines was their widespread use by the U.S. military during World War II. During the War, American civilians learned of the increased energy and confidence troops gained from amphetamine use. When servicemen returned home, many helped popularize and legitimize speed for these purposes, ensuring its “cult status…as a good-time drug on the street scene” (Joseph, 2000:22). While amphetamines were used for a variety of purposes, including recreational, it is also true that people took them as a means to an end. It is plausible that some of the post-War social and economic boom was due in small part to people using speed to work long hours, drive long distances, and handle multiple jobs.41

As this cursory discussion of the historical context in which speed was introduced into American society suggests, conditions were not ideal for a widespread anti-amphetamine campaign. Amphetamine was the first drug widely used to treat depression (Rasmussen, 2008a), and the dire economic situation of the 1930s suggests many downtrodden Americans were in need of a pick-me-up (Joseph, 2000). Speed arrived quietly as the government’s attention was focused largely on marijuana. Quasi-sanctioned amphetamine use among U.S. military carried over into the civilian population of a thriving post-War America.

41 Grinspoon & Bakalar (1979:23) note that after World War II, “military stockpiles of amphetamines flooded an exceedingly depressed and disillusioned but determined and growth-oriented [Japanese] civilian population.” While the glut of speed leftover from the War created some problems for Japanese society, some have also argued that amphetamines played a crucial role in helping Japan rebuild economically in the post-War era (e.g., Klee, 2001).
Despite the fact that U.S. society in the 1930s and early 1940s lacked a clear-cut, pervasive, and well-organized crusade against amphetamines, a movement was brewing. Not everyone championed speed as the magical panacea many others constructed it to be. Though speed remains popular to this day, various claims-makers from media, politics, and medicine began demonizing amphetamines almost as soon as they were available en masse.

The first big anti-amphetamine crusade was against Benzedrine, and began circa 1940. The Benzedrine backlash merits attention because it exhibits many similarities to subsequent speed scares, including more recent concerns with methamphetamine. Particularly noteworthy is the consistent cat-and-mouse game pitting amphetamine opponents against proponents. As we shall see, heightened concern over amphetamines led to laws designed to slow or stop their use. Each prohibitive law has fostered innovation and evolution among amphetamine proponents. As drug companies adapted to new prohibitions, so too did users and traffickers.

**The Benzedrine Backlash**

America’s love affair with amphetamine was relatively short lived. As early as 1935, articles suggesting Benzedrine might be harmful appeared in medical journals (Grinspoon & Bakalar, 1979). A year later, an article published in *The Lancet* stated that six of 40 subjects who were given the drug under experimental conditions suffered severe effects, including collapse, premature heart contractions, and chest pain (Anderson & Scott, 1936, as cited in Grinspoon & Bakalar, 1979). However, it appears that the few early reports about the potential harms associated with amphetamines were essentially drowned out by an overabundance of pro-amphetamine sentiments in the 1930s medical literature and popular press.
Once the marijuana scare became institutionalized into American culture and the U.S. became more familiarized with speed, bad publicity mounted. The first major instance of bad press came from a series of reports linking Benzedrine use with college students. *Time* magazine warned about “Pep-Pill Poisoning,” (1937) among students at three major mid-western universities, claiming that “a new, powerful, but poisonous brain stimulant called Benzedrine kept college directors in dithers of worry.” Small quantities of the drug were said to “maintain [the student’s] intelligence. Overdoses, such as uninformed college students seem to be using, bring on dangerous after effects.” In June, 1937, an article in the *El Paso Herald-Post* cited an AMA warning to college students to not use Benzedrine when cramming for final exams. Physicians reported “collapse, fainting, and insomnia following” the use of pep pills to study and avoid sleep. One doctor described these methods of use as “about as efficient as whipping a tired horse” (“Students Warned,” 1937:9). Similar stories appeared in several other regional newspapers, including *The Wisconsin State Journal* (“Use of Drug”, 1937) and *The Brainerd Daily Dispatch* (MN) (“Warn Students”, 1937).

Later that year, the tragic 1937 Elixir Sulfanilamide Incident occurred. Over 100 people in 15 states died from toxic poisoning of diethylene glycol, also known as antifreeze. The Tennessee company, S. E. Massengill prepared and distributed a deadly liquid form of sulfanilamide. Pill and powder forms of the drug had been used safely as a common treatment for streptococcal infections. At the time, federal law did not require companies to conduct safety studies before releasing new drugs to the public. Consequently, S. E. Massengill did not realize their new liquid concoction was lethal until it was too late. The Elixir Sulfanilamide Incident led to the 1938 Food, Drug and Cosmetic Act (FDC), which revised the obsolete Pure Food and Drug Act of 1906 (Ballentine, 1981).
The FDC Act required drug manufacturers to demonstrate the safety of their products before marketing them for public consumption (Mosher & Akins, 2007). It also increased the federal government’s role in the regulation of pharmaceutical drugs, replacing the AMA as the main overseer with the FDA (Rasmussen, 2008a). The Act required that drugs marketed by pharmaceutical companies “be: 1) accurately labeled; 2) manufactured according to certain minimal (and vaguely defined) standards; and 3) shown to be relatively safe (but not necessarily effective)” (Grinspoon & Hedblom, 1975:17).

The FDC Act ordered that drug manufacturers include directions for use and warnings for unsafe use on the labels of their OTC products. However, manufacturers could be exempt from including directions on their products if they included the warning, “Caution: To be used only by or on the prescription of a physician, dentist, or veterinarian” (Swann, 1994:59). Essentially, the FDC Act gave the FDA a great deal of power over what pharmaceutical companies said about their wares, but left decisions about the prescription statuses of individual drugs up to the manufacturers. A manufacturer’s decision to include detailed directions with its products meant no doctor’s signature was required (Marks, 1995).

According to Rasmussen (2008a), amphetamines were not regarded as particularly dangerous at the passing of the 1938 FDC Act, but a new climate of public distrust of pharmaceutical companies, sparked by the Elixir Sulfanilamide Incident, worried SKF that the future medicinal potential for Benzedrine was in jeopardy. Perhaps in attempt to preserve future market prospects, SKF voluntarily labeled its Benzedrine tablets as prescription-only by January, 1940.

Thus, a combination of federal restrictions and industry self-regulation made amphetamine in pill form more difficult, though not illegal, to procure without a physician’s
signature (Jackson, 1979; Rasmussen, 2008a). However, this did little to limit amphetamine misuse, for two reasons. First, it appears that amphetamine tablet shortages were temporary and varied according to state laws, most of which were not vigorously enforced (Grinspoon & Hedblom, 1975). Since the 1938 FDC Act permitted individual drug companies to determine prescription status, companies other than SKF opted to make their drugs, including amphetamines, available OTC (Swann, 1994; Marks, 1995). As a result, amphetamine tablets were generally available during the 1940s (Grinspoon & Hedblom, 1975). Second, while federal and industry changes may have made amphetamine pills more difficult to obtain than before, asthmatic inhalers spiked with the drug were quite accessible. The SKF-marketed Benzedrine inhaler was still widely and legally available OTC, as no federal or state restrictions applied to this form of amphetamine (Jackson, 1979). Since SKF provided clear instructions on its use, the 1938 FDC Act permitted sales of the Benzedrine inhaler to continue unabated (Rasmussen, 2008a). Jackson (1979) notes when state and federal controls made amphetamine pills more difficult to obtain, abuse of Benzedrine inhalers tended to increase.

The FDC Act did little to stop non-medical amphetamine use. At the time there was no national concern with amphetamines; The Act was passed largely in response to the Elixir Sulfanilamide Incident. People continued to enjoy synthetic stimulants and public concerns against their use began to grow. Public perceptions of speed started to turn negative when its users began to be portrayed as being from the margins of society (DeGrandpre, 2006). The Benzedrine backlash picked up steam in the early 1940s, as its use became associated with black jazz (“be-bop”) musicians like Charlie Parker and other subversive members of the entertainment industry (DeGrandpre, 2006). In the 1940s, columnist Earl Wilson reported that amphetamine pills were being used recreationally by “less sophisticated” segments of society, including “New
York’s Benzedrine Set” (as cited in Jackson, 1979:36). An article in Time magazine discussed the pro-amphetamine lyrics of the be-bop music scene, quoting an outraged director of a Los Angeles radio station who said, “Bebop . . . tends to make degenerates, out of our young listeners” (“Be-bop Be-bopped,” 1946).

Of particular concern during this time period was the misuse of Benzedrine inhalers. By the 1940s it was well known that Benzedrine inhalers could be broken open in order to access the entire drug at once, rather than in the small doses attained by following SKF’s instructions. The wads of paper contained within the inhalers were laced with 250 milligrams of amphetamine (approximately 25 tablets’ worth). Thrill seekers would remove the paper and either soak it in water, coffee, or some other drinkable solution, or chew it with gum. Anecdotal accounts of people breaking open the inhalers and ingesting its contents at once spread throughout the speed-using subculture, especially when such stories appeared in popular songs and magazines (Jackson, 1979; DeGrandpre, 2006).

By the mid 1940s, it is apparent that opposition to the non-medical use of amphetamines was emerging among members of the medical establishment and press. In an article published in the Journal of the American Medical Association (JAMA), Monroe and Drell (1947:909) issued a warning to the medical community:

Amphetamine (“Benzedrine”) has become a popular drug among the laity as evidenced by its mention in songs, magazines, and commercial advertisements. The song, “Who Put the Benzedrine in Mrs. Murphy’s Ovaltine?” has been popular recently. A newspaper advertisement featuring a charm bracelet with a pill box attached states the following: “For ‘Benzedrine’, if you’re having fun and
going on forever; ‘aspirin’ if it’s all a headache.” An article entitled, “On a Bender with Benzedrine” appeared in the September 1946 issue of Everybody’s Digest. The anonymous author discussed the oral use of the volatile base from inhalers by those in the entertainment field, its availability and its effect.

In addition to increasing links between the use of amphetamine with irresponsible young college students and “undesirable” people within the entertainment industry, reports of Benzedrine inhaler abuse among members of the prison population appeared. Monroe Drell (1947) noted, using questionable methodological techniques, that 25 percent of inmates in American prisons reported abusing amphetamine inhalers. A 1947 article in the New York Times cited Monroe and Drell’s study, warning that abuse of Benzedrine inhalers among prisoners was “apparently widespread”, and that the drug can cause “poisoning, hallucinations, other mental disturbances, and even death” (“Notes on Science”, 1947:127).

Media coverage linking the abuse of Benzedrine inhalers to social undesirables continued to be reported by American newspapers the next year. For example, a headline from the Iowan Ackley World-Journal (1948:3) proclaimed, “Convicts Use Benzedrine Inhalers to Get Thrill.” The Corpus Christi Caller-Times wrote that “some people – mostly convicts – are eating the insides of Benzedrine inhalers to get a kick” (Carey, 1948:10B). The article also associates the problem with “young people using the contents to spike drinks”, and cites a lack of regulation of the sale of amphetamine inhalers as an explanation for their misuse.

Misuse of the Benzedrine inhaler continued, spawning protests that caught the attention of U.S. Senators Warren Magnuson and Harry Cain, and other powerful members of Congress. According to Jackson (1979:39), “by 1949, legislation was pending in the House of
Representatives to make amphetamines, apparently including the inhaler, subject to the same federal controls that applied to narcotics at the time. Amid mounting press reports and pressure from the FDA and Congress, SKF removed the Benzedrine inhaler from the market in 1949, replacing it with the non-stimulating Benzedrex inhaler ("Notes on Science", 1949; Jackson, 1979; Rasmussen, 2008a).

SKF’s voluntary withdrawal of the Benzedrine inhaler did not matter much for users and mis-users since other pharmaceutical firms had been marketing their own amphetamine inhalers as early as 1944 (Rasmussen, 2008a). By 1947, Vonedrine, the Drinalfa inhaler, and inhaler Tuamine, were three other brand-name, amphetamine-containing inhalers available OTC (Monroe & Drell, 1947).

Not surprisingly, misuse, and subsequent public outcry, of these and other amphetamine-laced inhalers continued into the next decade. In an attempt to deter ingestion, many manufacturers attempted to package their inhaler products with tamper-proof devices. Before they removed their Benzedrine inhaler from store shelves, SKF added nauseating ingredients to their product, but to no avail. As the FDA continued to receive reports of inhaler abuse in 1953, S. Pfeiffer Company added denaturants to its Valo inhaler, and Wyeth to its Wyamine inhaler. People surmounted these anti-abuse efforts by boiling down the inhaler wick into a fluid that could be administered intravenously (Jackson, 1979).

Grinspoon and Bakalar (1979:21) refer to intravenous amphetamine use as “the ultimate inhaler abuse”, presumably because of the quicker onset of effects and heightened dangers.

While Jackson (1979:38) notes that one additional reason SKF removed the inhaler was because they were “a reputable old Quaker company” whose executives were personally distressed about the misuse of their product, Rasmussen (2008a:104) points out that SKF conveniently revoked its product from store shelves when its "amphetamine patents…were about to expire."
associated with this route of administration. According to Brecher (1972), the earliest evidence of intravenous amphetamine use was among American servicemen stationed in Japan and Korea during the early 1950s. It is believed that members of the armed forces brought the practice of injecting speed home to the U.S. after their military service (Brecher, 1972). By the late 1950s the extraction of amphetamine from inhalers for injected use became increasingly popular (Rasmussen, 2008). Shortly thereafter, intravenous use of speed (i.e., Methedrine) would set off America’s first methamphetamine “epidemic”.

Throughout most of the 1940s and 1950s, the FDA became well aware of the misuse of amphetamine inhalers, but the language of the 1938 FDC Act afforded no legal justification for requiring them to be available only by prescription. This was due to the widespread agreement among the medical community that if used as indicated, the inhalers were quite successful and efficient in alleviating the symptoms of asthma sufferers. Since amphetamine inhalers came with clear instructions on how to use the product to treat asthma, a doctor’s prescription was not necessary (Rasmussen, 2008a).

In the face of much public outcry, the FDA finally banned amphetamine inhalers in 1959, except as prescription items (Grinspoon & Bakalar, 1979; Owen, 2007). However, this ban was “almost totally ineffective” since it only covered inhalers containing Benzedrine and Dexedrine (Grinspoon & Bakalar, 1979:21). As aforementioned, a host of amphetamine inhalers were on the market by this time period. Drug companies seized upon this major loophole, producing inhalers laced with methamphetamine and mephentermine (Grinspoon & Hedblom, 1975). OTC purchase of methamphetamine inhalers was legal up to 1965 (Rasmussen, 2008a), and mephentermine inhalers until 1971 (Grinspoon & Bakalar, 1979). Much like before, when some drug makers switched from amphetamine to methamphetamine tablets in 1942 after SKF secured
patent rights for Benzedrine, drug makers and users shifted to methamphetamine inhalers in response to the 1959 law that prohibited OTC amphetamine inhalers.

**The Durham-Humphrey Amendment of 1951 and the Use of Speed in the 1950s**

While the last amphetamine inhaler did not require a prescription until 1971, OTC sales of amphetamine tablets were prohibited with the 1951 Durham-Humphrey Amendment (DHA) to the 1938 FDC Act (Fort, 1964). Since the 1938 FDC Act left decisions of a drug’s prescription status up to the manufacturers, situations in which one company would label a drug as prescription-only and another company would market the same drug OTC resulted (Marks, 1995; Abood, 2005). This proved to be “a costly administrative burden for the FDA”, and created a great deal of confusion for doctors and retail druggists (Marks, 1995:112).

The DHA made a formal distinction between prescription and OTC drugs, defining the former as “any habit forming drug, any drug so toxic or harmful that it required the supervision of a practitioner for its administration, or any new drug approved under the safety provision of the 1938 [FDC] act that had to be used under supervision” (Swann, 1994:65). If a pharmaceutical drug met at least one of these criteria, it had to include a label stating, “Caution: Federal law prohibits dispensing without prescription” (Swann, 1994:65).

Marks (1995) points out that NARD and drug manufacturers likened FDA control over a drug’s prescription status to socialized medicine. Such claims resonated with “everyone in postwar America” and effectively limited the FDA’s power (Marks, 1995:113). While the FDA would henceforth issue advisory lists of drugs it deemed to be of prescription status, the manufacturer still retained control over the initial decision to designate its status as either prescription or OTC, taking into account the language cited in the DHA bill (Swann, 1994;
Marks, 1995). If the FDA wanted to dispute a drug company’s designation of a prescription drug, it would have to do so in court (Marks, 1995).

Although drug manufacturers and various professional interest groups seemed to have emerged victorious in disputes over the bill’s language and provisions (Marks, 1995), the FDA succeeded in defining amphetamines (and barbiturates) as prescription-only drugs. The 1951 DHA marks the first piece of federal legislation that mandated a physician’s authorization for those seeking amphetamines in pill form (Fort, 1964).

Overall, the DHA did little to slow amphetamine use. Estimates of the actual number of users during the 1950s are difficult to come by, since the first national surveys of stimulant use were not conducted until the 1970s. Analyzing market data, Rasmussen (2008a:199) estimates that “several million Americans” consumed amphetamines on a daily basis in 1951. Several billion pills were produced annually by U.S. manufacturers throughout the decade. Gahlinger (2004) reports that 20 percent of all prescriptions written during the 1950s were for amphetamines.

Supply vs. Demand of Amphetamines during the 1950s

A variety of factors explain why amphetamines were so common in the 1950s. These factors can be distinguished according to whether they affect the supply of or demand for amphetamines. On the supply side, amphetamines were plentiful because of the practices of physicians and pharmacists, the onset of a black market for speed, and heavy marketing and promotion efforts by drug companies. On the other hand, changes in American culture following World War II coupled with the emergence of teenagers as a new class of citizens influenced much of the demand for amphetamines.
As they had done before the enactment of the 1951 DHA, doctors continued to eagerly recommend amphetamines for weight loss, depression, and other physical and psychological ailments. Members of the medical profession were fairly liberal in doling out prescriptions to patients at the time (Owen, 2007). Grinspoon and Hedblom (1975) note that most users could easily obtain amphetamine tablets from physicians until at least 1966. Despite the newly legislated prescription status of amphetamines following the 1951 DHA, for those individuals who did not seek a doctor’s signature, there were other opportunities to obtain amphetamines. Some stores and pharmacies continued to sell speed OTC (Rawlin, 1968; King, 1972). In 1954, over half of all U.S. pharmacists who were convicted of illegally selling prescription drugs dealt in amphetamine (Owen, 2007). If speed seekers were unable to obtain amphetamines illicitly from pharmacists, some stole them from supply warehouses or ordered them from pharmaceutical companies under the guise of “scientific research” (Rawlin, 1968:60).

A second supply-side factor that caused an abundance of amphetamines during the 1950s was the black market. As we have seen with previous drug prohibitions such as those against alcohol and cocaine, anti-drug legislation that ignores the demand-side of drug use almost inevitably results in the creation of an underground supply. The 1951 DHA sought to clarify definitions of prescription and OTC drugs, but it did nothing to control legal amphetamine production or reduce amphetamine demand. With legal production rates in the billions of doses by the late 1950s, a sizable proportion was diverted into the black market for non-medical use (Iversen, 2006). In Congressional testimony held in 1962, Lewis Lasher of the FDA estimated that 50 to 67 percent of legally produced speed was annually diverted to illicit channels (Byles, 1968). Skeptics should note that Lasher was trying to raise amphetamine abuse as a social problem during the hearings at which he provided the 50-67 percent figure. As Best (1990)
observes, claims-makers use statistics to emphasize the importance and magnitude of the problem to which they are trying to draw the public’s attention. Although it is impossible to know the accuracy of Lasher’s estimate, it is clear that a considerable amount of the amphetamines manufactured by drug companies made it to the black market. “Some was bought from manufacturers by bogus drug wholesalers for resale on the street, some disappeared during shipment, and some simply could not be accounted for” (Rasmussen, 2008a:171).

In order to more fully understand both the willingness of physicians to generously prescribe amphetamines to patients and the formation of a strong black market for speed, it is important to consider the original suppliers – drug companies. Unlike today, the vast majority of black market amphetamine in the 1950s and 1960s originated from U.S. pharmaceutical firms (Rasmussen, 2008a). As late as 1970, the federal government estimated that 75 to 90 percent of the amphetamines found in the illicit traffic were manufactured by American companies (U.S. Congress, 1972).

One might assume that since the 1951 DHA defined legal use of amphetamines as through a doctor’s prescription only, manufacturers should have anticipated a decrease in production. To the contrary, production levels soared. As SKF’s patent rights on Benzedrine expired in 1949, the 1950s saw tremendous growth in the market for amphetamines. Legal production of amphetamines increased fourfold between 1949 and 1952 (Rasmussen, 2008a). By 1958, legal production of amphetamines in the United States numbered approximately 3.5 billion pills annually, enough to supply every American with 20 standard doses (Grinspoon & Hedblom, 1975; Owen, 2007). This figure does not include amphetamine-containing inhalers.

According to Rasmussen (2006; 2008a), World War II helped to institutionalize psychiatry as a legitimate field of study in the United States, largely because its practitioners
played a significant role in the screening and mental health treatment of members of the armed forces. Post-War America was suddenly concerned with psychiatric disorders, said by experts to trouble “10 percent, 25 percent, or even 50 percent of the population” (Rasmussen, 2008a:114). People were more accepting of a psychiatric diagnosis (and psychiatric medication) than ever before. Studies of psychosomatic medicine became more common in medical schools and journals and careful studies conducted in the 1950s found that at least 25 percent of patient visits to a doctor were motivated by hidden mental health problems. Rasmussen (2008a:114) notes that these developments in psychiatry “added up to a golden opportunity for SKF: in amphetamine the firm owned not just the only recognized antidepressant on the market in the late 1940s but the only psychiatric drug with real scientific credibility.”

A vigorous marketing campaign ensued as SKF capitalized on the newly legitimized psychiatric disorders. Even as other firms began mass marketing their own amphetamine products by 1949, SKF’s sales of Dexedrine remained steady between 1949 and 1952, earning between $5 and $6 million each year. SKF proved quite innovative when they marketed what Rasmussen (2008a:120) calls “old wine in new bottles”, by producing “new” amphetamine drugs when their patents on Benzedrine and Dexedrine began to expire. When companies require a new drug for business reasons, but lack any genuinely new and improved medicines, they often repackage the same chemical substance but give it a new name or promote it to treat different disorders (Rasmussen, 2008a). For example, two pharmaceutical drugs currently produced by GlaxoSmithKline are Wellbutrin and Zyban. Wellbutrin is marketed for depression, and Zyban to help people quit smoking. Both products contain 150 milligrams of Bupropion (Drug Identification Bible, 2006). With a quick Internet search anyone can discover GlaxoSmithKline’s perfectly legal business practice, but most consumers of either pill are
probably unaware of Bupropion’s multiple versions. GlaxoSmithKline has engaged in these marketing practices since at least the early 1950s, when it was SKF. As competition from other firms increased, SKF took America’s “affair with amphetamines to another level”, doubling its annual amphetamine sales from 1950 to 1955 (Rasmussen, 2008a:119). One of SKF’s innovations was to create a new type of capsule dubbed the “Spansule”. Introduced in 1952, the Dexedrine Spansule contained the same old Dexedrine but in time-release form. A second SKF amphetamine innovation of the 1950s was a product called Dexamyl that combined Dexedrine with Amytal, a sedative barbiturate that was popular at the time. Marketed as a “remarkable new preparation for relieving mental and emotional distress”, Dexamyl exploded onto the medical scene and would remain unchallenged for five years (Rasmussen, 2008a:131).

SKF was not the only company who heavily marketed amphetamines to treat depression. Throughout the 1950s and 1960s, a host of manufacturers produced speed and advertised it, especially to women, for both depression and obesity (Gahlinger, 2004; Weil & Rosen, 2004). In a perusal of medical journals published during this time, Owen (2007) notes rather sexist themes present in amphetamine advertisements that portray speed as the solution to monotonous housework and weight gain. In her discussion of gendered medical traditions, (Chananie, 2005:490) points out that for some time, physicians and psychiatrists have “linked women and emotionally-based disorders to gendered cultural beliefs regarding women’s ‘sensitive’ emotional nature.” Many mental and physical disorders, including obesity and depression, have historically been defined by medical personnel as primarily women’s conditions (Chananie, 2005). According to Owen (2007:92), old amphetamine advertisements framed the drug as a way to transform housewives into “smiling Stepford Wives, eager to cook, clean, and polish all day long without complaint” (Owen, 2007:92). Around 1960 women obtained amphetamine
prescriptions for mental health reasons twice as often as men, even after controlling for the fact that women were more likely to seek medical attention (Rasmussen, 2008a).

Thus, while pharmaceutical companies were the main supply source of amphetamines during the 1950s, they also helped manufacture a considerable proportion of public demand for their drugs. Another segment of the speed using population demanded amphetamines to treat asthma and fatigue. Others used them for recreational purposes or for long and mundane work-related tasks that required energy and endurance.

Aside from pharmaceutical, medical, and recreational demand factors, it is important to consider how the cultural milieu of the 1950s may have helped perpetuate the need for speed. After World War II, American society underwent a period of rapid social change (Joseph, 2000). Before the War, the Great Depression wrought economic catastrophe to the vast majority of Americans. An Allied victory in World War II was followed briskly by a post-war economic boom, fostering a culture of frenzied consumerism. The “white flight” to the suburbs began, as Americans strove for their own homes, cars, and other “domestic conveniences” (Rasmussen, 2008a:180). Leisure, achievement, and enjoyment of consumption became as ethically imperative as the Protestant work ethic. As these new social norms were increasingly promoted in a post-war United States, individuals who failed to adopt these values came to be seen as “depressed” and in need of a boost afforded by speed. Also, dieting became increasingly popular during the 1950s (Joseph, 2000). Accordingly, amphetamines became a new “technology of the self” for the healthy postwar consumer, as they were used by the overweight to remedy the lack of self-control believed to be the cause of their obesity (Rasmussen, 2008a:181).

One other cultural factor that may explain the pervasiveness of amphetamines during the 1950s is the emergence of the “teenager” as a social phenomenon (Joseph, 2000). Child labor
laws enacted in the first half of the twentieth century, the extension of schooling, and the decline of the family farm combined to foster a sense of “rolelessness” among children (Coontz, 1999). The rapid social change accompanying post-war America extended the transition from child to adult, solidifying a new class of teenagers segregated into a separate peer culture (Coontz, 1999; Joseph, 2000). When kids lack socially meaningful duties and relationships with adults, and when they are given “fewer opportunities…for gradual initiation into productive activities” (Coontz, 1999:25), they may become alienated and rebellious (Joseph, 2000).

In the U.S. (and the U.K. as well), the 1950’s experienced “a new generation of disaffected, alienated youth” (Joseph, 2000:38). Though conformist to anti-Communist hysteria at the time, American teenagers wanted “safe rebellion – weekend unconventionality, crossing on to the wild side every so often” (Joseph, 2000:38). The influence of popular culture, specifically movies and music rife with potent white symbols such as Elvis Presley and Johnny Cash, and working class “anti-heroes” like James Dean and Marlon Brando, were much more significant to teenagers than black jazz musicians of the previous decade. “The sneer, the curling lip, the cynicism and the black leather jacket” of these icons, infused with speed, resonated with alienated youth (Joseph, 2000:40).

To summarize, amphetamines were in great supply during the 1950s because doctors and psychiatrists prescribed them quite liberally. For those who did not seek a physician’s signature, the strong black market that arose after the 1951 Durham Humphrey Amendment served as an illicit supplier of amphetamines. Drug companies responded to the DHA with intense marketing campaigns, proclaiming amphetamines as cures for new found illnesses such as mild depression and corpulence. A sizable chunk of American amphetamine users enjoyed amphetamines as
bronchodilators, energy boosters, and entertainment aids. Culturally, the emergence of the teenager as a social phenomenon coupled with the rapid social change of the post-war era led to a greater demand for speed among segments of American society. Some youth used speed, often within a developing subculture of rock and roll, as a form of controlled rebellion. Adults desired the drug to help them keep up with the Joneses and fulfill consumerist norms of the post-war period.

Surely, the supply and demand factors affecting the abundance and use of speed cannot be easily disentangled. However, it is worth recalling the carefully planned out marketing efforts of SKF and other amphetamine manufacturers during the 1950s. While a large segment of the population desired psychomotor stimulation before amphetamines ever existed, it is likely that drug company medicalization of common conditions like “the blues” or chubbiness may have helped manufacture demand among others. Weil and Rosen (2004) note that these companies urged doctors to prescribe amphetamines to depressed housewives and those with weight “problems”. Although SKF and other amphetamine producers cannot be held directly responsible for larger cultural developments at the time, such as the dawn of the teenager and the proliferation of a consumerist culture, it is likely their marketing efforts conveniently aligned with many of these broader changes.

Reports of Amphetamine Problems in the Medical Literature and Popular Press

As amphetamines became quite popular during the 1950s, information on some of their negative side-effects, particularly a phenomenon known as “amphetamine psychosis”, started to accumulate in the medical literature (Rasmussen, 2008a; 2008b). Amphetamine psychosis is a condition characterized by paranoia, “well-formed delusions,…heightened awareness, an acute
sense of novelty and curiosity, and...overwhelming fear and terror” (Snyder, 1979:190). Some scholars equate symptoms of amphetamine psychosis with the experiences of those diagnosed with paranoid schizophrenia (e.g., Beamish & Kiloh, 1960, as cited in Snyder, 1979), while others note important differences in the types of hallucinations between sufferers of either condition (e.g., Murray, 1998; Iversen, 2006). Heavy amphetamine users, especially those who administer the drug intravenously, are most vulnerable to the development of amphetamine psychosis (Snyder, 1979; Hall et al., 1993; Inciardi, 2002). Despite mounting reports that suggested speed was not the wonder drug it had been heralded as, the “drug’s defenders were resilient” (Rasmussen, 2008a:140). Physicians and psychiatrists, some of whom had professional ties to drug manufacturers, were not willing to surrender amphetamines by the end of the 1950s, and would hold out for at least another decade. Much of their resistance to part with the drug was due to the fact that it was so heavily relied upon in the treatment of depression, and as such, “remained the most convenient and effective way for family doctors to help distressed patients get on with their lives, and cheerfully” (Rasmussen, 2008a:141).

In addition to negative coverage in the medical literature, reports of amphetamine-related problems appeared sporadically in the press throughout the 1950s. For example, in June, 1954, a Time magazine article revealed that two people who had been apprehended for the kidnap and murder of Bobby Greenlease, a six-year old Missouri boy, were under the influence of Benzedrine and alcohol. Carl Austin Hall, the man who had shot the boy in the back of the head, stated that “he did not think he could have committed the crime” without amphetamines. The article links amphetamine use with “neurotics”, truck drivers, convicts, and dieters, and points out that more than half of all convictions for illegal sales of prescription drugs by pharmacists that year involved amphetamines. According to the article, the FDA believed that doctors
prescribed the drug “too freely, not recognizing the danger from its misuse” (“Bennies the Menace”, 1954).

Two other articles appearing in *Time* during the late 1950s shared similar themes. One described an undercover operation in which FDA inspectors posed as truck drivers in order to study and eliminate the use of amphetamines by truckers. It was reported that Benzedrine tablets were selling “a dollar a dozen” at southeastern truck stops where “main topics of conversation…were sex and drugs.” Inspectors reported witnessing a teenage boy purchase amphetamines at a gas station, and, upon visiting a drugstore, “had no trouble buying 2,000 pep pills, saying they wanted to peddle them to other drivers.” The article concludes with a listing of successful convictions and a warning saying that while the FDA’s operations slowed down the illicit amphetamine trade in the Southeast, “the dangerous racket persists elsewhere, [and] may be spreading” (“Benny is My Co-Pilot”, 1956). A 1959 *Time* article linked amphetamine use to prostitution, burglary, robbery, and other crimes, warning that the “abuse of amphetamine was growing so fast that it had the Kansas City police, Missouri legislators, federal officials, even the U.S. Congress seriously concerned.” It told the story of a group of Kansas City high school students who learned to extract and inject amphetamine from inhalers after visiting Oklahoma City for a football game. A Kansas City police lieutenant estimated that over 600 residents were suspected to be engaged in various forms of illicit speed use, and that most were young and from “the most expensive neighborhoods and the poorest” (“Amphetamine Kicks”, 1959).

Several articles linking amphetamines with antisocial behavior also appeared in the *New York Times* throughout the decade. A 1955 piece linked illicit use of amphetamine “thrill pills” with delinquent teenage youth. A doctor was quoted as saying that “excessive use of the drugs causes a breakdown of social and moral barriers and produces anxiety, confusion, hallucinations,
delirium, and depression” (Morriss, 1955:25). Another article that year discussed the FDA’s undercover operations in the black market amphetamine trade in the southeastern U.S., warning that illicit use by truckers led to many highway accidents and deaths (“42 Ordered”, 1955). A byline from a piece published in 1957 proclaimed, “Stimulants and Tranquilizers Now Sold in Huge Quantities to the Public.” The article stated that use of these drugs under a doctor’s supervision is safe, but that use by those “who are not ‘sick’ is another matter” (“Ups and Downs”, 1957:162). Finally, an article from 1959 reported that a drug store in Lexington, KY, was fined for illegally providing truckers in the area with amphetamine pills. Quoting a representative from the FDA, the article noted that over 200 truck stops supplied illicit speed, and that “the volume of…the illicit trade probably is greater than…the regular trade” (“New Arrests”, 1959:28).

Despite some negative depictions of amphetamines by the popular press, and escalating evidence in the medical literature attesting to some of speed’s harmful side effects, as a whole, the American public did not express a great degree of disapproval towards amphetamine in the 1950s. Brecher (1972:281) notes that “enormous quantities of amphetamines were consumed” throughout the 1950s “apparently with little misuse.” While Rasmussen (2008b) disagrees with Brecher’s contention that few people abused speed during the 1950s, he acknowledges that up until the early 1960s, amphetamine was perceived as a relatively innocuous drug. Overall, it appears that a climate of mass hostility concerning speed generally did not exist during this time period. In spite of the several stories printed in *Time*, the *New York Times*, and other news publications, before 1960, amphetamines did not attract a great deal of media attention (Jenkins, 1999).
Public sentiments towards amphetamine would shift markedly over the next decade. Media exposés on rampant illicit amphetamine use appeared on television and in national news publications, eliciting outrage from both the citizenry and government. Federal executives and legislators intensified their efforts to crack down on the widespread availability of amphetamines. Most importantly, the 1960s witnessed fundamental changes in the black market for amphetamines. As the actions of politicians and the press led to a decrease in the amount of legally produced amphetamines diverted through illicit channels, clandestine manufacturers of illicit speed sprouted up to meet demand. It was during this time period that the seeds of the current methamphetamine “epidemic” were planted. The remaining pages of this Chapter discuss some of the social forces that provided an impetus for the subsequent problems of the illicit methamphetamine trade that are present in society to this day.

**Speed Diversion and the State’s Responses, 1960-1972**

The 1960s witnessed many attempts – some successful, others unsuccessful – to place more legal restrictions on amphetamines. It is important to point out the rather unique status of amphetamines as prescription drugs, when contrasted with purely illicit drugs such as heroin, cocaine, and marijuana. Amphetamine’s prescription status made it rather difficult for the government to impose limits to their availability, due in large part to the powerful lobbying efforts of the pharmaceutical industry and professional organizations such as the AMA and NARD. While the patent medicine industry and other interest groups fought legal controls in the

43 Surely, amphetamines were not the only drugs to occupy a prescription status during this time period, nor were they the only pharmaceuticals that government officials sought to moderate. Much of the campaign against amphetamines simultaneously involved efforts to restrict the supply of other prescription drugs, especially barbiturates.
early 1900s, once the federal government enacted prohibitions on certain opiates, cocaine and other drugs defined by law as narcotics, opponents eventually gave up the fight to re-legitimize them. During the 1960s, many interest groups sought to maintain amphetamine’s legal classification as a prescription drug, much like organizations of the late nineteenth and early twentieth centuries lobbied to keep cocaine and opiates legal. Since amphetamines are still available via prescription, it may be proposed that these interest groups succeeded. Indeed, the pharmaceutical, medical, and pharmacist professions are winning the war to maintain the legality of amphetamine use (under certain circumstances, of course). However, some of their power was wrestled away by the U.S. government in a series of battles fought throughout the 1960s.

Immense amounts of amphetamines were manufactured in the 1960s. In 1958, approximately 3.5 billion amphetamine tablets were legally produced by Americans, for Americans (Cox & Smart, 1970; Grinspoon & Hedblom, 1975). In less than ten years, that number would more than double, to eight billion, enough speed to provide 50 pills per every American citizen. By 1970, over ten billion tablets of amphetamine were manufactured (Grinspoon & Hedblom, 1975). The next year, amphetamine pill production would crest at twelve billion doses (Gahlinger, 2004; Drug Identification Bible, 2006).

While it became clear in the 1950s that a significant proportion of amphetamines were being diverted into the black market, concerns escalated significantly over the next decade. Grinspoon and Hedblom (1975:21) give an example of a wholesale dealer who built his own private amphetamine business in 1962 by “forging thousands of prescriptions.” The wholesaler was able to acquire
500,000 amphetamine tablets…from a small manufacturer in New Jersey,…over
2,000,000 dextroamphetamine pills from Maryland, Inc., in North
Carolina,…3,000,000 amphetamine capsules from firms in Illinois and
Pennsylvania,…[and] more than 8,000,000 amphetamines from a large Detroit
drug house (Grinspoon and Hedblom, 1975:21).

A host of news stories printed in American newspapers and magazines throughout the 1960s and
early 1970s reported on many different incidents of illegal diversion (for more examples, see

Despite his own personal use of amphetamines, President Kennedy proclaimed that “thrill pills” were a potential menace to society, in 1962 (Jenkins, 1999). In the early 1960s, he and
later, President Johnson, along with many federal legislators, expressed serious interest in
curtailing the distribution of amphetamines to illicit channels (Byles, 1968). Senator Thomas
Dodd of Connecticut was the most vocal federal legislator opposed to amphetamines during the
late 1950s and into the 1960s (Jenkins, 1999). Dodd headed several congressional inquiries into
street crime, and used “thrill pills” as a scapegoat for juvenile delinquency, a topic that had
become an “obsession” in the 1950s (Rasmussen, 2008a). Early attempts at a bill to stop the
illicit distribution of prescription amphetamines failed (Byles, 1968; Grinspoon & Hedblom,
1975).

Up for reelection in 1964, Dodd proposed a similar bill. Whereas the focus of previous
bills was on the prescribing practices of doctors, irresponsible pharmacists, and the

---

44 Senators used the term “thrill pills” to refer to both amphetamines and barbiturates, seldom differentiating their largely opposing effects on the mind and body (Rasmussen, 2008a)
pharmaceutical industry, the debates over the 1964 bill centered on the trucking industry. Truckers increasingly fell under scrutiny from the media and law enforcement after a series of sting operations exposed the plentiful supply of amphetamines at truck stops and reported on many speed-related traffic accidents (Rasmussen, 2008a). The connection between amphetamines and trucker accidents is curious, considering it was revealed in congressional testimony that only 13 of the approximately 175,000 traffic accidents involving truckers over a seven-year span could conclusively be linked to amphetamine use (King, 1972). Rasmussen (2008a) suggests the choice to focus the blame on truckers during the 1964 hearings was advantageous for Dodd and other legislators in favor of a bill, since the trucking industry lacked powerful lobbyists. Still, lobbies for the AMA, pharmacist organizations, and drug companies, as well as President Johnson himself, opposed legislation. After a series of hearings and debates, the Dodd’s bill stalled (Rasmussen, 2008a).

Just as it appeared that this new attempt to end prescription drug diversion had reached a dead end, an exposé appeared on CBS Evening News in September, 1964 (Rasmussen, 2008a). News reporter Jay McMullen documented the ease with which one could obtain amphetamines and barbiturates without a prescription. He created the phony “McMullen Services” and was able to procure speed from nine separate drug companies with little resistance. For only $600, McMullen purchased over one million amphetamine and barbiturate pills, valued up to $500,000 on the black market (Grinspoon & Hedblom, 1975; Jenkins, 1999; Rasmussen, 2008a).

This investigative report fired up an amphetamine scare that had been smoldering for the past several years (Jenkins, 1999), as other news outlets had been producing alarmist stories about prescription thrill pills for the past several years. In 1962, an article written by Senator Dodd titled, “Kick Drugs – Growing Teen-Age Menace”, appeared in Family Weekly, circulated
in many local newspapers throughout the country (e.g., Waco Tribune-Herald, March 18; Eureka Humboldt Standard, March 17; Lowell Sun (MA), March 18). Dodd (1962:59) warned of the “epidemic-like” consumption of “pep pills” by teenagers, and wrote that some drug-induced youths had been led “into ultimate drug addiction, murderous fights, and fatal automobile accidents.” The FDA’s constant calls for more governmental control over amphetamines appeared periodically in the New York Times since the 1950s. A 1963 article quoted FDA Commissioner George P. Larrick as saying, “the illegal sale and misuse of amphetamines and barbiturates have become serious social and police problems” (“Controls on Abuse”, 1963:46).

In the first half of the 1960s, the New York Times published stories decrying the misuse of amphetamines by athletes (Hyman, 1960), describing the increases in amphetamine-related crime (“Narcotics Addicts Hunted”, 1962), exposing the nonprescription sale of amphetamine pills by pharmacists (Lelyveld, 1964), and warning of the increased use of amphetamines by youngsters involved in criminal activities (Bigart, 1964).

It is important to note that the subjects of crime and delinquency came to the forefront of national attention in the 1960s. Barry Goldwater’s 1964 campaign for presidency raised street crime as a national political issue (Chambliss, 1994). While the 1960s experienced an actual rise in rates of street crime, especially among youth (Simon, 2007), public opinion polls taken at that time suggest that the American public was more concerned with war, unemployment, poverty, and civil rights than they were with crime. Goldwater lost the election to Lyndon Johnson, but the seeds had been planted for a moral panic (Chambliss, 1994; Barlow, 1998). Upon taking
office, Johnson quickly launched a national “war on crime” that has been supported, in principle, by virtually every presidential candidate since (Simon, 2007).

From this larger perspective, the everyday American came to perceive street crime as a new and untamed social problem facing the country. Also during this time period, media coverage of drugs, including amphetamines, often discussed them in relation to murder, assault, robbery, theft and other crimes. A 1965 article published in *Time* magazine, proclaiming that “crime is certainly a matter of legitimate national concern” illustrates the increasingly publicized connection between drugs and crime. The article quotes President Johnson’s calls for new laws to protect society from a rampant crime wave purporting to be sweeping the nation: “Our streets must be safe. Our homes and businesses must be secure.” One way in which Johnson proposed to reduce crime was to tighten controls over barbiturates and amphetamines and impose stricter penalties for those who engage in illicit drug sales (“The Malignant Enemy”, 1965). With rising concerns about crime in general, and escalating public discourse linking it to drug use, it is no

---

45 The early phases of Johnson’s war on crime attempted to address criminogenic social conditions. Starting in 1968 with Nixon, many candidates for President have generally rejected sociological causes of crime in favor of individual level factors such as bad character or immorality (Simon, 2007). Thus, virtually all politicians support anti-crime measures, but most favor “get tough” policies that focus solely on individual punishment while ignoring social factors that lead to criminal behavior.

46 While it is difficult to determine if the increased coverage of the link between street crimes and drugs, as purported by the media during the 1960s, was a result of a concentrated campaign to garner support for punitive legislation, it is also possible that the apparent increase in the “drugs cause crime” theme repeated by the media was due to a real increase in drug-related crimes. It should be noted that the anti-drug laws enacted during the 1950s and 1960s slowly made pharmaceutical drugs more difficult to obtain legally or from licit sources. Consequently, a black market for prescription drugs arose, where high prices, low drug purity, and no enforcement of business agreements between buyers and sellers facilitated street crimes.
wonder how legislative attempts to restrict the supply of drugs were embraced, and even
sometimes initiated, by a public fearful of victimization by drug-induced sociopaths. Whereas
most Americans of the late 1800s and early 1900s saw federal control of drugs as
unconstitutional, attitudes had changed significantly by the time the drugs-crime connection
became institutionalized in the 1960s.

All of these factors – increasing concerns of illicit amphetamine use expressed by
governmental officials, heightened media coverage of the relationship between amphetamines
and crime (especially among youth), an actual increase in crime rates, and a proliferation of fear
among the American public about drugs and crime in general – formed the tinder for the Drug
Abuse Control Amendments (DACA) of 1965. When Dodd’s bill appeared to have been
defeated by the actions of powerful governmental lobbyists, CBS’ *McMullen Report* seems to
have been the tipping point that ignited Congress to enact Public Law 89-74 (King, 1972;
Jenkins, 1999; Rasmussen, 2008a). “Public excitement seethed and members of Congress
crowded forward once again to call for tighter controls and a tough new federal law” shortly after
the CBS documentary aired (King, 1972). Around the time of its passing, Dodd claimed that
there were “more than 100,000 seriously addicted pill-heads in the United States” and up to
“three million other Americans who take these drugs indiscriminately and without medical
control” (Davidson, 1965:24).

