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Meth Chic and the Tyranny of the Immediate: Reflections on the Culture-Drug/Drug-Crime Relationships

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METH CHIC AND THE TYRANNY OF THE IMMEDIATE[1]: REFLECTIONS ON THE CULTURE-DRUG/DRUG-CRIME RELATIONSHIPS

AVI BRISMAN*

I. INTRODUCTION 1275
II. L.'S STORY 1291
III. DEFINITIONS, HISTORY, AND DEMOGRAPHICS 1294
A. DEFINITIONS 1294
1. *Brief History of Drug Use and Abuse* 1296
2. *Brief History of Amphetamine Use and Abuse* 1299
3. *Brief History of Methamphetamine Use and Abuse* 1303
B. WHO'S USING METHAMPHETAMINE? 1307
IV. DRUG-CRIME RELATIONSHIPS 1312
A. SUBSTANCE USE LEADS TO CRIME: THE PSYCHOPHARMACOLOGICAL MODEL 1318
B. SUBSTANCE USE LEADS TO CRIME: THE SYSTEMIC MODEL 1327

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1. The phrase "meth chic" is a permutation of the common phrase, "heroin chic." *See infra* Part VI. The phrase, "the tyranny of the immediate," was used by Gro Harlem Brundtland, former Prime Minister of Norway and chairwoman of the United Nation-sponsored World Commission on Environment and Development (known as "the Brundtland Commission"), to describe the first Bush Administration's placement of "short-term American economic interests above long-term global environmental necessity . . ." PHILIP SHABECOFF, A FIERCE GREEN FIRE: THE AMERICAN ENVIRONMENTAL MOVEMENT 254 (1993). As this Article, however, will contend in *infra* Part VI, the phrase could well apply to the pace of culture and society today.

C. SUBSTANCE USE LEADS TO CRIME: THE ECONOMIC MOTIVATION MODEL 1335

V. DRUG ABUSE CONTROL STRATEGIES 1338

A. SUPPLY REDUCTION 1338

1. *Legal Status* 1338

2. *Law Enforcement* 1342

a. Raising the Potential Penalty of Being Caught . 1343

b. Increasing the Risk of Being Caught 1348

B. DEMAND REDUCTION 1351

1. *Prevention* 1351

a. What is Prevention? 1351

b. Why Focus on Prevention? 1353

c. Types of Prevention Programs and General Characteristics of Effective Prevention Programs 1355

d. Some Good News 1359

2. *Treatment* 1362

VI. METHAMPHETAMINE CONTROL IN CONTEXT: WHAT'S MISSING FROM LAW ENFORCEMENT, PREVENTION, AND TREATMENT EFFORTS 1371

A. ECONOMIC-BASED POLICY INTERVENTIONS 1374

B. METHAMPHETAMINE AND THE CULTURE OF SPEED 1386

VII. CONCLUSION 1393

The FBI says . . . meth labs hidden in wooded areas are dangerous because wildlife can unintentionally discover the drugs and eat them. So if you see a bear who should be hibernating, but he's doing jazz-aerobics instead, approach with caution.[2]

But is the nature of civilization 'speed'?
Or is it 'consideration'?
Any animal can rush around a corral four times a day.
Only a human being can consciously oblige himself to go slowly in order to consider whether he is doing the right thing, doing it the right way, or ought in fact to be doing something else. . . .
Speed and efficiency are not in themselves signs of intelligence or capability or correctness.[3]

I. INTRODUCTION

L., a late 30s/early 40s resident of a rural Washington state town, has been clean for twenty-six months.[4] Intelligent, articulate, and a few credits shy of a degree in forensic psychology, L. hardly seems like a recovering addict. But what is more surprising than the fact that she was addicted to alcohol and drugs for twenty-one years, is that she is even alive to share her experiences.

Methamphetamine, or "meth," also known as "biker's coffee," "chalk," "chicken feed," "CR," "crank," "crystal," "crystal meth," "fire," "glass," "go," "go-fast," "ice," "methlies quick," "poor man's cocaine," "shabu," "speed," "stove top," "Tina," "white man's crack," "wire," "yellowbarn," and "zip," among other names, is a highly addictive synthetic stimulant

2. *Laugh Lines*, N.Y. TIMES, Dec. 17, 2006, § 4, at 2 (quoting Jay Leno); *see* JoinTogether.org, Some Hunters Find Methamphetamine Labs in Their Midst, Dec. 13, 2006, http://www.jointogether.org/news/headlines/inthenews/2006/some-hunters-findmethlabs.html?print=t (discussing meth labs hidden in wooded areas).