The DACA of 1965 amended the 1938 FDC Act by requiring manufacturers, distributors,
prescribers, and pharmacists to keep closer records of amphetamines and barbiturates that passed
through their hands (Grinspoon & Hedblom, 1975). It placed tighter restrictions on the types of
people who could produce, deliver, and possess these drugs, and gave the FDA increased
authority by creating the police-like Bureau of Drug Abuse Control (BDAC) (Byles, 1968;
Jenkins, 1999). According to Jenkins (1999:38), the armed agents of the BDAC “made it look more like the FBI and FBN than the FDA.” This law marked a fundamental shift in American drug control policy by transferring enforcement powers from taxing to interstate and commerce. Created in 1930, the Federal Bureau of Narcotics (FBN) was responsible for enforcing narcotics laws (Musto, 1987). Since many of the early drug prohibitions were written as tax laws, the FBN resided in the Treasury Department until 1968. Due to the FDA’s location in the Department of Health, Education, and Welfare (HEW), the newly created BDAC that fell under its jurisdiction had greater power to enforce the anti-diversion measures required by the DACA (“Drug Abuse”, 1986; Musto, 1987).

To the chagrin of the pharmaceutical industry, AMA, and other interest groups who opposed the bill, the BDAC of 1965 appeared, on its face, to be a victory for the federal government. Shortly after its passage, one narcotics agent from California wrote that the amendment would “without a doubt, help curb illicit manufacturing and distribution of” amphetamines (O’Connor, 1968:88). While Brecher (1972) notes that the BDAC made the diversion of legally produced amphetamines more difficult, others argue that the law was wholly ineffective. Grinspoon and Hedblom (1975) point out that the BDAC did nothing to reduce industry profits from amphetamine because it set no production quotas. The law was rather lax with regard to prescription filling practices, and its record keeping protocols could not be easily be enforced, leading to continued black market diversion (Grinspoon & Hedblom, 1975; Rasmussen, 2008a). “Essentially, the Drug Abuse Control Amendments did nothing to control the major source of abused drugs, pharmaceutical firms” (Rasmussen, 2008a:212). In 1967, consumers spent an estimated $692 billion on 178 million amphetamine prescriptions,
representing about 16 percent of all prescriptions written that year. By 1969, about 6,100 separate amphetamine products made up the “amphetamine family” (Graham, 1972).

In instances in which newly enacted legislation at least temporarily interrupted the flow of legally produced amphetamines to illicit markets, speed seekers responded in at least one of two ways. First, large amounts of speed were shipped by American manufacturers to nonexistent Mexican drug stores, where smugglers picked them up and brought them back into the U.S. (Iversen, 2006). Second, in some areas, clandestine amphetamine and methamphetamine laboratories sprouted up to supply the steady demand (Brecher, 1972; Jenkins, 1999; Gahlinger, 2004; Rasmussen, 2008a). As will be discussed in Chapter 5, speed and other synthetic drugs can be produced using household and industrial chemicals. Through word-of-mouth and underground handbooks, people learned how to synthesize amphetamines for black market distribution and their own personal use. This probably unforeseen consequence of early amphetamine prohibitions led to a host of additional problems, including the “meth epidemic” of the late twentieth and early twenty-first centuries, to be discussed in Chapter 6.

The latter half of the 1960s saw widespread social change in the form of various civil rights movements, heavy deployment of U.S. troops in the Vietnam War, and the development of a hippie counterculture movement. From approximately 1965 to 1973, “drug experimentation occurred on a massive and unprecedented scale in the United States” (Jenkins, 1999:38). As American armed forces stationed in Vietnam consumed over 225 million amphetamine tablets from 1966 to 1969 (Grinspoon & Hedblom, 1975), the U.S. government, media, and a sizable proportion of the citizenry grew weary of the increased use of marijuana, LSD, heroin, and to a

---

47 This number does not refer to individual amphetamine-like chemicals, but rather, the total number of preparations and brand names produced by different drug companies.
lesser extent, prescription drugs, at home. To be sure, throughout most of this time period, amphetamines were less a topic of public discussion than pot, heroin, and other drugs that were “not a source of corporate income” (Graham, 1972:178, italics in original). Even though amphetamines faced tough competition for national attention during the late 1960s, as Jenkins (1999) notes, they continued to elicit concern.

In the late 1960s, especially during 1967’s “Summer of Love”, people flocked to the San Francisco Bay area to escape the draft and search for enlightenment. In their quest, some found speed. Of those who found speed, some resorted to injecting it intravenously, a method of administration that produces a quicker onset of effects and has a greater propensity to lead to abuse (Weil & Rosen, 2004; Rasmussen, 2008a). Amphetamines and the amphetamine subculture did not quite mesh with the hippie counterculture that was already underway. Whereas hippies tended to live in “stable, extended family-like collective households” and emphasized harmony, love, and a mystic spirituality, “speed freaks”, as they began to be called, were nomadic and always on the go, and were thought to be more likely to engage in street crimes (Rasmussen, 2008a:187). By the end of the decade, even the passionate drug users of the counterculture in San Francisco and elsewhere renounced speed as a seriously dangerous substance. The mainlining of amphetamines in particular, was portrayed as one of the most hazardous elements of the rising drug scene (Jenkins, 1999).

In 1969, drugs were considered the country’s gravest social problem (Rasmussen, 2008a). Epstein (1990) argues this was precisely what President Nixon wanted. When Nixon entered the Oval Office in 1969, he sought to strengthen the White House’s power over domestic and international affairs. In a series of lengthy interviews with previous members of the Nixon administration, Epstein (1990) came to the conclusion that drugs, especially the heroin problem
(which was on the decline before Nixon entered office), were a vehicle through which Nixon attempted to gain wiretapping and other surveillance powers over potential political enemies. An assistant to Egil Krogh Jr., Nixon’s liaison to the Bureau of Narcotics and Dangerous Drugs, later noted, “If we hyped the drug problem into a national crisis, we knew that Congress would give us anything we asked for” (Epstein, 1990:140). Moreover, declaring a national emergency over drugs would have the added benefit of distracting the public’s attention away from the messy situation that had developed in Vietnam.

From 1968 to 1969, the over-prescribing of amphetamines to women for obesity made national headlines. The scandal attracted the attention of Congress, and when hearings began for the legislation that would ultimately result in the 1970 Comprehensive Drug Abuse Prevention and Control (CDAPC) Act, the misuse of amphetamines could not be ignored (Rasmussen, 2008a). However, as its name implies, the Act was comprehensive with regards to the different kinds of drugs it addressed. Street drugs like marijuana and opiates were much more of a focus in the bill’s hearings than pharmaceutical drugs (Peterson, 1985). In its earliest version, Nixon’s proposal called for cracking down on illicit drug production, but made no mention of controlling domestic manufacturing of amphetamines, barbiturates or other legally produced drugs (Graham, 1972). This could be due to the fact that Nixon’s Attorney General John Mitchell was in close consultation with representatives from major drug companies during the bill’s drafting phase (Rasmussen, 2008a).

---

48 The original name of the CDAPC Act of 1970 was The Controlled Dangerous Substances Act. Perhaps due to protests by the director of the National Association of Boards of Pharmacy over “the use of the word ‘dangerous’ in the bill’s title”, the name was later changed (Graham, 1972:193).
When passed, the 1970 Act represented a major reorganization of drug regulation in the U.S. Up until this point, many drug laws at the national and state levels had been chemical-specific. For example, there existed separate federal laws for possessing, importing, and domestically cultivating the opium poppy. Also, new drugs were being synthesized and discovered each year (Gahlinger, 2004). The CDAPC Act replaced the Harrison Act, “federalized all drug laws, regardless of state laws concerning interstate commerce”, and more fully shifted the burden of drug regulation from taxation to direct criminalization (DeGrandpre, 2006:243). Another significant element of this Act was Title II, the Controlled Substances Act (CSA), which established the drug scheduling system still in place today.

When amphetamines were mentioned in House and Senate discussions, plans to include them in the bill’s provisions were not widely resisted. This was largely due to the fact that Nixon’s initial draft proposed to list amphetamines as Schedule III substances, which commanded minimal penalties and controls, and exempted them from production quotas. Attorney General Mitchell acknowledged increasing abuses of speed by Americans, but argued that since they had extensive medicinal value, Schedule III was the appropriate classification. Senator Dodd and several other legislators made multiple attempts to define amphetamines as Schedule II substances, where they would be subject to quotas, higher controls and harsher penalties for violations. As expected, these proposals were met with fierce dissention from the profit-driven pharmaceutical industry (Graham, 1972). Perhaps somewhat surprisingly, many Congresspersons were also against listing amphetamines in Schedule II. Representative Robert McClory of Illinois was perhaps the most unashamedly honest of all the bill’s opponents:
Frankly…there are large pharmaceutical manufacturing interests centered in my congressional district….I am proud to say that the well-known firms of Abbot Laboratories and Baxter Laboratories have large plants in my [district]. It is my expectation that C. D. Searl & Co. may soon establish a large part of its organization [there] (as quoted in Graham, 1972:196).

Despite the testimony of several physicians, academicians, and members of the FDA declaring the negative health consequences of amphetamine use and describing the ongoing diversion of legally produced pills to the black market, efforts to classify speed in Schedule II were ultimately squashed. While the final Senate debate passed the amendment for reclassification, it was dropped during its final stages in conference, perhaps due to heavy representation of the pharmaceutical industry among conferees (Graham, 1972). In the end, legislators offered a symbolic gesture to anti-amphetamine crusaders by agreeing to a final version that listed five of the more than 6,000 products of the amphetamine family in Schedule II (Graham, 1972; Rasmussen, 2008a). These five products were injectable preparations of liquid methamphetamine, “an insignificant part of the total methamphetamine, not to mention amphetamine, production….It was an easy pill for the [pharmaceutical] industry to swallow” (Graham, 1972:204).

The final bill placed all other forms of amphetamines in Schedule III. This great victory for the pharmaceutical industry was partly due to its attempts to focus much of the congressional debates about speed on intravenous use of methamphetamine, a problem that had become much discussed in public discourse by 1970. Then, as today, mainliners of speed made up a tiny fragment of the total amphetamine using population. Rather than focus on amphetamine use by
much larger segments of (legitimate) society (e.g., athletes, students, those who consumed the drug orally without medical supervision), the industry strategically guided the debate onto the small minority of intravenous users. Also left out of congressional discussions was the lack of evidence that legally produced liquid methamphetamine was being diverted to the black market. Injectable methamphetamine was sold only to hospitals well before the CDAPC Act was passed (Graham, 1972), as the main manufacturers agreed to stop distributing it to California pharmacies in 1963 (Rawlin, 1968), and nationwide in 1968 (Karch, 2001; 2002).

The CDAPC Act had little effect on speed consumption (Rasmussen, 2008a). As aforementioned, legal production levels reached their pinnacle in 1971, the year after the bill was signed (Gahlinger, 2004; *Drug Identification Bible*, 2006). In the final months of deliberations over the CDAPC bill, a mini panic over the use of amphetamines by children with hyperkinesis was reported in the *Washington Post* and elsewhere. A widely publicized subsequent congressional investigation confirmed the initial reports (Rasmussen, 2008a). An article circulated by the Associated Press appeared in newspapers throughout the country. Referring to the drugs as tranquilizers, Jackson (1970:6) quoted an official estimate that claimed more than 300,000 children were being given Ritalin and other amphetamine-like drugs, in some cases, to “mask natural restlessness in boring classrooms”. Six months later, *CBS Evening News* aired a story of a government panel warning against overprescribing amphetamines to inattentive children (“Amphetamines/Children”, 1971).

The debate over prescribing stimulant medications to children has waxed and waned for the past several decades, and is too complex to discuss at length here. However, it should be mentioned that efforts to attract people’s attention to social problems thrive if conditions are constructed as violating important cultural themes, such as the well-being of children (Best,
American culture strongly regards children as “our most valuable resource” and the future of the United States. Children are innocent, blameless victims and should be protected from the evils of society. Claims-makers are likely to be able to compete successfully in the social problems marketplace if their claims include evidence of threats to children (Best, 1990).

Much of the earlier concerns with amphetamines involved assertions of children and teenagers threatened by their use (Jenkins, 1999; Joseph, 2000). The short-lived 1970-1971 mini scare about medically sanctioned speed use by kids was no different, yet it marked the early stages of a federal measure to reclassify all amphetamines from Schedule III to Schedule II. During the scandal, public sentiment called for stricter controls on speed. Since legislative changes in 1965, and again in 1970, did little to curtail mass production and diversion of amphetamines for illicit use, federal agencies took action (Rasmussen, 2008a).

The 1962 Kefauver-Harris Amendment to the 1938 FDC Act required that pharmaceuticals marketed after 1938 first needed to be proven both safe and effective. Citing their own research that concluded amphetamines were unconvincingly effective in treating depression and weight loss (the two most popular conditions for which they were prescribed), in 1970, the FDA invalidated the “grandfather” status that exempted amphetamines from the efficacy testing required by the 1962 law. Speed manufacturers could not provide the FDA with sufficient evidence (i.e., data gathered through scientifically rigorous randomized controlled trials) that amphetamines were safe and effective by 1972, the deadline set by the FDA.

49 Despite the federal requirement that drugs made by the pharmaceutical industry be proven to be both safe and effective, numerous violations have occurred over the past half-century. See Mosher and Akins (2007:333-40) for a review.
(Rasmussen, 2008a). When the deadline passed, the FDA publicized the relative ineffectiveness of amphetamines in treating obesity, imposed temporary restrictions on their use for this purpose, and issued warnings to physicians regarding their potential for abuse\(^5\) (Iversen, 2006).

Meanwhile, the Bureau of Narcotics and Dangerous Drugs (BNDD) was considering reclassifying amphetamines to bring them under tighter federal control (Rasmussen, 2008a). Created in 1968, the BNDD was formed when the FBN from the Treasury Department merged with the BDAC of the HEW into the Department of Justice (Ungerleider, 1979; Epstein, 1990; DEA, 2008a). Referred to by the Johnson administration as “Reorganization Plan Number 1”, the transfer stated that “the Attorney General will have full authority and responsibility for enforcing the federal laws relating to narcotics and dangerous drugs” (DEA, 2008a). The creation of the BNDD marked a significant increase in federal efforts to combat drugs, as evidenced by its exceptionally large budget and staff (Epstein, 1990).

The hyperkinetic children scandal, and steady media coverage of both black market diversion and the over prescription of amphetamine diet pills culminated in mid-1971 when the BNDD utilized the administrative powers it had gained under the 1970 CSA to reschedule all amphetamines, including Ritalin, to Schedule II. This move allowed enforcement of production quotas which would henceforth be set annually by the federal government. In 1972, the year quotas took effect, legal production was restricted to 400 million standard doses (Rasmussen, 2008a), only 3.3 percent of the estimated 12 billion tablets produced the year before.

\(^5\) By 1979, the FDA banned medicinal use of most amphetamines for weight reduction (Iversen, 2006).
The CSA’s Aftermath: Bring on the Crystal Meth

The government’s imposing of production quotas ended the pharmaceutical industry’s role as the main contributor to the black market for amphetamines. By 1974, the number of legitimate manufacturers and prescriptions written for amphetamines had decreased substantially (Ungerleider, 1979). Quotas remained relatively stable throughout the 1970s. According to Rasmussen (2008a:220), the fact that the U.S. managed the significant drop in production “perfectly well” justifies the criticisms of pervasive pill manufacturing made by anti-amphetamine crusaders in the years leading up to the reclassification of speed into Schedule II. Rasmussen (2008a:220) also contends that the BNDD’s legal victory was also a “victory of democracy and good government over corporate and professional interests…[that] helped purify and restore the integrity of the American political system.”

Certainly, any government should be commended for overcoming the temptations offered by special interest groups and lobbyists who seek to influence public policy at the expense of its citizens. However, Rasmussen’s mostly functionalist interpretation of federal efforts to control amphetamines is rather superficial, for it ignores many of the social consequences of negligent drug policies.

American “wars on drugs” have been waged continuously over the past century (Mosher & Akins, 2007), but the battles fought during the late 1960s and early 1970s marked unprecedented levels of government involvement in, and expenditures on, the control of illicit substances. In 1968, the federal budget for drug enforcement was $3 million. By 1971, the BNDD alone had 1,500 agents and a budget of $43 million. Nixon’s implementation of “Reorganization Plan Number Two” in 1973 created the Drug Enforcement Administration (DEA) by merging together the BNDD, the Office of Drug Abuse Law Enforcement (ODALE)
and the Office of National Narcotics Intelligence (ONNI)\textsuperscript{51} (Epstein, 1990). From 1973 to 1975, the number of special agents employed by the DEA grew from 1,470 to 2,135, while its budget increased from $75 million to $141 million\textsuperscript{52} (DEA, 2008b). Although the federal government had been combating illicit substances for decades, the so-called War on Drugs was thoroughly launched during Nixon’s presidency (Simon, 2007).

When Nixon was in office, the nation’s fear of drugs escalated to an unforeseen level, largely due to media sensationalism fueled by Nixon’s personal agenda. Three years into his first term, and with the 1972 presidential election approaching, Nixon grew dissatisfied with the BNDD’s drug control tactics. Heightened political and media attention towards heroin and other “narcotic” drugs had an increasingly concerned citizenry demanding solutions to the over-hyped drug problem. A “private poll” of the American public conducted in the spring of 1971 found them to be “largely unaware of the law-and-order measures of the Nixon administration to eradicate narcotics” (Epstein, 1990:199). Much of the BNDD’s efforts were directed at disrupting international heroin trafficking, rather than street level arrests of users and dealers. Frustrated over independent-minded BNDD director John Ingersoll, Nixon’s staff urged the

\textsuperscript{51} On the surface, ODALE and ONNI were set up to fight the growing “scourge of dangerous drugs.” However, what Nixon really sought in ODALE and ONNI was his own personal intelligence agency. ODALE and ONNI were Nixon’s attempts to achieve direct control over surveillance and investigation of potential threats to his power. He did not trust certain members of the FBI, IRS, CIA, and other semi-autonomous federal agencies. Nixon’s requests to have both ODALE and ONNI report directly to the President’s Office were protested by members of his own cabinet, and consequently, placed in the DOJ (Epstein, 1990).

\textsuperscript{52} In 2007, the DEA had 5,235 special agents (10,759 total employees) and a budget of over $2.3 billion (DEA, 2008b).
Bureau to make “mass arrests, which would be useful for advertising the efforts of the Nixon administration in the upcoming election” (Epstein, 1990:211).

Though the BNDD resisted Nixon’s requests, Epstein’s insights into the intersection between governmental power, the media, and public opinion are valuable because they allude to some of the negative consequences of the “get tough” approach emanating from all three sources. So often in American history have these three social forces combined to enact policies on the basis of hysteria rather than careful analysis of empirical evidence. As discussed previously, the majority of the government’s tactics in reducing illicit drug use have focused on drug suppliers, rather than the demand for drugs expressed by large segments of the American population. As many drug historians have noted, action taken by the federal government to reclassify amphetamines in Schedule II of the Controlled Substances Act significantly reduced the amount of legally manufactured speed being channeled into the black market for illicit sale and use. However, as noted throughout this Chapter – when prohibiting cocaine in 1914 encouraged the pharmacological revolution that led to widespread amphetamine synthesis by 1932; when court decisions made in the early 1940s that upheld SKF’s rights to Benzedrine led other manufacturers to market methamphetamine by 1944; when limiting amphetamine tablet supplies in the late 1940s caused an increased amphetamine inhaler misuse; when a law making amphetamines available only by prescription in 1951 led soon thereafter to the creation of a black market for speed; when banning Benzedrine and Dexedrine inhalers in 1959 increased the popularity of methamphetamine inhalers until 1965 and mephentermine inhalers until 1971; when laws enacted throughout the 1950s and 1960s slowly and intermittently reduced the availability of lawfully produced amphetamines triggered the first clandestine speed laboratories – legal measures designed to attack the supply of drugs neglect the fact that a lot of people still
want to use them. The production quotas imposed on amphetamines in 1972 assured that most of the channeling of legally manufactured amphetamines to the streets would end, but did not at all guarantee that the “need for speed” shared by so many would disappear.

In line with the chain of historical events that preceded the Controlled Substances Act, once diversion of legally manufactured speed diminished, many stimulant seekers adapted in one of two ways. First, some people, especially those with money, switched to cocaine (Joseph, 2000). Increasing attention to amphetamine supplies by law enforcement led to an upsurge in cocaine trafficking (Brecher, 1972). Over the next two decades, the psychoactive stimulation provided by illicit cocaine replaced amphetamines in popularity (Iversen, 2006). A second way in which people responded to the lack of lawfully produced amphetamines was to make their own (Brecher, 1972). In greater numbers than before, cooks, chemists, and entrepreneurs learned how synthesize amphetamines in clandestine laboratories throughout pockets of the country. The black market for speed did not go away in 1972. Its supply simply switched to a different source.

The current methamphetamine “epidemic” some say is plaguing the U.S. has its roots in the early 1970s. As legal production dwindled, people adapted accordingly to maintain access to the drug. Although on its face, the decision to limit manufacturers’ amphetamine outputs seems to have been a victory of American justice over corporate greed and its subsequent social harms, it created something worse. As will be discussed in Chapters 5 and 6, the periodic methamphetamine scares over the past five decades can be traced back to legislative efforts directed at eradicating supply while ignoring demand. As the black market for amphetamines adapted to new controls, both those involved and not involved in the speed trade have suffered greater harms from the resulting changes in preferred methods of drug administration, drug
purity levels, a takeover of the illicit market by gangs and cartels, environmental pollution, and other social hazards. Governmental attempts to deal with illicit meth, propelled by fear – sometimes constructed by the state itself, other times manufactured by mass media – have been counteracted by the black market and users alike. As politicians, the news industry, and public opinion blame the meth problem on sexual immorality, foreigners, and lenient laws, the solution remains the same: Get tougher! The consequences, in the form of misspent money, alienation of drug users in need of treatment, disease, and other social harms, also persist.
CHAPTER 5: FEAR AND AMERICA’S FIRST METHAMPHETAMINE SCARE

The first time I rushed I thought it was nirvana. I was tired and suddenly my head was light. All the heaviness and dust in my brains were cleared out. Everything was empty. Anything that was to happen was fine, because it was so easy to do anything. (Self-report of a Methedrine injector, as cited in Carey & Mandel, 1968:167).

The Social Construction of Fear

On April 24, 2008, the ten o’clock nightly news, on Portland, Oregon’s Fox 12 (KPTV) television station presented eleven separate news stories in the first eleven minutes of broadcast. The lead story reported an Oregonian who had a gun pointed to his head upon answering a knock at his door. The victim suspected the ski-mask-wearing offender was a former tenant (and methamphetamine user) in his neighborhood, angry after being evicted. The suspect had an additional incentive for revenge – His former landlord informed a new landlord about the suspect’s past criminal and drug-using behavior.

The next three stories were about separate robberies – of a bar, a bank and a movie theater. The fifth story was about a stabbing of a local man. The sixth story documented a Salem, OR shooting victim, and the seventh story concerned a family victimized by identity theft. The identity theft feature tied in nicely with the eighth story about aggressive door-to-door
sales people in Western Oregon, some of who were arrested for writing bogus checks. “Be
careful when you hear that knock on the door!”, the news anchor warned.

The remaining three stories were not about personal victimization. The ninth story was
presented as a “Traffic Alert” and urged viewers to avoid a bridge in the city. A video showed
an over-turned truck on the bridge and stated that no one was hurt. The tenth story was about
animal abuse – a suspected puppy mill was uncovered at a house in Oregon, and reporters noted
that animals were kept in “filth-filled kennels”. The home was reportedly “covered in mud and
feces” and donations for the local animal shelter were solicited.

Save for the eleventh and final news feature in the first eleven minutes of the broadcast,
which provided a brief synopsis of the current weather and urged the viewer to stay tuned for the
full report to come, the first ten stories painted a grisly, ugly picture of local affairs. The basic
theme resonating from the newscast is that the world is a disturbing and brutal place. Violent,
conniving, and terrible people are lurking, plotting to attack you, the innocent victim. Their
motives are irrational and completely a result of individual, personal troubles. The safest things
viewers can do are stay in their homes, keep on the lookout for thugs, report any suspicious
activity to local police, and stay tuned for safety tips on how to prevent future victimization.

Before the first commercial break, the viewer was briefed on the stories to come later in the
broadcast:

- Artificial grass on playing fields has been found to contain poisons. Your kids may be
  playing soccer on “toxic turf”.
- Local seals are threatening an already-endangered salmon population.
- The news station’s “Dirty Dining” patrol has uncovered poor health inspection reports of a local barbeque ribs restaurant.

- Are you stressed out about dieting? Tips on how to handle diet-related stress to follow.

The preceding account of the local news was from one broadcast, by one station at one moment in time. In no way does an analysis of it meet social scientific criteria of probability sampling, clear operationalization and measurement of concepts of violence, and so forth. The selection and summary of news stories from the KPTV’s ten o’clock nightly news program is made purely for heuristic purposes. No competent social scientist would try to generalize findings from this particular broadcast to draw conclusions about the station, the climate of the local community, or the state of criminality in the United States. But many casual news viewers are not social scientists. They tune into their local news station to learn about the happenings in their town, local politics, the economy and other topics deemed newsworthy. And although the summary of stories presented above is extremely limited in its scope, topics of violence and crime are a staple to media producers and consumers across a variety of demographics and geographic regions.

The presentation of news by local and national broadcasters, newspapers, and newsmagazines follows a general pattern: Gruesome crimes have been committed. Innocent citizens have been victimized. Criminals may be on the loose in the neighborhood, or waiting at the bus stop to abduct children. In some instances, mass media reporting of daily news has the effect of paralyzing consumers with fear of local predators, identity thieves, and sociopaths. With fearfulness comes weakness, and the desire to regain the sense of security and safety that was present before tuning in or reading the front-page stories. But before the news consumer is
completely debilitated, the media step in and offer to calm the fears they have just communicated: “In order to maximize your chances of survival, stay tuned for details of the crime, stories of other crimes, and safety tips you need.” That is, media may serve as both perpetrators and relievers of fear. By weakening the consumer’s defenses, news outlets maintain their audience by promising helpful advice to keep law-abiders safe.

To use another phenomenon, the media’s cyclical perpetration and alleviation of fear can be seen in local television news coverage of the weather. Snow has fallen in the United States for a very long time. It usually falls during the winter months, and occurs more often in northern than southern sections of the country. Despite this fact, during the winter months, local television news stations (even in areas where snow has historically been commonplace) will often cover an approaching winter storm as their top news story of the program. File video of snowy streets and crashing cars is edited into the live presentation before cutting to colorful Doppler radar maps and snowfall estimates. Viewers are told multiple times to stay tuned for continuing weather forecasts, as well as formal Weather Alerts and school closings.

If meteorologist predictions are correct, and snow falls and actually accumulates, news coverage increases. Reporters give live updates on snow-covered local streets. They attempt to demonstrate how slippery conditions are by sliding their feet across the ground, showing the viewer what could happen. Anecdotes of horrible car accidents, black ice, slips, and falls paint a bleak outlook. The message is clear: “It is snowing and you had better stay inside so you do not get injured or killed.” Images of messy roads, broken bones, frostbite, and highway pile-ups, serve to make viewers afraid to leave their residences. After presenting a general picture of cold, snowy mayhem, news networks switch from fear-inducing to fear-allaying when they vow to keep audience members safe. “Buy food and stock up on water before the storm gets here. Turn
on your heat. Wear long underwear. If you must drive, drive slowly and with caution. Put a shovel and ice-scraper in your car, if possible.” And most importantly, “stay tuned to continuing coverage of the weather.” It is a wonder how Homo sapiens were able to survive for so long, considering most generations did not have access to local news coverage of the weather.\(^5^3\)

Two days after the previously cited KPTV news program, the Fox network, in its regularly-scheduled Saturday night lineup aired two back-to-back episodes of COPS (“Caught in the Act: Special Edition”), a reality-style program that documents police officers and criminals in American cities. Officers in Las Vegas sought an armed robber. Florida police pursued a man suspected of stealing from a local store. In Kansas City, Missouri, cops staked out a house whose residents have been linked to methamphetamine. The second COPS episode that evening dealt primarily with drug offenses, as officers confronted suspected users and dealers. In one drug arrest, a man placed a bag of cocaine in his mouth, trying to avoid its detection. Officers tasered the man into submission after he refused to take the cocaine out of his mouth. Later, the police officers were shown consoling the user’s family by telling them simply to, “just break the routine” of crime and drug abuse. The family nodded in agreement, but it seemed doubtful they had learned from the incident.

After COPS, the weekly episode of America’s Most Wanted aired. America’s Most Wanted (AMW) profiles escaped convicts, suspected murders, drug kingpins, and other dangerously-portrayed persons wanted by the FBI. Premiering in 1988, AMW is the longest-running television program on the Fox network, and the eighth-longest running prime-time

\(^5^3\) The Change That’s Right Now Phobia Clinic, defines “snow phobia” as “a persistent, abnormal, and unwarranted fear of snow”, causing “countless people needless distress” every year. Snow phobia is “surprisingly common.” “Most snow phobia therapies take months or years.” Of course, the Clinic offers a “proven program” on CD for only $147 (after a $100 rebate) to help sufferers overcome their fear of snow (“Snow Phobia”, 2009).
network program ever (AMW, 2008). The first segment of this particular episode was dedicated to finding the black man and “light-skinned…, possibly Hispanic” man who purportedly shot an infant in the head in Sacramento, CA (“Good Samaritan Aids a Dying Baby”, 2008). The suspects robbed a house, tied up two men and shot one to death. AMW’s reenactment showed the black suspect smirking after shooting the baby in the head. The second AMW story asked viewers for help in tracking down a Hispanic man who had stalked his ex-girlfriend, and shot her five times, twice in the ankles “for torture”. Another story chronicled the escapades of the “NorCal Rapist”, a man who ruthlessly stalks women, breaks into their homes, ties them up, and rapes them for hours before slipping away into the night. He is suspected of raping women in Northern California sporadically since 1991. During a commercial break, the local Fox news station warned of a local “dangerous pedophile”, flashed an unflattering photo of a black man with beady eyes, and noted that details would be presented during the nightly news program following the show. The AMW episode concluded with a “special visit from California Governor, Arnold Schwarzenegger.” The Governor discussed California’s passage of Proposition 69, which mandates that persons arrested for, but not necessarily convicted of, a felony, provide a sample of their DNA. John Walsh (2008), the show’s host, writes on AMW’s website that he wishes a version of the law would “be implemented nationally”, and advocates for this policy by speaking of victim’s rights and victimhood.

*COPS* and *America’s Most Wanted* are merely two of countless television programs dedicated to violence and crime. Other nationally televised news programs that often contain crime stories, such as *60 Minutes*, *20/20*, and *Dateline NBC*, are also quite popular. *Dateline’s “To Catch a Predator”* has gained much attention since its first airing in 2004. This series of *Dateline* episodes investigates people (mostly adult men) who make arrangements to engage in
sexual activities with individuals who they believe to be under the legal age of consent. The arrangements are made through the Internet, usually in chat rooms “staked out” by undercover volunteer members of the California organization, Perverted Justice. The network rents out a house, stocks it with television cameras, and documents the visits of men seeking sex with underage girls and boys. Police wait in the backyard to arrest visitors after, upon being confronted by the show’s host, they realize they have been set up.

The show made national headlines in 2006 when a Texas prosecutor committed suicide after a SWAT team broke down the door to his house. Bill Conradt had online conversations of a sexual nature with who he thought was a 13-year old boy named “Luke”. When Dateline’s decoy was unable to lure Conradt to meet Luke at the house rented by NBC, the show’s host Brian Williams urged local police to obtain an arrest warrant. Williams, a video crew, and gun-wielding police surrounded Conradt’s house the next morning. When Conradt did not answer his door, police called in the SWAT team to conduct a forced entry. After a brief and intense confrontation, Conradt went into a back room and shot himself in the head (Dittrich, 2007).

In addition to their prevalence on major TV networks, crime shows are also quite common on cable television. The First 48 (A&E) chronicles homicide detectives in urban areas across the country, trying to solve violent murders in less than 48 hours, the time period after which it is purported most homicides go unsolved. Some other popular violence and crime-related programs include Cold Case Files, American Justice (both aired on A&E), Body of Evidence (Court TV), and The New Detectives (Discovery Channel).

The Discovery Channel’s It Takes a Thief aired from January, 2005 to April, 2007. Hosted by two ex-convicts who specialize in burglary, this “reality” show documents residential break-ins. Suburban home owners, most of them white and middle or upper class, give
permission to the show’s producers to stage burglaries at their houses. The crew videotapes the damage, as the show’s hosts break windows, steal jewelry, cars, and other valuables, and leave without apprehension. Afterwards, the home owners are shown video of the burglaries in-progress, and express shock and trauma over their victimization (despite their willingness to allow the break-ins in the first place). Their fears and concerns are allayed towards the end of the episode, as the show’s hosts teach them how to retrofit their house to prevent future invasions. The moral of each episode is: “Your house is not secure. Burglars will seize your property and perhaps hurt you and your family if you do not take steps to protect yourself. It can happen to anyone (even white, wealthy, and upstanding citizens), even in broad daylight.” Alarms, dogs, barred windows, and security cameras are few of the solutions offered as preventative measures against “real” burglaries.

*Fear*

As this cursory discussion suggests, crime and violence are prominent themes in American news media. The alarmist nature of these aforementioned television shows undoubtedly constructs a sense of fear in some viewers. Fear is a natural human emotion. Biologists and evolutionary anthropologists convincingly point out that animals possess an innate, general ability to feel fear, stress, anxiety, and dread. Whether in a fight to the death, walking alone at night, giving a speech, or startled unexpectedly by a prankster, we have all experienced fear in one form or another. Feeling fearful is not usually a choice. Emotions may emerge unwillingly from within the individual, often overcoming the power of rational thought. Ask anyone who literally dreads public speaking if he freely, knowingly, and purposely solicits the sense of fear and anxiety he experiences as an orator.
It is very likely that early human beings would not have survived long enough to reproduce if they did have a capacity to experience fear (Russell, 1979, as cited in Warr, 2000). From an evolutionary point of view,

Fear originates in defensive behavior systems that have helped organisms to cope with different types of survival threats….Fear motivates organisms to escape and avoid sources of danger and threat with very fast, sometimes even split-second, activation of defensive behaviors…., as was necessary for survival in early evolutionary environments in which disasters could strike fast and without warning (Mineka & Öhman, 2002:927).

For heuristic purposes, imagine a small, nomadic tribe of hunter-gatherers living several million years ago who lacked any tendency to feel fear. Imagine further that poisonous snakes and predatory sabre-toothed tigers lived near a location where the nomads stopped to rest for a few days. Upon confrontation, it is likely that a lack of fear toward these outside threats would have lead to the clan’s downfall. Clan members would not have survived long enough to reproduce and thus, their genetic traits (including the inability to feel fear) would not have been passed on to future generations.

The emotion of fear is inescapable, deeply embedded in our biology. On a very basic, instinctual level, most human beings, like most living organisms, share at least one thing in common: Their desire to live. Fear is an emotion that aids the individual in the goal of survival. It may be proposed that very many fears, even those which are irrational, are based in the human will to live. We avoid driving in the snow because we fear getting into an accident, and
ultimately dying. We fear flying because of the possibility that planes will crash and burn. We
do not drink ammonia when we are thirsty because we fear it will kill us. We fear criminals
because they can hurt us or our children. In short, fear is an elemental, protective emotion that
ensures our individual and species survival.

_Fear of Crime_

If fear is natural, why should critics concern themselves with evaluating the fear-inducing
elements of social institutions? After all, it is likely that most of us would not be alive if we
lacked all capacity to fear everyday dangers and threats to our survival. If the actions of
criminals pose a real threat to our safety, it seems instinctual that people should be afraid of
crime.

Indeed, one of the many fears cited by Americans is criminal victimization. A great deal
of research has been conducted on fear of crime. Many argue that much of this research tends to
conflate fear of crime with perceived risk of criminal victimization (Warr & Stafford, 1983;
Ferraro, 1995; Warr, 2000). For example, public opinion polls conducted by Gallup and the
National Opinion Research Center since the 1960s have measured fear of crime by asking
respondents, “Is there anywhere near where you live - that is, within a mile - where you would be
afraid to walk alone at night?” (Warr, 2000:457). This question has come to serve as an omnibus
measure of fear of crime, but critics note that it is more of a measure of perceived risk of
victimization than fear. Ferraro (1995:54) argues that “perceived risk is a necessary but not a
sufficient cause of fear.” While perceived risk may lead to fear, it may also lead people to
constrain their routine behaviors (e.g., the routes they drive to work, the times they take the dog
out for a walk) in order to reduce their chances of victimization (Ferraro, 1995). An additional
critique of the omnibus measure is that it neglects to ascertain the specific criminal behavior(s) of which people fear becoming victims. It has been popularly assumed that individuals would fear more serious crimes (e.g., murder, rape), than less serious ones (e.g., burglary, loitering). Analyzing data from a mail survey administered in 1981 to Seattle residents, Warr and Stafford (1983:1040) argue that fear of criminal victimization “is a multiplicative function of perceived risk and perceived seriousness” of the crime. Thus, while homicide is a very serious crime, if people do not perceive that there is a high likelihood they will be murdered, they may be less fearful than, say, persons who perceive they have a higher chance of having their home burglarized.

In his review the literature, Warr (2000) argues that Americans’ fears are somewhat unfounded. Evidence from research in cognitive psychology finds that

Individuals tend to significantly exaggerate the risk of rare lethal events (that is, causes of death like tornadoes, homicide, floods, fire, [or] accidents…), while underestimating the risk of common lethal events (e.g., deaths due to heart disease, diabetes, or cancer) (Warr, 2000:465).

Warr (2000) relates these studies to research in perceived risks of criminal victimization, by pointing out the tendency of subjects to overestimate the incidence of rare, serious crimes while underestimating the incidence of more frequent, less serious ones.

If fear of criminal victimization is an emotional consequence of the individual’s perceived risk of victimization and perceived seriousness of the offense, and if individuals’ perceptions are generally not congruent with objective reality, it is worth considering the
epistemological bases for people’s perceptions. How do individuals come to “know” what they know about crime?

Any discussion of fear of crime must consider the source(s) of fear. An individual usually must first have to learn that something exists – some object, person, group, or other phenomenon – in order to become fearful of it. People learn about the existence of crime through a variety of channels. They may personally have been victims of a crime, or know someone who has been victimized. Others may know about crime from committing it themselves, or from associating with groups involved in criminal activities. However, the majority of people in society do not come to learn about crime and crime problems in these ways. This is particularly true as the seriousness of the offense increases. Put simply, most individuals have no personal experience with forcible rape, robbery, murder, or other relatively rare criminal acts. Despite this fact, virtually everyone is aware that these kinds of behaviors take place. Moreover, many people perceive these kinds of crime problems to exist in their community or country.

If not from personal experience or communication with others, knowledge of crime must come from another source. As the previous discussion suggests, mass media are most often cited as people’s main source of information about crime and crime problems (Skogan & Maxfield, 1981; Chermak, 1994; Dowler, 2003), especially among those with little to no personal experience with crime (Surette, 1990). For example, research conducted by Graber (1980) found that 95 percent of study participants cited mass media as their primary source of information about crime and criminal justice. If so many citizens “learn” about crime through their televisions, newspapers, and other forms of media, it is essential to examine the ways in crime and crime problems are constructed as news.
Mass Media and the Production of Fear of Crime

Media organizations are, first and foremost, profit-oriented businesses. Accordingly, their top organizational agenda is to attract readers or viewers. Crime is one of the most popular topics reported by news organizations (Chermak, 1994). Generally speaking, the more horrific and unusual a criminal act, the more time a news organization is likely to dedicate to it. However, this discussion does not contend that sensationalistic media are solely to blame for heightened levels of fear of crime among a sizable proportion of the American populace. Rather, the media can be seen as “secondary claims-makers” in that they transmit the messages of other, primary claims-makers for consumers (Best, 1990). Primary claims-makers are those individuals and organizations that take ownership of a social problem and attempt to draw the public’s attention to it in order to warrant change. Some examples of primary claims-makers include lobbyist groups (e.g., the National Rifle Association), professionals (e.g., addiction specialists), and governmental agencies (e.g., the DEA). Depending on public awareness of the existence of a social problem, as well as the proximity of primary claims-makers to policy makers, primary claims-makers will often turn to mass media to spread their messages (Best, 1990).

The relationship between media, public opinion, and policymaking is often complex and multidirectional, but as Doppelt and Manikas (1990) note, mass media often play a fundamental role in public policy and the decisions made by criminal justice officials. According to Surette (1990), two ways in which mass media may affect public policy are through public opinion and agenda setting. Lang and Lang (1983) note that public opinion is a basic form of social control that can be influenced by mass media and influence the decisions of policymakers. Media attention towards a social problem can lead to an increase in public awareness, and consequently, increased support for the claims-maker’s cause, and increased pressure on policymakers or
criminal justice officials to act (Best, 1990). For example, Pritchard (1986) examined Milwaukee newspaper coverage of local homicides committed between 1980 and 1982. He found that the more press coverage a homicide received, the less likely prosecutors were to engage in plea bargains with defendants. Though roughly 90 percent of all criminal convictions in the U.S. at that time resulted from plea bargaining rather than full-blown trials, plea bargains are often seen by the public as too lenient on suspects. Pritchard (1986:154) concludes that, at least in homicide cases, “newspapers help set the plea bargaining agendas of Milwaukee prosecutors.” In another example, Chermak (1994) describes an incident in which a local district attorney urged members of the press to attend a parole hearing of a woman convicted of murder. After the hearing, the D.A. suggested the judge’s decision to deny the woman parole was heavily influenced by media presence, as the judge did not want to be labeled as “soft on crime”. Media coverage of crime often has the tendency to lead news consumers to support forms of retributive justice (Barak, 1994).

The concept of agenda setting concerns mass media’s effects on, not necessarily what people think, but what they think about (Schudson, 1989; Surette, 1990). The media, like other social institutions, have a carrying capacity for the total number of social problems they may deal with at any given moment in time (Best, 1990). In addition to influencing public opinion, media are considered a central role in influencing the social issues people consider important. Media coverage of crime, often in the form of “media-directed ‘moral crusades’” is often given as evidence for crime being cited a primary issue of public agenda, at the expense of other potential social issues of significance (e.g., hunger, homelessness, poverty, domestic violence) (Surette, 1990:13).
The relationship between primary claims-makers and mass media has been discerned through studies of news production. Press coverage of crime or any other social phenomenon is not “objective”, but rather the result of the struggles of competing interest groups (Molotch & Lester, 1975). In order for any occurrence (e.g., murder, white-collar crime, adulterous act) to be constructed into a public event (i.e., receive press coverage), it must be promoted by individuals who know about the occurrence, assembled by news agencies who learn of the occurrence, and consumed by an interested public (Molotch & Lester, 1974). Molotch and Lester (1975:257) note that news organizations tend to report on public events drawing from a “hierarchy of credibility” in which groups with highest levels of social power (e.g., governmental officials, corporations) tend to have more routine access to news production than those less powerful (e.g., individual citizens, grass roots protest groups). As a result, news presentations of crime, or any other social phenomenon, are often framed according to the viewpoints and perspectives of those placed high in the hierarchy of credibility. Thus, the “news” consumed by television viewers or newspaper subscribers is filtered by biases built into the social organization of news production. As Molotch and Lester (1975:255) point out, “News production cannot be understood apart from the political economy of the society in which it occurs.”

The knowledge about crime obtained by the public through consumption of news media is distorted by the newsmaking process. According to Chermak (1994:97) the newsmaking “process involves condensing a significant amount of crime into a limited amount of news space.” Since there is an abundant number of crimes to choose from on any given day, news organizations strategically place themselves in close proximity to source organizations (e.g., police departments, political agency spokespersons) in order to maximize accessibility of crime news.
Journalists share a symbiotic relationship with source organizations. Not only do media depend on source organizations for news stories, but source organizations depend on the media for positive publicity and the shaping of public agendas (Lavrakas, Rosenbaum & Lurigio, 1990; Chermak, 1994; Kasinsky, 1994). In one ethnographic study, Chermak (1994) examined the interactions between journalists and a police department in a Midwestern city. Each day, beat reporters would select between five and seven police blotter reports they determined could be newsworthy. In order to decide whether or not the blotter reports would become news stories, reporters would ask the department spokesperson to provide more details on the crime. On any given day, the spokesperson would reject one or two of the reporters’ requests for more information. Since the journalists received information about other crime incidents, they did not question the spokesperson’s decision to withhold information on others. Furthermore, the news organizations were well aware that covering the local police department in a negative light would potentially stain their relationship. Hence, reporters were sometimes hesitant to cover stories that would jeopardize their future access to information from the police (Chermak, 1994).

Given the close relationship between source organizations and news companies, it is important to point out that crime news is heavily predisposed to represent official perspectives. Thus, it should not be surprising that content analyses of crime stories find that governmental officials are most often cited as sources of information. In one study, Chermak (1994) noted that almost 30 percent of the sources used in crime stories were police, and 25 percent were court officials. By contrast, defendants made up only 8.9 percent of sources cited, citizens made up 2.6 percent, and “experts” made up 0.9 percent. In a content analysis of feature articles about crime published in major American newspapers from 1992-1995, Welch, Fenwick, and Roberts (1997) found that 34.6 percent of sources quoted were members of law enforcement. State
Managers (i.e., law enforcement, politicians, prosecutors, and so forth) accounted for 62.6 percent of all those quoted in crime stories. Thirty-two percent of those quoted were professors, and five percent were nonacademic researchers.

Though the news media have the final say over which crime stories make the news, their knowledge of criminal events depends heavily on information provided by source organizations. Once they have acquired satisfactory information on specific crimes, the news organization must decide which crimes become news, how they are covered, and so forth. Market forces influence organizational decisions, and individual reporters are allowed discretion on a variety of decisions (Chermak, 1994). As secondary claims-makers, mass media do not simply repeat the claims of law enforcement, interest groups, or other primary claims-makers. Rather, news organizations translate and transform initial claims in an effort to persuade audiences. Media rhetoric, therefore, deserves examination. “After all, most claims reach most people through the mediation of the press, not through direct contacts with primary claims-makers” (Best, 1990:88).

David Altheide (1997:647) argues that mass media are part of a “problem-generating machine.” News “frames” are boundaries for guiding the discussion of a specific event that “focus on what will be discussed, how it will be discussed, and…how it will not be discussed” (Altheide, 1997:651). In structuring news stories, American media have readily adopted the “problem frame”, which “promotes a discourse of fear that may be defined as the pervasive communication, symbolic awareness and expectation that danger and risk are…central feature[s] of the effective environment” (Altheide, 1997:648). The earlier discussion of crime coverage by televised newsmagazine and “reality” crime programs utilizes the problem frame. For example, through a content analysis, Cavender and Bond-Maupin (1993:311) conclude that portrayals of crime by America’s Most Wanted symbolize “the dangers and complexities of modern life that
threaten the moral order.” Depictions of heinous acts of violence occurring in seemingly safe places, committed by uncontrollable, dangerous, and callous criminals serve to cue fears among viewers (Cavender & Bond-Maupin, 1993). Whereas morality plays remind us of eternal threats “out there”, news media package narratives as “realistic” by focusing on “actual” criminals and victims, and events. “Complex and often ambiguous events and concerns are symbolically mined for moral truths and understandings presumed to be held by the audience, while the repeated presentations of similar scenarios ‘teaches’ the audience about the nature and causes of ‘disorder’” (Altheide, 1997:654). The discourse of fear embodied in problem frame, unravels as follows:

- Something exists that is undesirable;
- Many people are affected by this problem (it is relevant);
- Unambiguous aspects or parts are easily identified;
- It can be changed or “fixed”;
- There is a mechanism or procedure for fixing the problem;
- The change or repair agent and process is known (usually government) (Altheide, 1997:655).

Not only does fear-laden news content serve to entertain and “educate” audiences, but the production of fear by mass media also benefits formal agents of social control, who are so often called on to solve social problems (Altheide & Michalowski, 1999).

The phrase, “if it bleeds, it leads” encapsulates media coverage of crime and criminals. Generally speaking, there is an inverse relationship between a crime’s frequency and the amount
of media attention it garners (Warr, 2000). For example, murder is a relatively rare phenomenon. Roughly 15,000 to 25,000 homicides are committed in the United States each year. By comparison, one larceny was committed every 4.8 seconds in 2007, totaling over 6.5 million (known) larcenies that year (Federal Bureau of Investigation, 2007). On any given day, virtually all newspapers or television news programs contain stories about murder, rape, robbery, and other serious, but rare crimes. The media’s tendency to focus on the most uncommon and sensationalistic crimes likely plays a great role in the exaggerated perceptions of risk of victimization cited in fear of crime research.

To be sure, the relationship between media coverage of crime and fear of victimization is not straightforward, but rather, moderated by many variables. Heath (1984) notes that type and location of the crime matters in predicting fear. She found that media coverage of seemingly “random” crimes committed in subjects’ immediate locales led to higher levels of fear than when crimes were committed elsewhere. In telephone interviews conducted with residents of Tallahassee, FL during the peak of media-driven panic over violent crime, Chiricos, Eschholz, and Gertz (1997) found a significant positive relationship between incidence of television news viewing and radio news listening and fear of criminal victimization, but no relationship between fear and print media readership. When disaggregated by race, age, and gender, the relationship between television viewing and fear was significant only for middle aged white women (Chiricos et al., 1997). Dowler (2003) finds that females, low income respondents, older respondents, those with a college education, and persons who watch a lot of crime shows are more likely to report fear of criminal victimization. In a review of the literature, Heath and Gilbert (1996) note that for both newspaper and television coverage of crime, fear is a consequence of the degree of location of the crime, media sensationalism, and randomness.
Social Consequences of Fear of Crime

Even if media sensationalism of crime leads to inflated levels of fear among media consumers, the fact remains that real dangers exist in society. Innocent people are victimized by criminals all the time. Television stations and newspaper editors may claim that their news coverage contains frightening images of crime and criminals precisely because viewers should be afraid of criminal threats. Journalists and news organizations strive to create and maintain the image that they exist to serve, inform, and protect their audiences. Murderers, rapists, sexual predators, robbers, burglars, scammers, spammers, and snowflakes are all real threats to people. By educating the viewing public of these threats, potential harm and injury may be avoided.

This rather functionalist view of fear of crime is pointed out by others. Lee (2007) notes that some policy makers and governments view fear of crime as healthy for a society because it encourages (or “responsibilises”) citizens to police themselves and take necessary steps to reduce their chances of victimization. If people fear criminal victimization, they might be more prone to lock their doors, keep their lights on, avoid dark alleyways, and so forth. Consequently, these precautionary measures taken by fearful citizens may reduce their likelihood of victimization, or even the likelihood of crime itself, through the reduction of criminal opportunities.

An additional consequence of this line of thinking is the shifting of responsibility to crime victims. Citing a leaflet produced by an Australian police department which encourages the responsibilisation of its citizens, Lee (2007:143) states, “The message is that if you do not self-govern you are likely to be victimized. Fear of becoming a victim will spur one to self-govern. Are you reckless and putting yourself and your family at risk?” If individuals do not
 heed the State’s warnings about the potential for crime victimization, they “are by [their] very ungovernability implicated in [their] own misfortune” (Lee, 2007:146).

An additional positive function of fear of crime is that it may foster social cohesion. Citing Durkheim, Warr (2000) notes the often overlooked effects of crime on community integration, through “take back the night” marches, neighborhood crime watch groups, and police/community associations. If people are afraid of victimization, they may join together in the common cause of communal protection.

Thus, to some extent, a public fearful of crime may be safer, more responsible, and more cohesive than a society with no fear at all. This raises an important question: Can fear of crime be harmful?

Put simply, fear of crime can be detrimental to individuals and society, for a number of reasons. First, the notion that fear of crime functions to make people responsible for their own victimization easily invokes a blame-the-victim mentality, should individuals actually become victimized by crime. For example, college campuses make formal and informal efforts to warn female students about rape. Research finds that women who are raped are often blamed for their own victimization, particularly when they dress provocatively and engage in binge drinking (Armstrong, Hamilton, & Sweeney, 2006). The message is that fear of rape should deter women from putting themselves in situations that increase their chances for victimization. If fear of rape does not “responsibilise” women, a culture of blame teaches that they are to be held accountable for their injuries.

From an ecological perspective, if people are afraid of being victimized by crime, they may avoid places they perceive to be most dangerous (Warr, 2000). For example, in recent years, the annual release of UCR data has led to media coverage of the most crime-ridden cities
in the country. In 2007, Detroit, MI earned the title of “America’s Most Murderous City” from *Forbes* magazine (and other news outlets) when it was learned Detroit had the highest homicide rate in the U.S. that year (Ewalt, 2007). To put it mildly, publicity of this nature probably does not help Detroit’s tourism industry, its economy, or its residents’ pride.

Fear of crime may also lead to stereotyping and labeling. Historically, the portrayal of the black male in mass media has undoubtedly contributed to widespread distrust of African Americans expressed by a sizable proportion of white society. Contemporary fears of terrorism promote the racial profiling of Arab Americans at airports and elsewhere. Individuals who believe that perpetrators of certain crimes possess specific racial, ethnic, or other status attributes will, as a result of fear, be more likely to deny them equal treatment and avoid interactions with them. Thus, while fear of crime may have integrative effects (Warr, 2000), it may also lead to social disintegration.

Fear of crime may also be responsible for the general withdrawal of the American citizen from civic and community activities. Warr (2000) suggests that the growth of the home entertainment industry (e.g., high definition televisions, home theaters) signifies the individual’s withdrawal from public life. How much of this apparent trend that is an outcome of an increasingly fearful society is undeterminable, yet good food for thought.

Another socially harmful consequence of fear of crime is the displacing of public resources at the expense of more objective and widespread threats to people’s safety and security. For example, according to the National Center on Family Homelessness, on any given day there are 200,000 homeless children living in the United States (“America’s Homeless Children”, 2004). According to the U.S. Census Bureau, 36.5 million American residents lived in poverty in 2006, and almost 47 million people did not have health insurance (DeNavas-Walt,
Proctor, & Smith, 2007). Public energy and resources that could be dedicated to more extensive social problems are instead spent on less prevalent crime problems. By allowing crime to dominate the public agenda, other important social issues are ignored (Surette, 1990).

Arguably, the most dangerous consequence of fear of crime is its use in social control. The “discourse of fear” prevalent in news coverage of crime “can contribute to stances and reactive social policies that promote state control and surveillance” (Altheide & Michalowski, 1999:476). When citizens are made to be afraid of something, they will be more likely to support legal measures that promise to alleviate their fears, even at the expense of due process and basic human rights. For example, in one study, persons who expressed higher levels of fear of crime were more likely to exhibit attitudes favorable to punitive forms of justice (Dowler, 2003). Altheide (2003) contends that elected officials may govern through “a politics of fear”, taking advantage of citizens’ anxieties over crime and violence by advocating policies based more on personal agendas than public good.

Fear of Drugs: Media Constructions & Social Consequences

While much of the preceding discussion has concerned fear and media constructions of crime, theoretical insights on the relationship between crime, fear, and media are relevant to discussions about drugs. Fear of crime, as a social phenomenon, is no different qualitatively from other fears. “What differentiates one form [of fear] from another is merely the object or stimulus of fear” (Warr, 2000:454). While illicit drug use is, by definition, a crime, the majority of research on fear of crime has examined fears over street crimes such as homicide, robbery, and burglary, or simply assumed these crimes were the ones people feared most often. However, it is clear that society is quite fearful of drugs. Though Fitzgerald and Threadgold (2004:408) suggest that fear
of drugs can be seen as an expression of people’s fears “of the dissolution of the sensible world”,
it seems that much of people’s fear of drugs stems from the belief that drugs cause users to
commit crimes of property and interpersonal violence. In accordance with the arguments of
Warr and Stafford (1983), Ferraro (1995), Warr (2000), and others, people should be most likely
to fear drugs if they perceive that they have a relatively high risk of being victimized by crimes
committed by drug users. In an analysis of 47 nationally implemented public opinion polls
conducted between 1978 and 1997, Blendon and Young (1998:829) cite two surveys conducted
by the Roper Center for Public Opinion Research. One survey, conducted in 1988, estimated
that 73 percent of American adults “are very concerned about the possibility of themselves or a
family member being the victim of a crime committed by a drug user.” The second Roper poll
reported that 39 percent of adults “have taken some security precaution, such as placing bars on
windows or not going out at night, because of the perceived threat of drug-related crime”
(Blendon & Young, 1998:829).

On an individual level, people may fear drugs because of the perceived physical harm
they cause to the user’s brain and body, or because of fear of addiction. Such fears may prevent
individuals from ever experimenting with illicit drugs. Perceptions of physical harm may also
make people afraid of drug use among their loved ones, e.g., parental fears over children’s drug
use.

Drug scares perpetuated by the media share many elements in common with
sensationalistic news coverage of other types of crime. Like crime in general, most individuals
learn about drugs, and as a consequence, fear being harmed by them, through media portrayals of
drugs and drug users. Blendon and Young (1998:828) report the results of an ABC News poll
conducted in 1996 by the Roper Center that found 68 percent of Americans “report getting most
of their information about the seriousness of illicit drug problems from the news media.”

Another Roper study that year reported that 82 percent of Americans view illicit drug use as a major problem facing the United States (Blendon and Young, 1998).

An annual poll by Gallup and other polling organizations asks respondents, “What do you think is the most important problem facing this country today?” The question is open-ended, and interviewees are asked to list up to three issues and rank them according to importance (Soroka, 2002:20). Blendon and Young (1998) provide data on Gallup poll answers for select years between 1979 and 1996. They also provide SAMHSA data on the percentage of Americans aged 12 and over who used at least one illicit drug at least once in the past 30 days (i.e., “recent drug use”). Figure 5.1 is a scatterplot of these data. The graph reveals no consistent relationship between drug use and public opinion towards the problem of illicit drugs. In 1979 and 1985, the two years with the highest percentage of past-month illicit drug use, the problem of illicit drugs received its poorest importance rankings of all the years for which data were provided. (High values are associated with low importance, e.g., a rank of 12 means that drug use was listed as the twelfth most important problem facing the country). In 1990, Americans rated drugs as the second most important problem, even though less than seven percent of the population had engaged in past-month drug use, compared to 14.1 percent in 1979 and 12.1 percent in 1985. Incidence of recent drug use stayed between 5.9 percent and 7.7 percent over the six surveys conducted between 1988 and 1996, while its importance rank varied from 2 to 9. Figure 5.2 provides a time plot of these data. Although past-month illicit drug use generally decreased over time, perceptions of drug use as an important problem increased between 1985 and 1990, and decreased afterwards, yet remained ranked with higher importance than in 1979 or 1985. Overall
Figure 5.1. The Relationship Between Illicit Drug Use and Public Opinion.

Scatterplot of past month drug use and average yearly ranking of drugs as 'most important problem facing the nation', selected years 1979-1996.

Note: Drug use data from SAMHSA, importance ranking data from Gallup, as tabulated by Blendon & Young (1998).
Figure 5.2. The Relationship Between Illicit Drug Use and Public Opinion Over Time.

Time plot of past month drug use and average yearly ranking of drugs as 'most important problem facing the nation', selected years 1979-1996.

Note: Drug use data from SAMHSA, importance ranking data from Gallup, as tabulated by Blendon & Young (1998).
these data suggest that public perceptions are at odds with empirical evidence.\textsuperscript{54}

While the studies cited above do not provide direct measures of how much people’s fear of drugs is a direct result of media coverage, it is not illogical to posit a link. If a large proportion of Americans get their information about drugs from news organizations, and if news reports of drug use do not correlate with actual rates of usage, it is reasonable to suppose that media coverage is responsible for a decent portion of the variation in public misperceptions of drug problems over time. For example, Epstein (1977) describes the how President Nixon and his staff orchestrated a massive media campaign in 1970, to influence public opinion about the threat of drugs to society. On April 9, 1970, Nixon met with programming vice-presidents, production heads, and advertising executives of several major television networks to encourage producers to include anti-drug content in their fall programming schedules.\textsuperscript{55} The producers

\textsuperscript{54} It is important to note the limitations of these data. Since Blendon and Young (1998) do not provide data for several years between 1980 and 1995, it should not be assumed that public opinion or illicit drug use followed a linear pattern during these interim years. For example, Reinarman and Levine (1997) note that the percentage of Americans who cited drugs as the country’s most important problem fluctuated greatly in the mid-to-late 1980s, corresponding to election cycles. An additional limitation is that the “most important problem” variable is measured on an ordinal scale. Hence, a mild degree of caution is urged when interpreting the association between opinion and drug use. Finally, these data are subject to general errors inherent in survey methodology, e.g., social desirability, sampling error, question wording effects.

\textsuperscript{55} Some of the “talking points” for members of Nixon’s cabinet to review with network producers were as follows: “Program content should be carefully designed for the audience that is likely to be tuned in at a given time. It would not be accurate to portray the drug problem as a ghetto problem….It is a problem which touches all economic, social and racial strata, of America. You will receive a drug information kit….Included in that kit will be a telephone contact list so that you or your script writers can call government officials for clarification and additional
responded very favorably to the meeting, and arrangements were made to include anti-drug themes in fall episodes of popular television shows (e.g., *Hawaii Five-O*). A White House communications director assured Nixon’s counsel, “At least twenty television programs this fall will have a minimum of one anti-drug theme as a result of our conference” (Epstein, 1977).

Changes in the content of fall television shows seemed to have succeeded in creating fear among the public, as polls conducted by the Nixon administration in 1971 found that “citizens believed the drug menace to be one of the two main threats to their safety” (Epstein, 1977).

In a more recent instance of the media’s role in constructing fear of drugs, Reinarman and Levine (1997b) discuss periodic ABC News polls administered during the 1980s that asked the “most important problem” question solicited by Gallup and others. In 1985, less than 1 percent of respondents cited drugs as America’s number one problem. After the media hysterics of the “crack attack” years, in 1989, 64 percent of respondents cited drugs. Like Epstein (1977), Reinarman and Levine (1997b:22) offer an instructive example of the relationship between drugs, media and politics. In September, 1989, President George H. W. Bush gave a nationally televised speech from the Oval Office about the need to escalate the War on Drugs. During the speech, Bush held up a bag of crack cocaine and declared it was “seized a few days ago in a park across the street from the White House.” He then warned that crack was “turning our cities into battle zones and murdering our children.” The following day, front pages of newspapers across the country published a photograph of Bush clutching the crack bag. A couple of weeks later, someone had unearthed information about the behind-the-scenes activities involved in the Lafayette Park seizure. The White House and DEA acknowledged that Bush planned on using information. Television subtly and inexorably helps to mold the attitudes, thinking and motivations of a vast number of Americans” (Epstein, 1977).
the prop well before he delivered his speech. Bush liked the idea of wielding a bag of crack, especially one purchased so close to his Office, for its anticipated visceral effects. “Despite their best efforts”, since no one seemed to be selling crack in Lafayette Park, undercover DEA agents failed to secure a deal at first. Consequently, “in order to carry out their assignment, [the] DEA had to entice someone to come to the park to make the sale.” After some manipulation, they persuaded a local African-American man to venture down to the park with the drug (Reinarman & Levine, 1997b:23).

Another similarity between constructions of fear of crime and fear of drugs is that social constructions of drug use are subject to the same political, social, and institutional forces as other socially constructed problems. Primary claims-makers compete in a social problems marketplace for public attention. Often times their claims are voiced through a news industry that has an agenda of its own. As secondary claims-makers, mass media reconstruct and reinterpret information about drugs and drug users, drawing largely on reports from source organizations. As illustrated in previous examples, media coverage of drugs, like coverage of other social problems, utilizes the “problem frame”, perpetuating a discourse of fear about drugs and drug users (Best, 1990; Surette, 1990; Chermak, 1994; Altheide, 1997; Warr, 2000). The ways in which media frame drug problems facilitates the widely held belief that explanations for drug use can be found purely at the level of individual morality and personality, rather than in the social structure (Reinarman & Levine, 1997b).

A final similarity between fear of crime and fear of drugs concerns their social consequences. Like fear of other crimes, fear of drugs may make citizens more responsible, but may also result in a range of harmful outcomes. If non-drug users’ fears from media campaigns against drugs function as a deterrent, the public may perceive users as fully accountable for their
own drug problems. An unhealthy fear of drugs can lead to avoidance behaviors, stereotyping, civic and community withdrawal, and diversion of public attention from more extensive social problems. Lastly, fear of drugs invites greater formal social control efforts. To reiterate, when individuals are afraid of something, they seek protection from those who exhibit strength. One of the resonating themes in the “discourse of fear” about drugs is that more governmental involvement in American society and in the individual lives of its citizens are the only commonsensical solutions to society’s drug problems. In line with findings from studies on the relationship between fear of crime and attitudes towards punishment, people who fear drugs should be more likely to support punitive social policies. For example, a 1995 Roper Center survey reviewed by Blendon & Young (1998) found that 84 percent of Americans favored more severe criminal penalties for drug violations. At least half of the survey respondents favored increased anti-drug funding for police (87%), increased U.S. military presence in American border cities (73%), increased mandatory drug testing at work (71%), mandatory drug tests of high school students (54%), surprise searches of school lockers (67%), death penalty for smugglers (50%), and U.S. military in other countries to arrest drug traffickers (50%). While the survey does not appear to have measured fear of drugs among respondents, it is likely that fear at least partly accounts for these attitudes.

The following section draws upon this discussion of the social construction of fear and crime by referencing media portrayals of methamphetamine during America’s first methamphetamine scare. Specifically, attention is given to stereotyped images of the character and behavior of methamphetamine users, claims that methamphetamine use was spreading to mainstream society, and two specific explanations for why the “speed kills” campaign ultimately failed. The first media-driven moral panic about meth culminated in the cultural dichotomization
of methamphetamine from the other amphetamines, and helped spawn the “new” black market in meth.

**Intravenous Use of Methedrine: America’s First Methamphetamine Scare**

One type of amphetamine that grew in popularity throughout the 1950s and 1960s was methamphetamine. As discussed in Chapter 4, drug companies began to produce methamphetamine when court decisions upheld SKF’s patent rights to Benzedrine. Capitalizing on the demand for psychomotor stimulation by hundreds of thousands of Americans, pharmaceutical giants such as Burroughs Wellcome and Abbot Laboratories marketed brand-name methamphetamine medications by the mid 1940s. Like the other amphetamines, methamphetamine was used for its ability to boost central nervous stimulation, leading to a range of desired effects, including alertness, energy, enhanced concentration, bronchodilation, and euphoria.

At its inception, methamphetamine was accurately perceived by manufacturers and the public alike as merely one of the many available kinds of amphetamines. Perhaps the first public event that marked methamphetamine’s dichotomization from the other amphetamines was its intravenous use, beginning among American soldiers who returned from the Korean War in the late 1950s. While stationed in Korea, some U.S. servicemen substituted Army-issued amphetamine for cocaine when they injected “splash”, i.e., a combination of amphetamines and heroin (Brecher, 1972; Grinspoon & Hedblom, 1975). The effects of splash are similar to the “speedball” effects achieved from mainlining cocaine and heroin, a practice that dates back as far as 1918 (Inciardi, 2002). Those soldiers who experimented with splash found that amphetamine was superior when compared to cocaine, as the former produced longer-lasting effects and cost
much less than the latter. During the Korean War, amphetamine ampoules were often available at no cost from Army medics. When liquid speed was not available for intravenous use, soldiers learned how to prepare an injectable solution by melting down amphetamine tablets or dissolving them in water (Grinspoon & Hedblom, 1975).

Routes of Methamphetamine Administration

The practice of mainlining speed warrants additional discussion because the method in which individuals administer a drug can have important physical and social consequences. The various routes of administration that are available to drug users seem limited only by the human body and imagination. The four most common ways in which users self-administer methamphetamine are oral ingestion (swallowing), inhalation (smoking), intranasal (sniffing or snorting), and injection (Cunningham, Liu, & Muramoto, 2008). Injection of drugs can take one of three forms: intravenous (“into the veins”), subcutaneous (under the skin), and intramuscular (into a muscle)56 (Maisto et al., 2008:68-71).

In order for a drug to produce psychoactive effects in the user, it must reach the brain. Generally speaking, drugs reach the brain through the bloodstream, regardless of which method of administration is used (Gahlinger, 2004). Varying routes of administration have varying effects on a drug’s absorption, the speed with which a drug’s effects are experienced by the user, the user’s risk of dependence, the user’s perceptions of risk for dependence, and the user’s health (Strang et al., 1998). Of all the routes of administration, oral use is the safest, since before

56 People may also self-administer drugs sublingually (placing them under the tongue) or transdermally (letting them absorb “through the skin”) (Maisto et al., 2008). Even less popular routes of administration include rectal, vaginal, or ocular absorption, the latter of which is sometimes accomplished by applying a liquid solution with an eye dropper (Gahlinger, 2004).
entering the bloodstream, the drug is subjected to stomach acids, the liver, and other bodily processes that help break it down. When ingested, a drug takes about 20 to 30 minutes to reach the brain. By that point, its psychoactive effects will be diminished substantially, as much of the drug has been absorbed into other parts of the body (Gahlinger, 2004; Maisto et al., 2008). When a drug is taken intranasally, it is “absorbed by the blood vessels in the mucous membranes of the nasal passages”, passed to the heart, and then pumped up to the brain. Snorting a drug will produce psychoactive effects in three to five minutes (Gahlinger, 2004:130). When drugs are inhaled, usually through smoking, they make their way into the bloodstream via small vessels lining the lung’s air sacs. Some of the blood goes to the heart and some of it is transported immediately to the brain. Smoking a drug results in its quick and effective transport into the bloodstream, and the user experiences consciousness alteration within seven to ten seconds (Gahlinger, 2004; Maisto et al., 2008). Intravenous administration of a drug is by far the quickest and most effective method of injection. Since the user is injecting the substance directly into the bloodstream, very little is filtered by the body’s systems. Hence, “most absorption problems [into other parts of the body] are avoided” (Maisto et al., 2008:69). Mainlining or “slamming” a drug moves it through the bloodstream to the brain in approximately 15 to 30 seconds (Gahlinger, 2004).

These statements about the onset time of drugs and the methods by which they produce psychomotor activity in general apply to methamphetamine specifically (see Matson, 2005). To be sure, all routes of methamphetamine administration can lead to physical harm. Swallowing methamphetamine can result in gastric ulcers, snorting it can cause nasal ulceration, smoking it can produce respiratory complications, and injecting it can increase the risk for soft tissue injuries, hepatitis B and C, and HIV (Cunningham et al., 2008). However, some methods of
administration are more harmful to the user than others. Specifically, routes that deliver methamphetamine “to the brain quickly [i.e., injecting and smoking] may increase the propensity for dependence” since they lead to “more rapid peak levels of methamphetamine” (Cunningham et al., 2008:1). Matson (2005) and Meredith et al., (2005) note that while the methamphetamine “high” lasts longer when it is taken orally or nasally, inhalation and intravenous methamphetamine use produce much higher levels of intensity and euphoria. Murray (1998:229) notes that the user feels “an overwhelming, pleasurable feeling, a ‘rush’ or ‘flash’” immediately after intravenously injecting methamphetamine, and that the effects are similar when the drug is smoked. Carey and Mendel (1968:167) liken the effects of mainlining Methedrine (a brand name of methamphetamine) with being “splashed with cold water” or experiencing an electric shock. Smoking methamphetamine poses an additional hazard since heating the drug may release toxic compounds through chemical reactions (Murray, 1998). Although the practice of smoking methamphetamine did not become popular until the late 1980s, Americans were injecting it decades earlier.

Research Note on Media Sources & Searches

Before a detailed discussion of early mass media coverage of methamphetamine, it is important to briefly discuss the sources and methods of the news stories reported herein. Discussions of

57 It is difficult to determine the relationship between the percentage of methamphetamine that reaches the bloodstream and the route of administration. For heuristic purposes, it may be practical to briefly mention this relationship among the ways in which people self-administer cocaine, a drug that shares many similarities with amphetamines. According to the Drug Identification Bible (2006), 20-60 percent of snorted cocaine, 20-60 percent of ingested cocaine, 20-40 percent of smoked cocaine (crack), and 100 percent of intravenously injected cocaine makes it into the bloodstream.
media coverage of methamphetamine in this Chapter are based largely on stories published in
*Time* magazine, the *New York Times*, and many regional American newspapers. To find
methamphetamine-related newspaper articles, common search terms used were
“methamphetamine*”, “Methedrine”, and “Desoxyn”. Articles from *Time* magazine were
obtained from the magazine’s website at [www.time.com](http://www.time.com). Past issues of the *New York Times*
were searched using ProQuest’s historical newspapers database at [www.proquest.com](http://www.proquest.com). Regional
newspapers, including the *Oakland Tribune*, were searched using the website,
[www.newspaperarchive.com](http://www.newspaperarchive.com). The *Oakland Tribune* was used as a source of news coverage
about methamphetamine because it was the only San Francisco Bay Area newspapers for which
electronic access of articles published over the 1960s and 1970s could be gained.

Data on articles appearing in *Time* magazine, the *New York Times*, and the *Oakland Tribune*, as reported in Figure 5.3, are based on raw counts of articles containing
“methamphetamine*” or “Methedrine” (very few articles containing the word “Desoxyn”
appeared in these publications between 1961 and 1977, for it was a much less popular brand
name methamphetamine compared to Methedrine).

Articles reported in Figure 5.4 were searched using the terms “methamphetamine*”,
“Methedrine”, and “crystal meth”. The phrase “crystal meth” was not popularized until the
1980s, so omitting this from searches of earlier publications is not problematic. Unfortunately,
searching the word “ice” returns many unrelated articles. Thus, this term was not included.
However, since the majority of articles discussing ice also include the words,
“methamphetamine” or “crystal meth” (as determined through a separate search), omitting “ice”
from searches should not jeopardize the results. Articles from *Newsweek* and *U.S. News &
World Report* were located using the Lexis-Nexis search engine.
Mass Media & Meth: The Early Years

When Korean War veterans returned to the United States, many visited doctors for various medical treatments, including amphetamine and heroin dependence. In the San Francisco Bay area and elsewhere, physicians prescribed injectable amphetamines to ex-servicemen (Grinspoon & Hedblom, 1975). Brecher (1972:281-2) notes that around the end of the Korean War, “other small groups [in the United States] also learned to mainline amphetamine, alone or with heroin.” It appears that most of the pharmaceutical-grade amphetamines prescribed for intravenous use during the late 1950s and early 1960s were methamphetamine. At the time, methamphetamine was used as a “treatment” for heroin addiction, given to war veterans and other heroin addicts, especially in northern California (Brecher, 1972; Asnis & Smith, 1979; Iversen, 2006). Besides doctors, several pharmacies in San Francisco sold injectable speed either “without a prescription or on the basis of crudely forged prescriptions” (Brecher, 1972:282).

According to Rawlin (1968), only a few hundred Methedrine ampoules were sold via prescription in the San Francisco Bay area in 1959. In less than three years, sales would increase drastically from 280,000 ampoules in 1960, to 580,000 in 1961, and 550,000 over the first seven months of 1962. Soon thereafter, the “Bay area became home to a large and growing number of intravenous methamphetamine users” (Iversen, 2006:96). In the Haight-Ashbury section of San Francisco, methamphetamine seemed to replace LSD in popularity (Iversen, 2006). While the injectable speed market in California seemed to prefer methamphetamine, Midwest users tended

---

58 This was not the only time methamphetamine has been prescribed to treat other drug addictions. For example, Castaneda et al., (1999) administered methamphetamine and other amphetamine “medications” to treat cocaine users.
to favor amphetamine (Rasmussen, 2008a). By 1965, intravenous use of amphetamine and methamphetamine took place in many urban areas throughout the country (DeGrandpre, 2006).

In the early 1960s, Californian newspapers began devoting more coverage to local intravenous methamphetamine use. The *Oakland Tribune* reported on a police sting operation in which officers purchased 400 Methedrine ampoules at a bus depot. The article noted that Methedrine was “the first drug prepared in [a liquid] solution to appear on the list of off-limits favorites”, and provided separate anecdotes on the alarming experiences of two users. One mainliner was quoted as follows:

> Recently I took 40 ampoules in 48 hours and stayed awake for eight days. I had hallucinations. I was afraid and climbed a four-story fire escape to a rooftop. I jumped from one roof to another but didn't feel safe until I got into a phone booth. Later I slept for 40 straight hours.

The article concluded with an informal plea from a local narcotics officer for more resources to combat the “growing and illegal drug traffic” (“Juvenile Thrill Seekers”, 1962:12).

Stories appeared in other San Francisco Bay area newspapers describing arrests for illegal possession of liquid methamphetamine ( “Girl Held”, 1962; “‘Hypo’ Party is Raided”, 1962; “Police Arrest Woman”; “Typist Jailed”, 1962) and of illicit sales of Methedrine by pharmacists (“Drug Ring Probe”, 1962). At least two separate area newspapers published the request from San Francisco Attorney General Stanley Mask to modify the legal definition of “addict” in order to incorporate Methedrine users. Mask’s proposal was an effort to exert more punitive sanctions upon users (“Mask Urges Addicts”, 1962; “Mask Urges Changes”, 1962). The arrests of
members of the medical establishment also made headlines. One nurse in San Francisco was arrested for giving Methedrine to her doctor’s patients (“Prescribing S.F. Nurse”, 1962). The arrest of an osteopathic doctor for over-prescribing methamphetamine was particularly sensationalized in area newspapers. Sixty-three year old Dr. Kenneth Blaylock was described by Attorney General Mask as “a major source of illicit drugs in California” (“Agents Crack Drug Source”, 1963:1). Undercover police officers purchased “over 5,000 vials of Methedrine” from Blaylock, and claimed that methamphetamine users from around California would visit him for a prescription (“S.S.F. Woman Cracks Ring”, 1963:15).

As local politicians, law enforcement, and media converged to decry the seemingly ample supply of injectable methamphetamine available through illicit means, pressure mounted on legitimate suppliers to cease production. In 1963, the California State Board of Pharmacy and the Attorney General’s Office requested that commercial manufacturers of liquid methamphetamine discontinue sales to retail pharmacies (Grinspoon & Hedblom, 1975). Burroughs Wellcome consented, and stopped selling ampoules of Methedrine to California pharmacies. Other pharmaceutical companies followed suit. At least in the State of California, from this point forward, legal distribution of injectable methamphetamine would be limited to hospitals only (Rawlin, 1968).

Not surprisingly, intravenous injection of methamphetamine continued both in California and elsewhere after pharmaceutical companies restricted sales. First of all, pharmaceutical companies continued selling methamphetamine ampoules to pharmacies in other states until about 1968 (Karch, 2001; 2002). Also, as aforementioned, when liquid methamphetamine was scarce, people were able to dissolve tablets for injection (Grinspoon & Hedblom, 1975). Most significantly, as all forms of legally produced amphetamines came under tighter law enforcement
control during the 1960s, another way in which the black market responded was through the illicit manufacture of methamphetamine in clandestine laboratories. The first “meth labs” in the United States sprung up in California as early as 1962 (Smith, 1969a; Brecher, 1972, Anglin et al., 2000; DeGrandpre, 2006). Jenkins (1999:39) writes, ostensibly “a group of ex-servicemen…led the move to create an illicit manufacturing industry, and clandestine labs appeared in the San Francisco Bay area around 1962.”

One of the earliest newspaper accounts of illicit methamphetamine manufacturing was published on the front page of the *Oakland Tribune* on January 13, 1963. Four men, including a university-trained biochemist, were arrested by a team of narcotics agents for operating “a crude [methamphetamine] home laboratory” out of a San Francisco apartment. The arrest was said by law enforcement to be “the first…ever…in the Bay Area for actually producing black market narcotics and drugs” (“4 Seized”, 1963:1). Surely, this discovery was the first of many to come.

The intermittent disruption of the diversion of legally manufactured speed to the black market resulting first, from manufacturers’ decisions to stop selling to California pharmacies, and then, from the Drug Abuse Control Amendments (DACA) of 1965, brought about an increase in clandestine laboratories, especially on the West Coast (Brecher, 1972; Gahlinger, 2004). According to Grinspoon and Hedblom (1975:25), five to ten meth labs were in operation in the Bay area alone by 1968. Each was estimated to produce between 25 and 100 pounds of powder or liquid speed on a weekly basis. “An unknown number of smaller ‘bathroom’ or ‘kitchen labs’, most in Haight-Ashbury, contributed an equal amount.”

The Speed Freak Icon
Around 1966, the full impact of intravenous methamphetamine use became visible (Brecher, 1972), with the aid of increased media coverage of the speed scene (see Figure 5.3). It was also around this time period when the “speed freak” entered popular vernacular as a term to describe someone who mainlines methamphetamine (Iversen, 2006). An article in *Time* magazine warned that “plastic flower people” of the Haight-Ashbury district have turned into “speed freaks…who shoot drugs with hypodermics…[and] are passing hepatitis around on dirty needles” (“Where Have All”, 1967). The meaning of the term was soon expanded to incorporate people who used moderate to heavy amounts of any amphetamine through any route of administration. Helen Bottel was the author of the nationally syndicated “Helen Help Us!” column that regularly appeared in newspapers throughout the country. In a piece published in October, 1967, a writer asked Bottel, “What is a ‘speed freak’?” Bottel’s answer is revealing:

> A Speed Freak is one who has taken so many pep pills (Speed, "A," uppies, bennies, methedrine, amphetamines) that he is "freaked out." He is irritable, confused, tense, highly nervous, often aggressive and sometimes a real psycho. He suffers from nausea, loss of weight and, if he continues his overdoses, the pills may kill him….While marijuana gets the headlines these days, it's my belief that MISUSE of pep (or diet) and tranquilizer (or barbiturate) pills is our big drug problem. In my files are letters from teenagers – housewives too – so hung up on pills they are almost incoherent, yet they can't stop. They don't even dare confide in a doctor, for often they get their doses illegally. If they become dangerously ill, they may be treated for other ailments — and some of them will die (Bottel, 1967:15).
Figure 5.3. Number of Articles Containing 'Methamphetamine' or 'Methedrine' in Time Magazine, the New York Times, and Oakland Tribune, 1961-1977.

Note: 1961 was the first year any of these sources mentioned 'Methamphetamine' or 'Methedrine'.
Another *Time* article warned that the number of “‘speed freaks,’ ‘meth freaks,’ ‘meth monsters,’” or ‘meth heads’” in Greenwich Village, New York had, “according to the hippies, increased enormously within recent months” (“Unsafe at Any Speed”, 1967). In 1968, a story of a man who planted dynamite sticks in mailboxes throughout San Francisco was published in at least four California newspapers. According to one of the articles, an eye-witness described the suspect “as a ‘speed freak’ who appeared to be high on methedrine” (“S.F. Police Hunt”, 1968:17). One newspaper in Wisconsin quoted a former meth user as saying, “The speed freak – that’s a good word, freak…he looks like something out of a concentration camp. One speed freak I’ve worked with, a girl, makes Twiggy look like Santa Claus” (Gould, 1969:43). In another story, a Maryland State Trooper taught members of a local community that “a ‘speed freak’ and can be identified by their physical appearance; thin and exhausted, irritable, with dark bands under their eyes” (O’Brien, 1969:B14).

By the mid 1960s, media coverage of the methamphetamine subculture began to point out that speed freaks were scorned by the drug-loving hippies of Haight-Ashbury and elsewhere (Jenkins, 1999). Allen Ginsberg, the beloved poet who had enjoyed speed with Jack Kerouac and other members of the Beatnik community during the 1940s and 1950s issued a “general declaration” to the hippie counterculture. In 1965, he told a reporter from the alternative *Los Angeles Free Press*,

Speed is antisocial, paranoid making. It’s a drag – bad for your body, bad for your mind, generally speaking, in the long run uncreative and it’s a plague in the whole dope industry. All the nice gentle dope fiends are getting screwed up by the real
horror monster Frankenstein Speedfreaks who are going around stealing and bad mouthing everybody” (as cited in Rasmussen, 2008a:182-3).

Other newspapers marveled over the fact that members of a scene so emphatic about the use of marijuana, LSD, and psychedelic mushrooms despised methamphetamine. For example, one headline in *The Albuquerque Tribune* read, “Even Hippies Worried About Methadrine [sic] Use” (Kifner, 1967a:A4). *The Bridgeport Sunday Post* (CT) proclaimed “‘Speed’ Drugs Bring Hate, Horror to Hippies’ Haight-Ashbury Mecca” (Strand, 1968:C19), and the *Kingsport Times* (TN) stated, “Haight-Ashbury Now a City of Fear” (1968:5C) largely because of “violence-producing methamphetamine.”

The drug-crazed dope fiend is a mainstay of American drug discourse. As early as 1940, scholars examined the dope fiend mythology as a socially constructed phenomenon that served to transform drug users into weak-minded “psychopaths” in order to justify their unsympathetic treatment by the status quo (Lindesmith 1940a; 1940b). Additionally, the dope fiend’s threat to society served to “frighten the public into appropriating increased funds to combat the ‘dope menace’” (Reasons, 1976:134). Lindesmith (1940a:208) argued that the treatment of American drug addicts “is on no higher plane than the persecution of witches of earlier ages.” According to Reasons (1976:136-37), the dope fiend mythology consists of the following myths:

- The drug addict is a violent criminal and moral degenerate.
- Drug addicts use drugs because of their inferior and abnormal personalities.
- Both drug dealers and drug addicts want to convert nonusers into addicts.
Like the common street criminal, the dope fiend is seen as a careless, unfeeling scourge on society. His uncontrollable addiction to chemicals propels him to commit violent, atrocious acts of inhumanity. Under the influence of drugs, his behavior is unpredictable and his victims are chosen indiscriminately. Not only is the dope fiend a direct threat to the personal safety of others, but one of his primary intentions is to get non-users, including children, hooked on drugs. The dope fiend is likely to stir up much public fear particularly when his drug use is portrayed as seeping into the higher social classes. If government does not act swiftly and punitively, the dope fiend will cause widespread social degradation.

As media excerpts suggest, the speed freak epitomized the dope fiend mythology and became the icon of the methamphetamine scare of the mid-to-late 1960s and early 1970s. Media coverage at that time, and during subsequent meth scares, has portrayed the typical user as dirty, immoral, sick, hedonistic, violent, weak-minded, and erratic. As in other drug scares – where marijuana smokers are delegitimized as “stoners”, heroin users as “junkies”, and cocaine smokers as “crack heads” – the speed freak image serves as a representation for all that is evil with methamphetamine. A “speed freak” throughout the 1960s and early 1970s, the methamphetamine user became referred to as a “meth head” or “tweaker” during later meth scares. These labels help to simplify drug problems by locating their causes in the individual user. They also dehumanize drug users, absolving the public of any sense of empathic understanding.

The socially constructed speed freak has critical implications for how consumers perceive social problems and their solutions. Research on mass media portrayals of criminals finds that rarely are causes or motives for criminal behavior mentioned (Graber, 1980). When causal explanations are offered, they are almost always located at the individual level (Graber, 1980;
The media’s tendency to focus on individual-level causes of drug use specifically, and criminal behavior generally, combined with stereotypical images of offenders as pathological or violent, converge to create a situation in which individual punishment is viewed the only reasonable social response (Surette, 1994).

The Violent Meth Addict

The link between methamphetamine use and violence, as reported in the press, became a common theme by the late 1960s. In New York City, the rape and murder of 18-year-old Linda Rae Fitzpatrick, a “blonde and dreamy-eyed dropout from Maryland's exclusive Oldfields School” and daughter of wealthy Greenwich, Connecticut parents, was highly publicized. Fitzpatrick and James “Groovy” Hutchinson, a “tattooed drifter” and known speed user (“Speed Kills”, 1967) were “found naked in a grimy tenement basement in Manhattan, their heads beaten by a brick” (Kifner, 1967b:197). A *Time* magazine article suggested the couple may have gone into the cellar to purchase or use drugs, or to engage in sex. It also blamed Fitzpatrick’s rape and murder on Methedrine:

Since methedrine is a super-pep drug whose “flash” generates an instant demand for action, it is likely that the onlookers demanded to “make it” with Linda. Groovy tried to defend the girl and was smashed with one of the boiler-wall bricks, his face crushed. Linda was raped four times and bashed with a brick. Their nude bodies, faces upturned, were found on the dank stone floor (“Speed Kills”, 1967).
The original *New York Times* article about Fitzpatrick’s killing discussed the heightened sense of paranoia in New York’s East Village, among middle class hippie émigrés toward “Narks” (slang for narcotics detectives), mainliners, and members of local racial and ethnic groups. Kifner (1967b:197) suggested that the recent “epidemic of ‘burning’ – the sale of inferior, highly cut, or false drugs – in the area”, including the increasingly popular Methedrine, contributed greatly to intensified fears and anxieties among New York City’s hippie community. Fitzpatrick fled to the East Village to join the hippie crowd (“Speed Kills”, 1967) but one of her friends said she ended up becoming “hooked on” methamphetamine (Kifner, 1967c:1).