3. DAVID W. ORR, THE NATURE OF DESIGN: ECOLOGY, CULTURE, AND HUMAN INTENTION 43 (2002) (quoting SAUL JOHN RALSTON, VOLTAIRE'S BASTARDS: THE DICTATORSHIP OF REASON IN THE WEST (N.Y.: VINTAGE 1993)).

4. Telephone Interview with L. (Oct. 12, 2006). On September 28, 2006, this Author posted a message on the "discussmeth" listserv identifying himself as a graduate student in the Department of Anthropology at Emory University and requesting information regarding methamphetamine use and abuse. L. contacted this Author on October 1, 2006 identifying herself as a former addict and offering to help. This Author, in an October 1, 2006 email correspondence with L., further delineated the contours of the project and queried whether L. might be willing to submit to an interview, either via email or telephone, making clear that there was no obligation on her part. L. agreed and in an email dated October 3, 2006, provided the Author with her informed consent to submit to a telephone interview. In an email dated October 16, 2006, she agreed to allow this Author to use her story on condition of anonymity.

(Schedule II), similar in chemical structure to its parent compound, amphetamine, that dramatically affects the central nervous system.[5] Meth, as

5. Timothy E. Albertson et al., *Methamphetamine and the Expanding Complications of Amphetamines*, 170 WEST J. MED. 214, 215 (1999) ("Methamphetamine hydrochloride has greater CNS effects compared to D-amphetamine, presumably because of prolonged half-life and increased CNS penetration."); M. Douglas Anglin et al., *History of the Methamphetamine Problem*, 32 J. PSYCHOACTIVE DRUGS 137, 137-38 (2000); J. Michael Bostwick & Timothy W. Lineberry, *The 'Meth' Epidemic: Acute Intoxication*, CURRENT PSYCHIATRY, Nov. 2006, at 47; Holly Buchanan, Investigator, Lt. Stacy Gibbs Narcotics Commander, & Officer Darlene Harris, GLBT Liaison, Atlanta Police Dep't, Presentation on Drugs and the GLBT Community (Sept. 26, 2006) (notes on file with author); Jerome Cartier et al., *Methamphetamine Use, Self-Reported Violent Crime, and Recidivism Among Offenders in California Who Abuse Substances*, 21 J. INTERPERSONAL VIOLENCE 435, 435 (2006); DAVID T. COURTWRIGHT, FORCES OF HABIT: DRUGS AND THE MAKING OF THE MODERN WORLD 78 (2001); Roy R. Danks et al., *Methamphetamine-Associated Burn Injuries: A Retrospective Analysis*, 25 J. BURN CARE & REHABILITATION 425, 425, 428 (2004); *High in the Heartland*, THE ECONOMIST, Feb. 6, 1999, at 29-30; *Instant Pleasure, Instant Ageing*, THE ECONOMIST, June 18, 2005, at 30-31 [hereinafter *Instant Pleasure*]; LESLIE IVERSEN, SPEED, ECSTASY, RITALIN: THE SCIENCE OF AMPHETAMINES 98-99 (2006); David J. Jefferson, *Meth: America's Most Dangerous Drug*, NEWSWEEK, Aug. 8, 2005, *available at* http://www.msnbc.msn.com/id/8770112/; *Methamphetamine Scourge Sweeps Rural America*, Jan. 29, 2005, *available at* www.soc.iastate.edu/sapp/Rural%20Crime%20-%20Methamphetamine.pdf; NAT'L CRIME PREVENTION COUNCIL, METHAMPHETAMINE: NOTHING TO RAVE ABOUT, *available at* http://www.ncpc.org/cms/cms-upload/ncpc/files/methampheta.pdf; Bob Roehr, *Half a Million Americans Use Methamphetamine Every Week*, 331 BRITISH MED. J. 476, 476 (2005); Ariel P. Santos et al., *Methamphetamine Laboratory Explosions: A New and Emerging Burn Injury*, 26 J. BURN CARE & REHABILITATION 228, 228 (2005); STEPHANIE SCHAEFER ET AL., METH ABUSE THREATENS MORE CRIME IN RURAL OREGON: BUDGET AXE CUTS DEEP INTO RURAL OREGON'S PUBLIC SAFETY 4 (2006), *available at* http://www.fightcrime.org/reports/orruralreport.pdf [hereinafter SCHAEFER ET AL., OREGON]; Ira Sommers & Deborah Baskin, *Methamphetamine Use and Violence*, 36 J. DRUG ISSUES 77, 78 (2006); Pete Thomson, *Dark Crystal: Methamphetamine's Stranglehold Challenges Every Level of the Health-Care System*, THE NEW PHYSICIAN, Dec. 26, 2006, at 26; Nat'l Inst. on Drug Abuse, Nat'l Inst. of Health, Methamphetamine, http://www.nida.nih.gov/DrugPages/Methamphetamine.html (last visited Nov. 11, 2006) [hereinafter Nat'l Inst. on Drug Abuse, Methamphetamine]; Nat'l Inst. on Drug Abuse, Nat'l Inst of Health, *NIDA Community Drug Alert Bulletin—Methamphetamine*, *available at* http://www.nida.nih.gov/MethAlert/MethAlert.html#Anchor-Methamphetamine-1740 (last visited Nov. 11, 2006) [hereinafter *NIDA Community Drug Alert Bulletin*]; Nat'l Inst. on Drug Abuse, Nat'l Inst. of Health, *NIDA InfoFacts: Methamphetamine*, May 2005, at 1, *available at* http://www.nida.nih.gov/pdf/infofacts/Methamphetamine05.pdf [hereinafter *NIDA InfoFacts*]; NAT'L INST. ON DRUG ABUSE, NAT'L INST. OF HEALTH, HOW IS METHAMPHETAMINE ABUSED?, *available at* http://www.nida.nih.gov/ResearchReports/methamph/methamph3.html#what (last visited Nov. 18, 2006) [hereinafter HOW IS METHAMPHETAMINE ABUSED?] (describing how "ice" is smoked in a glass like crack cocaine, its smoke is odorless, leaves a residue that can be resmoked, and produces effects that may continue for 12 hours or more); NAT'L INST. ON DRUG ABUSE, NAT'L INST. OF HEALTH, WHAT IS METHAMPHETAMINE?, *available at* http://www.nida.nih.gov/ResearchReports/methamph/methamph2.html#what (last visited Nov. 16, 2006) [hereinafter WHAT IS METHAMPHETAMINE?]; JANET C. GREENBLATT & JOSEPH C. GFROERER, U.S. DEP'T OF HEALTH & HUMAN SERVICES, METHAMPHETAMINE ABUSE IN THE UNITED STATES, *available at* http://oas.samhsa.gov/NHSDA/Treatan/treana13.htm (last visited Nov. 11, 2006); Natalie Vandeveld, *Clandestine Methamphetamine Labs in Wisconsin*, 66 J. ENVTL. HEALTH 46, 46-51 (2004); Kate Zernike, *Potent Mexican Meth Floods In as States Curb Domestic Variety*, N.Y. TIMES, Jan. 23, 2006 at A1, A17 [hereinafter Zernicke, *Potent Mexican Meth*]. The Office of National Drug Control Policy contains a list of "street terms" for methamphetamine, methamphetamine combined with other drugs, methamphetamine users and use. Office of Nat'l Drug Control Policy, Street Terms: Drugs and the Drug Trade: Drug Type: Methamphetamine, http://www.whitehousedrug-