A total of 19 articles that at least made mention of Linda Fitzpatrick were published in the *New York Times* during October, 1967, the month of her murder. The last article printed that month, appearing almost three weeks after her death, suggests the incident (and media coverage of it) stirred up fears among many of the newspaper’s subscribers: “An article about Linda Fitzpatrick…has brought The New York Times many letters and telephone calls from parents concerned about their children and other children in their communities” (‘Story of Girl Hippie”, 1967:57). The Fitzpatrick slaying also appears to have triggered concerns with methamphetamine use across New York City, as evidenced by coverage patterns by the *Times* (see Figure 5.3). Before October, only two articles published in 1967 mentioned Methedrine or methamphetamine: One discussed the use of marijuana, pills and LSD by youngsters (Klemesrud, 1967); the other was a special feature about the Haight-Ashbury drug scene, written by Hunter S. Thompson (1967) shortly after the release of his book, *Hell’s Angels*. A total of twelve articles containing the words “Methedrine” or “methamphetamine” were published from
October to December,\(^{59}\) including one that appeared on the front page of the October 15\(^{\text{th}}\) issue with the headline, “Methedrine Use is Growing” (Kifner, 1967c:1). In addition to noting that use of the drug was alarmingly increasing in the East Village, John Kifner also warned that methamphetamine can lead to paranoia and permanent brain damage. In addition, Kifner characterized the behavior of “speed freaks” as violent and erratic.

The relationship between drugs and violence is one of the primary themes of the dope fiend mythology (Reasons, 1976). One of the biggest myths in contemporary media depictions of drugs is that their use frequently leads to violent behavior. This myth is rarely questioned by news organizations, political leaders, and media consumers. For example, Staley (1992) notes that in some cities, “drug-related murders” account for 50 to 80 percent of all homicides. When newspapers or televised news programs present statistics of this nature, little to no attempt is made to explain their meaning. As a result, news consumers are often left with the image that 50 to 80 percent of murders are directly a result of drug-crazed maniacs.

The more general phrase, “drug-related crime”, refers to “offenses committed while the perpetrator is using drugs or criminal acts related to the use, purchase or sale of drugs” (Staley, 1992:107). While many drugs, including alcohol, can cause violent and aggressive behavior in users, media portrayals of the violent addict tend to be misleading. For example, noting constant reports by New York media sources purporting that heightened levels of violence in New York City were a result of increasing crack cocaine use, Brownstein (2000) analyzed the circumstances surrounding all 414 murders that occurred in the city in 1986. Through his research, he determined that crack use was directly responsible for five of the 414 homicides that

\(^{59}\) A total of six articles containing the words “methamphetamine” or “Methedrine” appeared in the New York Times prior to Fitzpatrick’s death.
year. “Before anyone really knew much about the drug or what it was actually doing to people and their communities, crack became the demon drug, and programs and policies were made to respond to it” (Brownstein, 2000:30).

In reality, the majority of the drug-violence relationship can be explained by the illicit nature of the black market, rather than pharmacological effects of the drug itself (Staley, 1992; Brownstein, 2000). The “economically compulsive model of violence” explains the connection between drugs and violence as a result of drug users engaging in financially motivated violent crimes (e.g., robbery) in order to finance their drug habits (Inciardi, 2002:192). This model also accounts for the commission of property crimes by drug users, another connection often noted by claims-makers. The “systemic model of violence” accounts for the drug-violence relationship by pointing out the “traditionally aggressive patterns of interaction within the systems of illegal drug trafficking and distribution” (Inciardi, 2002:192). Unlike legitimate businesses, the black market for drugs does not have the comfort of legal support and enforcement. Thus, for example, if a theft takes place or if a user is in debt to a dealer, violence often results as a way to secure business, uphold agreements, or administer sanctions (Brownstein, 2000).

As with coverage of many social problems, most media reports of the relationship between drugs and violence tend to simplify the connection, presenting it in terms of pharmacological determinism (Reinarman & Levine, 1997a). News organizations routinely reduce complex economic and systemic explanations into crude individualistic ones, condensing multifarious and ambiguous relationships between social phenomena to fit with the “problem frame” of news coverage (Altheide, 1997). In media coverage of the first (and subsequent) methamphetamine scare(s), psychopharmacological explanations of violent behavior among users fit with the moral ideologies (e.g., the dope fiend mythology) of the larger society. Such
one-dimensional presentations of methamphetamine, as a societal problem, are convenient for journalists and audiences alike. Simplistic and unambiguous causes (individual/chemical), effects (violence), and solutions (punishment) are easily identified, all while providing sensationalistic “news” and entertainment.

An additional significant aspect of the image of the violent meth addict concerns the use of typifying examples in establishing and describing social problems. “In any argument, statements about grounds provide the basic facts that serve as the foundation for the discussion that follows” (Best, 1990:25). Typifying examples utilizing “atrocity tales” are one kind of ground statement. The methamphetamine-related murder of Linda Fitzpatrick is a model typifying example that served as a basis for subsequent media and public discourse about methamphetamine use. News coverage of Fitzpatrick’s homicide struck an emotional chord with the public. By centering on the experiences of specific individuals, atrocity tales allow media consumers to identify with those who are affected by the problem (Best, 1990), especially if consumers share certain characteristics with victims (e.g., race, social status, age). The tendency for claims-makers to select horror stories to serve as typifying examples of the social problem is referred to by Reinarman and Levine (1997b:24) as the “routinization of caricature.” One of the core features of drug war discourse in all American drug scares, in the routinization of caricature, “worst cases [are] framed as typical cases…[and] the episodic [is] rhetorically recrafted into the epidemic.” The Fitzpatrick saga is merely one instance of routinization of caricature. Media coverage of methamphetamine since the 1960s is rife with other rhetorically effective typifying examples. Sensationalism sells newspapers. When media consumers use horror stories as a referent to understand the methamphetamine problem as a whole, their assessments and reactions
are likely to be based on extreme, outlying incidents that do not characterize overall patterns of use and behavior.

Conflicting Images of Meth

One of the interesting elements of drug scares is the way in which socially constructed images of drug use and drug users are related to the conventional society. By virtue of their location in middle to upper socioeconomic strata, those non-drug using members of society who regularly consume mass media and reside in communities that are relatively free from drugs and crime have more power and resources to influence public policy. Like any claims-making campaign that attempts to bring some social phenomenon to the forefront of public discourse, in order for claims-makers involved in the methamphetamine scare to enlist the support needed for social change (the primary goal of claims-makers), their social constructions of methamphetamine problems must resonate with members of society who have social power (Best, 1990).

Socially constructed images of drug problems may often appear to be paradoxical. On the one hand, drug scares establish an “us versus them” dichotomy between drug users and non-users. On the other hand, drug scares often frame drug problems as being present among “regular” people of the middle and upper classes. For instance, the speed freak was often depicted in the media as being of lower or working class status. Much like his poor socioeconomic situation, the speed freak acquired his addiction to methamphetamine through an act of free will. At the same time, stories such as the Linda Fitzpatrick murder conveyed the image that methamphetamine was being used by individuals from middle or upper class backgrounds. In these portrayals, the message was that dangerous drugs posed a threat to all members of society, regardless of one’s social milieu. Superficially, the distinction between the
framing of drug scares as either “us versus them” or “drugs are being used by everybody, everywhere” appears contradictory. However, these two aspects of the social construction of drug scares actually complement one another.

The social construction of social problems inevitably leads to typification – claims-makers characterize a problem as “of a particular sort” (Best, 1990:4). Fitzpatrick’s slaying was discussed as a typifying example, a referent to the larger scope of the methamphetamine problem that suggested meth was a threat to all of society, even the “innocent”. Other fairly common typifications of the methamphetamine problem during the 1960s described horror stories of its use in prisons or among members of outlaw biker gangs. These latter typifications characterize methamphetamine use among specific groups in specific locations. Thus, when used as referents, the news-consuming public may not have felt as threatened by methamphetamine. Best (1990) notes that typifications may change, sometimes in response to changes in the larger society, other times as a direct result of claims-making efforts. Early media characterizations of the methamphetamine problem portrayed its use as localized in certain areas, situated among specific social groups. By the late 1960s, some news reports of methamphetamine maintained a localized characterization, while others began describing the problem as more widespread.

Initial depictions of methamphetamine characterized users as distinctly different from the status quo. To borrow a term from David Garland (1996:461, italics added), these earlier portrayals invoked “a criminology of the alien other which represents criminals as dangerous members of distinct… social groups which bear little resemblance to ‘us’.” In short, much media coverage of methamphetamine depicted users as “alien others”, not news-consuming members of the middle and upper classes. Conversely, news stories that portrayed methamphetamine use as spreading to the more privileged classes, such as the media coverage of
the Linda Fitzpatrick tragedy, conveyed the message that drugs can and will ruin the lives of “normal” people. These two themes found throughout media coverage of methamphetamine specifically, and all drugs more generally, go together because they construct the threat that the distinction between users and non-users is eroding. These opposing, yet complementary messages resonate with members of the middle and upper classes who have a stake in maintaining class boundaries. When people “learn” that methamphetamine users are evil beings, and when they also “learn” that the drug is making its way into the upper strata of society, they will be mobilized to support social policies that, on the surface, appear to prevent the impending epidemic conveyed by claims-makers. The ability of claims-makers to change typifications is “important because different images emphasize different features of a problem and suggest different solutions” (Best, 1990:4). When images of meth change from use by “them” to use by “them” and “us” (or to use by “them” negatively affecting “us”), the consumer class is more likely to be motivated to support a social problems movement that promises to do something about the purported problem. Crossing the line between users and non-users elicits fear and rallies people to maintain the dichotomy.

Research by Manning (2006) helps to illuminate the various symbolic frameworks through which methamphetamine is constructed in the news. Manning (2006) compares and contrasts British media coverage of volatile substance abuse (VSA, e.g., inhalation of chemical solvents) and ecstasy use in England, Scotland, and Wales. Despite the fact that VSA was responsible for more than four times as many deaths between 1995 and 1999 than ecstasy, the latter received much more attention in national newspapers than the former. Manning (2006:51, italics in original) attributes the discrepancy to “both the kinds of people and the kinds of substance in question.” Drug use data show that VSA is associated with young boys of lower
socioeconomic groups, particularly “those who are least visible, most marginalized and most distant from metropolitan political and media elites” (Manning, 2006:55). In contrast, the use of ecstasy is more visible and more balanced among both genders and different social classes. Media coverage finds that symbolically, volatile substances represent grime and filth, whereas ecstasy connotes leisure and recreation.

In addition to differences in constructions of users and the drugs themselves, Manning finds differences in the symbolic frameworks in which both substances are discussed. Almost all of the news coverage of VSA utilized a “social pathology framework”, where VSA was portrayed as a disease associated with socially disadvantaged groups. By contrast, much of the newspaper coverage of ecstasy fell under the “threat to the innocent” framework. Ecstasy was portrayed as penetrating “the ‘safety’ of the home with terrible and disruptive consequences for even the most stable, respectable families” (Manning, 2006:60). Ecstasy users were depicted as “evil” threats to non-using innocents. Another series of ecstasy-related articles were classified as falling under the “recreational drugs and the ‘chemical generation’” framework. Here, news reports of ecstasy expressed fears that drug use was becoming a common activity among many youth. Finally, a substantial number of articles about ecstasy employed the “drug smugglers and criminals” framework in discussing reports of violence and crime associated with ecstasy dealing and smuggling. These pieces differed from the few stories about the relationship between VSA and crime, in that VSA was generally associated with “grubby”, petty crimes, whereas exotically portrayed ecstasy was talked about as a dangerous killer through its association with violent drug traffickers (Manning, 2006).

While Manning’s research describes social constructions of two separate drugs, his findings may serve to illustrate varying typifications of methamphetamine over time. Americans
have illegally (and legally) used methamphetamine for decades, yet media attention has ebbed and flowed. Press coverage of methamphetamine in the early 1960s fell largely under the “social pathology” framework discussed by Manning (2006). Users were seen as “alien others”, segregated by social class and geographic location. Media coverage of methamphetamine seems to have reached a full-blown panic right shortly after Linda Fitzpatrick was killed. The Fitzpatrick story symbolizes methamphetamine as a “threat to the innocent”, as do other atrocity tales of meth’s effects on the upper classes that followed. Other media reports of methamphetamine published around her murder utilized the “chemical generation” framework by decrying increases in the use of meth and other drugs among young people in all socioeconomic strata. As will be discussed in Chapter 6, succeeding meth scares heavily utilized these two symbolic frameworks. Additionally, more recent meth scares have invoked the “drug smugglers and criminals” framework by drawing attention to the illicit methamphetamine trade and its associated violence.

Indeed, many of the ebbs in media coverage of methamphetamine over the years may be attributed to the concentration of stories presented under those symbolic frameworks that are least likely to resonate with the news-consuming public. Traditionally, methamphetamine has often been represented as a working class drug (Jenkins, 1999). This depiction may partly explain why meth has sometimes faded into the background of public awareness, particularly as drugs like marijuana, cocaine, or LSD were linked to upper classes. As Manning (2006:55) points out, “something that is perceived as a ‘threat’ to everyone, including ‘ordinary’, ‘decent’ newspaper readers, is considerably ‘sexier’ in terms of news values than the substance misuse of the marginalized.” While members of socially marginalized groups (and privileged classes) have
used methamphetamine since at least the 1960s, media constructions of the social characteristics of meth users have fluctuated over time.

In summary, contradictory images of the meth user as alien other and the meth user as ordinary citizen may coexist or rise and fall according to the larger social climate and the actions of claims-makers. The alien other depiction functions as a scapegoat for other social problems and serves to maintain cultural boundaries between members of different social classes. The image of the meth user as ordinary citizen may result in more alarmist reactions from an informed public, and promote more punitive efforts to keep illicit drugs out of the upper echelons of society. While seemingly conflicting, both images complement each other in social constructions of the methamphetamine problem.

**Speed Kills. Or Does It?**

One article published in the *New York Times* in late 1967 notes the increasingly popular slogan, “Speed Kills”, vocalized by members of the hippie subculture (Brody, 1967). In fact, the late 1960s witnessed a nationwide “speed kills” campaign that thoroughly demonized methamphetamine (Jenkins, 1999). An article printed in *Time* shortly after Fitzpatrick’s death read,

> Speed kills. It really does. Amphetamine, methedrine, etc. can, and will, rot your teeth, freeze your mind and kill your body. The life expectancy of the average

\[\text{endnote 60}\]

The Fitzpatrick murder may have inspired media coverage of methamphetamine on a national level. For example, of the three articles published in *Time* magazine in 1967 (the first year *Time* mentioned the drug at all), two appeared in October. Both mentioned Linda Fitzpatrick.
speed freak, from the first shot to the morgue, is less than five years. What a drag (“Unsafe at Any Speed”, 1967).

Other widely circulated American newsmagazines, including *Newsweek, Reader’s Digest, Life,* and *Look* helped institutionalize the slogan (Jenkins, 1999). Even elements of the “hip” crowd got involved. In Southern California, an organization called “DoItNow” formed to convey through music that “speed kills.” Grace Slick from Jefferson Airplane and Frank Zappa recorded public service announcements to dissuade radio listeners from using the drug (Rasmussen, 2008a).

Public crusades designed to deter people from using drugs often fail to achieve this goal. The reasons drug-using members of the public do not heed the warnings publicized by politicians and mass media are too numerous to discuss here. However two explanations that particularly relate to the “Speed Kills” campaign merit mention.

First, highly publicized anti-drug campaigns often have the unintended effect of attracting new users. As Brecher (1972:282) notes, the considerable amount of media attention in the early 1960s dedicated to early intravenous methamphetamine use may have actually spawned new users by creating general interest in the drug that was “previously known primarily to heroin addicts”. Efforts to educate the public about the dangers associated with a drug often include mention of positive experiences of users. For example, *Time* magazine reported that the intravenous use of Methedrine led to a “sudden generalized, overwhelming, pleasureful feeling”, and quoted a female user as saying, “it fills you inside, like this churning cloud of light with sparks shooting off, jagged, in all the colors of the rainbow, the universe in the process of creation. And you're a part of it.” The article continued, “The overall effect is sexual—in the
words of one user, like ‘an orgasm all over your body.’ It is an aphrodisiac, tending also to prolong the time of sexual activity before climax is achieved” (“Unsafe at Any Speed”, 1967).

This article is merely one of the scores of stories printed nationally and locally that described some of the positive sensations achieved from mainlining meth. Not only were media consumers hearing that “speed kills” while simultaneously learning of its orgasmic effects, many were learning of a drug they had never heard of before. In a chapter titled, “How to launch a nationwide drug menace”, Brecher (1972) describes how an outburst of press attention towards glue-sniffing, a fad isolated among small groups of children in a handful of western American cities, evolved into a self-fulfilling prophecy at a national level. Initial media reports, in Colorado, warned of a glue-sniffing epidemic. Kids in other parts of the country heard about the “feelings of elation” experienced from its use. Soon enough, reports of glue-sniffing by children in other areas of the country surfaced. In essence, a national campaign warning about glue-sniffing’s prevalence and harms “served to popularize rather than to discourage the practice” (Brecher, 1972:332).

Second, the kinds of “facts” conveyed through publicized anti-drug campaigns are often exaggerations or outright falsehoods. For example, claims that marijuana is addicting or a “gateway” drug are unsubstantiated by virtually everyone who has smoked it. In a similar vein, the claim that speed kills is not very accurate. Medical doses of amphetamines, including methamphetamine, generally range from 5 to 30 mg per day. Heavy users of methamphetamine are known to administer in excess of 1,000 mg per binge. In fact, Kramer, Fischman, and Littlefield (1967) reported one individual who injected as much as 15,000 mg over 24 hours—and lived.
“Strictly speaking, speed kills only rarely” (Joseph, 2000:44). According to Kalant & Kalant (1979:171), as of 1978 “the world literature include[d] 79 reported cases of death associated in some way with amphetamines”, including methamphetamine, in a 35-year period. Roughly 25 of these deaths were the result of hyperthermia, cardiac arrest, or cerebral vascular hemorrhage. Also, it is important to point out that in some cases the authors did not express absolute certainty that speed was a direct cause of death. For example, some of the amphetamine-related deaths were of persons who also had used alcohol or other drugs.

Contrary to the popular 1960s and 1970s assertion that “speed kills”, the data on amphetamine-related deaths by 1978 suggest it is very difficult to die from a methamphetamine overdose. This statement is not meant to imply that speed is not harmful or dangerous to those who use it. Although methamphetamine rarely leads to instantaneous death, prolonged heavy use can cause a variety of ultimately lethal health complications. The point is that the claim that “speed kills” is misleading and erroneous. Though often made with good intentions, deceptive claims about the purported dangers of drugs sometimes backfire. When people learn, through their own experience or the observations of others, that their newspapers, televisions, and government have lied to them, they grow weary of their warnings. Discussing the responses of youth to the misleading anti-marijuana propaganda of the 1960s, Kaufman, Allen & West (1969:719) suggest that,

The horrible reactions to marihuana predicted by various authorities were virtually never seen. [Children who ran away from home to join the drug scene] generally took this to mean that all the widely advertised dangers of drugs were
establishment lies. This further alienated them from society and made them more willing to experiment with all sorts of chemicals.

While it is difficult to prove conclusively that methamphetamine users ignored the “speed kills” warnings because of previous misleading anti-drug campaigns facilitated by media and government, it is important to point out the tendency of hysteria-fueled claims to produce effects opposite to their intentions.

The End of an “Epidemic”

By 1970, “the practice of mainlining speed was depicted as one of the most perilous aspects of the burgeoning drug culture” (Jenkins, 1999:38). In addition to periodic media reports of methamphetamine seeping into “normal” society, its use had become predominantly linked to “working class youth, whose behavior and aspirations often clashed with the more middle-class hippies” (Jenkins, 1999:45). Connections were also drawn between methamphetamine and groups perceived as threats to society, such as the Weather Underground, devil worshippers, and especially, criminal motorcycle gangs (Jenkins, 1999). Hunter S. Thompson’s ([1966] 1999) portrayal of the chaotic, ruthlessly violent, drug taking Hell’s Angels began the nation’s infatuation and detestation of outlaw bikers. After methamphetamine left media and political spotlights around 1973, the scant attention it received over the next 15 years often discussed the involvement of motorcycle gangs in the illicit meth production and traffic.

From 1969 into the early 1970s, media coverage of methamphetamine often discussed it in relation to Congressional hearings that would ultimately result in the 1970 Comprehensive Drug Abuse Prevention and Control (CDAPC) Act, and the BNDD’s decision to classify all
amphetamines as Schedule II substances the following year. The meth scare of the previous few years, coupled with increasing concerns over marijuana, LSD, heroin and other substances used for recreational purposes, demanded federal intervention. As discussed in Chapter 4, the Controlled Substances Act (CSA) of the CDAPC initially placed only liquid methamphetamine (amounting to five of the more than 6,000 total pharmaceutically marketed amphetamine preparations) under strict federal control (Graham, 1972). This was a curious decision considering legal producers of injectable methamphetamine stopped supplying American pharmacies by 1968 (Karch, 2001; 2002). By the late 1960s, most of the methamphetamine seized on the black market had been produced illicitly, not by Burroughs Wellcome, Abbot Laboratories, or other legitimate manufacturers (Rasmussen, 2008a).

In any case, the media’s demonization of methamphetamine during the 1960s and early 1970s, coupled with new federal controls, signified meth’s “break” from the other stimulants in terms of public perception. From this point forward discourse over stimulant drugs would largely differentiate between the dreadful methamphetamine and less scary, though potentially dangerous, other amphetamines. Despite clinical research that finds methamphetamine is virtually indistinguishable from other amphetamines in terms of its effects (e.g., Shoblock et al., 2003), meth’s unique cultural classification was here to stay.

As the methamphetamine problem appeared to have been “solved” with the passage of early 1970s legislation, by 1971, press coverage was on the decline (see Figure 5.3). With the exception of a brief upsurge in attention by the New York Times in 1973, methamphetamine

---

61 Many of the methamphetamine-related stories published in the New York Times in 1973 discussed meth as one of the amphetamines incurring federally mandated production quotas. Several other articles talked about methamphetamine as one of the many illicit substances targeted by New York State’s newly implemented drug law
largely faded from public sight, not to be heard from again until 1989, when it became known by other names such as “crystal meth” and “ice” (see Figure 5.4). Before discussing the next drug scare over methamphetamine, it is necessary to examine what little data exists on the incidence of its early use.

**Early Methamphetamine Use**

Nationally representative data on methamphetamine use during the 1960s and 1970s are scarce. Many early (and more recent) surveys about drug use tended to be more interested in purely illicit drugs (e.g., marijuana, cocaine, heroin) than amphetamines. Those surveys that did estimate amphetamine use usually did so under the broad guise of “stimulants”, making it difficult to disentangle use of specific kinds of amphetamines. Additionally, many surveys that have asked questions about stimulant use failed to distinguish between illicit and prescription use.

However, a couple of estimates of early stimulant use are worthy of discussion. The first, published in 1976 by the National Institute on Drug Abuse (NIDA), utilized a multi-staged stratified random sample of American men born between 1944 and 1954 (O’Donnell et al., 1976). Using the Selective Service System as their sampling frame, O’Donnell and colleagues conducted household interviews with 2,510 out of the original 3,024 sampled, for a response rate of 84 percent.62 The study concluded in May, 1975. All respondents were between the ages of

---

62 Thirty-six of the original 3,024 men had no chance to be interviewed because they were deceased.

Note: Search terms used were 'methamphetamine', 'methedrine', and 'crystal meth'.

Number of articles


New York Times
Time
Newsweek
U.S. News & World Report
19 and 31 when they were interviewed. Respondents were asked about their use of many drugs, including alcohol and cigarettes.

Several caveats warrant mentioning. First, while the sample is probability-based, it is impossible to generalize findings to women and other age groups. There is a strong relationship between age and illegal drug use, with highest incidence occurring between late adolescence and early adulthood (Mosher & Akins, 2007). Also, while the gender gap in methamphetamine use is relatively small, men are more likely than women to use the drug. Thus, the age and gender biases inherent in the sample are conducive to maximum reported usage of illicit drugs. Another significant limitation of the O’Donnell et al. (1976) study is that the researchers classify all kinds of amphetamines as “stimulants” and do not fully distinguish between methamphetamine and non-methamphetamine stimulant users. A third caveat concerns the respondent’s reason for using stimulants. Researchers did not differentiate between those who had a doctor’s prescription to use stimulants, and those who did not.63

Figure 5.5 displays the percentage of males who used a variety of different drugs at least once in their lifetime. Twenty-seven percent of the sample admitted using stimulants (i.e., any kind of amphetamine) at least once, more than the percentage of those who had used psychedelic drugs, sedatives, cocaine, and heroin, but less than those who had used alcohol, tobacco, marijuana, and opiates. Figure 5.6 displays the percentage of respondents who recently used different drugs (defined as any use in 1974 or 1975). Twelve percent of respondents reported recent use of stimulants.

63 O’Donnell et al., (1976) created categories for “quasi-medical use”, “experimental use”, “light use”, and “heavy use”, but many of the tables they provide do not disaggregate data by reason for use.
The earliest self-reported stimulant use by a respondent was 1957. The modal year of first stimulant use was 1969. Blacks and whites were equally likely to have used stimulants. Eleven percent of those with less than a high school education used stimulants, as did 13 percent of high school graduates, 14 percent of those with some college, and 8 percent of college graduates.\(^\text{64}\) When broken down geographically, approximately 25 percent of respondents in the Northeast, North Central, and South reported lifetime stimulant use, compared to 38 percent of those living in the West.

While most of the data tabulations were not broken down by type of stimulant, O’Donnell et al. (1976) included an appendix listing the various kinds of amphetamines respondents used (see Table 5.1). It should be pointed out that respondents were able to report use of more than one type of stimulant. The most popularly used stimulant was “Amphetamine” (52.4% of stimulant users), followed by Benzedrine (47.5%), Dexedrine (36.7%), and Methedrine (35.6%). Desoxyn is the only other known methamphetamine on the list that respondents reported using (0.9%). These data suggest that methamphetamine was fairly common among the stimulant users surveyed. An extremely liberal estimate\(^\text{65}\) would suggest 47.8 percent of all stimulant users in the sample used methamphetamine. With a sample size of 2,510, this means that 13.1 percent of males aged 19 to 31, in 1975, would have taken

\(^{64}\) The researchers controlled for the possibility that age was responsible for the relationship between education and drug use by grouping the sample into four age categories. They found no major differences (O’Donnell et al., 1976:38).

\(^{65}\) The statistic of 47.8 percent was arrived at by combining those who used Methedrine, Desoxyn, “‘Uppers’, ‘Pep Pills’, etc.”, and those who reported using “unknown” stimulants. This statistic also assumes each person took only one kind/brand of methamphetamine (e.g., someone who used Methedrine could not have also used Desoxyn).
Figure 5.5. Lifetime Drug Use Among Males Aged 19 to 31, 1975.

Notes: Codeine, Darvon, & Opium are several opiates. Amphetamines (including Methamphetamine) are several stimulants. Mescaline, LSD, & Peyote are several psychedelics. Valium, Seconal, & Quaalude are several sedatives.
Figure 5.6. Recent Drug Use (1974-1975) Among Males Aged 19 to 31, 1975.

Notes: Codeine, Davon, & Opium are several opiates. Amphetamines (including Methamphetamine) are several stimulants. Mescaline, LSD, & Peyote are several psychedelics. Valium, Seconal, & Quaalude are several sedatives.
methamphetamine at least once. In another table, O’Donnell et al., (1976) note that one percent of the entire sample reported using stimulants 1,000 or more times.

It is important to reiterate that the sample is made up of young males, the demographic group most likely to engage in illicit drug use. Additionally, the methamphetamine scare of the 1960s and early 1970s was primarily directed at intravenous users. Although the data on types of stimulants used provided by O’Donnell et al., (1976) are not tabulated with routes of administration, stimulant users were asked to report the ways in which they administer the drug. Table 5.2 lists the four main methods of administration practiced by stimulant users. It should be noted that respondents were able to report all routes of self-administration in which they engaged at least once. By far, oral use of stimulants was most popular. Almost 97 percent of stimulant users ingested amphetamines. Snorting was the second most common route at 20.3 percent, followed by intravenous injection (8.4%), and smoking (2.2%).

While these data do not permit conclusions about what proportion of the injectors were shooting methamphetamine, it is clear that overall, intravenous use represents a very small percentage in the larger society. A total of 49 of the 2,510 respondents surveyed reported intravenous use of stimulants – methamphetamine and other amphetamines – at least once. Assuming these data are representative, this amounts to 1.9 percent of males aged 19 to 31 years old – the most at risk population for illicit drug use. It is probably safe to assume that women and persons in other age groups injected stimulants at lower rates.
Table 5.1. Types and Frequencies of Stimulants Used by a Sample of Males Aged 19 to 31, 1975.

<table>
<thead>
<tr>
<th>Type of Stimulant</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamine</td>
<td>361</td>
<td>52.4%</td>
</tr>
<tr>
<td>Benzedrine</td>
<td>327</td>
<td>47.5%</td>
</tr>
<tr>
<td>Dexedrine</td>
<td>253</td>
<td>36.7%</td>
</tr>
<tr>
<td>Methedrine</td>
<td>245</td>
<td>35.6%</td>
</tr>
<tr>
<td>Dexamyl</td>
<td>68</td>
<td>9.9%</td>
</tr>
<tr>
<td>Unknown</td>
<td>54</td>
<td>7.8%</td>
</tr>
<tr>
<td>Ritalin</td>
<td>43</td>
<td>6.2%</td>
</tr>
<tr>
<td>Preludin</td>
<td>39</td>
<td>5.7%</td>
</tr>
<tr>
<td>&quot;White Crosses&quot;</td>
<td>35</td>
<td>5.1%</td>
</tr>
<tr>
<td>&quot;Uppers&quot;, &quot;Pep Pills&quot;, etc.</td>
<td>24</td>
<td>3.5%</td>
</tr>
<tr>
<td>&quot;Black Beauties&quot;</td>
<td>20</td>
<td>2.9%</td>
</tr>
<tr>
<td>Desoxyn</td>
<td>6</td>
<td>0.9%</td>
</tr>
</tbody>
</table>


Notes: Data represent lifetime stimulant use. Percentages are based on the 689 respondents who reported lifetime stimulant use. Some subjects used more than one type of stimulant.

Table 5.2. Routes of Stimulant Administration Among a Sample of Males Aged 19 to 31, 1975.

<table>
<thead>
<tr>
<th>Route of Administration</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>562</td>
<td>96.7%</td>
</tr>
<tr>
<td>Intranasal (snorted)</td>
<td>118</td>
<td>20.3%</td>
</tr>
<tr>
<td>Intravenous</td>
<td>49</td>
<td>8.4%</td>
</tr>
<tr>
<td>Inhalation (smoked)</td>
<td>13</td>
<td>2.2%</td>
</tr>
</tbody>
</table>


Notes: Data represent lifetime stimulant use. Percentages are based on the 581 stimulant users who provided data on route of administration. Some subjects used more than one route of administration.
A second suitable source of information on early methamphetamine use is the National Survey on Drug Use & Health (NSDUH), a longitudinal “survey of the civilian, noninstitutionalized population, aged 12 years and older in the United States” (“National Survey”, 2007:70) conducted by Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services. Ongoing since 1971, the NSDUH “is the only continuous survey that provides both national and State measures of substance use in the general population” (“National Survey”, 2007:70). In its earlier years, the NSDUH surveyed between 3,000 and 8,000 respondents, and was only implemented every two or three years. Annual implementation began in 1990, and up until 1998, the survey utilized samples of roughly 18,000 respondents. Since 1999, the NSDUH has surveyed approximately 70,000 respondents each year (Gfroerer, 2002). In light of some of the shortcomings of earlier surveys, researchers at SAMHSA have developed and applied a retrospective estimation procedure which has allowed them to estimate drug use among the American population since the early-to-mid 1960s and impute data for the years during which no survey was implemented (see Gfroerer & Brodsky, 1992; Packer et al., 2002). Information on the year of first use was ascertained from those respondents to the 2002 NSDUH who reported ever using methamphetamine (Gfroerer et al., 2004). NSDUH used these data to construct estimates of annual methamphetamine usage since 1965, specifically, the number of first time users (i.e., initiates) and rates of lifetime use by persons aged 12 to 17 and persons aged 18 to 25. In the following discussion, it is essential to respect the fact that statistics from the 1960s and 1970s are

---

66 Before 2002, the NSDUH was called the National Household Survey on Drug Abuse (NHSDA). Through 1998, the survey utilized self-administered paper questionnaires. In 1999, SAMHSA began collecting data through audio computer-assisted self-interviewing (ACASI).

67 The NSDUH did not field specific questions about methamphetamine use until 1988.
very rough approximations. Gfroerer et al., (2004:33) note that retrospective estimates “may underestimate the true prevalence for most drugs.” Also, biases resulting from recall decay “generally increase with length of recall” (Gfroerer et al., 2004:32). It is also important to consider that some of the year-to-year differences are so small that statistical significance cannot be inferred. Nevertheless, the NSDUH’s data are perhaps the only source of information providing nationwide estimates on methamphetamine use during this time period. Despite their methodological limitations, these retrospective estimates are sufficient for talking about broad changes in initiation and use over time (Gfroerer et al., 2004).

Figure 5.7 is a time plot showing the number of annual methamphetamine initiates (in thousands) and the rate of initiates per 100,000 population68 from 1966 to 1991. It is estimated that in 1967, 87,000 Americans used meth for the first time, the lowest number of initiates during this time period. This is notable, considering 1967 was the year that media coverage of methamphetamine in Time and the New York Times began to ascend (see Figure 5.3). Also notable in Figure 5.7, an estimated 461,000 persons initiated methamphetamine use in 1971 (the third highest number of initiates between 1967 and 1991), the year after injectable methamphetamine was classified as a Schedule II substance. In 1971, all amphetamines, including methamphetamine tablets, were listed in Schedule II, but as shown in Figure 5.7, the number and rate of annual initiates were much higher in the years after federal controls were enacted than before. Throughout most of the 1970s, the number of initiates fluctuated between 300,000 and 500,000 as media coverage generally declined (see Figures 5.3 and 5.4). Also, an

68 Population data for non-decennial Census years were extrapolated from data collected in decennial years, provided by Hobbs and Stoops (2002).
Figure 5.7. Number (in thousands) and rates (per 100,000) of Methamphetamine Initiates, 1966-1991.

Sources: Data on initiates from SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002. Population data extrapolated from decennial figures provided by U.S. Census Bureau (Hobbs & Stoops, 2002).
estimated 528,000 persons used meth for the first time in 1979, the highest number of initiates from 1967 to 1991. As shown in Figure 5.4, media coverage of methamphetamine in 1979 was minimal. Three articles appeared in the *New York Times*, one article each appeared in *Time* and *Newsweek*, and zero articles appeared in *U.S. News & World Report*. Throughout the 1980s, the number of news stories discussing methamphetamine remained steadily low, until 1989. As Figure 5.7 shows, the number of initiates in the 1980s held between 300,000 and 400,000, dropping to 283,000 in 1988, for a rate of 115 per 100,000 persons. Estimates of first time methamphetamine users dropped to 240,000 in 1989, the lowest level since 1968. However, 1989 ushered in the panic of the “ice epidemic”, as evidenced by the consistent increase in coverage by news sources that year (see Figure 5.4). The *New York Times* published more stories on methamphetamine in 1989 than in any prior year. *Newsweek* and *U.S. News & World Report* printed more articles about meth in 1989 than in any other year since 1978. Nationally broadcast nightly news programs also fit the pattern. According to Vanderbilt University’s *Television News Archive*, six segments about methamphetamine appeared on CBS, NBC, or ABC in 1989, four more than in all the years since August 5, 1968 combined. If NSDUH estimates are trustworthy, there appears to be little to no relationship between first time use and national media coverage of methamphetamine in the time period under study.

It may be argued that measures of annual methamphetamine initiates could be a biased indicator of incidence due to age cohort effects. Much of the baby boomer generation was in their teens and twenties during the 1960s, 1970s, and 1980s. Thus, the increase in number and rate of initiates beginning in 1968 could be a result of a greater number of individuals at an

---

69 According to the U.S. Census Bureau (“Facts for Features”, 2006), members of the baby boomer generation were born between 1946 and 1964.
increased risk for illicit drug use during this time period. Fortunately, NSDUH also provide data on the lifetime use of methamphetamine between 1965 and 1991 for younger age groups. Figure 5.8 shows the percentage of persons in two separate age cohorts who used methamphetamine at least once. Generally speaking, the pattern is similar to that in Figure 5.7. A very low percentage of persons aged 12 to 17 and 18 to 25 used the drug between 1965 and 1970. As methamphetamine came under stricter federal controls, the percentage of lifetime users in both age cohorts increased. The percentage of persons between the ages of 12 to 17 who used methamphetamine was at its highest level (1.2%) in 1979, 1985, and 1987. In 1988 and 1989, that statistic dropped to 0.5 percent. In 1990 and 1991, the percentage of lifetime users aged 12 to 17 dropped further, to 0.3 percent, the lowest level since 1966. Lifetime use among persons aged 18 to 25 climaxed in 1983 at 6.7 percent, and steadily decreased each year thereafter, reaching 5.1 percent by 1991. Much like data on the annual number of initiates, data on lifetime incidence do not correlate well with frequency of media attention (see Figures 5.3 and 5.4). Between 1965 and 1970, rates of lifetime use for both cohorts, as well as media coverage, generally increased. However, press reports started to decrease after 1970, while lifetime usage rates for both age groups increased twofold over the next decade. In addition, lifetime methamphetamine use for both cohorts was on the decline by the mid-to-late 1980s, even though media attention to meth intensified in 1989.
Figure 5.8. Lifetime Use of Methamphetamine Among Persons Aged 12 to 17, and 18 to 25, 1965-1991.

Overall, the data on methamphetamine use do not seem consistent with varying levels of publicity. Though both of the data sources discussed in this section have moderate limitations, it is reasonable to offer a few tentative conclusions. First, the percentage of 19- to 31-year old male stimulant users who intravenously administered any amphetamine at least once was 8.4 percent, in 1975. O’Donnell et al. (1976) reported a total of 49 of 2,510 respondents used this route of administration. This corresponds to less than 2 percent of the 1975 young adult male population – the demographic group with the greatest propensity to engage in illicit drug use. Second, longitudinal data from the NSDUH find that methamphetamine became much more popular among first-time users, youth, and young adults after the initial scare of the 1960s and early 1970s (SAMHSA, 2002). Methamphetamine was rarely discussed by mass media throughout most of the 1970s and 1980s, particularly when usage was at its highest levels. As the number of initiates and the percentage of persons aged 12 to 25 using methamphetamine began to drop off in the late 1980s, media coverage increased substantially in 1989, ringing in the “Ice Age” (Jenkins, 1994).

The Ice Age will be addressed soon, but not before a discussion of some of the major changes in the black market for methamphetamine that resulted from federal legislation passed during the 1960s and early 1970s. The Controlled Substances Act appeared to soothe the heightened levels of fear about methamphetamine, as evidenced by the decreasing amount of media attention over the next couple of decades. However, new national controls led to the creation of new and more damaging meth-related problems for both users and non-users.
The “New” Black Market for Methamphetamine

As the supplier of illicit substances, underground markets determine a drug’s production, quality, and price. Illicit markets are also governed by a system of trafficking and distribution. Since black markets often arise when some good or service is outlawed, it follows that the structure of black markets depends largely on the extent and nature of legal prohibitions. When the 1951 Durham-Humphrey Amendment mandated that most forms of amphetamines could only be acquired with a physician’s prescription, the black market for speed emerged to meet the ongoing demand. Up until 1963, virtually all illicitly obtained methamphetamine was legally produced by American pharmaceutical companies and diverted to the black market. Generally speaking, prices were relatively low, quality was high, and market control was decentralized.

Beginning with the decisions of Burroughs Wellcome, Abbott Laboratories, and other state-sanctioned companies to cease distribution of methamphetamine ampoules to California pharmacies in 1963, and continuing with the series of state and national restrictions passed over the next nine years, the structure of the black market for methamphetamine changed dramatically. Specifically, these new laws helped shape the structure of methamphetamine production and distribution operations, and influenced the quality of the drug. Overall, these changes produced more individual and social harms than they solved. The following section discusses how the evolution of the illicit market for methamphetamine, in response to federal controls, created greater risks for users and non-users alike.
From Crank to Crystal: Clandestine Production of Methamphetamine

When federal restrictions of legally manufactured amphetamines put a drain on the black market supply, outlaw motorcycle gangs and others\(^{70}\) organized illicit production and distribution rings throughout the West Coast and elsewhere to meet demand (Gahlinger, 2004; Owen, 2007). Clandestine laboratories (i.e., “meth labs”) emerged as the main source of supply by the early 1970s. According to Joseph (2000), the proliferation of meth labs was aided by two factors. First, individuals dedicated to making methamphetamine found that it was not extremely complicated to synthesize. Second, compared to plant-based drugs (e.g., marijuana, cocaine), the illicit production of methamphetamine is more difficult to detect and control. Whereas large-scale operations of cocaine and marijuana require many acres of fields for cultivation, meth can be made in a relatively confined area. Furthermore, trafficking networks involved in the early distribution of methamphetamine covered much less geographic space, as manufacturing occurred relatively close to supply markets. In contrast, much of the traffic in other illicit drugs crosses national boundaries, as plants usually originate in faraway lands (e.g., coca in South America, opium poppies in the Middle East).

Arguably, meth labs represent the most significant unintended consequence of legal restrictions on lawfully produced amphetamines. The nature of clandestine manufacturing leads to hazards such as environmental pollution and accidental explosions resulting from improper production methods. In many news stories, claims-makers are often quoted as saying that “anyone” can make methamphetamine, since most of the required chemicals can be purchased

\(^{70}\) It should be pointed out that throughout the almost 50 years of domestic methamphetamine manufacturing, many labs have been independently operated. So-called “mom and pop” labs are set up by individuals or small groups to produce small amounts of methamphetamine for personal use.
legally at home improvement stores, agricultural business suppliers, and elsewhere. For example, in a 2006 documentary by *National Geographic*, a lieutenant of the Multnomah County (Oregon) Sherriff’s Office claimed, “If you can make chocolate chip cookies, you can cook methamphetamine.” In another media source, a member of the Jackson Country (MO) drug task force was quoted as saying that making methamphetamine is “so simple any clown can do it” (Howlett, 1997:1A). As Joseph (2000) points out, to some degree, methamphetamine can be created with relative ease. While technically a large proportion of human beings could potentially manufacture meth, the production process is not as easy or straight-forward as some suggest. Among other requirements, meth-makers must possess chemistry equipment, large quantities of chemicals, a clandestine location, and knowledge of the chemistry needed for drug synthesis.

Most illegally manufactured methamphetamine is produced in laboratories using one of three methods. The P2P amalgam method uses phenyl-2-propanone (an organic compound) and methylamine (a derivative of ammonia). The hydriodic acid/red phosphorous reduction and Nazi\(^\text{71}\) reduction (also known as Birch) methods utilize ephedrine or pseudoephedrine as precursor chemicals. All three methods require the use of additional chemicals, e.g., hydrochloric acid, aluminum, acetone, lithium\(^\text{72}\) (*Drug Identification Bible*, 2006). The National Drug Intelligence Center (NDIC) identifies the “cold cook method” as a fourth technique, which also uses ephedrine to produce small amounts of methamphetamine (NDIC, 2001).

---

\(^{71}\) The origin of the term “Nazi method” is debated. Some claim that Germany used this method during the latter stages of WWII, yet the procedure was not published in the chemical literature until 1945. Another story attributes the name to one of the first chemists to use this method, who wrote the recipe on paper letter-headed with Nazi symbols (*Drug Identification Bible*, 2006:241).

\(^{72}\) Frank (1983) discusses several variations of these three general methods.
The popularity of each of these synthesis methods has varied over time, usually in response to legal efforts designed to curb illegal manufacturing. The majority of illicit production operations employed the P2P method, until about 1980 (Gahlinger, 2004). Commonly referred to as “oil” or “prope”, P2P was often used by pest exterminators who acquired it legally in bulk, 55-gallon drums (Jenkins, 1999). What little media attention methamphetamine received during most of the 1970s and 1980s usually involved discussions of clandestine lab operations by outlaw motorcycle gangs and other deviant groups. By 1980, authorities were well aware of P2P’s use as a popular precursor chemical and placed it in Schedule II of the CSA. Some cooks and chemists responded by importing P2P from Europe, where it was cheaply and legally available, while others learned how to synthesize P2P from legally obtainable chemicals (Puder, Kagan, & Morgan, 1988; Jenkins, 1992; 1999).

Nonetheless, increased federal controls of P2P made its acquisition risky and more laborious. Eventually, most lab operators responded by switching synthesis techniques altogether, from the P2P amalgam method, to methods that utilized ephedrine or pseudoephedrine precursors (Irvine & Chin, 1991; Anglin et al., 2000; Joseph, 2000; Gahlinger, 2004; Franco, 2007). As discussed in Chapters 3 and 4, ephedrine is the active compound in the ephedra plant, which has been used medicinally in the Far East for thousands of years. Popular in the U.S. during the early 1900s for treating asthma and low blood pressure, ephedrine was cast from American medicine due to unstable ma huang imports and the rediscovery of amphetamine in the late 1920s. Owen (2007) suggests that a “resourceful chemist” learned about the chemical similarities between ephedrine and methamphetamine when trying to figure out a way to circumvent newly implemented P2P controls. Indeed, the once forgotten ephedrine was relevant
again. Ephedrine was no longer difficult to obtain in bulk, and its more recently synthesized and chemically similar cousin, pseudoephedrine, was in plentiful supply.

Ephedrine-based labs first appeared in San Diego, earning the city the nickname of “the Bogota of speed” in the 1980s (Joseph, 2000:57). Throughout the 1980s and into the early 1990s, the use of ephedrine and pseudoephedrine as methamphetamine precursors was prevalent in West Coast labs (Irvine & Chin, 1991; Owen, 2007). From 1978 to the first three quarters of 1981, over 50 percent of clandestine methamphetamine lab seizures by the DEA were determined to have utilized the P2P method of synthesis (Frank, 1983). By 2004, only eight of the 9,743 methamphetamine lab seizures in the U.S. used the P2P process (Birkmeyer, 2005; Drug Identification Bible, 2006). In California, the vast majority of lab seizures in 1980 employed P2P. By 1990, 90 percent of California labs had switched to ephedrine precursors (Owen, 2007).

The newly favored synthesis methods, brought on by federal interdiction efforts aimed at P2P, fundamentally and indefinitely altered the nature of methamphetamine problem (Owen, 2007). Ephedrine and pseudoephedrine precursors made illicit manufacture easier and quicker than the P2P method (Anglin et al., 2000; Scott, 2002; Franco, 2007). Also, the chemical reactions created using either precursor yielded a form of methamphetamine that was identical molecularly yet slightly different structurally, than P2P precursors. The outdated P2P method resulted in dl-methamphetamine (a mixture of levo- and dextro-methamphetamine isomers, i.e., “crank”73), whereas ephedrine-based methods produced d-methamphetamine. Dealers and users

73 Methamphetamine produced using the P2P method was called “crank” because members of outlaw biker gangs who dominated much of the early illicit production and distribution often stored the drug in the crankcases of their motorcycles (Jenkins, 1999). Its original meaning has been lost over the years, as crank has become one of the commonly used terms for all forms of street methamphetamine.
were more than satisfied with this change in product, since the d-methamphetamine form was
more potent and active than dl-methamphetamine, not to mention structurally identical to the
pharmaceutical version (Derlet, 1990; Miller, 1997; Anglin et al., 2000; Drug Identification
Bible, 2006; Franco, 2007; Owen, 2007). In addition, for most of the 1980s, there were no
federal controls on production, distribution, and sales of ephedrine and pseudoephedrine. Other
chemicals (e.g., ammonia) used in the synthesis process were inexpensive and readily accessible.

One final significant outcome of the transfer from P2P to ephedrine precursors was the
growth in popularity of smokable methamphetamine, made possible by increased purity levels of
the drug. If executed properly, ephedrine-reduction techniques can yield very pure
methamphetamine powder. Trace amounts of contaminants that remain can be removed by
adding water or rubbing alcohol to powdered methamphetamine. Heating the solution forms
slurry and burns away virtually all impurities. As the liquid solvent evaporates, crystals of
purified methamphetamine form (Derlet, 1990; Drug Identification Bible, 2006). While “crystal
meth” is one of the many popular slang terms for most forms of methamphetamine, in strict
chemical and legal terms, crystallized methamphetamine, or “ice” refers to the volatile (i.e.,
smokable) and highly pure d-methamphetamine hydrochloride. Typical purity levels of ice
range between 93 percent and 98 percent. According to the Drug Identification Bible
(2006:244), “The DEA has seized samples [of ice] that have a documented purity of 100%.”

Like intravenous use, inhalation of methamphetamine vapors leads to much quicker onset of the

74 While “ice” exists in solid rock form, methamphetamine powder may also be smoked, depending on the quantity
and quality of any impurities that are present. When smoking methamphetamine powder, individuals usually place
the drug on a piece of aluminum foil and heat the underside with a lighter. The rising vapors are then inhaled using
a straw (Derlet, 1990; Drug Identification Bible, 2006).
drug’s effects, as well as a greater potential for dependence, compared to oral ingestion or intranasal routes (Cunningham et al., 2008).

Two other harmful consequences of clandestine methamphetamine labs – environmental contamination and adverse health effects unrelated to use – have to do with the legal and physical conditions under which the drug is manufactured. Optimistically, we might presume that much of the environmental pollution emanating from legitimate industry either meets federal guidelines or results from accidents (e.g., oil spills). By definition, the illicit production of methamphetamine is not subject to governmental oversight. Furthermore, the illegal nature of clandestine laboratories means that lab operators will take any necessary steps to avoid detection from authorities – even if it means improperly and haphazardly disposing of chemical waste. Many of the precursors and chemical by-products associated with methamphetamine production are toxic and corrosive. According to a report by the Department of Justice, “Each pound of manufactured methamphetamine produces about 5 to 6 pounds of hazardous waste” (Scott, 2002:4). While it is likely that the quantity and quality of waste varies according to synthesis method, the expertise of lab operators, and other factors, there is little disagreement that chemical leftovers are harmful to local ecologies. Residual chemicals, such as phosphorous-based solvents, may be poured into sewers, flushed into septic systems, or dumped into the ground. This contaminates water supplies and agricultural lands, requires vast cleanup efforts, and costs money (Irvine & Chin, 1991; Scott, 2002; Meredith, 2005; Sheridan et al., 2006). For example, in 2001, California spent $5.5 million on to clean up areas contaminated by illicit methamphetamine manufacturing operations (Meredith, 2005).

A second physically hazardous consequence of clandestine meth labs is adverse health effects experienced by individuals situated in the vicinity of production operations. Some of the
chemicals used in manufacturing (e.g., ethanol, benzene, petroleum ether) are extremely flammable. Magnesium, potassium metals, and other substances can explode through chemical reactions when exposed to water or air. Many of the chemicals involved in methamphetamine labs can also cause irritation of the eyes, nose, throat, and skin, as well as liver and kidney problems (Irvine & Chin, 1991). Sheridan et al. (2006) cite the death of one individual due to poisoning from phosphine gas, a noxious chemical created by heating red phosphorous. The variety of adverse health effects does not just affect lab operators. Neighbors, family members, law enforcement, cleanup crews, and even hospital workers are also at risk for being harmed. Additionally, poorly ventilated and maintained laboratories often contain traces of precursors and chemical by-products long after operations have ceased (Irvine & Chin, 1991; Scott, 2002; Sheridan et al., 2006). In recent years, many states have enacted real estate disclosure laws to prevent the purchase and occupation of former meth dens. Like environmental contamination, adverse health effects associated with methamphetamine production are costly. For example, Sheridan et al. (2006) report one study that estimates the average cost of treatment at one burn unit at $78,000.

Distribution and Trafficking

By virtue of their illegal nature, black markets for illicit drugs are organized and sustained by criminals. Traffickers of illicit substances often employ extralegal tactics to secure market control. When gangs control the distribution illegal drugs, especially those drugs that are most profitable, violence is a common strategy for establishing and maintaining territory, avenging debts, and enforcing breached “contracts.” If the demand for a chemical substance is substantial
enough, individuals and groups will surface to meet the supply. With no legal supply source, the market for illegal drugs is lucrative.

The black market for methamphetamine is no different. As federal restrictions in the 1960s and early 1970s stymied the diversion of legally produced speed, the early distributors of methamphetamine – physicians, pharmacists, drug wholesalers, and other individuals more closely associated with the white market for drugs – were replaced by organized criminals. According to Brecher (1972), both meth manufacturers and traffickers actually favored tighter laws, for they assured organized criminals a monopoly over the market and higher profits. With severely reduced competition due to the decrease in diverted pharmaceutical-grade speed, producers and distributors were able to raise prices, even while providing a substance of lower purity. Put simply, if people want something bad enough, they will take extreme measures to obtain it. While cheaper than cocaine, methamphetamine is costly. Addicts and thrill-seekers who cannot afford the drugs they seek are likely to engage in other crimes (e.g., prostitution, theft, robbery, burglary) to finance their habits.

Outlaw motorcycle gangs were the first group that became heavily involved in the meth traffic. It was sensible that bikers would run the methamphetamine trade, since they also controlled much of the drug’s illicit production. During the 1970s, and into the 1980s, several outlaw biker groups combined to account for about 50 percent of illicit meth production and a “major part” of its distribution (Jenkins, 1999:51). In 1979, federal law enforcement estimated that the Hell’s Angels operated 90 percent of the meth trade in northern California (“Hell’s Angels”, 1979). The Confederate Angels worked Southern states and the Warlocks and Pagans controlled the East Coast. Many biker gangs were able to establish ties to more traditional organized crime networks in some cities, including Philadelphia, where they trafficked in
methamphetamine precursors like P2P (Jenkins, 1992; 1999). In fact, most of labs that used P2P as a precursor were operated by outlaw motorcycle gangs (Franco, 2007).

Between 1960 and 1980, virtually all illicitly available methamphetamine in the U.S. was distributed by domestic groups. As the center of methamphetamine production on the West Coast shifted from the San Francisco Bay area to San Diego in the early 1980s shortly after P2P’s classification as a Schedule II drug, Mexican polydrug trafficking organizations (DTOs) started to establish a role in illicit meth production and distribution (Miller, 1997; Anglin et al., 2000). Over the years, the passage of several laws designed to disrupt domestic production activities facilitated the greater involvement of Mexican DTOs and groups from other foreign countries in the American trade. For example, when the 1988 Chemical Diversion and Trafficking Act placed controls on bulk imports of ephedrine powder, traffickers secured diversions from legitimate manufacturing plants in India, China, the Czech Republic, and Germany (Suo, 2004a). Since many other nations have not established importation quotas on ephedrine and pseudoephedrine, DTOs operating in the U.S. may acquire precursor chemicals elsewhere. Precursors are then either smuggled directly into the U.S. or first converted into methamphetamine and then brought across the border. Groups from Vietnam, Korea, Japan, and the Philippines distributed methamphetamine and its precursors in Hawaii, starting in the late 1980s (National Drug Intelligence Center, 2002). Today, U.S. law enforcement agencies attribute much of the domestic methamphetamine trade to Mexican DTOs (e.g., National Drug Intelligence Center, 2007a; 2007b; 2007c; DEA, 2008c). Mexican criminal groups are also suspected of operating “super labs”\(^{75}\) in Mexico, California, and other Western states.

\(^{75}\) A clandestine laboratory is considered a “super lab” if it is capable of producing at least 10 pounds of methamphetamine during a single production cycle (Scott, 2002).
Purity & Dosage

Two of the positive benefits of illicit diversion of methamphetamine from licit sources were drug purity and sterility (Joseph, 2000). While it is no secret that drug companies were motivated first and foremost by profit, it is also true that their products met some level of quality control established by industry and legal standards. Illegally produced methamphetamine faces no such standards. As a result, the black market secured non-sterile drugs, at first from chemical manufacturing plants that shipped in bulk, and then increasingly from clandestine laboratories operated by street chemists and outlaw motorcycle gangs (Brecher, 1972). Also, since any impurities in legally produced speed are generally inert, there are relatively less risks involved in using pharmaceutical-grade methamphetamine as compared to the illicitly manufactured product.

Impurities found in methamphetamine created in clandestine laboratories may result accidentally (e.g., through poor synthesis methods used by inexperienced chemists) or intentionally (e.g., in the form of adulterants used to “cut” the final product in order to maximize profit) (Burton, 1991). Lactose, Epsom salts, MSG, baking powder, quinine, photo developer, ether, strychnine, and insecticides are several ingredients that have been used to dilute or “cut” illegally produced speed (Grinspoon & Hedblom, 1975). Research on early seizures of illicitly manufactured methamphetamine found impurities in the form of P2P, methylamine, caffeine, dimethylamphetamine (DMA, a less psychoactive amphetamine produced as a “side reaction”), and the solvent, Dibenzylketone (an acetone-like impurity found in a precursor chemical) (Puder et al., 1988; Verweij, 1989). Laboratory analysis of street samples of methamphetamine conducted by the DEA detected the presence of methylamine hydrochloride (an ammonia
derivative), and diluents of mannitol (a sugar alcohol) and dextrose (glucose) (Kram, Kreugel, & Kreugel, 1977). In the late 1980s, two separate incidents of lead poisoning resulting from the use of illicitly manufactured methamphetamine were reported in Oregon. In one of the cases, analysis of a sample of methamphetamine that led to acute lead poisoning of twelve users was found to contain 60 percent lead (Norton et al., 1989, as cited in Burton, 1991).

As these cases illustrate, the destructive consequences of laced methamphetamine may exceed the harmful effects of the drug itself. One does not need a degree in chemistry or physiology to understand that bodily intake of photo developer or insecticide is not healthy. Since illicitly produced meth is not subject to production standards, street users are often unaware of the contaminants they may be administering. Smith (1969b:175) quotes a street dealer’s description of one woman’s reaction to adulterated meth:

I had an old lady last year that did about a dime (ten dollar bag) hit cut with rat poison. She turned purple and started gasping for breath and fell on the floor and damn near croaked.

An additional potentially dangerous side effect of adulterated methamphetamine is that some “cuts” provide more intense and enjoyable onset effects than the drug in its pure form. As

---

76 Analysis of illicit methamphetamine seized in other countries has detected the presence caffeine and procaine (i.e., Novocain) in Norway (Lambrechts & Rasmussen, 1984), ethanol in Japan (Kuwayama et al., 2006), acetic acid, P2P and benzaldehyde (bitter almond oil) in Japan and the Philippines (Dayrit & Dumlao, 2004; Kuwayama et al., 2006), and caffeine, ethylvanillin (a potent synthetic compound used to mimic the flavor and smell of vanilla) and ketamine (a cat tranquilizer, also known on the recreational drug scene as “Special K”) in Vietnam (Hung, Tien, and Truong, 2005).
mentioned previously, the pleasurable effects achieved through intravenous administration of methamphetamine pose a greater risk to the development of drug dependence or addiction. Smith (1969b) notes that street meth containing ether (a substance used in the drying process) provides a greater “flash” feeling upon injection. According to Grinspoon and Hedblom (1975:26), “many speed freaks actually preferred certain impurities” because of the greater feelings of intensity they provide.

A related problem with adulterated, impure street drugs concerns dosage. Since purity levels of illicitly manufactured methamphetamine vary, users may not know precisely how much of their purchase contains the actual drug, and how much contains diluents, both harmful and inert. For the purposes of demonstration, assume one regular methamphetamine user “gets high” off of a 250 mg dose purchased from his usual dealer. Unbeknownst to the user, the dose he administers is 25 percent methamphetamine and 75 percent inert substances. Assume further that at one point, the dealer switches to a new wholesaler when his initial supplier runs out of the drug. The methamphetamine provided by the new supplier is 90 percent pure, 10 percent inert. Upon receiving a new bag from his regular dealer, the user administers his standard 250 mg dose, unaware this new batch is much stronger than usual. As this example illustrates, inconsistent and unknown purity levels of black market methamphetamine can create problems for the user through standard dosage irregularities.

Summary

The prohibitions enacted during the 1960s and early 1970s created a “new” black market for methamphetamine. Clandestine meth labs emerged and replaced legitimate suppliers. P2P-based production methods slowed when the DEA classified it as a Schedule II substance in 1980.
This decision led to ephedrine-based synthesis methods, which provided an easier and quicker way to illicitly manufacture methamphetamine, and generally resulted in a more potent, smokable form of the drug.

Producers and distributors have adapted to every federal and state precursor regulation enacted since 1980. With each of act of legislation, precursors became more and more difficult to purchase legally. Some individuals and groups rose to the challenge by organizing more elaborate, international trafficking networks. Precursors were secured from other countries and then either used to synthesize methamphetamine in distant nations, to be smuggled into the U.S., or directly transported over the border to be used in domestic clandestine operations.

Throughout these many black market developments hazardous chemicals have been treated and disposed of carelessly, causing physical, ecological, and economic harm to individuals and society. The clandestine nature of the meth trade has also fostered irregularities in drug purity and dosage, creating health risks beyond those faced from the drug itself. Like most black markets for illegal drugs, meth dealers have engaged in violence to assert authority and power, and users have resorted to property crimes to handle inflated methamphetamine prices made possible by state-facilitated illicit drug distribution monopolies.

Finally, two other important observations merit brief mention. First, all of these harms notwithstanding, methamphetamine remains a relatively unpopular drug in the United States. For example, according to the NSDUH, in 2007, approximately 529,000 Americans were “regular” methamphetamine users (defined as having used the drug at least once in the past 30 days). This accounts for 0.2 percent of the population of persons aged 12 and older. By contrast, almost 2.1 million Americans used cocaine at least once in the past month (SAMHSA, 2008).
The second point to note concerns mass media coverage of methamphetamine in recent years. Not only has the news industry created the impression that methamphetamine has become a grave threat to the entire nation over most of the past twenty years, it has also mostly neglected discussions of the larger social and legal forces that have affected the evolution of the black market supplying the drug. Much like the previous discussion of press coverage of the 1960s and early 1970s, more recent media portrayals of methamphetamine have utilized the “problem frame” (Altheide, 1997) by locating the causes of the meth “plague” at the individual level. Complicated historical and socioeconomic factors have been reduced to stereotyped images of hoards of meth-induced zombies marching across the country, so desperate for their next fix they will even harm children. The next Chapter examines media-led methamphetamine scares of more recent history, beginning with the “Ice Age” of 1989-1990 and ending with the meth “epidemic” of the new millennium.
Where is the methamphetamine capital of the world? American newspapers can't seem to agree.... In 1987, 1989, and 1993, Los Angeles Times news stories cited law enforcement officials to bestow the distinction on San Diego.... The Kansas City Star moved the capital closer to the geographic center of the nation when it described Jackson County, Mo., as the meth capital in a story. Alt-newspaper New Times Los Angeles yanked it back to Riverside County in 1997. Contesting the designation that year was Florida's Lakeland Ledger, which put it in Polk County, Fla. In 2000, challengers for the name sprang up across the country as the Chattanooga Free Times, the Tulsa World, the Springfield (Missouri) News-Leader, the Daily Town Talk of Alexandria, La., and the Fresno Bee all placed the capital in their readership areas.... In 2001, the Cox News service quoted a source who put it in Mesa County, Colo.'s Grand Valley. The Spokane Spokesman-Review touted North Idaho that year; the Daily News of Los Angeles named Southern California; the AP tagged both Lane County, Ore., and the Fresno area as meth capitals.... After its 22-year-long tour of these United States, the capital finally returned home to where it had began. On June 8, 2005, the Philadelphia Daily News published a story about a major meth dealer in which it asserted that Philadelphia “has been called the 'methamphetamine capital of the world’” (Shafer, 2005).
As demonstrated in Chapter 5, methamphetamine was not a popular topic of discussion in American newspapers and magazines from the mid 1970s until 1989. The drug was still being used throughout that time period, but for several reasons, media coverage was minimal. First, the hype from the initial speed freak crisis of the 1960s and early 1970s could not sustain itself. While drug scares contain a kernel of truth, their exaggerated claims cannot endure indefinitely, especially as some news consumers begin to see through the hard sell (Reinarman & Levine, 1997a; Reinarman, 2006). Second, the 1972 decision to classify methamphetamine as a Schedule II drug symbolized an end to the threat. Reinarman and Levine (1997b:43) argue that this happened with the “crack attack”, after Congress passed “a series of increasingly harsh antidrug laws” following a government and media frenzy over crack cocaine. As with crack cocaine circa 1992, anti-methamphetamine legislation of 1972 helped institutionalize meth (i.e., Methedrine) in American culture. A third reason media coverage of methamphetamine was virtually non-existent between 1975 and 1989 was that drug scares over heroin, cocaine, and crack periodically dominated public discourse. A fourth potential explanation for the disappearance of methamphetamine from media discourse is that it and other amphetamines continued to be legally produced and marketed to hundreds of thousands of Americans. Certain interest groups and political lobbyists may have helped hush some of the outrage over meth. Indeed, as discussed previously, these forces seemed to have played a role in squashing very early claims-making endeavors to demonize the drug. In any case, though state-sanctioned methamphetamine manufacturers saw their profits dovetail by 1972, one partial victory for the pharmaceutical industry was not realized until much later: Subsequent meth scares would no longer employ the term “Methedrine” to refer to the drug. No pharmaceutical firm wants the trade name of their “medicine” associated with an evil, malicious “drug.”
“Ice” was one of the popular street names for methamphetamine by 1989. A high-purity form of the drug synthesized through ephedrine and pseudoephedrine reduction methods, ice signified the cultural rebirth of Methedrine. Media coverage of methamphetamine skyrocketed from a blip to sheer panic, seemingly overnight. Just as soon as it appeared, ice vanished into oblivion, until it reemerged yet again – this time as crystal meth – around 1996. At that time, the drug festered in public discourse, slowly simmered over the next few years, and reached a furious boil by 2005. This Chapter seeks to investigate media trends of these two recent meth scares by studying the social contexts in which they occurred. From a social constructionist framework, attention is given to claims-makers, agenda-setting, and a discourse of fear disseminated through news media. This Chapter concludes with a brief discussion of the social consequences of federal laws designed to prevent methamphetamine availability and to punish dealers and users.

Research Methodology Note on Media Sources & Searches

Discussions of media coverage of methamphetamine in this Chapter are based largely on reports from Time, Newsweek, U.S. News & World Report, the New York Times, USA Today, the Los Angeles Times, the Washington Post, the Wall Street Journal, ABC Nightly News, NBC Evening News, and CBS Evening News.

Counts of methamphetamine-related nightly news segments reported in Figures 6.1, 6.4, and 6.8 were obtained using Vanderbilt University’s Television News Archive at http://tvnews.vanderbilt.edu/, which has recorded nightly news broadcasts of the “big three” American television stations since August 5, 1968, and cable news programs on CNN and FOX in more recent years. The Boolean search command used to locate news segments is as follows:
“methamphetamine* OR ‘crystal meth’ OR crank OR methedrine.” Segments were discarded if they were irrelevant (e.g., several segments discussing “crank” phone calls). In addition, returned searches were limited to ABC, NBC, and CBS news programs broadcast during primetime hours (i.e., 5:30-6:00 pm). Discussions and quotations taken from nightly news broadcasts are based on abstracts of each segment provided in the archive. Due to logistical difficulties, it was not feasible to obtain full broadcasts of each news segment.

To locate televised nightly news segments on crack cocaine (as reported in Figures 6.4 & 6.8), the same general search parameters mentioned above were used, with one exception. A word search was conducted using the command “crack cocaine” (no quotations). A Boolean search was unnecessary since only one search term was used. Also, quotations were not used since some of the earlier broadcast news segments did not utilize the actual phrase (e.g., a segment containing the phrase “growing popularity of ‘crack’ form of cocaine” in the abstract). Approximately four news segments that were returned were discarded because they did not apply (e.g., news stories about a police “crack down” on (powder) cocaine).

News segments reported in Figure 6.7 were obtained through separate phrase searches of Vanderbilt University’s Television News Archive utilizing the terms, “gay marriage”, “illegal immigration”, and “global warming.”

Articles from Time magazine were obtained from the magazine’s website at www.time.com. “Methamphetamine*”, “crystal meth*” and “methedrine” were used as search terms. In the early 2000’s, Time magazine began publishing multiple versions, including Time Asia and Time Europe. Also in recent years, Time has published daily articles on its website in addition to stories that appear in its weekly magazine. However, counts reported in Figures 6.2, 6.5, and 6.9 were limited to domestic issues of Time magazine (i.e., excluding daily articles).
Articles about crack (as reported in Figures 6.5 & 6.9) were located using the search term, “crack cocaine”, and were also limited to domestic, weekly issues.

Articles from Newsweek and U.S. News & World Report were obtained from Lexis-Nexis. “Methamphetamine*”, “crystal meth*” and “methedrine” were used as search terms. In the late 1990s, Newsweek began publishing multiple editions, including Newsweek Atlantic and Newsweek International. Counts provided in Figures 6.2, 6.5, and 6.9 are of articles published in the U.S. edition only.

Major American newspapers were located using ProQuest, utilizing the Boolean full-text search command, “Methamphetamine* OR ‘crystal meth*.’” The counts reflected in Figure 6.3 are based on searches limited to the single, “main” edition of each newspaper, since several newspapers offered returns from multiple editions. In addition, attempts were made to exclude technical reports in the form of police blotters, in order to focus on substantive articles only. ProQuest only offers eastern editions of the New York Times and Wall Street Journal. While both publications are rather national in scope, since methamphetamine is largely a west coast drug, it is important to use caution when attempting to make interpretations of national concerns with methamphetamine from eastern editions. Finally, crack-related USA Today articles cited in Figure 6.6 were located using a full text search of the phrase, “crack cocaine.”

One general note about counts of newspaper and newsmagazine articles, and televised news segments, is important to mention. Some news stories included discussions of both methamphetamine and crack cocaine together. In these cases, duplicate counts will appear for methamphetamine- and crack-related articles or televised news segments.
Ice: America’s Second (and Most Fleeting) Meth Scare

In 1989, the American news industry devoted more attention to methamphetamine than it had at least since the early 1970s, if not ever. This is particularly noteworthy considering national prevalence estimates suggest methamphetamine declined in popularity throughout the late 1980s (see Figures 5.7 & 5.8). As discussed in Chapter 5, the estimated number of methamphetamine initiates in 1989 reached its lowest level since 1968. The percentage of persons between the ages of 12 and 17 and ages 18 to 25 who reported lifetime use of methamphetamine began steadily declining in the mid 1980s, reaching 20-25-year lows by 1991.

Figure 6.1 shows the number of methamphetamine-related segments broadcast between 1977 and 2007 on prime time television news programs of the “big three” American networks. According to Vanderbilt University’s Television News Archive, from August 5, 1968 to December 31, 1987, national nightly news broadcasts by ABC, NBC, and CBS included a total of one story discussing methamphetamine. In 1978, NBC Evening News presented a six-minute segment on the Hell’s Angels motorcycle gang. The group’s involvement in prostitution, drugs, organized crime, and violence were highlighted. Also mentioned was the federal raid of a methamphetamine lab run by Hell’s Angels. A federal narcotics agent reported that the motorcycle outlaws controlled most of the manufacturing of illicit speed in the U.S. (“Segment 3”, 1978).

Figure 6.2 shows a similar pattern in news coverage of methamphetamine by three major American newsmagazines. The few articles that appeared in Time, Newsweek, and U.S. News & World Report between 1977 and 1987 either associated the drug with outlaw motorcycle gangs, or discussed methamphetamine indirectly (e.g., an article about drug testing (Kantrowitz, 1986).
Figure 6.1. Primetime Television News Coverage of Methamphetamine on ABC, NBC, & CBS, 1977-2007.

Source: Vanderbilt University Television News Archive.
Figure 6.2. Newsmagazine Coverage of Methamphetamine, 1977-2007.

Figure 6.3 displays coverage of methamphetamine from 1987 to 2007 by major American newspapers. Like the trends shown in Figures 6.1 and 6.2, newspaper coverage of methamphetamine in 1987 was limited, but grew suddenly over the next two years.

In the late 1980s, major American news sources increased their coverage of methamphetamine. A handful of news reports in 1988 and early 1989 focused mostly on methamphetamine production in clandestine laboratories in various locations in the U.S. The drug previously known mostly as “Methedrine” was awakening from a 15-year-long hibernation as a new threat to society.

Just as the “new” methamphetamine problem was being uncovered, the “ice epidemic” struck. Over the last three months of 1989, news media devoted considerable attention to this smokable form of methamphetamine. On September 6, 1989, Dan Rather of CBS Evening News introduced a story about “a new amphetamine in Hawaii known as ‘ice’.” A U.S. Attorney predicted that the drug would soon make it to the U.S. mainland, and a user warned viewers against using the drug (“Hawaii/Drugs”, 1989). The very same day, an article in USA Today cited ice use in Hawaii, also noting that the drug was “being aggressively marketed in San Francisco, Los Angeles, Seattle and, recently, Salt Lake City” (MacNamara, 1989:3A). Two days later, ABC News reported that a “new illegal drug…is sweeping through the state of Hawaii” (“War on Drugs”, 1989). A New York Times article reported that ice “has reached major proportions [in Hawaii] and has begun to appear in several cities on the mainland as well (Bishop, 1989:A1). In October, the Los Angeles Times quoted a U.S. Attorney saying, “People in Hawaii are the guinea pigs for the spread of smokable crystal methamphetamine into the U.S.…What's happening here is just a sample of what's to come” (Essoyan, 1989:17). In November, Newsweek proclaimed that “a devastating drug from Asia has triggered a crisis in
Figure 6.3. Major American Newspaper Coverage of Methamphetamine, 1987-2007.
Hawaii and now threatens the mainland” (Lerner, 1989:37). That same month, an article in the
Los Angeles Times reported, “a new concentrated form of methamphetamines known as ‘ice’ has
already overtaken crack on the Hawaiian Islands…..While drug experts statewide have yet to
encounter that potent form in California, they predict it is only a matter of time” (Fiore, 1989:1).
By December, the Washington Post warned that “a hard, smokable form of methamphetamine
that causes a half-day high and sometimes bizarre behavior…has become popular in Hawaii and
spread to parts of California.” A Washington D.C. police chief said street officers were on the
lookout for the drug because “ice is coming this way” (Horwitz, 1989:A01).

Five common themes present in media coverage of ice are worth noting. First, as
indicated on some of the aforementioned quotations, ice was mostly portrayed as a new drug.
Though some journalists noted it was one form of methamphetamine, the general tone of news
reports suggested ice was a new substance altogether. The practice of defining a social problem
(i.e., giving it a name), is the most fundamental form of claims-making. Domain statements
serve to identify a phenomenon, and can be thought of as “discovery movements.” Claimsmakers invoke the power of novelty as they seek to bring attention to an allegedly new or
previously unacknowledged or social problem (Best, 1990:26). Ice is not a different drug, but
rather, a smokable form of meth. By calling it a different name, rather than methamphetamine,
Methedrine, or crank, “ice” appeared to the public as a brand new drug with which to be
concerned.

A second theme present in media coverage of ice was race. Whereas most previous
media reports by television news programs, newsmagazines, and newspapers noted that
methamphetamine was a drug made and distributed by Americans, coverage of the ice panic
often cited Asian gangs from Japan, Korean, the Philippines, and Hong Kong as partly
responsible for the problem (e.g., Bishop, 1989; Thompson, 1989). As Reinarman (2006) notes, drug scares often link drugs to “dangerous” social groups, including foreigners. By singling out Asian traffickers as the source of ice, the press helped frame the problem as one of national security. Jenkins (1999) suggests that the image of the bothersome Japanese ice trafficker resonated with more general fears held at the time by many Americans towards an economically emerging Japan. As we shall see later, this would not be the last time domestic methamphetamine problems would be attributed to foreign groups.

A third theme is the “nationalization” (Jenkins, 1994) of ice, conveyed through the image of the drug “spreading everywhere”. While the vast majority of ice use was confined to the Hawaiian Islands, the media conveyed that it was showing up elsewhere. Portraying a local threat as a national menace helps project problems as having a wider significance (Jenkins, 1994). Many law enforcement and politicians acknowledged that ice was not in the mainland U.S., but predicted that it would soon envelop the country. These images are alarmist in nature, and serve to demand that action be taken to prevent impending doom. For example a Congresswoman from Hawaii was pushing to declare Honolulu “a high-intensity drug-trafficking area [HIDTA] so it would qualify for more federal anti-drug money.” Representative Saiki of Honolulu argued that then-Drug Czar William Bennett “[needs to act now] to quell this plague before it gets to the mainland,” if it is not already too late (Lerner, 1989:37). Calls for more public resources to be dedicated towards drug interdiction efforts often follow from alarmist claims. When a drug is constructed as invading society like a foreign army, more effective law enforcement is generally seen as the only logical course of action.

Fourth, ice was often depicted under the symbolic framework of a “threat to the innocent” (Manning, 2006). Claims-makers warned that ice was endangering innocent children
of respectable families. A DEA agent from Honolulu declared that ice was “spreading…right into middle-class high schools” (Lerner, 1989:37). Another article quoted an eighth-grader describing ice use among his classmates. “You see them after school…They only use crystal meth now. It’s the one everybody wants” (Essoyan, 1989:17). A youth center director in San Francisco stated, “We’re hearing about [ice] from our kids….Since kids are aware of it and talking about it, it’s just a matter of time before they go after it” (MacNamara, 1989:3A).

Fifth, much mention was made of the physical and psychological effects of smokable meth. Typically, these statements cited violence and paranoia as common outcomes of ice use. A doctor from Honolulu noted that users are aggressive “toward anyone….They pound on the walls, threaten – they’re out of control” (Bishop, 1989:A1). Another article quoted one user as saying, “It makes you crazy….You just keep on smoking. You can't eat. You have no taste for food. You go to bed and try to rest, but your mind keeps working.” Another user said, “I thought people were following me and talking behind my back….I used to hide in my closet” (Essoyan, 1989:17). These statements illustrate the routinization of caricature, for the highly negative and destructive effects of ice are framed as typical experiences of all users.

Indeed, by the end of 1989, an analysis of American media suggests that the United States was entering an “Ice Age.” However, media discourse about ice suddenly fell to a crawl by late 1990, as evidenced in Figures 6.1, 6.2, and 6.3. Eventually, claims that ice was in the process of proliferating across the country ended, and the scare went away. Before discussing the various reasons why media attention to ice stopped as quickly as it started, it is important to discuss the social and historical contexts in which the scare took root.

The Socio-Historical Context of Ice
Claims that ice was a national threat were not well-founded. Nonetheless, a volatile panic materialized, and for a short while, held the public’s attention. In addition to the themes discussed above, ice appeared at an opportune time in American history.

In the months leading up to the ice scare, the press rediscovered methamphetamine labs in the U.S. mainland. A 1988 *Newsweek* article reported on the “explosion” of methamphetamine labs in California (Lerner, 1988). An *ABC News* report discussed the mobile operation of methamphetamine production in Oregon (“American Agenda”, 1988). The *Washington Post* reported on the proliferation of labs in California and noted that while methamphetamine has “not been as common as other drugs in the Washington area,…experts say [it] may soon become popular.” The article quotes a DEA spokesman who warns that meth is “an up-and-comer in the East Coast” (Lait, 1988:A1). *CBS Evening News* examined an “updated version of methamphetamine (speed) called ‘crank’ and ‘crystal’”, cited lab production in Oklahoma and San Diego, and told of the drug’s “psychotic” effects (“Drug Abuse”, 1989). An *U.S. News & World Report* article mentioned the dumping of toxic waste by lab operators in Oregon and California, warning that the use of methamphetamine “is spreading across the West like a wind-whipped brush fire” (Witkin, 1989:57). An April, 1989 feature by *Newsweek* described rural use of crack cocaine and methamphetamine as America’s “newest drug war.” Baker *et al.*, (1989:20) cite the raid of a meth lab in Missouri and prophesize that crank, “the poor man’s cocaine”, will become the “drug of the 1990s.”

These initial “new” claims about methamphetamine may have provided a foundation upon which claims about the Ice Age could be constructed. In the process of domain expansion, new claims are linked to previously established problems. “Claims-makers present the new, peripheral issues as ‘another form of’…the original, core problem” (Best, 1990:80). As some of
the initial claims about the rising threat of methamphetamine labs in the contiguous United States were validated by reputable claims-makers (e.g., DEA agents, politicians), the stage for a further round of claims-making (i.e., the ice scare), was set.

If the reinvigoration of methamphetamine in media discourse of 1988 and early 1989 set the stage for the Ice Age, why did the reemergence of meth in the press occur in the first place? While ice may be seen as evidence for the domain expansion of the meth problem that received attention in the prior year, the initial meth problem may be seen as an expansion of the domain of the crack cocaine problem. Crack, a smokable form of cocaine, was the principal drug scare of the late 1900s (see Reinarman & Levine, 1997c). The media frenzy over crack cocaine began in the late 1980s, a year or two before the rediscovery of meth. Figure 6.4 displays the number of prime time nightly news segments dedicated to crack cocaine and methamphetamine from 1985 to 1992. Figure 6.5 shows the number of articles about both drugs in *Time* and *Newsweek* over the same time period. Figure 6.6 shows the number of crack- and meth-related articles in *USA Today* from 1987 to 1992.

Three patterns in media coverage of these two drugs should be noted. First, attention to crack cocaine is generally greater, as evidenced by more overall stories in almost all of the years in each of the figures. Second, nightly televised news programs dedicated substantial attention to crack cocaine in 1986, two years before any segments on methamphetamine had appeared since 1985. Third, coverage of crack in television news broadcasts and *USA Today* escalated in 1988, disproportionate to coverage of methamphetamine. Together, these findings indicate that by the time the first methamphetamine scare of the late 1980s emerged (i.e., the handful of stories about meth labs in the U.S. mainland), the nation was in the midst of the “crack attack.” Subsequently, when the ice epidemic struck in 1989, public fears over crack were still fresh in the public’s
Figure 6.4. Primetime Television News Coverage of Methamphetamine and Crack Cocaine on ABC, NBC, & CBS, 1985-1992.

Source: Vanderbilt University Television News Archive
Figure 6.5. Methamphetamine and Crack Cocaine Coverage in Time & Newsweek, 1985-1992.

Figure 6.6. Methamphetamine and Crack Cocaine Coverage in USA Today, 1987-1992.

consciousness. Even in 1989, at the height of the ice panic, media attention to crack cocaine was at much higher levels. In essence, both the first series of stories about meth labs and the later coverage of ice “piggybacked” onto the crack cocaine crisis that, by the late 1980s, had become a national spectacle. As Jenkins (1994:16) points out, “In seeking to portray a new problem as serious or dangerous, one well-known rhetorical device is to stigmatize that problem by associating it with another, already familiar issue, thus placing into an existing context.”

The content of news stories about methamphetamine during this time provides further evidence that attention to methamphetamine can be seen as a result of domain expansion by claims-makers borrowing from the imagery of the crack scare. Much of the press coverage towards meth and ice made comparisons to crack. An article about illicit meth manufacturing published in the *New York Times* headlined, “Speed’s Gain in Use Could Rival Crack.” Gross (1988:A1) warned, “if efforts to stop or reduce the flow of cocaine into the United States succeed, methamphetamine could become the instant substitute.” A *CBS News* segment about the proliferation of meth labs predicted that methamphetamine would have a more devastating effect on society than cocaine (“Drug Abuse”, 1989). When the press began reporting on ice, comparisons to crack were run of the mill. Not only was ice regularly likened to crack, but it was often depicted as being worse than crack. An article from the *USA Today* ran the headline, “More Menacing than Crack, ‘Ice’ Strikes” (MacNamara, 1989:3A). The head of the Hawaii’s mental health division of the State Department of Health reported that ice users “go absolutely crazy…. They're much more belligerent than those on crack” (Bishop, 1989:A1). A journalist from another news source wrote, “As addictive as crack cocaine but far more pernicious, ice…is a drug that seems culled from the pages of science fiction” (Lerner, 1989:37). In another source, an advisor to the NIDA suggested, “ice may pose even more of a social danger than crack.” In
the same article, a clinical director claimed that ice would not simply replace crack as a drug of choice among crack users. Rather, “it is widening the group of people who are smoking drugs” (Thompson, 1989:Z11). Another journalist cited a Hawaiian police officer warning that ice “could replace crack on the mainland”, as well as a current user who said, “it has a lot of side effects, worse than smoking crack. I was getting really violent. I used to hit [my girlfriend] a lot” (Essoyan, 1989:17).

Thus, not only were discussions linking ice with crack commonplace, but whenever differences between the two drugs were mentioned, they were usually made in regards to the higher destructive potential of ice. Essentially, these reports implied that methamphetamine, especially smokable ice, would create exponentially more damage to the user and society than the nightmare of crack. It is likely that methamphetamine, a drug that had lain dormant in popular culture for so long, would not have received the notable upsurge in press coverage if the historical conditions of the culture into which it was reintroduced were different. A nation in the midst of a panic over crack cocaine was well positioned to heed news stories about other threatening drugs. The domain of crack had expanded to include other chemical threats to society, as claims-makers utilized the rhetorical technique known as convergence (Jenkins, 1994).

_The Ice Scare Thaws_

Although both drug scares died down substantially by 1991, methamphetamine virtually disappeared from public discourse, while the crack scare lingered into the mid 1990s. Several factors account for smokable meth’s rapid departure from mass media. First, the press turned its attention to rapid developments in the Middle East by August, 1990, and the subsequent War
with Iraq (Jenkins, 1999). Second, while the ice scare contained a “kernel of truth”, exaggerated claims about its prevalence could not be sustained over time, since evidence of its nationalization was completely lacking (Lauderback & Waldorf, 1993). Third, “public anxiety quickly evaporated when the ice menace failed to produce the feared ‘speed epidemic’” (Morgan & Beck, 1997:138). Interestingly, much of the reduction in public fears over ice can be attributed to the DEA and other federal justice officials who seemed to reverse their positions about ice’s “epidemic” threat (Lauderback & Waldorf, 1993). In January, 1990, the DEA director of Honolulu noted that ice was still restricted to Hawaii and that the DEA knew “of no ice samples [that had] been analyzed elsewhere in the United States” (Jenkins, 1999:115). Citing data from the DEA, NIDA, and NIJ, an USA Today article printed three months later stated, “After a year of warnings that ‘ice’ would become the next major drug epidemic,…the threat has not materialized” (Meddis, 1990:3A). Jenkins (1999) suggests that the DEA changed their tone over the extent of the ice problem because, as a result of the crack scare, they had already secured many of the resources, or at least, formal promises of resources, they sought. The DEA’s budget was $523 million in 1988, $598 million in 1989, $653 million in 1990, and reached $875 million by 1991 (DEA, 2008b).

A fourth explanation for the decrease in media coverage of ice concerns race. Despite their similarities, one noteworthy difference between the crack cocaine and ice scares (and other methamphetamine scares) was the depiction of race. As aforementioned, the ice panic was linked to Asian producers and traffickers. However, users of ice were mostly portrayed as native Hawaiian or white, if the race of “typical” user was mentioned at all. In contrast, most media coverage of crack cocaine has portrayed the typical dealer and user as African American (see Reinarman & Levine, 1997c). While the “Ice Age” can surely be considered a moral panic, it is
notable that crack cocaine remained America’s number one drug scare throughout the late 1980s and early 1990s. Recurring fear-invoking images of dangerous, black, crack-using “others” provided much fodder for the anti-crack crusade, especially when the drug was portrayed as invading Middle America. Although the image of the meth-crazed lunatic was common in the ice scare, the media’s failure to maintain a link between methamphetamine and a “truly” dangerous class probably accounts for its under-coverage, relative to crack, as well as its precipitous descent from news coverage. As Reinarman (2006) points out, drug scares are particularly successful when they link a form of drug use to socially marginalized, “dangerous” groups.

The fifth, and arguably, most significant explanation for the sudden fall in press coverage of ice addresses the same forces that were largely responsible for initially bringing ice to the forefront of American media. Jenkins (1994; 1999) attributes much of the rise and fall of ice in public discourse to struggles over political power by Hawaiian bureaucrats. Spark Matsunaga had served Hawaii as a U.S. Senator since 1972, but after a series of health problems in the 1980s, it became increasingly apparent he might not survive to 1994, the next election cycle. Daniel Akaka (D) and Patricia Saiki (R), both members of the U.S. House of Representatives sought Matsunaga’s Senate seat. Akaka and Saiki received positive publicity for their “get tough” postures on ice during the late 1980s and early 1990s. In Senate hearings held to discuss ice, in 1989, Akaka often drew powerful analogies between crack and ice. Saiki was well regarded for requesting more federal resources to combat ice. When Matsunaga died in April, 1990, Akaka took his place, after winning a close November election against Saiki. Hawaii did not earn a HIDTA designation until 1999 (ONDCP, 2008), but with the Senate election settled, the onset of the first Gulf War, and a realization, especially by federal law enforcement agencies,
that ice was not a national menace, the Ice Age came to pass (Jenkins, 1994). Methamphetamine was no longer a newsworthy problem, at least until late 1995 when it would return with a vengeance.

The “Meth Epidemic”: America’s Third Methamphetamine Scare, 1995-2007

America’s third panic over methamphetamine was by far, the most intense and prolonged meth scare of all. Virtually all the major American news sources listed in Figures 6.1, 6.2, and 6.3 show media revitalization of attention to methamphetamine in 1995. In general, media attention to meth by major newsmagazines and newspapers grew gradually over the next ten years. Television news coverage exhibited a slightly different developmental pattern. Major nightly news programs presented no stories about meth in 1999, and only one segment each year between 2000 and 2003. Despite these relatively minor deviations, an examination of all three media formats suggests national concerns over methamphetamine peaked in 2005, and began slowly descending in 2006 and 2007.77

Much of the early reporting of the third meth scare was similar in content to media coverage the year before the ice age, in that a great deal of attention was paid to meth laboratories in rural parts of the West and Southwest. Outlaw motorcycle gangs were mentioned less often as meth makers and traffickers from Mexico began to be cited more regularly as a supply source. Some of the earliest reports of meth discussed Timothy McVeigh, a U.S. Army Veteran who killed 168 people after bombing Oklahoma City’s Murrah Federal Building in

77 A cursory examination of media coverage of methamphetamine in 2008 suggests that press attention towards meth continued to decline that year.
April, 1995. However, much of the media coverage of McVeigh mentioned his alleged 
methamphetamine use only peripherally.

In the latter half of the third methamphetamine scare, meth labs continued to be a popular 
subject of news discourse, but several new themes emerged. Major American TV news 
programs, newspapers, and newsmagazines escalated their interest in Mexican producers and 
traffickers, and paid a great deal of attention to victims of methamphetamine problems, including 
non-users, children, the environment, and law enforcement. Much attention was also dedicated 
to gay men and HIV, physical deterioration associated with methamphetamine use, and meth-
Much of the media coverage of methamphetamine after the passage of the Combat Meth 
Epidemic Act of 2006 discussed federal regulations on OTC cold and allergy medications 
containing pseudoephedrine.

The Social Construction of the Meth Epidemic

Proclaiming meth as “America’s New Drug Crisis”, the August 8, 2005 cover of Newsweek 
magazine symbolizes a consummation of ten years’ worth of growing hostility and dread 
towards methamphetamine, as portrayed through mass media. This section discusses many of 
the characteristics of this prolonged meth scare, and suggests several explanations for the full-
blown media frenzy that had mounted by 2005. Detail is given to a variety of themes of this 
third methamphetamine scare using Best’s (1990) theoretical insights on social constructionism 
and claims-making as a guiding framework, while also drawing on the ideas of Altheide (1997), 
Reinarman (2006), Manning (2006), and others. The majority of news reports utilized in this 
discussion come from ABC Evening News, CBS Evening News, NBC Nightly News, Time,
Newsweek, U.S. News & World Report, the New York Times, the Los Angeles Times, the Washington Post, and USA Today. Occasionally, other media sources are examined.

A “New” Drug

Novelty claims help establish a social problem’s domain and attract the public’s attention (Best, 1990). Though methamphetamine has existed since 1893, much like news stories published during the ice panic, the tone of several news reports circulated between 1995 and 2007 suggested meth was a new drug. For example, the headline of one U.S. News & World Report article declared, “A New Drug Gallops through the West” (Witkin, 1995). While the author pointed out later on in his story that methamphetamine was used during World War II, the headline illustrates the tendency for the news industry to frame an issue as novel in order to generate (or regenerate) interest and establish the grounds for new public discourse.

New incidents of “old news” have to be recrafted as fresh and original. Best (1990:27) refers to these kinds of claims as “orientation statements.” While methamphetamine had been “discovered” by news media in the 1960s, claims-makers reoriented meth’s domain by casting “a familiar problem in the fresh light of a new perspective.” Most media accounts of this nature were able to reorient the meth problem by framing new forms, sources, or threats of methamphetamine. As discussed in Chapter 5, when illicit manufacturers switched from P2P to ephedrine and pseudoephedrine precursors, they were able to produce methamphetamine in crystallized, smokable form. While the term had been employed sparingly since at least the late 1980s, “crystal meth” became a popular name for the drug during the third meth scare, particularly its later stages. To some extent, utilization of this new name helped distinguish it from the methamphetamine of past drug scares (e.g., Methedrine, ice). Also, as some of the
clandestine production operations moved outside of the United States, media were able to claim that the “new” methamphetamine being produced in foreign lands was more dangerous and potent. In addition, as law enforcement accounts of previously unknown or unreported methamphetamine problems in various locales surfaced, the press employed the newness theme by discussing novel threats to specific towns and cities.

Using a new name to describe an old drug, and citing new sources, forms, and threats, helps construct an image of novelty by reorienting the methamphetamine problem in a different light. This technique was not just limited to media accounts in the late 1990s. In 2006, FOX Evening News offered a brief segment on a “new, more powerful form of methamphetamine, meth ice” that was reported to be popular in California (“Drugs/Meth”). The next year, NBC Nightly News featured a story about a “new, more dangerous form of methamphetamine called ice” (“In Depth (Ice Meth)”, 2007). Apparently, news directors at FOX and NBC had not seen the segments about ice broadcast by ABC and CBS in 1989.

The “Epidemic” Metaphor

Shortly after signing the Comprehensive Methamphetamine Control Act of 1996 into law, President Bill Clinton (1996:1746) delivered a speech about the harms associated with meth. Identifying the bill as a preventative measure, Clinton said, “I am particularly pleased that we are acting before this epidemic spreads.” According to several national media sources, it was too late. Earlier that year, the head of the DEA told Time magazine, meth was “absolutely epidemic” (Toufexis, 1996). The previous year, he was quoted in USA Today saying, “It’s an epidemic that’s getting worse” (Davis, 1995:7A). In 1995, a New York Times headline read, “Mexican Drug Dealer Pushes Speed, Helping Set Off an Epidemic in U.S.” (Dillon, 1995a:A7).
Despite Clinton’s hopes, the plague continued to worsen over the next decade, according to press reports. In 1997, Clinton’s drug czar, General Barry McCaffrey, described the geographic spread of methamphetamine to a Washington Post reporter by saying, “the analogy to cancer may be a very helpful one. . . . it pops up in very unpredictable manners” (Suro, 1997:A01). Law enforcement was reported to be “facing an epidemic” of meth labs, according to an NBC Nightly News segment, in 2001 (“Focus: Methamphetamines”, 2001). A Washington Post headline read, “Meth Production Reaches ‘Epidemic’ Level on Coast” (Sanchez, 2001:A03). The editor of Newsweek magazine wrote, “the nation’s latest drug epidemic first hit with a vengeance in California” (Whitaker, 2005:4). A district attorney from Portland, Oregon proclaimed that meth “is an epidemic and a crisis unprecedented” (Jefferson, et al., 2005a:41). An Oregon Senator argued that a new state law requiring prescriptions for allergy medications containing pseudoephedrine was “very justified given the tremendous impact of this epidemic on all of our communities” (Jones, 2005:3A). In 2006, Newsweek reported, “the methamphetamine epidemic continues to ravage the country” (Skipp & Campo-Flores, 2006:9).

As these examples demonstrate, methamphetamine was often described using disease-like metaphors, such as “epidemic”, “plague”, or “scourge.” Such images are highly alarmist. They construct a reality of uncontrollable and indiscriminate disease and death. Without denying that methamphetamine was and remains a problem in towns around the U.S., it is necessary to contemplate the meaning of the word “epidemic” by placing it in context. As Mosher & Akins (2007:4) note, Europe’s Bubonic Plague of the 1300s killed one-third – 25 million people – of

---

78 In 1998, Clinton wrote, “the methamphetamine and crack cocaine epidemics, which in recent years were sweeping the Nation, have begun to recede” (McCaffrey, 1998:iii). It does not appear that mass media regarded his proclamation very seriously.
the population. One eighth of Ireland’s population perished from the Potato Famine of the mid 1800s. Almost 22 million people in the world had died from AIDS by 2001. Conversely, a liberal estimate of the total number of American deaths directly – and indirectly – attributable to methamphetamine use is probably in the tens of thousands.\textsuperscript{79} Also, according to the 2007 NSDUH, approximately 529,000 Americans (0.2\% of those aged 12 and older) had used methamphetamine “at least once” in the past 30 days (SAMHSA, 2008). To reiterate, while methamphetamine scares do contain a kernel of truth, depicting them as “epidemics” is somewhat misleading.\textsuperscript{80}

Put simply, disease metaphors are so often invoked because they work. In moral panics, a threat emerges and is presented in a stereotypic fashion (Cohen, 1980). Referring to a chemical substance as a plague is common to virtually all drug scares. Images of death and decay invoke fears among the public, moving them to hastily support claims-makers who promise to stop the spread of the disease.

\textit{“Worse than Crack”}

As discussed earlier, the Ice Age resonated with the American public partly because it expanded the domain of the crack cocaine panic of the 1980s. The third meth scare continued to invoke comparisons with crack, the quintessential drug scare of the past 30 years. A \textit{New York Times} article discussing the popularity of methamphetamine in urban areas of the West and Southwest

\textsuperscript{79} This liberal estimate is based on two factors. First, the total number of deaths linked to methamphetamine was 78 by 1978 (Kalant & Kalant, 1979). Second, the total number of methamphetamine-involved deaths in the U.S. in 2005 was estimated to be 895. However, this figure does not disentangle the proportion of these deaths that occurred in combination with alcohol use (Nicosia \textit{et al.}, 2009).

\textsuperscript{80} This is precisely why I have placed quotes around the term “epidemic” periodically throughout this paper.
ran the headline, “Speed Catches Up With Crack” (Dillon, 1995b:D2). Another *New York Times* article noted, “locally made methamphetamine…has become the small-town Midwest's drug of choice, authorities here say, the kind of scourge that crack cocaine has long been to the inner city” (Wren, 1997:A8). In 1996, Drug Czar McCaffrey warned that meth could become “the crack of the 1990s” (Bai, 1997:66). McCaffrey’s quotation, along with similar statements from President Clinton, Attorney General Reno, and other high-ranking officials, were publicized repeatedly by many news sources. Still on the crack theme in 1999, McCaffrey said methamphetamine “could be the crack cocaine of the next century if we don’t get ahead of the problem” (McGraw *et al.*, 1999:12).

As in media reports of ice during 1989, meth was often portrayed as being a worse drug than crack. While one reporter wrote that meth “is considered just as addictive as crack cocaine” (Owen, 2004:I1), another cited “many experts [who] say it is more addictive and toxic than…crack” (Jacobs, 2002:B1). A New York State Police officer proclaimed, “Meth makes crack look like child’s play, both in terms of what it does to the body and how hard it is to get off” (Butterfield, 2004a:A1). A doctor noted, “Crack, wicked as it is, cannot compare to the destructive power of methamphetamine” (Johnson, 1996:A1). A UCLA researcher was quoted as saying “the appeal of meth is even greater than crack…. [It] is just as cheap but packs a more potent and prolonged high” (Jacobs, 2006:B1). A journalist at the *Los Angeles Times* reported, “the cheap stimulant produces a powerful euphoria and sense of acuity that last much longer than cocaine or crack” (Schwartz, 2001:B1). A healthcare professional in Spokane, Washington said, “Eight years ago I thought injectable cocaine was the worst drug in the world…. Six years ago I thought crack was the worst and now I think it’s crank” (Goldberg, 1997: D16).
By the time the third meth scare picked up steam, the crack cocaine problem had been thoroughly institutionalized into American culture. By proclaiming methamphetamine as the “new crack”, anti-meth crusaders were able to invoke much of the frightening imagery associated with crack. Claims-makers oriented the methamphetamine problem as analogous to crack cocaine, only worse. Thus, the claims-makers and media constructions of the meth scare were able to draw on many of the themes associated with crack, including violence among drug users.

Meth-Triggered Violence
Violence and psychotic behavior were often cited as common side-effects of meth use. One reporter described the methamphetamine high as “an intense ‘rush’ followed by a state of high agitation that can lead to volatile behavior” (Howlett, 1997:A1). A hospital doctor described the following incident with a meth user:

One night a boy came in so out of control he thought I was the police and the police were trying to kill or kidnap him. He was incredibly violent – biting, slapping, grabbing doctors’ private parts. We got hold of his folks and found out he's usually a good student. Even if he does this only once every two years, given his psychotic reaction to the drug, he could end up killing someone (Kirn, 1998).

Another article told the story of a man who, after using meth, “fled his workplace to get a gun, terrified that helicopters were coming after him”, and reported that “motorists [under the influence of methamphetamine] in routine traffic stops greeted… police with psychotic tirades”
In another news story, a UCLA pharmacologist responded to a reporter’s inquiry about a beheading committed by a meth user by stating, “That is really pretty mild compared to the kind of cases we’re seeing….We’re seeing everything from serial killing to necrophilia” (Davis, 1995:7A).

Another set of articles was devoted largely to rich descriptions of specific murders and other heinous and grisly acts committed by methamphetamine users. The incident in which an Arizona man who beheaded his son because of meth-induced psychosis, mentioned above and briefly in Chapter 1, was repeatedly referenced in gory detail by many news sources. For example, Howlett (1997:1A) cites a Minnesota state trooper who refers to the murder “as an example of how dangerous the drug is. In that case, Eric Smith – high on meth for 24 hours – stabbed his 14-year-old son 29 times and then cut off the child’s head. He told police he thought the boy was possessed.”

In another incident, USA Today reported on five murder victims of a meth-provoked shooting spree in the Midwest.

One of the suspects…told police that he and [another suspect] had been taking the drug almost the entire week before the rampage…. [A state prosecutor] said that the area, like other rural areas in the Midwest, has seen methamphetamine use skyrocket. “Drugs are a problem everywhere, even in small towns.” Shinkle said. The killing spree began early April 1 and lasted more than 23 hours as the killers roamed back roads in a rural farming corner where Indiana, Illinois and Kentucky meet. Police found the body of the first victim, Jeremiah Miller, on the side of a little-used road just after 10 a.m. Miller, 18, had been arrested with Wessell on
theft charges two days earlier. Over the next three hours, police found the bodies of Marlin Knepp, 26, a Mennonite farmer who was shot off his tractor, and Pam Cook, 36, a mother of four, whose car was stolen. Police didn’t catch up with the two suspects until after the shootings of Larry Sams and David Chalcraft near Albion, Ill. Chalcraft, who survived a gunshot to his neck, was able to call for help and give police a description of the gunmen (Howlett, 1998:3A).

The Los Angeles Times reported on the mayhem wrought by Shawn Nelson, a methamphetamine user and former Army tank crewman who broke into a San Diego armory, stole an M-60 tank, and went on a “destructive urban rampage”:

[Nelson] wreaked about 22 minutes and six miles of havoc: He rammed at least 40 vehicles, slightly injuring a mother and child by smashing into their van, attempted to hit pursuing police cars and plowed into bridges, utility poles, fire hydrants, signal lights, a bus bench and finally a concrete freeway divider, where the tank became stuck in a cloud of dust (Rotella & Kraul, 1995:A1).

An article in the Vancouver Sun reported that witnesses “said Nelson, whose head was sticking out through the hatch, was smiling and laughing as the tank rumbled along” (“Man Shot”, 1996:A15). Nelson was ultimately shot to death by police.

An interesting aspect of media coverage on Nelson’s tank joyride is that while a few of the initial reports mentioned Nelson had ongoing struggles with alcohol and methamphetamine, meth was not listed as the sole cause of his erratic behavior. Rather, press reports described a
man who had experienced a recent series of bad breaks, including loss of employment, financial problems, and relationship difficulties. This is noteworthy because much of the subsequent media coverage in the months and years since the event mostly blames Nelson’s infamous tank ride on his methamphetamine use. Almost two months after the incident, the *San Diego Tribune* reported that the toxicology report found Nelson “had a blood-alcohol level of .24 percent and a trace amount of methamphetamine in his system” (Hughes, 1995:B1). This appears to be one of the only articles published discussing the official post-mortem toxicology report. When the story of Shawn Nelson is remembered in popular culture, rarely is it noted that he was severely inebriated at the time of his joyride. Rather, his behavior is generally attributed to methamphetamine, a trace amount of which was found in his body.

Horrific stories of beheadings, shooting sprees, and tank rampages are all typifying examples. They are not just symbolic morality plays, but emotionally riveting and shocking tales about *real* individuals affected by methamphetamine. The “realistic” nature of these anecdotes helps to perpetuate a discourse of fear (Altheide, 1997). Atrocity tales often typify social issues, serving as a point of reference for the overall problem (Best, 1990). This is especially evidenced in the piece discussing the beheading (Howlett, 1997), in which the state trooper uses the murder as a reference point to frame part of the overall methamphetamine problem. These horror stories are also classic examples of the routinization of caricature (Reinarman & Levine, 1997b). Each year between 2002 and 2007, roughly 1.6 million American residents used methamphetamine at least once a year (SAMSHA, 2008). The framing of worst cases as typical serves to shape public perceptions of the behaviors of all users.

Who’s Using the Drug and Where are They Using It?
Media coverage of the third methamphetamine scare described users with a variety of demographic characteristics. An article from USA Today summarizes early depictions of the common user: “Meth users are typically white, working-class men in their 20s or 30s” (Howlett, 1997:1A). To be sure, race was not a prevalent topic of discussion in media coverage of methamphetamine. The general lack of focus on whites as the typical user group is probably due to the fact that drug scares often prosper when claims-makers are able to draw distinctions between users and non-users. In contrast to many other drug scares, especially crack cocaine, the race of methamphetamine users has not been a characteristic used to distinguish them from the majority. Additionally, the fact that most methamphetamine users are white, coupled with news reports that did not tend to portray race as a causal factor of use, may partly explain the relatively less harsh criminal sanctions mandated for users and traffickers, compared to penalties for crack cocaine violations. This issue will be revisited and elaborated in a subsequent section.

Early reports also represented meth as a predominantly rural drug enjoyed by poor, uneducated Americans. Political leaders helped shaped this image. For example, in 1997, Barry McCaffrey remarked, “It’s possible we’re seeing methamphetamine, the poor man’s cocaine, replacing, to some extent, crack cocaine” (Suro, 1997:A01). Media depictions of the physical environments in which methamphetamine was used were often illustrated with scenes of trailer parks, rusty pick-up trucks, and farms. Much of the early news reports noted meth use was fairly confined to the West Coast and Southwest, however, claims that methamphetamine was making or about to make its way eastward were a resounding theme.

In the latter stages of the third meth scare, portrayals of user characteristics broadened. A 2005 Newsweek article encapsulates the tone of some of the later depictions:
Once derided as “poor man's cocaine,” popular mainly in rural areas and on the West Coast, meth has seeped into the mainstream in its steady march across the United States. Relatively cheap compared with other hard drugs, the highly addictive stimulant is hooking more and more people across the socioeconomic spectrum: soccer moms in Illinois, computer geeks in Silicon Valley, factory workers in Georgia, gay professionals in New York. The drug is making its way into suburbs from San Francisco to Chicago to Philadelphia. In upscale Bucks County, Pa., the Drug Enforcement Administration last month busted four men for allegedly running a meth ring, smuggling the drug from California inside stereo equipment and flat-screen TVs. Even Mormon Utah has a meth problem, with nearly half the women in Salt Lake City's jail testing positive for the drug in one study (Jefferson, et al., 2005a:42).

During the twenty-first century, media coverage also occasionally associated meth use with college students, Hispanics, and Native Americans.

Despite repeated claims that meth has spread across the United States, throughout the third methamphetamine scare, its use has remained rather regionalized. One source of data permitting analysis of geographic usage patterns is the Arrestee Drug Abuse Monitoring Program (ADAM). Previously known as the Drug Use Forecasting (DUF) program, the ADAM program was implemented quarterly between 1998 and 2003. ADAM researchers conducted interviews of persons arrested in various places throughout the U.S., asking questions about a variety of topics including drug use history, arrest history, demographic characteristics, method of purchasing drugs, and route of drug administration used. After interviewed, arrestees are asked
to provide a urine specimen to be analyzed for the presence of several drugs. For adult male arrestees, within each ADAM site, researchers collect data from a variety of booking facilities, utilizing probability-based sampling methods that permit generalizations to the county level. Of course, not all arrestees are interviewed, and of those who are interviewed, not all consent to providing a urine sample. In 2003, 56.7 percent of eligible adult male arrestees agreed to an interview, almost one-third could not be interviewed due to logistical reasons (e.g., court appearance), and 11.7 percent declined. Of those who agreed to an interview, 91.4 percent provided a urine sample (U.S. Department of Justice, 2003).

Table 6.1 shows the percentage of adult male arrestees who tested positive for methamphetamine in several U.S. counties between 2000 and 2003. The data indicate that methamphetamine use is strongly regionalized, with highest usage in western ADAM sites, moderate-to-low usage in the Midwest, and very little use in the South and Northeast. Honolulu, Hawaii had the highest percentage of adult male arrestees who tested positive for methamphetamine, ranging from 35.9 percent in 2000 to 44.8 percent in 2002. Other western counties, including Multnomah County, OR, Maricopa County, AZ, and Sacramento County, CA, had relatively high rates of adult male arrestee methamphetamine use. Most notable, is the fact that less than one percent of arrestees used methamphetamine in New York City, Philadelphia, Detroit, Washington, D.C., and Boston. For example, from 2000 to 2003, a total of 3,352 adult male arrestees in the New York sample provided a urine specimen. Six tested positive for methamphetamine (U.S. Department of Justice, 2000; 2001; 2002; 2003).

---

81 Data on female and juvenile arrestees were collected through convenience sampling methods.
<table>
<thead>
<tr>
<th>ADAM Site</th>
<th>Percentage of Arrestees Testing Positive for Methamphetamine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000</td>
</tr>
<tr>
<td>Honolulu</td>
<td>35.9</td>
</tr>
<tr>
<td>Sacramento</td>
<td>29.3</td>
</tr>
<tr>
<td>San Diego</td>
<td>26.3</td>
</tr>
<tr>
<td>San Jose</td>
<td>21.5</td>
</tr>
<tr>
<td>Portland, OR</td>
<td>21.4</td>
</tr>
<tr>
<td>Spokane</td>
<td>20.4</td>
</tr>
<tr>
<td>Phoenix</td>
<td>19.1</td>
</tr>
<tr>
<td>Des Moines</td>
<td>18.6</td>
</tr>
<tr>
<td>Las Vegas</td>
<td>17.8</td>
</tr>
<tr>
<td>Salt Lake City</td>
<td>17.1</td>
</tr>
<tr>
<td>Oklahoma City</td>
<td>11.3</td>
</tr>
<tr>
<td>Omaha</td>
<td>11.0</td>
</tr>
<tr>
<td>Seattle</td>
<td>9.2</td>
</tr>
<tr>
<td>Tucson</td>
<td>6.9</td>
</tr>
<tr>
<td>Albuquerque</td>
<td>4.7</td>
</tr>
<tr>
<td>Denver</td>
<td>2.6</td>
</tr>
<tr>
<td>Dallas</td>
<td>2.1</td>
</tr>
<tr>
<td>Minneapolis</td>
<td>1.6</td>
</tr>
<tr>
<td>Charlotte-Metro</td>
<td>1.4</td>
</tr>
<tr>
<td>Indianapolis</td>
<td>0.7</td>
</tr>
<tr>
<td>San Antonio</td>
<td>0.2</td>
</tr>
<tr>
<td>Anchorage</td>
<td>0.2</td>
</tr>
<tr>
<td>Birmingham</td>
<td>0.2</td>
</tr>
<tr>
<td>New Orleans</td>
<td>0.2</td>
</tr>
<tr>
<td>Cleveland</td>
<td>0.1</td>
</tr>
<tr>
<td>Chicago</td>
<td>0.0</td>
</tr>
<tr>
<td>New York City</td>
<td>0.0</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>0.0</td>
</tr>
<tr>
<td>Capital Area (Albany, NY)</td>
<td>0.0</td>
</tr>
<tr>
<td>Atlanta</td>
<td>0.5</td>
</tr>
<tr>
<td>Laredo</td>
<td>0.0</td>
</tr>
<tr>
<td>Detroit</td>
<td>0.0</td>
</tr>
<tr>
<td>Fort Lauderdale</td>
<td>0.0</td>
</tr>
<tr>
<td>Miami</td>
<td>0.0</td>
</tr>
<tr>
<td>Houston</td>
<td>0.5</td>
</tr>
<tr>
<td>Kansas City (Jackson Co.)</td>
<td></td>
</tr>
<tr>
<td>Woodbury Co. (IA)</td>
<td></td>
</tr>
<tr>
<td>Los Angeles</td>
<td></td>
</tr>
<tr>
<td>Tulsa</td>
<td></td>
</tr>
<tr>
<td>Washington, D.C.</td>
<td></td>
</tr>
<tr>
<td>Rio Arriba Co. (NM)</td>
<td></td>
</tr>
<tr>
<td>Boston</td>
<td></td>
</tr>
<tr>
<td>Tampa</td>
<td></td>
</tr>
</tbody>
</table>


Notes: Blanks indicate no data was gathered that year; Data are weighted.
It should also be noted that more than twice as many arrestees used cocaine than methamphetamine. For those ADAM sites in which data were collected every year from 2000 to 2003, the percentage of adult male arrestees testing positive for cocaine was 28.4. A total of 12.8 percent tested positive for methamphetamine (U.S. Department of Justice, 2000; 2001; 2002; 2003).

After 2003, the ADAM program was cancelled. However, ADAM resumed data collection (with some modifications) in 2007. Complete data from 2007 are not yet available however, one resource provides preliminary findings. The percentage of adult male arrestees testing positive for methamphetamine in Chicago, Minneapolis, New York City, Charlotte, and Atlanta during 2007 was well under 10 percent, not significantly different from data collected in 2003. On the other hand, a relatively high percentage of arrestees in Portland, Oregon (approximately 20%) and Sacramento (approximately 35%), two cities with relatively high rates of meth use among arrestees between 2000 and 2003, tested positive in 2007. One city was a notable exception to this trend. In 2003, 0.7 percent of adult male arrestees in Washington D.C. tested positive for meth. In 2007, that figure stood at approximately 6 percent, a statistically significant increase (U.S. Department of Justice, 2003; Hunt, 2008).

In a similar vein, NSDUH data support the contention that methamphetamine use was quite regionalized. Western states had the highest percentage of residents who used meth in the past year (1.6%), followed by the South (0.7%), Midwest (0.5%), and Northeast (0.3%). The

---

82 The data on methamphetamine use provided by Hunt (2008) are presented in a series of line graphs, making it difficult to discern exact percentages.

83 While Portland and Sacramento arrestees still exhibit relatively high rates of methamphetamine use, according to Hunt (2008), data indicate statistically significant drops in meth use for both cities in 2007 compared to 2003.

84 See Hunt (2008) for more information on methamphetamine use among adult male arrestees in various U.S. cities.
rates of past year use in 2006 were similar to those in 2002 in each region (SAMHSA, 2007). Also, NSDUH data collected between 2002-2005 found that the five states with the highest rates of past year use were Nevada (2.02% of persons aged 12 and older), Montana (1.47%), Wyoming (1.47%), Idaho (1.24%) and Nebraska (1.24%), whereas the five states lowest usage rates were Connecticut (0.06%), New York (0.10%), New Jersey (0.11%), Massachusetts (0.14%), and Maryland (0.14%) (SAMHSA, 2006).

Regarding overall prevalence estimates, in 2006, an estimated 731,000 people (0.3%) in the U.S. population aged 12 or older had used methamphetamine at least once in the past month. In addition, in 2006 the number of methamphetamine initiates aged 12 or older was estimated at 259,000. Both of these estimates are not significantly different from 2002-2005 estimates (SAMHSA, 2007). The percentage of persons aged 12 or older who used methamphetamine at least once in the past year remained around 0.7-0.8 percent from 2002 to 2006. No statistically significant differences in use between these years were observed. In 2007, this percentage dropped to 0.5 percent, a statistically significant difference from all years between 2002 and 2006, except 2005. Also in 2007, the percentage of persons aged 12 or older estimated to have used meth in the past month was 0.2 percent, a statistic not significantly different from 2002-2006 figures (SAMHSA, 2007).

NSDUH data collected in 2007 find that men were slightly more likely than women to use methamphetamine over the past month (0.23% vs. 0.20%) and past year (0.60% vs. 0.49%). Also, methamphetamine use among persons aged 18 to 25 (1.23% past year; 0.35% past month) was higher than rates for those aged 12 to 17 (0.47%; 0.13%) and 26 or older (0.43%; 0.20%). These age and gender differences are generally consistent with estimates for previous years (SAMHSA, 2007).
Methamphetamine use also varies by race/ethnicity. According to data from the 2005 NSDUH, 2.2 percent of persons aged 12 and older classifying their race as Native Hawaiian or other Pacific Islander used methamphetamine at least once in the past year, from 2002-2004. Data for persons of other races are as follows: Two or more races, 1.9 percent; American Indian or Alaskan Native, 1.7 percent; White, 0.7 percent; Hispanic or Latino, 0.5 percent; Asian, 0.2 percent; Black or African American, 0.1 percent (SAMHSA, 2005). Since whites make up the majority of the U.S. population, of all those who have used methamphetamine, most are white.

Data from the NSDUH also find that methamphetamine is slightly more prevalent in rural areas. Past year use in non-metropolitan areas (i.e., areas outside metropolitan statistical areas) was estimated to be 0.8 percent between 2002 and 2005, 0.7 percent in small cities, and 0.5 percent in cities with one million or more inhabitants (SAMHSA, 2005).

Overall, these data are more consistent with earlier media coverage of the third methamphetamine scare. Meth is more prevalent in rural areas, is strongly regionalized, and slightly more likely to be used by men than women. Also, whites make up the majority of methamphetamine users. Contrary to claims made about the meth “epidemic” from 1995 to 2007, the percentage of persons who have used methamphetamine has remained relatively low and stable. Furthermore, the regional variation patterns exhibited by both ADAM and NSDUH data cast some doubt on claims that methamphetamine is “sweeping the nation.”

The more recent images of new kinds of meth users and locations of meth use indicate a transition from a symbolic framework of social pathology, where the methamphetamine problem was constructed as isolated to relatively powerless social groups, to a threat to the innocent framework where the drug is seen as invading the “good” society (Manning, 2006). Drug scares may be more likely to persist in the social problems marketplace if they are framed as affecting
everybody, everywhere. As news consumers begin to hear that individuals of all backgrounds are equally likely to use methamphetamine, or that use is spreading to the middle and upper classes, their perceptions of meth as a credible threat become more personal.

**Tweakers: Images of Users**

Beyond discussing the standard demographic characteristics of methamphetamine users, media also invoked the more general image of the “tweaker”, the modern day counterpart of the “speed freak” of the 1960s and early 1970s. The term originated from automobile mechanic lingo that “speak[s] of ‘tweaking’ an engine to make it perform better” (Will, 1996:A31). Some chronic methamphetamine users are known to “tweak”, or tinker with appliances or other mechanical objects. Joseph (2000) refers to this as the “McGyver Effect”, named after the 1980s American television show in which the main character constantly foiled criminals by constructing elaborate tools and contraptions out of various common materials. However, the term “tweaker”, when used to describe a methamphetamine user, has evolved to describe someone who is deranged, deformed, or strung-out from the drug.

An *U.S. News & World Report* article describes tweakers as users who “load up on…homemade speed and stay up for three days grinding their teeth and taking apart carburetors for fun” (McGraw & Witkin, 2003:33). In another passage, the authors describe a former tweaker named John:

After a divorce several years ago, John, 26, moved in with some friends and began snorting meth. Early on he found that the rush helped him work harder on his construction job and took the edge off the tedium. Soon he began staying up
for three days at a time, drinking beer with buddies and staring at the TV for hours. But meth is a progressive drug, and the more John used, the worse the high became. He became paranoid and started stealing tools from work to support his habit. He got into pointless fights in bars. Soon he was doing about an “eight ball” – 3 ½ grams costing about $250 – every day. He thought he saw people outside his house looking for him; they turned out to be shrubs (McGraw & Witkin, 2003:33).

Other media sources described meth tweakers as “bedraggled [and] rail-thin, with greasy hair and open sores” (Johnson, 2004:41), “antisocial zombies…[who are] hostile and delusional” (Owen, 2004:11), and “cadaverous, pallid creatures with bad skin and phosphorescent eyes who chatter as if possessed” (Holden, 2007:E10). Another report discussed property crimes committed by tweakers who steal personal information from people’s mailboxes and orchestrate elaborate identity theft operations (Leland & Zeller, 2006). In another source, a DEA agent described the common tweaker: “The user is mowing his lawn at 3 a.m. Or the user unintentionally kills his or her baby by shaking it too hard. It gets users so wired they can stay awake for three or four days. Which makes them crazy, and dangerous” (Will, 1996:A31). One article described “tinkle tweakers” – meth users who are so desperate for the drug that they “store their urine in bottles so they can reprocess it to extract methamphetamine” (Johnson, 2003:B4).

As some of these quotations suggest, many of the effects of meth use discussed physical health or appearance. One of the more recently and popularly mentioned consequence of meth use is “meth mouth”, a condition referring to the poor dental hygiene of some chronic users. A
New York Times piece adequately summarizes “meth mouth”: “In short stretches of time, sometimes just months, a perfectly healthy set of teeth can turn a grayish-brown, twist and begin to fall out, and take on a peculiar texture less like that of hard enamel and more like that of a piece of ripened fruit” (Davey, 2005:A1). Grisly photos of meth users’ mouths have appeared in many newspapers and magazines, and on numerous television news reports and documentaries.

The majority of “meth mouth” mentions portray the phenomenon as a direct and sole consequence of methamphetamine use. Rarely did media coverage of meth mouth suggest the possibility that other factors (e.g., SES, health insurance, consumption of sugary soda by meth users) may facilitate the condition. While the clinical research literature documents oral health problems among methamphetamine users (e.g., Klasser & Epstein, 2005; Rhodus & Little, 2005), a search of Sociological Abstracts returned zero sociological studies investigating some of the potential mediating factors that may contribute to meth mouth. While they did not investigate illicit drug use specifically, a study by Hudson, Stockard, and Ramberg (2007) found that income, education, and visiting a dentist at least once per year were negatively associated with tooth decay and tooth loss, even after controlling for alcohol and tobacco use. It is likely that lower levels of income, education, and dental insurance among some methamphetamine users partly affect their development of meth mouth.

A second noteworthy portrayal of the tweaker’s decrepit physical appearance is in media coverage of “Faces of Meth.” What began as a newspaper article in a December, 2004 issue of the city of Portland’s Oregonian (Rose, 2004) eventually received national attention by other news sources and anti-meth campaigns. “Faces of Meth” shows before-and-after photographs of methamphetamine users arrested for various crimes in Portland, OR. Put bluntly, many of the “after” photographs are revolting and sickening to the casual viewer. Meth users are shown to be
weary, wrinkly and wired. Several photos show users with open sores and bandages on their faces, a result of compulsively scratching away “meth bugs”. In 2005, the year in which methamphetamine received the highest level of national media attention, CBS Evening News showed the “Faces of Meth” during the final day of a three-part special series examining meth use in the United States (“Meth Crisis”, 2005). Four months later, NBC Evening News featured the “Faces of Meth” during the fourth part of its four-day special series about methamphetamine (“The Meth Crisis: Danger at Home (Part IV)”, 2005). The photographs have become very popular, making their way into other news outlets, law enforcement websites, and advertising campaigns. A January, 2009 Internet search of “Faces of Meth” on www.google.com returned over 66,000 unique websites.

Gruesome portrayals of users were also central to the Montana Meth Project (MMP) organization. In 2005, the MMP introduced a major methamphetamine prevention program, largely through the release of a series of television advertisements depicting the ills associated with use of the drug (Erceg-Hurn, 2008). The majority of the advertisements feature children or teenagers who have turned into “tweaked-out” monsters bent on crime and destruction. In one ad, a teenage boy violently punches and kicks the door to his parents’ house, commanding, “Let me in! I’m gonna kill you!” In another, a ghastly-looking teenage boy ferociously runs into a public self-service laundry facility, steals customers’ money and screams in the faces of terrified women and babies. In another advertisement, two young, emaciated teenage girls casually offer up their bodies to male strangers in order to acquire “meth money”. After the strangers take the

---

85 Some chronic methamphetamine users experience the sensation that many bugs are on or beneath the surface of their skin. Some resort to constant scratching and picking of their skin, which may result in sores and scabs. For a compilation of “Faces of Meth” photos, see http://www.oregonlive.com and search, “Faces of Meth”.

300
girls up on their offer, the commercial ends as the girls enter a grimy bathroom and the males take off their coats. In a fourth MMP ad, a teenage boy steals money from his mother’s purse and then slaps and kicks her when she tries to stop him. Virtually all of the advertisements are punctuated with shrieks and music reminiscent of a horror film. The tweakers resemble ghosts, as evidenced by their pale skin, blackened eyes, open sores, cracked lips, rotten teeth, and overall disheveled appearance. The majority of the scenes in which meth use takes place are cold, damp, dirty, and desolate86 (“Montana Meth Project”, 2009).

Beginning in Montana, the MMP has recently “rolled out across the nation…[and received] considerable public funding” after the campaign was heralded as a massive success in reducing use and increasing anti-meth attitudes (Erceg-Hurn, 2008:256). In 2006, NBC Evening News featured a segment on the MMP, airing several of the advertisements and interviewing Tom Seibel, the program’s founder (“Drugs/The Meth Crisis”, 2006). The next year, ABC Evening News aired two separate stories on the MMP, citing its effectiveness in reducing meth use in Montana (“Key to Success”, 2007; “A Closer Look”, 2007).

In a critical analysis of a series of state and national surveys, Erceg-Hurn (2008) finds that contrary to media, political, and organizational claims, the MMP has not significantly reduced use or pro-methamphetamine attitudes. For example, the percentage of Montana teenagers who “strongly disapproved” of methamphetamine use decreased steadily, from 98 percent in 2005, to 91 percent in 2008. Similarly, the percentage of Montana teens who reported lifetime use of methamphetamine was two percent in 2005, reached six percent in 2006, and dropped to three percent in 2008. Erceg-Hurn (2008) attributes some of the MMP’s apparent

---

86 Many of the MMP advertisements can be seen at [http://www.montanameth.org/View_Ads/index.php](http://www.montanameth.org/View_Ads/index.php).
lack of effectiveness to exaggerated portrayals of methamphetamine hazards, as reported by about one-half of those surveyed.

Meth mouth, “Faces of Meth”, the MMP’s deathly images of tweakers, and other ghastly depictions of meth users’ physical appearance have a “shock and awe” appeal. Americans are sometimes accused of being more materialistic and superficial than people of other nations. If there is any truth to this criticism, it may explain why such unsightly images seem to resonate with many members of society. Americans attach a great deal of meaning to physical attractiveness. Representations of the ugly effects of methamphetamine on the human body indicate gross violation of norms of beauty and health. While such representations may not actually deter meth use, they have great potential to instill a sense of alarm among news consumers, especially those who know little-to-nothing about the drug. Additionally, such depictions work to stigmatize meth users as deformed “others” through a perpetuation of the dope fiend mythology.

Gay Men

Media coverage of methamphetamine often linked use of the drug with homosexual men, risky sexual practices, and HIV/AIDS, especially in the 2000s. In an ABC Evening News segment about multiple aspects of the methamphetamine problem in the United States, the show’s host noted a “growing use of meth by a number of gay men in big cities, which correlates to risky behavior and a spike in AIDS” (“Drugs/Meth Wars”, 2005). A New York Times article reported that “crystal meth has spread beyond New York's gay club culture to a wider cross section of gay men, especially young ones” (Owen, 2004:I1). A Washington Post piece noted, “AIDS experts were uniformly worried yesterday about the report that a strain of highly virulent and drug-
resistant HIV had been found in a gay man in New York.” New York City’s health
commissioner said that “the man had ‘many’ episodes of anal intercourse with men met through
the Internet. Many of the encounters…occurred under the influence of crystal
methamphetamine” (Brown, 2005:A16).

An article in Newsweek discusses the use of the acronym “PnP”, short for “party and
play”, in Internet personal advertisements. PnP is known among some subcultures as an activity
involving drug use and sex. The Newsweek exposé talks about the “ugly underground of meth-
fueled sex” between gay men in New York City. The opening paragraph is worth quoting in its
entirety:

It’s Saturday evening in Manhattan, and three dozen men are crammed into a one-
bedroom suite in an upscale hotel across from Ground Zero. After shelling out
$20 a piece to the man who organized tonight’s event over the Internet, the guests
place their clothes in Hefty bags for safekeeping and get down to business and
pleasure. A muscular man in his mid-30s sits naked on the sofa and inhales a
“bump” of crystal methamphetamine. Within minutes, he’s lying on the floor
having unprotected sex with the host of tonight’s sex party, whose sunken cheeks,
swollen neck glands and distended belly betray the HIV infection he's been
battling for years. In the bedroom, a dozen men, several of them sweaty,
dehydrated and wired on meth, are having sex on the king-size bed. There’s not a
condom in sight. “It’s completely suicidal, the crystal and the ‘barebacking’
[unprotected anal sex],” says one of two attendees who described the scene. “But
there's something liberating and hot about it, too” (Jefferson et al., 2005b:38).
As this excerpt illustrates, methamphetamine was often portrayed as a “gay drug”, especially in areas of the Northeast with low overall usage rates. Gay male methamphetamine users were depicted as reckless, irresponsible, sickly, and of low self-esteem. These portrayals fit with the dope fiend mythology’s image of the drug addict as a moral degenerate who uses drugs because of abnormal or inferior personality traits (Reasons, 1976). While some of the media reports about meth use among gay men had sympathetic themes, virtually no mentions were made of social forces as potential contributing factors. Like typical depictions of other kinds of users, most causal explanations were located at the individual level.

Who’s Making and Trafficking the Drug?

While whites were usually cited as the typical group involved in methamphetamine use, an examination of media coverage of the third methamphetamine scare suggests racial and ethnic minorities increasingly received much of the blame for the overall methamphetamine problem, mostly due to their roles as producers and traffickers. Earlier images of meth production and trafficking involved poor, rural, loosely organized whites or outlaw motorcycle gangs, whereas later images were of Mexicans, and to a lesser extent, Asians.

As ephedrine and pseudoephedrine became more difficult to obtain legally, a sizable proportion of the production operations shifted to outside of the United States. Consequently, many of the trafficking networks evolved to include persons from Mexico, Asia, and elsewhere. The involvement of foreigners in supplying a proportion of America’s methamphetamine was a common feature in U.S. news coverage.
The *New York Times* headline mentioned previously is worth repeating here: “Mexican Drug Dealer Pushes Speed, Helping Set Off an Epidemic in U.S.” (Dillon, 1995:A7). After avoiding a federal indictment for cocaine trafficking, Jesus Amezcua of Mexico, “retreat[ed] to safety south of the border, [and] shifted from cocaine to a drug then surging in popularity across the American West, and now sweeping east: methamphetamine, or speed.” This article is instructive and illustrative of many other media portrayals of the methamphetamine problem. The use of meth by Americans is posited to be the fault of sneaky and greedy foreigners. Dillon (1995) casually notes that Amezcua owns a $50,000 BMW. The journalistic practice of describing the lavish lifestyles of drug dealers and traffickers was common in many media reports. It may be speculated that such techniques serve to instill a sense of envy or injustice among news consumers employed in legitimate occupations. Later on in the article, Dillon (1995:A7) writes, “Elbowing aside the American motorcycle gangs who once dominated production and trafficking, the Mexican drug mafias have in recent years flooded the Western United States with methamphetamine.” The image of Mexicans “flooding” the U.S. with drugs completely neglects the demand-side of the American methamphetamine problem. Like many U.S. drug policies, media tended to focus on illicit suppliers as a root cause of society’s troubles with drugs.

Dillon was not alone in assigning responsibility to Mexico. A *U.S. News & World Report* article claimed “powerful Mexican drug cartels have hit rural America”, and reported that most of the meth in one rural Iowan county “is not the home-grown variety. Newly powerful

---

87 For example, a *Washington Post* article described the residence of a suspected Mexican meth trafficker as a “Mediterranean-style mansion in Mexico City's posh Las Lomas de Chapultepec neighborhood” (Duggan & Londo, 2007:A01).
Mexican drug lords have muscled in on virtually every aspect of the illegal drug business to such a degree that there is a direct pipeline of methamphetamine from Mexico to Marshalltown” (McGraw & Witkin, 1998:33). A map depicting various locations and “hubs” for methamphetamine trafficking notes that in Iowa, “an established market of users and an influx of cash-strapped illegal immigrants have enabled the meth trade to flourish” (McGraw & Witkin, 1998:33). A *Time* article described Mexican drug traffickers as “border monsters” who “pay off…or kill off…anyone who stands in [their] way.” Two Mexican brothers were described as smuggling “hundreds of tons of cocaine, plus marijuana, heroin, and methamphetamine” into the U.S. each year (Padgett & Shannon, 2001). In 2006, *CBS Evening News* showcased a two-part series on the Mexican drug trade. The second part noted that despite a decline in domestic meth labs, the U.S. was witnessing an “explosion of meth use”, purportedly due to Mexican trafficking syndicates (“The War Next Door”, 2006).

Several articles that explicitly mentioned the fact that most methamphetamine users were white tended to portray white American users as victims of foreign suppliers. An article about methamphetamine use in rural Georgia, published in the *New York Times*, serves to illustrate this tendency. After describing a history of drug problems among local white (and black) residents, Golden (2002:A1) notes, “But where local methamphetamine cooks might turn out a couple of pounds of the drug at a time, Mexican traffickers offer much larger quantities and lower prices,…attracting dealers from nearby areas of Tennessee and North Carolina”. Implicit in this statement is that local white clandestine producers of methamphetamine are not nearly as problematic or blameworthy as foreigners. Another article stated that the “vast majority of meth users are white”, but that most of distributors are Mexican.
Although methamphetamine isn’t completely new to the area, the business was once dominated by motorcycle gangs and truckers. Then it exploded in the Shenandoah Valley within the past decade, as the Latino population rose by more than 400 percent (Boorstein, 2004:C08).

Like the previous article, this description attributes the causes of the methamphetamine problem to Mexicans and other Latinos. One potential interpretation of this excerpt might read as, “methamphetamine distributed by (white) motorcycle gangs and truckers was acceptable, but as Mexicans have recently moved into the area they have created a severe, intolerable problem.”

A third news story further echoes these sentiments. The Washington Post article describes Candy, a white woman, mother, and former defense attorney who “was a pit bull when it came to protecting kids” but later lost everything through her addiction to methamphetamine. The author then cites NSDUH data showing that most methamphetamine users are white. After a brief discussion of the early illicit methamphetamine trade, the author notes that by the 1980s,

Mexican cartels also discovered a lucrative market in cooking up the drug and exporting it north. Over the next 15 years, meth’s use exploded in Southern California and spread from there. By the mid-‘90s, Eugene, Ore. – where Candy had hung out her shingle as a juvenile-defense attorney – was flooded with the stuff (Singer, 2006:W22).

In other words, Candy became addicted from Mexican-produced and -distributed methamphetamine, which had inundated her town.
Periodically, media coverage also focused on Asian suppliers, especially North Korea. Starting in the 2000s, several reports discussed North Korea’s involvement as a supplier of illicit methamphetamine for Japan and several other Asian nations. One article notes,

When U.S. officials call the North Korean regime ‘mafialike,’ they aren't exaggerating….U.S. officials now believe the regime produces some 40 tons of opium a year, plus tons of high-quality methamphetamine that are smuggled out for sale on the back streets of East Asia (Kaplan, 2003:34).

A *New York Times* article reported that North Korea exported one ton of State-manufactured methamphetamine per month (Brooke, 2003). It should be pointed out that when media discussed North Korea’s methamphetamine production operations, rarely was it claimed that North Koreans were a supply source for the U.S. However, North Korea was often discussed as using revenues from its meth sales to fund the production of counterfeit American currency. Also, most of the media reports discussing methamphetamine and North Korea coincided with the height of the American methamphetamine scare and increased political concerns with North Korea as a nuclear threat.

In addition, a handful of news reports associated methamphetamine trafficking with Middle Easterners. An article that appeared in the *Washington Post* four months after the terrorist attacks of September 11, 2001, reported on the bust of a pseudoephedrine smuggling ring. “Most of the alleged smugglers are of Middle Eastern descent, and several were in the U.S. illegally.” While the head of the DEA said there were “no indications that the suspects were involved in terrorism”, he added that he was unsure what the money being sent back to the
Middle East was being used for once it got there (Thompson, 2002:A03). Over the next few months, the DEA changed its position, saying that the drug operation was “run by men of Middle Eastern descent, [who] funneled proceeds to Middle East terrorist groups like Hezbollah.” This was the first evidence gathered by U.S. officials that profits from U.S. drug sales were going “in part to support terrorist organizations in the Middle East”, according to the DEA director\textsuperscript{88} (“U.S. Drug Ring”, 2002:A16).

Ancient civilizations created and sacrificed scapegoats in order to ward off or bring an end to threatening plagues (Szasz, 1974). While the majority of America’s methamphetamine users are white, foreigners served as a popular scapegoat for combating the U.S. meth “epidemic.” In other words, rather than discussing the methamphetamine problem in terms of a U.S. demand for stimulants, a media largely focused on Mexican and Asian suppliers served to absolve Americans from examining some of the domestic roots of the problem.

According to Loseke and Best (2003), diagnostic frames, constructed by claims-makers, explain the causes of whatever social problem is currently under scrutiny. One of the primary diagnostic frames of the most recent methamphetamine scare has been foreign suppliers. Understanding how claims-makers construct causes of the meth problem is important because it affects how social control agencies and the public at large offer solutions.

\textsuperscript{88} In February, 2002, the ONDCP released two separate television commercials claiming that Americans who use illegal drugs are helping fund terrorist organizations. In one of the advertisements, the ghost of a little girl tells a woman “you killed me….[because] you bought drugs.” The woman’s drug habit helped terrorists pay for the bomb that was used to blow up the little girl on her way to school. An assistant director of the Drug Policy Alliance of New York commented that the commercials were “a cynical, cheap shot to take in the current political environment….To make it sound like a kid who smokes pot is responsible for putting cash in the hands of Osama bin Laden is ludicrous” (Delgado, 2002).
Victims of Meth: Children

In the social construction of social problems, ground statements establish the foundation for public discourse. Warrants are statements that justify the conclusions drawn from ground claims. Warrants are often implicit, especially if they embody deeply held cultural values, such as the value of children (Best, 1990).

As in many other drug panics, media coverage of the third meth scare is rife with stories of harmed children. Accounts of children neglected by meth-using parents, “meth babies”, and children harmed by living near clandestine labs were popular topics. For example, one *ABC Nightly News* broadcast included a story of three children who died in a suspected meth lab explosion in California (“California/Methamphetamines”, 1995). An *NBC Nightly News* report featured “meth orphans” who had been abandoned by their parents, and a discussion from one user who commented on meth use in local schools (“Drug Abuse”, 2004). *Newsweek* claimed that “a new generation of ‘meth babies’ is choking the foster-care system in many states” (Jefferson *et al.*, 2005a:41).

Many news sources quoted alarming statistics about the impact of methamphetamine on children and child welfare programs. For instance, one newspaper article reported that 17 children were removed from their homes in Boone, North Carolina in 2003 after it was discovered that their parents were operating meth labs. Nationally, “The young ‘meth orphans’ – 3,300 of whom were removed from homes with meth labs nationwide last year – have become a

---

89 Use of the term “meth babies” (i.e., children born to mothers who used methamphetamine while pregnant) is one additional example of how claims-makers involved in the meth scare have borrowed rhetoric (i.e., “crack babies”) from the institutionalized crack attack.
particularly acute health concern” (Hickman, 2004:A14). Another article reported that the number of foster children rose 16 percent in Oklahoma and twelve percent in Kentucky, from 2004 to 2005, yet did not state specifically what proportion of the increase was attributed to methamphetamine. In addition, the author cited Oregon “officials” who say the child welfare “caseload would be half what it is now if the methamphetamine problem suddenly went away” (Zernike, 2005a:1). Zernike (2005a:1) also notes that on a national level, the DEA

Says that over the last five years 15,000 children were found at laboratories where methamphetamine was made. But that number vastly understates the problem…because it does not include children whose parents use methamphetamine but do not make it and because it relies on state reporting, which can be spotty.

Similar statistics provided by the DEA appeared on an NBC Nightly News segment in 2005, which also included a comment by Drug Czar John Walters on the damage of methamphetamine to American children (“The Meth Crisis: Danger at Home (Part II)”, 2005).

It is difficult to ascertain the validity of the many statistics quoted about methamphetamine’s role in displaced children and over-burdened social service agencies. However, as Best (1990) notes, in the social problems marketplace, one threatened child is one too many. This discussion is not made to undercut the presumably thousands of kids and families harmed by methamphetamine. Rather, it is important to keep in mind the fact that much of the child endangerment problem is a consequence of the clandestine nature of the black market. Media discussions of methamphetamine’s effect on children neglect the historical
antecedents leading up to the current problem. Instead, children are portrayed solely as helpless, innocent victims of their parents’ methamphetamine addictions.

In addition to news coverage of “meth babies”, “meth orphans”, and child lab victims, one, perhaps more idiosyncratic threat to children is worth discussing here. A handful of news reports surfacing around 2007 warned about “strawberry quick”, a pink colored, strawberry flavored methamphetamine. A headline in USA Today read, “DEA Sees Flavored Meth Use; Trend may be Effort to Lure Young Market.” The article opened, “Reports of candy-flavored methamphetamine are emerging around the nation, stirring concern among police and abuse-prevention experts that drug dealers are marketing the drug to younger people.” A DEA agent was quoted saying, “Drug traffickers are trying to lure in new customers, no matter what their age, by making the meth seem less dangerous.” After a bag of pink meth was found in Missouri, a local police officer commented on a police bulletin about “strawberry quick” that recently had been issued in Nevada, saying, “It seems to have progressed very quickly from west to east.” The article cited the bulletin that read, “Teenagers who have been taught meth is bad may see this flavored version as less harmful. ‘Strawberry Quick’ is designed for the younger crowd.” Scott Burns of the ONDCP commented,

The traffickers know the word is out about what a horrible drug this is….They are having a tough time selling this product, especially to young people. What do people in marketing do when they have a tough time selling a product? They have to come up with some sort of gimmick (Leinwand, 2007:3A).
Reports of “strawberry quick” appeared in several other newspapers, including The Seattle Times (Gambrell, 2007), and were also circulated via email (“Quick Start”, 2008).

Claims that dealers were creating strawberry-flavored meth to intentionally lure children into using the drug are characteristic of urban legends and suspect for several reasons. First of all, children make lousy customers because they usually do not have a great deal of money to spend on drugs. Second, the report in USA Today noted the officer who discovered a bag of strawberry meth did not actually taste it, but stated the drug “had a slight strawberry smell to it” (Leinwand, 2007:3A). Third, while it is likely that people have combined methamphetamine with sugar or candy in order to achieve a smoother or more enjoyable administration of the drug, it is doubtful that such methods are used in a concerted attempt to get kids hooked. Fourth, different chemicals used in the production process can result in different colors of methamphetamine (Gahlinger, 2004). The Drug Identification Bible (2006:242) notes that some legal distributors of anhydrous ammonia, a chemical used to dissolve ephedrine and pseudoephedrine, add a pink dye to their product in an attempt to deter thefts committed by methamphetamine makers. “The dye produces a pink meth.”

Urban legends, a feature of contemporary folklore, convey risks of the modern world. Though specific in content, urban legends embody greater, more unmanageable fears felt by members of society (Best, 1990). It is noteworthy that a revised version of the strawberry quick story was circulated via email in October, 2007. The new tale was titled, “Halloween Warning for Parents”, and was purportedly issued by a special agent of the U.S. Department of Homeland
Security ("Quick Start", 2008). Best (1990) discusses the popular urban legend of Halloween sadism, illustrated by claims that seem to surface every October, warning about the dangers of trick-or-treating (e.g., razor blades in candy). Investigating 78 incidents of Halloween sadism printed in major American newspapers between 1958 and 1989, Best (1990) finds that the vast majority of reported cases were either greatly exaggerated or outright falsehoods. Generally speaking, urban legends “reflect the conditions of modernity and raise the concerns of the age. They represent attempts by the public to deal with the massive social dislocations affecting them” (Fine, 1985:63-4). Fears about strawberry quick help to demonize meth dealers, but they also symbolize a more general fear about the overall safety of children in a modern, rapidly changing society.

It goes almost without saying that children are highly valued in society. As warrant statements, threats to children demand something be done (Best, 1990). Media portrayals of children harmed by drugs are made under the symbolic framework of “a threat to the innocent” (Manning, 2006). Appeals of this nature attract interest, generate outrage, and necessitate action.

**Victims of Meth: Communities**

Another victim portrayed in media coverage of methamphetamine was Anytown, USA. Communities described as inhabited by “good”, “honest”, “faithful” and “hard-working” Americans were depicted as being destroyed by meth. A prototypical example of the destruction of Anytown, USA can be seen in an article from *Time* magazine about an Amish community in 90

---

90 According to one source, calls to the phone number listed in the Halloween email were greeted with this recorded message from Special Agent Todd Coleman of the U.S. Department of Homeland Security: “If you’re calling regarding crystal meth information, that information is false and inaccurate” (“Quick Start”, 2008).
Pennsylvania. The story describes Abner Stoltzfus, an Amish teenager who, as a result of meeting a member of a motorcycle gang, got involved with cocaine and methamphetamine. “It's a familiar story, barely noteworthy, except for one detail: Abner Stoltzfus is Amish.” Stoltzfus was charged with “distributing ‘multiple kilograms’ of cocaine and methamphetamine at town dances from 1993 to 1997.” The article concludes by suggesting drugs will damage the stability of the Amish community (Labi, 1998). Another article, published in *Newsweek*, further illustrates the role of methamphetamine in the obliteration of Anytown, USA:

As spring settles in, the Red River is certain to swell, threatening the tidy homes and industrial shops that line its banks. But folks here will tell you that Fargo’s streets are already flooded – with the drug methamphetamine – and more than a few lives have been washed away. Just last month, a meth addict who burned his house down while hallucinating, killing his own mother, pleaded guilty to manslaughter. Cops say they grabbed nine meth dealers and $10,000 worth of powder at the C’mon Inn hotel, and a local pharmacist reported that someone had tried to buy 1,200 Sudafed tablets – presumably so he could melt them down to make the drug. Residents have been locking their doors since an elderly woman was shot to death by four teens on meth last year. Life on the prairie may never be the same (Bai, 1997:66).

Other news reports examined methamphetamine’s role in property crimes affecting cities and local communities. For example, an article about the devastation wrought by methamphetamine on Laramie, Wyoming notes that, “like many towns in the West and Midwest,
[Laramie] has been unnerved by the scourge of methamphetamines, and by the resulting property crimes and social decay that accompany drug addiction” (Johnson, 2006:A19). Butterfield (2004b:A10) writes that in the small town of Lovell, Wyoming, as a result of methamphetamine, “property crime has skyrocketed, as addicts commit burglaries or break into cars”. Another news source cited a statistic claiming that “85 percent of property crime in Oregon is committed by [meth] addicts, many of whom steal ID’s, passports and tax information” (Heffernan, 2006:E8). According to Mosher & Akins (2007), this “85 percent” statistic appeared in at least 14 articles published in the Oregonian between 2002 and 2006.

Virtually no media coverage explained the relationship between drug use and property crime in terms of a consequence of the black market. Illegal chemical substances tend to cost a great deal more than they would in a free market, particularly when illicit supplies are threatened. While law enforcement agencies often proclaim victory upon learning illicit drug prices have increased (under the assumption that high prices will deter use), methamphetamine addicted persons often resort to property crimes to support their increasingly costly habits. Furthermore, if statistics purporting that the great majority of property crime rates are attributable to methamphetamine were true, one would expect that variations over time would strongly correlate with usage data. As Mosher & Akins (2007:31) ask, “if methamphetamine (or any other illegal drug, for that matter) were eliminated, would all property crime also be eliminated?” Referring to an analysis by Moore (2006), Mosher & Akins (2007) point out that Oregon’s property crime rate was greater in the “pre-meth epidemic” years, than in the early 2000s.

In short, through the use of evocative, personal case studies and often questionable statistics, the news media paints a horrible picture of the effects of methamphetamine on
communities. Quaint and tight-knit towns are being ruined. While separate from claims about harmed children, dangers to Anytown, USA also embody the symbolic framework of “threat to the innocent” (Manning, 2006). The nostalgic image of the simple, old-fashioned American town has been tainted with meth. Such images also imply that if methamphetamine can wreck Amish Country or Fargo, North Dakota, it can devastate any place at any moment. Inhabitants of Anytown, USA are blameless victims, dutifully engaged in respectable activities. Constructions of blameless victims “offer rhetorical advantages to claims-makers” since “public opinion and official policy often distinguish between ‘innocent’ victims and those who are thought to share some complicity for their fate” (Best, 1990:34).

**Victims of Meth: Law Enforcement**

Members of law enforcement are other commonly portrayed victims in media coverage of the methamphetamine problem.

After seven years of chasing drug traffickers, Richard Fass was no novice when it came to dangerous undercover work. His easy charm and fluent Spanish made him one of the Drug Enforcement Administration's most effective agents. From his Phoenix base, Fass saw methamphetamine, a synthetic drug cooked in rural Mexican and American labs, pouring into the city. Meth was becoming the new scourge of the ‘90s, and Phoenix one of the top three markets for the white crystals. On June 30, 1994, Fass was on his last day at work undercover. He was being transferred to a desk job in Mexico, and his wife and four children were
waiting for him to go shopping for the move to Monterrey. But Fass had one more
drug gang to bust, a job that turned out to be his last (Robinson, 1998:35).

This *U.S. News & World Report* article describes the horrific details of the federal agent’s murder, mentions the dangers faced by drug enforcement officers, and cites Mexican’s corrupt government as partly to blame. Not only were law enforcement officers discussed as physical casualties of the methamphetamine trade, they were also portrayed as under-funded, under-staffed, and overwhelmed in their fight against meth. For example, one police officer said that citizens in his community were justified in “griping” that law enforcement was not doing enough to stop the methamphetamine problem. One hundred meth labs were busted in the officer’s county in 2003. “With more resources…it could have doubled or tripled that number. The unit is spending nearly as much time and money on meth as it spends on every other drug combined” (Johnson, 2004:41). Another article noted that methamphetamine “is particularly prevalent in poorer and rural communities with few resources to combat it…. [and] poses a significant safety threat to law enforcement officials (Eggen, 2005:A2).

Numerous news reports cited a statistic claiming that 58 percent of county law enforcement agencies cited methamphetamine as their most urgent drug problem (e.g., “Drugs/Meth Wars”, 2005; Goddard, 2005; Jones, 2005; Leinwand, 2005; Zernike, 2005b). *Newsweek* announced,

In a survey of 500 law-enforcement agencies in 45 states released last month by the National Association of Counties, 58 percent said meth is their biggest drug
problem, compared with only 19 percent for cocaine, 17 percent for pot and 3 percent for heroin (Jefferson et al., 2005a:42).

It is instructive to point out how the manner in which *Newsweek* presented these data aids in the social construction of the “58 percent” statistic. First, 500 law enforcement agencies were surveyed, a relatively large (and thus, significant) number. Second, only five states were excluded from the study, indicating its wide scope. Third, the survey was conducted by the National Association of Counties, a rather official- and objective-sounding organization. Fourth, 58 is a much larger number than 19, 17, and three, the statistics associated with other detested drugs. Thus, the implication is that threats posed by cocaine, marijuana, and heroin pale in comparison to the methamphetamine menace. Furthermore, as a general note, “58 percent” conveys a much greater level of seriousness than, for example, a statistic indicating that 0.2 percent of Americans used methamphetamine at least once in the past thirty days.

Media reports of the “58 percent” statistic failed to provide any discussion of the methodological procedures employed by the National Association of Counties (NACo). Detailed descriptions or criticisms of survey methodology not only bore many news consumers, but such information goes against industry standards of providing neatly packaged news presentations in a black-and-white format consistent with the problem frame (Altheide, 1997). As several critics have noted (Gillespie, 2005; Mosher & Akins, 2007), the actual survey used to achieve the “58 percent” statistic is flawed from the use of leading statements and questions. Implemented as a telephone survey, the interview for “The Criminal Effect of Meth on Communities’ Law Enforcement” begins:
As you may know, methamphetamine use has risen dramatically in counties across the nation. Formerly a rural problem, it is slowly moving into a more urban setting. At the same time, it has not yet arrived on the national radar screen. The National Association of Counties is conducting a telephone survey of public safety officials in counties to determine the impact of meth use on public safety activities. Can you take a few minutes to answer a few questions that will provide information for a national report that will be released in July? (“The Meth Epidemic”, 2005:9).

Ten of the survey’s eleven questions deal specifically with methamphetamine. Only one question, the question used to generate the “58 percent” statistic, asks about multiple drugs. In addition, as Gillespie (2005) points out, the NACo report excludes a number of other important methodological details, e.g., response rates. Buried in an appendix, the report notes that seven of the responding counties had a population of 500,000 or more. Three hundred and twelve of the 500 responding counties had a population of less than 25,000 (“The Meth Epidemic”, 2005). These details are important because they suggest that methamphetamine affects a lower proportion of the American populace than is indicated by the statistic of 58 percent. None of the aforementioned news sources included a discussion of this information.

According to their website, the NACo (2005) “is the only national organization that represents county governments in the United States.” As an interest group, the NACo strives to provide “essential services” to America’s county governments, including funding for county law enforcement agencies. Another way in which state and local law enforcement departments are able to acquire more resources to combat methamphetamine is through the federal High Intensity
Drug Trafficking Area (HIDTA) Program. Created with the Anti-Drug Abuse Act of 1988, the program designates “areas within the United States which exhibit serious drug trafficking problems and harmfully impact other areas of the country as” HIDTAs. Local and state governments who earn an HIDTA designation receive federal resources to use in drug trafficking reduction efforts (ONDCP, 2008). In 1990, Houston, Los Angeles, South Florida, New York & New Jersey, and the Southwest U.S. border with Mexico were designated as HIDTAs. Presently, a total of 31 areas in 45 states, representing 14 percent of U.S. counties, have received HIDTA designations. Looking at a map of the HIDTAs across the United States on HIDTA’s website (ONDCP, 2008) or elsewhere (e.g., NDIC, 2005:1), it appears that the entire country is one big high-intensity drug trafficking area. If funds cannot be acquired through the HIDTA program, several other avenues exist for local law enforcement agencies to secure federal resources (e.g., DEA grants).

In order to acquire financial or logistical governmental assistance to combat methamphetamine problems, state and local law enforcement agencies must demonstrate they are under utmost levels of distress. As agencies acquire more resources to dedicate to drug interdiction efforts, they are bound to discover more drug trafficking and production operations. What results is a feedback loop, whereby resources lead to the detection of more drugs, which in turn, leads to more claims of a drug problem, and pleas for more resources. For this reason, data on methamphetamine laboratory seizures are somewhat unreliable indicators of methamphetamine problems. Areas with more reported meth labs may be spending more resources looking for meth labs. Data on lab seizures in areas where law enforcement officers are exerting little effort busting clandestine production operations may underestimate the presence of methamphetamine. Indeed, King (2006) points out that the large increase in
methamphetamine lab seizures from 1998 to 2004 coincided with the creation of the “Meth/Drug Hot Spots” Program, which allocated $385 million in federal aid to state and local law enforcement “agencies for the detection and eradication of clandestine labs….In all likelihood, this increase in lab seizures was the product of expanded law enforcement efforts targeting methamphetamine production facilities in response to financial incentives” (King, 2006:15).

Jonathan Simon (2007:131) argues that victims, especially law enforcement victims, are central “to the meaning of crime and to the force of law.” In public opinion and policy making discourse, law enforcement officials have “emerged…as a prime example of the victims of crime, injured both by criminals and by the lax handling of criminals by courts and corrections” (Simon, 2007:98). Police officers exist to protect the rights and freedoms of the people. If they are suffering in their daily duties because of an overwhelming methamphetamine problem, it follows that steps should be taken to assist them. When law enforcement are portrayed as victims of a methamphetamine epidemic, subjected to the harms of deficient policies that do not protect them or provide them with enough resources, the logical solution is to provide them more authority and control. This is not meant to deny the fact that the many good men and women employed as narcotics officers or in other areas of law enforcement do not face real and dangerous threats on the job. Rather, it is important to point out that in an arena where governmental agencies compete for public monies, claims about the extent of illegal drug problems can result in the reallocation of resources. With money at stake, the portrayal of members of law enforcement as victims functions to increase their power, not just in fighting drugs, but in their ability to construct public definitions of drug problems.

Victims of Meth: The Environment
A final major cited victim of the methamphetamine scare is the natural environment. As discussed in Chapter 5, clandestine methamphetamine labs generate hazardous waste, and lab operators often dispose of chemical by-products carelessly. Much media attention was given to the ecological damage done by domestic illicit methamphetamine production.

In a *Los Angeles Times* article, the Governor of Idaho cited an incident in which a “suspect was caught dumping chemicals out the window of a house next to a church preschool” (Jackson, 2000:A11). An article from the *New York Times* reads,

> At the abandoned laboratories, often a trailer, a vacant house, a campground or the back of a car, officials find acid, flammable solvents, sodium hydroxide, lithium and ammonia, often accompanied by pressurized cylinders like fire extinguishers or scuba tanks. “We see it everywhere,” said Paul O’Brien, the leader of a spill response team for the Department of Ecology. “Sometimes they’ll just dump it by the side of the road. It gets washed down into streams and kills salmon or poisons other forms of life” (Egan, 2002:A14).

The headline of one *USA Today* article read, “Drug Labs Poisoning Forests.” In it, the author writes that “several national forests have become chemical dumping grounds for illegal drugmakers” (Johnson, 2001:3A). Another news source cited “toxic chemical waste dumped in water or spilled on soil during or after the often-crude manufacture of” methamphetamine (Sanchez, 2001:A03). In an article about meth lab dumpsites found in Michigan’s hunting grounds, one hunter asked, “How can people abuse our natural resources like this?” (Keen, 2006:3A).
In short, methamphetamine makers and their labs were portrayed as responsible for the victimization of the environment. Like children and Anytown, USA, images of meth’s role in environmental destruction symbolize a threat to the innocent. Also, Mother Nature’s portrayal as another blameless victim of methamphetamine indirectly serves to construct and reinforce the victimization of humans, who suffer health consequences as the result of polluted water, land, and air.

Solutions to the Meth Problem

In the social construction of America’s third methamphetamine scare, claims of a “new” drug and an impending “epidemic” serve as the grounds for public discourse. Comparisons to crack cocaine help orient the meth problem in a particular way. Specifically, claims-makers are able to borrow much of the successful rhetoric (e.g. a purely evil, destructive, and addicting drug) that helped perpetuate the crack scare. Atrocity tales of meth-triggered violence, strung-out tweakers, and the sexual escapades of gay meth-crazed men helped typify the issue, and are used as referents through which consumers perceive the overall problem. Images of methamphetamine racing across the country into a range of social classes, genders, and ages serve to illustrate the problem’s extent. Statements about innocent victims, unruly mafia-like trafficking organizations from Mexico, and a lax legal system elicit outrage and demand that something be done. After establishing grounds and warrants, claims-makers offer conclusions, typically in the form of calls to action (Best, 1990).

The extent to which the dope fiend mythology was a guiding ideology in the methamphetamine scare logically implies individual-level and supply-side solutions. Meth users were largely viewed as weak-minded, violent, and morally corrupt addicts, whose addictions
were the result of inferior personalities and bad personal choices. Meth makers were depicted as neglectful of their children and environmentally irresponsible. Traffickers were portrayed as materialistic Mexican gang members or illegal immigrants who seek to hook as many Americans as possible on meth. The overall methamphetamine problem was discussed as a problem of supply rather than demand. As in all media constructions that utilize the “problem frame” (Altheide, 1997), the complex social, historical, and legal forces involved in shaping the evolution of the methamphetamine problem were generally ignored in favor of a discourse of fear in which personal troubles and convenient moral truths prevail. This collective understanding of America’s meth problem (i.e., the ways in which it was socially constructed), calls for increases in resources for social control agents, harsher punishments for users and dealers, and stricter laws limiting the availability of precursors.

Increased resources for law enforcement agents, as one solution to the meth problem, have already been discussed. Calls for punitive sanctions on methamphetamine users as a second solution, can be summarized with a quote from the feature in *Newsweek* that deemed meth “America’s Most Dangerous Drug.” Published in 2005, at the height of the methamphetamine panic, one of the article’s concluding statements reads, “The sobering fact is that, like addiction itself, this epidemic can only be arrested, not cured” (Jefferson *et al.*, 2005a:48). Certainly, many reports featured claims-makers calling for drug treatment programs, or included former-users who had successfully recovered from their addictions. However, punishment was more often invoked as a favorable solution to treatment, partly due to widespread belief that methamphetamine dependency is uniquely difficult to treat. A medical director of a city hospital said, “I don't have any great treatment options right now. This drug really terrifies me, and I think what we’re seeing is the tip of the iceberg” (Jacobs, 2004:B1).
One journalist wrote, “most specialists believe…[methamphetamine addiction] is one of the hardest to treat, requiring that a patient stay in treatment for up to two years” (Butterfield, 2004a:A1). Echoing this sentiment, another reporter wrote, “Health experts say…[methamphetamine] addiction is particularly hard to treat” (Paley, 2006a:C1).

Forty years ago, one scholar wrote, “some of the most persistent misbeliefs [among the public] are that a single dose of a drug can cause addiction, and that an individual once addicted is beyond all hope of rehabilitation” (Hein, 1968:99). If this claim were true for methamphetamine, as many claims-makers assert, approximately 13 million Americans would be addicted to meth, the estimated number of persons in the U.S. who have used the drug at least once in their lifetime (SAMHSA, 2007). Contrary to much media discourse, methamphetamine addiction is treatable. For example, Copeland and Sorensen (2001:91), found no difference in treatment success among methamphetamine and cocaine users, suggesting “that highly specialized substance abuse treatments for methamphetamine patients may not be needed.” In a study of a Midwest drug treatment court program, researchers found that treatment lowered recidivism rates for persons arrested for methamphetamine offenses, but not among those arrested for driving while intoxicated (Bouffard & Richardson, 2007). King (2006) summarizes the results from studies in 15 states showing that treatment programs help methamphetamine users successfully recover from their addictions. Indeed, claims of instant and permanent addiction conflict with reality. The framing of drugs in this manner serves to spread misinformation and fear among media consumers, and can create distrust once people learn such claims are false.

Increased penalties for methamphetamine producers and traffickers were offered as a third solution to the methamphetamine problem. For example a New York Times article noted,
One problem [a] sheriff [from North Carolina] faces is that [the state’s] current penalties for manufacturing methamphetamine are light, the same as for growing one marijuana plant. A first-time offender faces a maximum sentence of six to eight months in jail and can get out on bond for as little as $1,000. “So they can be back cooking before we finish the paperwork”, [the sheriff said] (Butterfield, 2004a:A1).

Even legislators from Connecticut, the state with the lowest level of past year methamphetamine use between 2002 and 2005, talked about getting tough on meth. After introducing a bill that would give stiffer penalties to methamphetamine dealers and manufacturers, Connecticut Governor Jodi Rell, proclaimed, “The changes I am proposing will move us forward in the fight against meth” (Holtz, 2006:14CN2).

Several news reports discussed the implementation of a “meth registry” as another practical solution to the methamphetamine problem. Like the sex offender registry, meth registry laws require that persons convicted of making or dealing methamphetamine register their names and addresses in a publicly available database. Justifying his state’s adoption of a meth registry law, a spokesman for the Governor of Minnesota explained, “We want to arm citizens with information, so they can protect themselves and their communities” (Leinwand, 2006a:1A). Another article cited legislators who called the public database a “safety measure” that “will allow landlords, real estate agents and neighborhood residents to check for meth offenders” (Leinwand, 2006b:3A). Little consideration was given to the possibility that the degree of public
shaming created by meth registry laws could have the effect of preventing the reintegration of offenders into society, instead pushing them back into deviant activities.  

A fourth solution claims-makers offered to America’s meth problem was stricter laws on the availability of ephedrine and pseudoephedrine. Citing an epidemic-like spread, violence, environmental pollution, and child endangerment, lawmakers from around the country voiced support for precursor restrictions. The Governor of Nebraska espoused a bill that would require pseudoephedrine products to be stored in locked containers behind store counters, saying “anything we can do to take that drug from the shelves and make it harder to obtain is a help” (Copeland, 2005:5A). A member of the legislative counsel for the International Association of Chiefs of Police declared, “The chain [of methamphetamine supply] is only as strong as the weakest link….States that have less-strict laws are going to become the stopping point for people looking to pick up pseudoephedrine” (Paley, 2006b:B5). In a letter to the editor of the New York Times, Arizona’s Attorney General wrote, “Meth has a devastating impact on users, their families and communities. We need more tools to combat it. Passing…[a] federal bill to impose tighter controls on the sale of pseudoephedrine would be an effective start” (Goddard, 2005:A22).

91 In 2003, a Boone, NC prosecutor charged a methamphetamine lab operator under a North Carolina “weapons of mass destruction” law, enacted in November, 2001. The prosecutor argued that the law applied because of the toxic and combustible chemicals used in illicit production. “The law reads, in part, that the term nuclear, biological or chemical weapon of mass destruction applies to ‘any substance that is designed or has the capability to cause death or serious injury and ... is or contains toxic or poisonous chemicals or their immediate precursors’” (“Prosecutor Fighting”, 2003).
A series of precursor laws were enacted from 1988 to 2006 to combat the clandestine manufacturing of methamphetamine. As will be discussed soon, producers and traffickers adapted to each new law, and were able to continue supplying illicit meth to those who demanded it. Occasionally, media discussions of meth precursor regulations referenced the historical cat-and-mouse game between illicit producers and law enforcement (e.g., Witkin, 1995; Suo, 2004a). However, the general solution emanating from these reports was more supply-side efforts. The message was, if legislators were just a little tougher – if they enacted just one more law – they would finally outsmart and overcome meth makers, solving America’s methamphetamine problem.

Why the Methamphetamine Scare Peaked in 2005: Socio-Historical Context

As shown in Figures 6.1, 6.2, and 6.3, the majority of major American news sources dedicated the most amount of coverage to methamphetamine in 2005. Televised nightly news programs, Newsweek, the New York Times, the Los Angeles Times, and the Wall Street Journal publicized methamphetamine more in 2005 than in any other year between 1987 and 2007. The other national news sources examined also dedicated a great deal of coverage to methamphetamine in 2005, though a little less than in other years. What explains the popularity of methamphetamine in national news in 2005? As discussed earlier, NSDUH data show that the percentage of persons aged 12 and older who used the drug at least once in the past year remained steady between 2002 and 2006. Was the increased media attention in 2005 simply the result of a

---

92 Figure 6.1 does not break down televised news coverage for each of the three networks. However, CBS and ABC presented four segments each on methamphetamine in 2005, more than in any other year. NBC aired five segments on methamphetamine in 2005, and five in 2006.
growing public fascination with methamphetamine? Up until now, a variety of themes portrayed by the mass media have been discussed, but no explanation has been offered for the culmination of press coverage in 2005. An examination of the historical context of this third meth scare may help partly explain why 2005 seems to have been the peak year for media attention towards methamphetamine.

As Reinarman (2006:145) notes, drug scares may have a greater chance to flourish if historical “conflicts – economic, political, cultural, class, racial, or a combination – provide a context in which claims makers can viably construe” a drug as a threat. It is posited that two separate but interrelated conflict-based social forces explain the escalation of media attention to methamphetamine during the mid 2000s. First, a series of three contemporary social issues of early twenty-first century America – gay rights, illegal immigration, and environmental devastation – contributed to the methamphetamine panic that had reached “epidemic” proportions by 2005. As aforementioned, gay men, Mexican producers and traffickers, and the environmental damage caused by clandestine meth labs were regularly cited in media coverage of methamphetamine. These topics, while made in the context of the meth problem, related to other ongoing claims-making campaigns of the social problems marketplace. The second conflict-based element of the historical context of methamphetamine in early twenty-first century America was the criminal justice system’s enduring demand for an all-encompassing drug scare that could replace the significantly diminished crack scare of the mid 1980s and 1990s. As discussed previously, media attention to challenges faced by law enforcement in combating methamphetamine was a staple of contemporary news. Below, the roles played by both social factors in the 2005 culmination of the meth scare are elaborated.
Three Prominent Social Issues of the Mid 2000s

Figure 6.7 graphs the number of segments dedicated to gay marriage, illegal immigration, and global warming televised in nightly news programs on ABC, CBS, and NBC, from 1995 to 2007. Gay marriage received more media attention in 2003 than in all the years since 1995 combined. In 2004, a presidential election year, gay marriage was very much mentioned in the news. In 2005, the number of televised news stories about gay marriage dropped, but remained at a higher level than in 2003. Discussions about the use of methamphetamine by gay men were much more common in the 2000s than in the late 1990s. For example, a Lexis-Nexis search of USA Today, the Washington Post, and the New York Times found a total of 73 articles about methamphetamine and gay men published between 1995 and 2007. Of these articles, 64 (87.7%) were printed from 2002-2007, including 15 in 2004 and 25 in 2005. With gay marriage a popular subject of public discourse in the 2000s, it is noteworthy that methamphetamine was more often linked to gay men during this time period. It is possible that claims about methamphetamine and gay men were more likely to resonate during the 2000s because of increased attention to gay rights at the time, as evidenced with the heightened news coverage of gay marriage shown in Figure 6.7.

Illegal immigration was a more popular subject of discussion in televised nightly news stories in 2005 than in any year since 1995. In 1996, a total of 38 newspaper articles in the New York Times, the Washington Post, and USA Today associated methamphetamine with Mexico or illegal immigration. Between 1997 and 2004, that number fluctuated between 15 and 20. In

---

The specific search command used is as follows: (methamphetamine OR “crystal meth”) AND (“gay men” OR “gay sex” OR “sex with men” OR “gay man” OR “homosexual man” OR “gay club”).

The specific search command used is as follows: (methamphetamine OR “crystal meth”) AND (Mexic* OR “illegal immigra*”).
Figure 6.7. Primetime Television News Coverage of Gay Marriage, Global Warming, and Illegal Immigration on ABC, NBC, & CBS, 1995-2007.

Source: Vanderbilt University Television News Archive.
2005, discussions of meth and illegal immigration or Mexico were presented in 30 articles, followed by 34 in 2006, and 43 in 2007. It is likely that news coverage of methamphetamine was more likely to resonate during the mid 2000s, as media coverage of illegal immigration (much of which discussed Mexican immigrants specifically) began escalating in 2004 and continued to grow over the next few years.

Finally, global warming has been a topic of media discussion in recent years. However, as evidenced in Figure 6.7, global warming was also discussed fairly often in 1997, 2000, and 2001. The topic received more media attention in 2005 than it had since 2001, and much more attention in 2006 (the year Al Gore’s documentary, *An Inconvenient Truth* was released) and 2007. Clandestine production of methamphetamine has little effect on global warming. In fact, none of the major American news sources consulted explicitly linked these two topics. Global warming was chosen as a search term in order to serve as an overall indicator of media attention and public concern with the environment.

According to Lexis-Nexis, a total of 202 articles in *USA Today*, the *New York Times*, and the *Washington Post* from 1995-2007 discussed clandestine methamphetamine labs. Of these, 49 appeared between 1995 and 2001. A total of 42 articles were published in 2005, more than any other year during this time period. Thirty-eight articles about methamphetamine labs appeared in 2006, and 28 appeared in 2007. The heightened attention to meth labs, especially in 2006, was partly due to new legislation on pseudoephedrine. However, if media coverage of global warming is any indicator of America’s overall heightened concern with environmental

---

95 The specific search command used is as follows: (methamphetamine OR “crystal meth”) AND (“clandestine production” OR “meth lab*” OR “methamphetamine lab*”)
health, it is likely that the increased attention to methamphetamine in the mid 2000s is at least partly related to the growth in environmental consciousness among the media and public.

In contrast to many previous American drug scares, environmental organizations have had great incentive to become involved in the anti-methamphetamine crusade, since most other illegal drugs do not involve domestic production operations that are as harmful to the environment. Thus, the meth scare likely benefitted from the involvement of environmental organizations as an additional interest group concerned about methamphetamine, specifically, the ecological harms associated with the proliferation of domestic labs. In addition, since much of the production and use of methamphetamine in the U.S. has taken place on the West Coast, an area with a particularly high level of environmental awareness, the environmental element of the meth scare meant that environmental groups were even more likely to take part in the crusade.

Individual social problems do not exist in clearly marked boundaries, separate from one another. Indeed, it is reasonable to suppose that claims-makers involved in public discourse over gay marriage, illegal immigration, or the environment often expanded the domain of their claims to involve methamphetamine. For example, an opponent of immigration may point to the involvement of illegal aliens involved in the production and trafficking of methamphetamine in order to bolster support for anti-immigration policies. Conversely, individuals and interest groups engaged in the anti-methamphetamine crusade may point to larger social issues in order to attract allies. According to Best (1990:81), “established social problems serve as common reference points” for claims-makers. If there is a great deal of consensus that environmental destruction, gay marriage, or illegal immigration are grave threats to society, claims-makers involved in the social construction of the methamphetamine scare may enlist support for their cause by framing meth in terms of these other social problems. In general, it seems that
American media coverage of methamphetamine peaked in 2005 partly because claims-makers were able to link meth with these three topics of discourse that were quite prevalent at the time.

**Criminal Justice System Demands**

Much like drugs themselves, drug scares are subject to forces of supply and demand. In a general sense, it seems like much of the American public demands sensationalist news stories. As Erikson ([1966] 2006) points out, the public’s fascination with the spectacle of the staged trial and punishment of offenders has profound historical roots in the U.S. and elsewhere. Whereas in times past deviants were “parad[ed]…in the town square or expose[d]…to the carnival atmosphere of” public hangings, contemporary demands for spectacular forms of entertainment are met largely through media consumption (Erikson, [1966] 2006:15).

But heightened attention to methamphetamine circa 2005 cannot be explained by a general public need for sensationalism. Such demands could easily be met with an array of subject matter on crime and deviance. More to the point, criminal justice agencies, largely through mass media, help supply the nation with drug scares. In serving as source organizations for news organizations, law enforcement demands for more power and resources are subtly and not-so-subtly conveyed to a consuming public. Upon hearing of the distress experienced by the criminal justice system in trying to protect John and Jane Q. Public, legislators, and other political leaders are obliged to rescue understaffed and underfunded agencies by meeting their requests. As Mosher and Akins (2007:2) point out, “criminal justice system officials need psychoactive substances in order to justify increases in financial and other resources devoted to their organizations.”
In the mid 1980s and early 1990s, crack cocaine hysteria assured the DEA, sectors of the FBI and CIA, and other law enforcement organizations at both national and local levels with a steady supply of government support and financial assistance. When the crack cocaine scare became institutionalized with the passing of several federal laws, by the late 1990s, crack faded from public sight. In order to sustain or increase government assistance, criminal justice agencies (particularly those dedicated to the control and interdiction of illicit drugs) needed new drug threats. While heroin served that some of that purpose into the late 1990s (see Duterte et al., 2003), the reemergence of the methamphetamine scare, especially during the third millennium, was crucial to law enforcement.

Figure 6.8 shows the number of primetime news segments about crack cocaine and methamphetamine aired by the three major American television networks from 1993 to 2007. One news story about crack was broadcast between 1999 and 2006. Methamphetamine coverage was minimal between 1999 and 2003, increased in 2004, and climaxed in 2005.

In general, the relationship between crack cocaine and methamphetamine coverage by Time & Newsweek is similar. As displayed in Figure 6.9, from 2001 to 2006, methamphetamine was a much more popular drug of discussion than crack. Also, more articles about meth appeared in Time & Newsweek in 2005 than articles about crack published between 2003 and 2006 combined.

As the crack scare waned, methamphetamine surfaced as the new drug on which many criminal justice agencies came to depend for justifying increased budgets. While media coverage suggests law enforcement played a minimal role in linking methamphetamine to gay men, agents of the criminal justice system frequently expressed concerns with Mexican suppliers and the ecological hazards associated with domestic clandestine production labs. Thus, law
Figure 6.8. Primetime Television News Coverage of Methamphetamine and Crack Cocaine on ABC, NBC, & CBS, 1993-2007.

Source: Vanderbilt University Television News Archive
Figure 6.9. Methamphetamine and Crack Cocaine Coverage in Time & Newsweek, 1993-2007.

Sources: Time: www.time.com; Newsweek: www.proquest.com
enforcement claims fit nicely within the larger historical contexts of illegal immigration and environmental pollution that had become considerable social issues by the mid 2000s.

**Socio-Legal Consequences of America’s Second and Third Methamphetamine Scares**

Although moral panics tend to be relatively short-lived, they often leave their “mark” on society in the form of social and legal policies that endure indefinitely (Cohen, 1980; Goode & Ben-Yehuda 1994a; 1994b; Reinarman & Levine, 1997d). This final section of Chapter 6 discusses the socio-legal repercussions of precursor regulations, as well as federal increases in penalties for methamphetamine possession, trafficking, and production, resulting from American methamphetamine scares waged over the past twenty years.

**Recent Meth Acts, Counter Acts, and Consequences**

As aforementioned, one of the resounding solutions suggested in mass media coverage of methamphetamine was the regulation of precursors. A series of federal laws designed to stop illicit methamphetamine production was enacted from 1988 to 2006. As we shall see, the cat-and-mouse game that has been played between the law and clandestine manufacturers in recent years mirrors much of what has taken place in America’s history of stimulant regulation. Supply-side interdictions have caused illicit suppliers to evolve and adapt, which has often led to more harmful forms of drug use.

American political leaders were heavily focused on crack cocaine during much of the 1980s. In 1988, Congress passed the Chemical Diversion and Trafficking Act (CDT), which attempted to control the international cocaine trade. The CDT also amended the CSA to place federal regulatory controls on 20 chemicals used in the manufacturing of illicit drugs (Abood,
Ephedrine and pseudoephedrine made the list of restricted chemicals. “The law required record keeping, reporting requirements, and import/export notification requirements for bulk, pure (single entity) ephedrine and pseudoephedrine products” (Franco, 2007:27-28). Partly due to pressures from the drug industry lobby, the amendment only regulated ephedrine and pseudoephedrine in powder form, not pills or capsules (Suo, 2004b).

With tighter controls on bulk powder supplies, many domestic illicit methamphetamine manufacturers simply obtained ephedrine and pseudoephedrine in tablet form (Suo, 2004b). In response, the Domestic Chemical Diversion Control Act (DCDC), passed by Congress in 1993, increased record-keeping and reporting requirements for legal distributors and importers of ephedrine – but not pseudoephedrine (Franco, 2007). Clandestine manufacturers adapted by relying on pseudoephedrine tablets more than before. Legal imports of pseudoephedrine increased 41 percent between 1994 and 1996, and the precursor began showing up in a higher proportion of lab seizures (Suo, 2004b).

Congress responded with the passage of the Comprehensive Methamphetamine Control Act of 1996 (CMC), which expanded restrictions on ephedrine and pseudoephedrine to include tighter regulations on pills found in OTC cold medications (Franco, 2007). Specifically, retail distributors were required to keep records of transactions involving products with any amount of ephedrine or more than 24 grams of pseudoephedrine. However, “blister packs” – packages containing pills individually wrapped in foil – were exempted from this 24-gram threshold (Konnor, 2006). Lawmakers knew that lab operators preferred bottles of pills, rather than blister packs, since tablets in the former could be accessed for processing much more quickly than the latter (Suo, 2004b).
Meth chemists were not deterred. According to Suo (2004b) law enforcement discovered blister packs at 47 percent of labs seized between 1999 and 2000. The Methamphetamine Anti-Proliferation Act (MAP) of 2000 lowered the exemption threshold from 24 to nine grams and required that legitimate manufacturers include no more than three grams of pseudoephedrine per retail package of OTC cold and sinus medicines (Franco, 2007). The annual number of methamphetamine lab incidents\(^9\) reached its highest level ever between 2000 and 2004. In 2004, Oklahoma became the first state to declare all tablet forms of pseudoephedrine as Controlled Dangerous Substances under state statutes. Whereas the federal MAP Act stated that individuals could purchase no more than nine grams of pseudoephedrine products per day, the Oklahoma law prohibits people from purchasing that amount over a 30-day period. Consumers seeking more than the state limit must obtain a prescription from a physician (DEA, 2004). In 2005, the State of Oregon required that all pseudoephedrine products, regardless of dosage, be available only by prescription. By early 2006, a total of 40 states had implemented varying controls on pseudoephedrine pills (Mosher & Akins, 2007).

Despite a 25 percent reduction in the number of lab incidents between 2004 and 2005, and the recent enactment of pseudoephedrine laws by most states, in March, 2006, the Combating Methamphetamine Epidemic Act (CME) of 2005 (Title VII of the USA PATRIOT Improvement and Reauthorization Act) was signed into law. Among its many provisions, the CME Act reduces the nine gram threshold to 3.6 grams, limits monthly purchases by individuals to 7.5 grams, and requires that retail businesses keep a log book with the identity of any

\(^9\) A meth lab “incident” refers to the seizure of a methamphetamine lab, the discovery of a dump site, or the seizure of chemical and glassware thought to be used in clandestine production of meth (DEA, 2008d). Thus, the total annual number of meth lab incidents is larger than the total annual number of meth labs.
Customer who purchases more than 60 mg at a time (Franco, 2007). Individual tablets of Sudafed, one of the leading brands of pseudoephedrine, contain 30 mg of pseudoephedrine. The standard box contains 24 tablets (Sudafed, 2008). Not only do individuals purchasing more than two tablets at a time have to sign a log book, but before doing so, they are required to show a government-issued identification card (Franco, 2007).

Taking into consideration the contention that data on methamphetamine lab incidents may be more of a measure of law enforcement attention to, rather than the actual occurrence of, clandestine production, it is possible that the CME Act of 2005 led to a decrease in domestic manufacturing. In 2003 and 2004, the annual number of methamphetamine lab incidents in the U.S. was over 17,000, the highest amount ever. In 2005, that number dropped to 12,617. Though the CME Act did not go into effect until 2006, part of the decrease may be accounted for by state restrictions enacted a couple of years prior. For example, Oklahoma reported 1,068 lab incidents in 2003. In 2004, the year Oklahoma passed a state law restricting pseudoephedrine, the number of reported incidents was 659. In 2005, Oklahoma reported 222 lab incidents. The number of national lab incidents dropped to 7,347 in 2006 and 5,910 in 2007 (DEA, 2008d).

Though these data may indicate a victory for law enforcement (and the environment), as has happened many times throughout the history of American drug laws, the more recent supply-side measures to eradicate methamphetamine may have had the unintended consequence of producing more harm. For instance, Cunningham et al. (2008) researched the effects of federal legislation on routes of methamphetamine administration. It should be recalled that injection and inhalation (i.e., smoking) produce greater health problems and propensity for addiction than oral ingestion or intranasal use (i.e., snorting). Examining data on admissions to California-based drug treatment programs from 1992-2004, Cunningham et al. (2008) find that the number of
persons seeking treatment for methamphetamine use, regardless of preferred route of administration, dropped after the 1995 implementation of the 1993 DCDC Act. The number of treatment seekers who injected or ingested methamphetamine did not change substantially after 1997, the year pseudoephedrine regulations from the 1996 CMC Act went into effect. The number of persons seeking treatment who snorted methamphetamine declined from 1997 to 2004. However, the number of treatment seekers who smoked methamphetamine increased steadily since 1997. Cunningham et al. (2008) suggest that these changes in routes of administration are linked to changes in domestic production, which may have fostered snorting, injecting, or ingesting methods. As methamphetamine becomes more difficult to make in the U.S., users rely on foreign suppliers who are often more capable of manufacturing a smokable drug of higher purity. If research by Cunningham et al. (2008) is any indication, it is possible that the reduction in domestic lab incidents coinciding with the 2006 CME Act may have the consequence of further popularizing smoking as a route of administration.

Recent reports, mostly by various U.S. governmental agencies, suggest much of the methamphetamine currently used in the United States originates from Mexico. In 2007, the NDIC reported increases in Mexican-based supplies of ice (i.e., smokable methamphetamine of high purity) in various areas throughout the U.S., including Florida and the Southwest (NDIC, 2006). More recent NDIC reports (2007d; 2008) also cite increases in domestic distribution of highly pure ice originating from Mexican DTOs.

The ONDCP’s 2008 Annual Report recognizes that the CME Act has partly contributed to the shifting of production operations from the U.S. to Mexico. Presently, Mexico requires a prescription for all pseudoephedrine sales. In January, 2008, the Mexican government announced a total ban on ephedrine and pseudoephedrine imports (“National Drug Control
Strategy”, 2008b). A recent report by the NDIC (2007:20) notes that in response to the Mexico’s newly enacted restrictions, Mexican DTOs are “smuggling restricted chemicals through new routes, importing nonrestricted [sic] chemical derivatives instead of precursor chemicals, and using alternative production methods.” Also, one of the main conclusions from the NDIC’s 2009 National Drug Threat Assessment report is that “Mexican DTOs represent the greatest organized crime threat to the United States” (NDIC, 2008:III).

In addition to fostering more harmful routes of administration, meth of higher purity, and Mexican drug cartels, methamphetamine legislation may help encourage some users to replace their demand for stimulation with cocaine. As noted earlier, federal methamphetamine regulations enacted in the early 1970s helped bring about a boom in the cocaine trade (Brecher, 1972). More recent research adds additional support to this line of reasoning. In a longitudinal study of rural stimulant users, Borders et al., (2008:806) find that while the number of months exposed to state precursor regulations was unrelated with methamphetamine use, precursor laws were associated with a significant rise in powder cocaine use. The researchers suggest that “methamphetamine legislation reduced the supply of methamphetamine and, in turn, contributed to increased demand for cocaine.”

Although supply-side regulations may affect the availability of one drug, since they do nothing to reduce the need for speed, users may turn to another drug that provides the same general effects. Indeed, ADAM data suggest that among arrestees, rates of stimulant use are rather steady. While the total percentage of adult male arrestees testing positive for methamphetamine between 2000 and 2003 varied from less than one percent at several ADAM sites to 39.3 percent in Honolulu, the percentage testing positive for stimulants (i.e., methamphetamine or cocaine) exhibited substantially less variation. Excluding stimulant-
positive arrestees in Anchorage, AK (21.6 percent), the percentage of arrestees testing positive for stimulants in those ADAM sites that collected data in the four years from 2000 and 2003 varied from 28.2 (in Albany, NY) to 50.7 in Sacramento, CA, for a range of 22.5 percent.

Figure 6.10 breaks down the percentage of arrestees in each ADAM site testing positive for methamphetamine only, cocaine only (includes powder and crack cocaine), and both methamphetamine and cocaine. This suggests that in areas where one stimulant is scarce, individuals satisfy their need for stimulation with the other. For example, as shown in Figure 6.10, the percentage of arrestees in New York City and Portland, OR that tested positive for stimulants is strikingly similar (45.1% and 44.9%, respectively). In New York City, the stimulant of choice is clearly cocaine. In Portland, methamphetamine is about as popular as cocaine, with arrestees testing positive for 19.5 percent and 22.5 percent, respectively. In general, these data suggest that while the specific kinds of stimulants used in different areas vary, the overall demand for stimulation is rather stable, at least among adult male arrestees.

Sentencing Outcomes

A series of federal anti-drug laws passed over the past several decades has mandated increases in penalties for methamphetamine possession and trafficking. While the Anti-Drug Abuse Act of 1986 established no mandatory minimum sentencing for trafficking, the 1988 Act of the same name called for a mandatory minimum sentence of five years in prison for ten grams of pure methamphetamine, 100 grams of methamphetamine mixture. For trafficking 100 grams of pure or one kilogram of impure methamphetamine, the mandatory minimum sentence was ten years. In response to the ice “epidemic” of 1989-1990, Congress ratified the 1990 Crime Control Act by treating ice “as if it were 100 percent pure methamphetamine.” This meant that persons
Figure 6.10. Percentage of Adult Male Arrestees Testing Positive for Stimulants, by ADAM site, 2000-2003.

Source: U.S. Department of Justice, Arrestee Drug Abuse Monitoring (ADAM) program.
Figure 6.10, Continued.

Source: U.S. Department of Justice, Arrestee Drug Abuse Monitoring (ADAM) program.
Percent testing positive for stimulants

Denver
Albuquerque
Minneapolis
Sacramento
Tucson
Anchorage
Des Moines
Las Vegas

Source: U.S. Department of Justice, Arrestee Drug Abuse Monitoring (ADAM) program.

Figure 6.10, Continued.
Figure 6.10, Continued.

[Diagram showing the percentage of people testing positive for stimulants in various cities.]

Source: U.S. Department of Justice, Arrestee Drug Abuse Monitoring (ADAM) program.
found possessing or trafficking impure ice would face harsher sanctions than those possessing other forms of methamphetamine at equal purity levels (U.S. Sentencing Commission, 1999:9). The 1996 Methamphetamine Control Act did not increase methamphetamine trafficking penalties, “for practical purposes”, according to one Department of Justice attorney (Matz, 1997). However, the law imposed maximum penalties of five years for trafficking two to six kilograms of ephedrine or pseudoephedrine precursors, and nine years for trafficking 20 or more kilograms (Matz, 1997). The Methamphetamine Anti-Proliferation Act of 2000 raised methamphetamine manufacturing penalties from a minimum of 51-63 months to 70-87 months “if the offense created a substantial risk of harm to human life or the environment.” The minimum sentence for manufacturing was raised to 97-121 months if “the offense created a substantial risk of harm to the life of a minor or incompetent” (Federal Register, 2000:80474; U.S. Sentencing Commission, 2001).

The Combating Methamphetamine Epidemic Act of 2005 raised penalties further. Persons possessing or trafficking 5-49 grams of pure methamphetamine, or 50-499 grams of impure methamphetamine, face a mandatory minimum sentence of five years in prison (if it is their first offense). If death or serious injury occurs as a result of possessing or selling the drug, the sentence can range from 20 years to life in prison (Franco, 2007; DEA, 2009). First-time possession or trafficking of 50 or more grams of pure methamphetamine, or 500 or more grams of impure methamphetamine results in a prison sentence of at least ten years, “and not more than life” (DEA, 2009). Individuals who have committed two or more prior offenses of this nature face mandatory life imprisonment. Also, possible fines range from $2 million up to $20 million, depending on a variety of factors including quantity, purity, and prior offenses (Franco, 2007; DEA, 2009).
At first glance, the current penalties for violating federal methamphetamine laws appear to be equal to those imposed on crack cocaine violations. First-time possession or trafficking of five to 49 grams of crack cocaine necessitates at least five years in prison (DEA, 2009). However, penalties for crack do not distinguish between pure and impure forms. While law enforcement has confiscated methamphetamine found to be 100 percent pure (Drug Identification Bible, 2006), most illicit methamphetamine contains some impurities. Thus, it is reasonable to suppose that most offenders must possess at least 50 grams of methamphetamine in order to receive the same sanctions accorded to someone possessing as little as five grams of crack. Additionally, persons possessing or trafficking at least 50 grams of crack face a mandatory minimum of ten years in prison (DEA, 2009). Since most street methamphetamine is not 100 percent pure, an individual would have to possess at least 500 grams of the drug in order to receive a similar sentence. The sentence disparities between crack cocaine and methamphetamine are striking considering the degree to which mass media and politico-moral entrepreneurs proclaimed the latter as worse than the former in terms of harm to users and society.\footnote{Recognizing the inherently racist 1-to-100 ratio in sentencing disparities between crack and powder cocaine, in late 2007, the U.S. Supreme Court granted judges more discretion in administering sentences for crack cocaine offenses. Shortly thereafter, the U.S. Sentencing Commission voted to decrease the sentencing guidelines for crack cocaine. While several thousand convicted offenders have received reduced sentences as a result of these changes, the 1-to-100 disparity in mandatory minimums is still in place at the federal level (The Sentencing Project, 2008b).}

One interpretation of the disparities between current federal possession and trafficking penalties of methamphetamine, crack cocaine, and powder cocaine points to the intersection of race and social class. All else being equal, methamphetamine penalties are greater than penalties for powder cocaine and less than penalties for crack. If one were to examine mass media
portrayals of users of each drug, a sanction hierarchy based on race and class emerges. At the bottom of this hierarchy are African Americans, the stereotypical users of crack cocaine. In the middle are users of methamphetamine, “the poor (white) man’s cocaine.” And at the top of this hierarchy are powder cocaine users, generally thought to be white and middle-to-upper class.

Although it is imprudent to conclude that media depictions of the white methamphetamine user directly explain the less harsh sanctions applied to persons caught using or trafficking methamphetamine than sanctions leveled at persons dealing in crack cocaine, it should be recalled that user race was not heavily emphasized in media coverage of meth. Furthermore, some of the news reports that did explicitly mention whites as typical users tended to portray them as victims of foreign traffickers from Mexico and elsewhere. In contrast, media coverage of crack cocaine consistently emphasized its use among African Americans, often as a problem inherent to the black race (see Reinarman & Levine, 1997c). This subtle yet obvious double-standard likely influences perceptions of blame and consent for “practical” solutions to drug problems among the public and policymakers alike.
CHAPTER 7: CONCLUSION

Given the restrictions on the legal supplies and uses of amphetamines, black markets in them grew, and, as so often happens, this change promoted abuse. In the days of legal pills, most users took them by mouth. Today, many people snort powdered amphetamines like cocaine, smoke them, or even inject them (Weil and Rosen, 2004:55-6).

This excerpt from Weil & Rosen’s From Chocolate to Morphine succinctly summarizes much of the history of methamphetamine, from cocaine to crystal. A significant proportion of every human population demands consciousness alteration. Of those who seek consciousness alteration, some desire stimulation. For some individuals, coffee and nicotine provide adequate levels of psychomotor stimulation. For others, cocaine or amphetamines do the trick. When one substance becomes prohibited, or when an already prohibited substance is subject to stricter government controls, demand persists. Assuming new regulations designate the drug as illegal, or at least make it very difficult to procure through legal means, stimulant seekers may turn to illicit channels to meet their need for speed. Drug prohibitions benefit dealers and traffickers by allowing them a monopoly over illicit supplies. The unregulated nature of the black market for methamphetamine leads to inflated prices, adulterated drugs, environmental contamination, property crimes among desperate users, and violence among distributors. Along the way, the
black market also helps foster more harmful routes of methamphetamine administration, making
dependence and disease more likely.

Along with the gradual progression towards more harmful forms of stimulant use,
lawmakers have steadily proposed additional laws that have perpetuated the very harms they are
designed (in theory) to eliminate. Anti-meth crusaders are not necessarily unified in their goals.
Some seek state resources, others seek continued legitimization of “ethical” drugs, and others
simply wish to repair the moral fabric of society they perceive has been damaged by
methamphetamine.

One trait the majority of claims-makers share in common is that their messages are
largely publicized through a discourse of fear. As secondary claims-makers, mass media
transform and transmit the pleas of doctors, legislators, law enforcement, parents, children,
teachers, and Presidents, reducing complex historical and sociological phenomena to individual
level phenomena. Consequently, the majority opinion on how to reduce methamphetamine use,
evidenced through both mass media and social policies, is with stricter supply-side controls and
punishment. Such solutions are commonplace, in spite of their relative ineffectiveness. As
Johns and Borrero (1991:79) point out, “The moralistic rhetoric about drugs and drug
traffickers…has distorted the realities of the situation and complicated any attempt to find
realistic solutions to the drug problem.”

American drug scares have been propagated for decades. Since the 1960s, three separate
methamphetamine scares have emerged. The Methedrine panic began in the early 1960s, and
escalated over the next several years as the drug became portrayed as a threat to the middle and
upper classes. As estimates of actual use rose during the 1970s, methamphetamine was virtually
forgotten until the late 1980s. The “Ice Age” of 1989 came and went in the blink of an eye. In
the middle of the nation’s crack panic, claims that ice would soon be sweeping the country
resonated with a public fearful over crack. When political battles in Hawaii died down in 1990,
and when the public learned that claims about ice were wholly exaggerated, the ice problem went
away. Methamphetamine returned to mass media in 1995, received increased attention over the
next eleven years, and reached a crescendo in 2005. By that time, newspapers, magazines, and
television news reports had been thoroughly inundated with tweakers, Mexican drug traffickers,
exploding meth labs, victimized children, and many other alarming images.

By 2007, the methamphetamine problem seems to have subsided slightly in mass media.
Although it is too soon to propose that the trend will continue, three potential reasons for the
decline merit brief mention. First, media coverage of methamphetamine may have simply
reached its saturation point. The social problems marketplace can only occupy a select number
of social problems at any given time (Best, 1990; Loseke & Best, 2003). As it becomes more
and more difficult to put a different “spin” on the meth epidemic, news organizations cannot
sustain interest indefinitely. Second, it appears that methamphetamine use slightly declined in
2007. While variations in media coverage of methamphetamine have not generally coincided
with variations in use, in recent years, the “kernel of truth” seems even smaller than before.
Third, the CME Act of 2006 may have effectively institutionalized methamphetamine (i.e.,
“crystal meth”) in American culture. The classifying of methamphetamine as a Schedule II drug
in the early 1970s was followed by a marked decrease in media attention, despite a subsequent
rise in use. Federal laws enacted during the crack scare were also followed by a decrease in
media attention. The formal nature of federal legislation may symbolize the “solving” of the
meth problem in the public’s eye.
Despite the recent decline in media attention, there is no reason to believe methamphetamine will go away forever. As history shows, drug scares ebb and flow, often in accordance with media agendas, politics, the needs of the criminal justice system, and public amnesia. As very recent history shows, alarming concerns linking illegal Mexican immigrants with drugs, violence, and general social decay suggest the possibility that the “glory days” of the methamphetamine scare may still be to come.

The Current State of Methamphetamine-Related Affairs

Section 723 of the CME Act of 2005 calls for the U.S. Secretary of State to work with Mexican authorities to prevent methamphetamine manufacture and smuggling and to “encourage the Government of Mexico to take immediate action to reduce the diversion of pseudoephedrine” (USA Patriot Improvement and Reauthorization Act of 2005). A combination of recent American and Mexican interdiction efforts has contributed to a surge in violence in many border towns over the past few years. Clashes between Mexican DTOs and police, and competition among cartels for control of the illicit drug trade, have led to an increase in homicides, kidnappings, and assassinations. Upon assuming office in December, 2006, Mexican President Felipe Calderon ordered thousands of troops to the Texas/Mexico border and other areas to crackdown on drug cartels. From December, 2006 to early February, 2009, over 500 Mexican police and soldiers have been killed in Mexico’s drug war (Althaus, 2009). In 2007, the U.S. State Department spent $3 million to fund Mexico’s new Communication Intercept System (CIS). Sold by a “politically well-connected firm based in Melville, N.Y.”, the CIS was to improve the Mexican government’s powers over the activities of illicit drug traffickers, through

In 2007, the Bush administration offered to provide Mexico with “helicopters, high-tech scanners, and other equipment” to assist in its drug war, as part of a proposed “$1.4 billion three-year aid package for Mexico and Central America” (Ellingwood, 2008:A1). On June 30, 2008, President Bush signed the Supplemental Appropriations Act of 2008, which included funding for the so-called Mérida Initiative (Walters, 2008). The Mérida Initiative authorizes the allocation of $1.5 billion dollars, spent from FY2008 to FY2010, for combating drugs throughout much of Latin America. Of this amount, $1.1 billion in aid will go to Mexico, and $400 million to the countries of Central America98 (Mérida Initiative, 2008).

Much of the language of the Mérida Initiative highlights the “war” in America’s (or the Western Hemisphere’s) War on Drugs. For example, one of the policy’s primary declarations reads, “The Merida Initiative reflects the belief that Mexican military involvement is required in the short-term to stabilize the security situation, but that most aspects of this problem fall into the realm of law enforcement.” In addition, monies can be spent to support counternarcotics and countertrafficking, including “radar and aerial surveillance equipment; land and maritime interdiction equipment and training, including - transport helicopters and night-operating capabilities, surveillance [and] platform planes.” The law also authorizes surveillance aircraft and U.S. training of Mexican law enforcement. Additionally, the Initiative supports “courts management and prosecutorial capacity building;…anti-money laundering programs”, police

98 “The term ‘countries of Central America’ means Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama and includes Haiti and the Dominican Republic” (Mérida Initiative, 2008).
“training regarding use of force”, and “greater transparency and accountability in the Mexican legal system” (Mérida Initiative, 2008).

In early 2009, media coverage of “Mexico’s Drug War” appeared to increase considerably, as fears that Mexico’s drug problem would seep into the United States escalated. The New York Times reported that the U.S. Department of Homeland Security was considering “plans for a ‘surge’ of civilian and perhaps military law enforcement should the bloodshed [from Mexico] spread across the border” (Archibold, 2009). Referring to the turmoil of the illicit market, former Drug Czar Barry McCaffrey was quoted in one British news source saying, “Mexico is on the edge of the abyss—it could become a narco-state in the coming decade” (Ackerman, 2009). The Guardian article claimed that in 2008, “almost 6,000 people were shot, decapitated or otherwise ‘disappeared’ and over 700 kidnapped in the escalating battle between drug traffickers” (Ackerman, 2009). CBS Evening News featured a segment on the 2008 deaths in the Mexican drug war, discussed “hyper-violent” Mexican drug cartels, and suggested that the drug situation could ultimately result in Mexico’s collapse (“Mexico/Drug Wars”, 2009). The El Paso Times cited a State Department official who was unable to promise concerned citizens the drug-related violence along the border would end in the near future (Valdez, 2009).

Throughout these recent events, American media seems to have interpreted and reported the situation as expected. A January, 2009 segment presented by CNN anchor Lou Dobbs may serve to illustrate a set of convictions and assumptions still very much popular in the U.S. The news story opened with Dobbs warning viewers, “the effects of Mexico’s Drug War continue to spread.” Inherent in this statement, and in countless other statements of this nature, is the assumption that Mexico is solely to blame for its drug problems, and for America’s drug
problems along the U.S./Mexico border. Mexico is portrayed as possessing a communicable disease which threatens to infect white America.

After a report of a grenade attack of a television station committed by suspected drug traffickers, the focus switched to members of El Paso’s city council, who voted unanimously to support measures designed to reduce violence in neighboring Ciudad Juárez, Mexico. The vote included a controversial amendment, explained by a local councilman:

We need to say something that’s politically very difficult…which is, 1) Has the drug war been successful?, 2) If not, should we continue it?, and, 3) Should we look at legalizing, regulating, controlling, and taxing drugs and narcotics in the United States?

El Paso Mayor John Cook promptly vetoed the resolution, offering an appeal to “historical continuity” (i.e., remaining consistent with past policies, Best, 1990), saying,

It is not realistic to believe that the U.S. Congress will seriously consider any broad based debate on the legalization of narcotics. That position is not consistent with community standards both nationally and locally.

The segment ended with Dobbs offering his assessment of El Paso’s city council members, describing people who question the war on drugs as “a little too cute by half.”
Obviously the members of that council really should...have their brains carefully checked, as well as their hearts. To tolerate what has been a failure to secure that border and to permit Mexico to remain the principal source of methamphetamines, heroin, cocaine, and marijuana into this country, and then to have some local yokels sitting there [asking], “Well should we really think about trying to stop this?”, while we’ve got a bunch of national yokels in Washington D.C. who have refused to look honestly in this administration...and respond... responsibly for the benefit of the welfare and safety of the American public. It’s extraordinary. “Legalize drugs” and “end the war”...sounds like utter cowardice and fear....[Mayor Cook of El Paso] has to be a little embarrassed that he’s got a council that would think and act that way. Congratulations to the Mayor for having political courage (Dobbs, 2009a).

In an era where absolute prohibition is the typical solution to America’s illicit drug problems, it is not entirely clear how Mayor Cook showed a tremendous amount of “political courage” by voting to maintain the status quo. In Dobbs’s assessment, any potential deviation from the “business as usual” approach to dealing with drugs in the U.S. is foolhardy and dangerous. Even if they have personally witnessed decades of mayhem wrought by increasingly punitive and short-sighted drug policies, individuals who question the “get tough” mantra are usually portrayed in mass media as delusional and gutless. Dismissing the city council as merely “embarrassing” to Mayor Cook serves to abolish any reasonable chance for sensible, lucid discourse.
To Legalize, or Not to Legalize? That is Not (Necessarily) the Question

Arguing that supply-side interdictions and individual level punishments are not successful and effective ways to handle the messy methamphetamine situation in the United States seems to imply legalization is the best solution. However, much of the legalize/prohibit debate is a false dichotomy, an either-or fallacy. Furthermore, a deeply rooted dope fiend ideology and a history of prohibitionist policies make total legalization unforeseeable.

The Drug Policy Alliance ((DPA) 2009), a private organization dedicated to “promoting policy alternatives to the drug war that are grounded in science, compassion, health and human rights”, offers one sensible solution to the methamphetamine “epidemic.” In the DPA’s *A Four Pillars Approach to Methamphetamine*, policing, an area in which most current drug policies are concentrated, is listed as merely one of the four elements of a sensible national methamphetamine policy. Two other pillars suggested in the DPA’s approach generally address people’s demand for drugs. Policies emphasizing prevention should replace state-employed scare tactics with factual information, and eliminate or reconfigure ineffective programs such as D.A.R.E. Also, increasing public spending on methamphetamine treatment programs, including efforts to make treatment more available to socially marginalized populations (e.g., women, rural inhabitants, gay men), would further help reduce demand for methamphetamine. The final facet of DPA’s policy approach to reducing problems associated with methamphetamine is to invest in harm reduction programs that provide free condoms and clean syringes for users (“A Four Pillars Approach”, 2008). Harm reduction is a rather controversial theory in the U.S. and elsewhere, as critics propose such programs encourage and condone drug use. If the history of human civilization is any indicator, some segment of the U.S. population is going to use consciousness-altering drugs, regardless of whether or not doing so is lawful. If policymakers and the public
can accept this fact, harm reduction efforts will help lessen the negative effects of illicit methamphetamine on both users and society, through a reduction in disease transmission.

The DPA’s four-pillar approach seems sensible, though I propose a fifth pillar: Responsible journalism. Media constructions of the methamphetamine “epidemic” serve to create hysteria, increase marginalization of already-marginalized users, and facilitate the enactment of policies based more on routinization of caricature than empiricism. Mass media should be encouraged to be more responsible in their reporting of methamphetamine problems, perhaps through a reformed relationship between the press and governmental spokespersons. Additionally, scholars could stand to become more involved in “newsmaking criminology” (Barak, 1994) by helping to educate media consumers through air waves and op-ed articles. For example, a recent study by Phillips and Frost (2007, as cited in Clear & Frost, 2007) found that of the 89 guests who appeared as discussants in crime stories aired on the three highest rated prime-time cable television news programs, only three were criminologists affiliated with academic institutions or research organizations. While academics may not offer much fuel to the fire of sensationalist news coverage, attempts can be made to convey empirical research findings or arguments to mass audiences, with the hopes of reducing some of the harms associated with media-generated panic about drugs.

**Currently Legal Speed**

One of the greatest ironies of America’s methamphetamine scares is that throughout decades of panic and hysteria, millions of Americans have used prescription amphetamines on a daily basis. Indeed, most drugs are legal in the United States as long as they are obtained through state-sanctioned channels. While concerns over the white market for speed are occasionally expressed
by media and politicians, it seems that the multi-billion dollar pharmaceutical industry in amphetamines is here to stay. The white market for amphetamines exists because of powerful governmental lobbyists, but also because speed helps people function in their daily lives. A recent article published in *Nature* calls for the responsible use of stimulants by healthy Americans. While it is estimated that four to seven percent of American college students have ADHD, as determined by the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM) criteria, Greely *et al.* (2008:702) note that stimulant drugs benefit others not medically diagnosed. “These drugs increase executive functions in patients and most healthy normal people, improving their abilities to focus their attention, manipulate information in working memory and flexibly control their responses.” The authors argue that “cognitive enhancing” drugs should be made available to persons without officially diagnosed disorders, and that society should “welcome new methods for improving our brain function” (Greely *et al.*, 2008:705).

To be sure, the proposal made by Greely and colleagues is controversial, as evidenced by several follow-up commentaries published in *Nature*. Medically prescribed stimulants have led to health problems, even death, among some users. The suggestion that a larger proportion of Americans be allowed to legally obtain amphetamines presents a double-, perhaps, triple-edged sword. One the one hand, individuals who currently use pharmaceutically manufactured stimulants illegally (e.g., by buying them from a friend) would no longer risk criminal sanctions. In addition, as Greely *et al.* (2008) suggest, more people could benefit from the cognitive enhancements afforded by legal speed. On the other hand, making stimulants available to a wider range of potential users would increase the power of the medical profession and pharmaceutical industry, and contribute to the medicalization of society. Greely *et al.* (2008)
indirectly suggest that companies medicate their employees with stimulants in order to increase their production. Such a suggestion brings forth visions of state and capitalist control over individual freedom of thought and expression.

The third metaphorical edge of the sword addresses persons who currently use illicitly manufactured and distributed methamphetamine or other amphetamines. Though little research has been conducted on the subject, it is likely that many illicit methamphetamine users begin using the drug as a means to an end, rather than for recreational purposes. For example, truck drivers have used and continue to use speed in order to drive long distances without rest. Students turn to illicit stimulants in order to write term papers or study for exams. If stimulants were made available to a larger proportion of the population, would current users of illicit speed be able to legally obtain prescriptions? If not, would this further widen the divide between the black and white market users? In other words, would a system of widely available licitly produced speed include persons who currently lack access to doctors and psychiatrists, or would such a system simply allow persons of higher social standing (i.e., persons with health insurance) to gain more of an advantage over others? In order to address these questions, a brief discussion of the current use of ADHD drugs is in order.

Social Class Advantages of Access to Health Care

Of those individuals who demand stimulants as a means to an end, some have access to physicians and psychiatrists, some do not. Those with adequate health care coverage are much more likely to be diagnosed with ADHD – and receive drugs legally – than those without access. Consequently, persons without the social and economic capital necessary to secure the time and attention of a script-dispensing medical practitioner might find they are able to improve their
focus and concentration upon using illicit speed. In other words, people without access to health care, have little chance of being diagnosed with ADHD, and thus, little chance to obtain amphetamines legally. But through their own experimentation, they might learn that a few Ritalin pills from a friend or a line of methamphetamine help them to write a term paper or drive long distances without sleep.

In suggesting a “self-medication hypothesis”, Khantzian (1985:1262) argues that “the drug an individual comes to rely on is not a random choice.” Although illicit drug users are likely to have sampled more than one type of illicit drug, many come to regular use of only a single drug. Khantzian provides an example of a psychiatric patient who would use opiates to quell feelings of rage and aggression. It is not clear what formal psychological disorder(s) the patient suffered from, but “such individuals welcome the effects of opiates because they mute uncontrolled aggression and counter the threat of both internal psychological disorganization and external counteraggression from others” (Khantzian, 1985:1262).

Accounts from two cocaine users also support the claim that people self-medicate to achieve more desirable psychological states. Khantzian describes a patient who reported that after sniffing several lines of cocaine in the morning, he was able to relax, concentrate, and complete a backlog of paperwork. Khantzian concludes, “cocaine addicts might be medicating themselves for mood disorders and behavioral disturbances, including a preexisting or resulting attention deficit/hyperactive-type disorder” (1985:1263). Reluctant to speculate on which specific DSM disorders cocaine users may cope with through self-medication, Khantzian (1985:1263) notes some preliminary patterns shared by his patients:
They have lifelong difficulties with impulsive behavior, emotional adaptability, acute and chronic anxiety (including acute depressions).

- They have self-esteem disturbances that preceded cocaine use.
- They experienced a relief of anxiety and improved self-esteem on cocaine.
- They also experienced improved attention, leading to improved interpersonal relations, more purposeful, focused activity, and improved capacity for work.

Even more compelling is the fact that Khantzian successfully treated cocaine-using patients with methylphenidate (i.e., Ritalin), and found the prescription stimulant to provide effects similar to cocaine. “Rather than simply seeking escape, euphoria, or self-destruction, addicts are attempting to medicate themselves for a range of psychiatric problems and painful emotional states” (Khantzian, 1985:1264).

Other researchers have found links between ADHD, and amphetamines, Ritalin, and cocaine. Castaneda et al. (1999:59) studied a group of 19 ADHD-diagnosed adults who reportedly began using cocaine for its therapeutic benefits. Specifically, cocaine use affected subjects by producing a sense “of calm and relaxation. It also stabilized their mood, improved their ability to think, and increased their capacity to engage in productive activity” (Castaneda et al., 1999:60). The authors offer evidence suggesting study subjects “probably medicated their ADHD symptoms with an available stimulant, cocaine” (Castaneda et al., 1999:60). Cocaine-dependent subjects were introduced to a series of “medications”, including methylphenidate, dextroamphetamine (i.e., Dexedrine), and methamphetamine. Six of the 19 subjects were successfully treated (i.e., they were able to function and did not resume cocaine use) with Ritalin between 36 and 52 weeks. Two patients were successfully treated with fluoxetine (Prozac), and
one each with pemoline (Cylert), dextroamphetamine, and methamphetamine. The remaining
subjects were treated with a combination of two or more of these drugs. Since treatment options
failed for only one of the 19 adults, the authors made the general conclusion that these
medications, especially methylphenidate, helped subjects avoid cocaine use.

The 19 adults reported in the research by Castaneda et al. (1999) were drawn from a
larger group of cocaine-using adults, 25 percent of whom were diagnosed with ADHD.
In a study of 298 adults seeking treatment for cocaine use, Carroll and Rounsaville (1993:77)
determined 34.6 percent “met the DSM-III-R criteria for childhood ADHD.” They offer partial
support for the self-medication hypothesis by showing only 23 percent of a comparable group of
opiate users manifested enough symptoms for a formal ADHD diagnosis.

Why does cocaine seem to “work” for people with ADHD? Why has some research
found that substituting methylphenidate for cocaine provides many former users with the same
sense of cognitive relief they enjoyed from cocaine? Richard DeGrandpre (2006:10) offers a
comprehensive discussion of recent research literature regarding the pharmacological properties
of cocaine and Ritalin, concluding, “all else being equal, Ritalin is nothing less than synthetic
cocaine.”

Without delving into specific psychological disorders and their detailed criteria set forth
by the DSM, it is reasonable to suppose that in any given population, people experience stress,
anxiety, aggression, depression, lack of motivation and a host of other psychological complaints.
If distressed individuals have access to psychiatric counseling and health insurance, they are
more likely to receive formal diagnoses and legally prescribed drugs to help them manage their
ailments. Those without adequate health insurance will be more likely to self-medicate on illicit
drugs, if they find, for example, cocaine helps them to better focus on their paperwork. Since the
uninsured are more likely to use illicit drugs, they have a greater risk of arrest and imprisonment. If they test positive for amphetamines after taking an employer or school-administered drug test, since they lack a formal diagnosis from a psychiatrist or physician (and lack access to prescription drugs which perform the same function as illicit drugs), they risk being fired.

This point can be further illustrated by a brief examination of amphetamine use in Major League Baseball (MLB). In the 2000s, it was learned that a significant portion of baseball players were using performance-enhancing drugs (PEDs). Steroids and HGH, substances that add muscle mass and help speed recovery from injury (which can be acquired legally and illegally) were the main culprits (see Mitchell, 2007). Amphetamines (sometimes called “greenies”) were less of a focus, even though they have been used by baseball players and other athletes since the 1940s (Frias, 2006). Ball players find that amphetamines help them cope with playing 162 games a year by making them more alert, providing stamina, and alleviating pain (Frias, 2006).

MLB first started testing its players for stimulants in 2006 (Zeigler, 2007). However, players can receive therapeutic use exemptions (TUEs) with a physician’s diagnosis. For example, a player diagnosed with ADHD can use prescription stimulants without being punished by MLBs drug-testing policy. In 2006, 28 players had TUEs for ADHD, and could use stimulant medication without punishment. In 2007, 103 players received TUEs for ADHD (Shaikin, 2008). The increase was due to a higher percentage of ADHD diagnoses, rather than an influx in the total number of players in MLB from 2006 to 2007.

Largely due to the fact that team owners want healthy, productive players, Major League Baseball players have exceptional health care coverage. Team physicians and trainers work alongside players at home and on the road and are always available in locker rooms and dugouts.
Before stimulant testing in 2006, it is likely that a significant proportion of players used stimulants illicitly to enhance their athletic performance. But when the new testing program went into effect, players faced an increased risk of detection and suspension. Due to the ready availability of team medical personnel, a number of players were able to acquire a formal diagnosis of ADHD, and could use drugs with exemptions. Risks of arrest, suspension, and the many harms associated with black market procurement of drugs were eliminated.

Critics are quick to accuse MLB of over-diagnosing its players with ADHD so as to condone and encourage stimulant use. They may have a point. Yet, the case of MLB serves to illustrate a fact about drug use in the United States: Access to medical care and health insurance facilitates the legal use of consciousness altering drugs. People who lack access to doctors and health care may turn to the black market to fulfill whatever physical, mental, or psychological needs drugs provide. Consequently, we would expect people without health insurance to be more likely to face criminal justice sanctions, since their drugs are more likely to be obtained on the black market without a doctor’s consent.

In a national study of the prescribing practices of pediatricians, Hoagwood et al. (2000), found that a child’s probability of being prescribed stimulants is higher among whites, those who received mental health counseling, and those with health insurance. Olfson et al. (2003) estimate that over 2.1 million children received ADHD treatment in 1997, representing 3.4 percent of all non-institutionalized American children. In 1987, 0.9 percent of American children received treatment for ADHD. Most interesting is that despite the increase in the percentage of kids receiving ADHD treatment, in 1997, 1.6 percent of children without health insurance were treated, whereas 3.5 percent and 3.4 percent of kids with “any private” or “any public” health insurance, respectively, received treatment.
Using survey data from a nationally representative panel study, Stevens, Harman, and Kelleher (2005) found that insurance status was most often associated with disparities in the health care received by children with ADHD. The presence or absence of ADHD was determined though answers to a variety of survey questions asked of parents.

Relative to children with public or private insurance, children without insurance were less likely to be diagnosed with ADHD, despite the fact that previous epidemiological research has indicated elevated prevalence rates of behavior disorders among uninsured children” (Stevens et al., 2005:92).

The researchers also found that uninsured children had lower odds of receiving prescribed stimulants, as well as a lower number of prescriptions than those with health care coverage.

The over-medication of children and adults, as well as the over-diagnosis of ADHD and other psychological disorders can be and has been debated at length. The point is that millions of Americans obtain their drugs legally, while millions more turn to the black market. Disparities in health care coverage, which are strongly correlated with social class and race, have the potential to produce real outcomes among illicit stimulant users, from arrest and imprisonment, to disease and other harms associated with the nature of the black market. If stimulants were made available to persons simply for the benefit of cognitive enhancement, it is likely that persons of higher social standing would gain further advantage over the socially disadvantaged. Future research should strive to determine the extent to which variations in access to health care correlate with variations in licit/illicit drug use.
Closing Remarks

Despite the contradiction of legal “medicines” and illegal stimulants, much of the American public, legislators, and media continue to construct and perceive a black-and-white world of drugs out of a gray reality. The same tired, old “get tough on (illegal) drugs” mantra still prevails in American discourse, even as additional social harms from supply-side policies persist. In a business-as-usual news story about the American drug problem, CNN’s Lou Dobbs (2009b) recently presented a segment titled, “Border Drug Wars”, that thoroughly attributed blame to Mexican cartels. Correspondent Casey Wian noted,

More than 195 U.S. cities are now the site of operation by Mexican drug cartels, according to U.S. law enforcement…. [And the problem is] not for lack of programs. Big cities along the border and elsewhere have dozens of anti-gang programs…. As long as that border is open to illegal aliens, drug traffickers, and drugs coming across, the gangs will continue to spread across the border.

After heavily criticizing the American government for creating the drug problem by failing to seal off its nation’s borders, Dobbs proclaimed, “This is truly an era of shame for the United States in the War on Drugs.”

Indeed it is.
REFERENCES


Burton, Brent T. 1991. “Heavy Metals and Organic Contaminants Associated with Illicit


Carey, Frank. 1948. “FDA Reports Benzedrine Contents Eaten.” *Corpus Christi Caller-Times*, February 15, 10B.


Copeland, Larry. 2005. “States Hope Laws Will Curtail Meth Labs.” USA Today, April 26, 5A.


deYoung, Mary. 1998. “Another Look at Moral Panics: The Case of Satanic Day Care


“Haight-Ashbury Now a City of Fear.” 1968. *Kingsport Times*, November 29, 5C.


-------. 1998. “Murder Spree Suspect Talks of Methamphetamine Binge.” *USA Today*, April 14, 3A.


Keen, Judy. 2006. “Meth Labs Abundant this Hunting Season.” USA Today, December 11, 3A.


Kram, T. C., B.S. Kruegel, and A. V. Kruegel. 1977. “Analysis of Impurities in Illicit


Leinwand, Donna. 2005. “Counties say Meth is Top Drug Threat.” *USA Today*, July 5, 3A.

--------. 2006a. “States List Meth Offenders on Web.” *USA Today*, August 23, 1A.

--------. 2006b. “Backers Call Meth Registries a Safety Measure.” *USA Today*, August 23, 3A.

--------. 2007. “DEA Sees Flavored Meth Use; Trend May be Effort to Lure Young Market.” *USA Today*, March 26, 3A.


“Mask Urges Changes in Dope Laws.” 1962. The Fresno Bee, October 25, 6-C.


Meddis, Sam. 1990. “U.S. Drug Users Steer Clear of ‘Ice’.” USA Today, April 6, 3A.

Meredith, Charles W., Craig Jaffe, Kathleen Ang-Lee, and Andrew J. Saxon. 2005.


Shulgin, Alexander T. 1976. “Abuse of the Term ‘Amphetamines’.” *Clinical Toxicology*


Status as Factors Associated with ADHD Treatment Patterns.” *Journal of Child and Adolescent Psychopharmacology* 15:88-96.