this Article will refer to the drug, may be smoked, snorted, injected or orally ingested.[6] It may even be delivered by enema.[7] The method of use[8] often depends on whether it is mixed with or taken in combination with other drugs, such as cocaine or marijuana, and determines the speed with which one experiences its effects.[9] Smoking or injecting it intravenously (known as "firing" or "slamming")[10] causes high concentrations of the neurotransmitter, dopamine, to be released, producing an intense "rush" or "flash" that usually lasts only a few minutes, although its effects persist for hours.[11] Oral or intranasal administration also produces a euphoric high,

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policy.gov/streetterms/ByType.asp?intTypeID=14 (last visited Nov. 11, 2006); Kate Zernicke, *A Drug Scourge Creates Its Own Form of Orphan*, N.Y. TIMES, July 11, 2005 at A1, A15 [hereinafter Zernicke, *A Drug Scourge*] ("Federal drug agents tend to describe ice as methamphetamine that is at least 90 percent pure. Officials here say much of their crystal methamphetamine is less pure—'dirty ice,' they call it. But either is far more potent than homemade powdered methamphetamine; a 'good cook' yields a drug that is about 42 percent pure, but around 25 percent is more common. And in the first four months after the law took effect here, average purity went to 80 percent from 47 percent."). The smokable form of meth—usually referred to as "ice," "crank," "crystal," "crystal meth," and "glass" because of the appearance of its clear chunky crystals—is higher in purity than powdered home-cooked meth. *Id.*

6. *See* Anglin et al., *supra* note 5, at 139; COURTWRIGHT, *supra* note 5, at 78; *Methamphetamine Scourge Sweeps Rural America*, *supra* note 5; *NIDA InfoFacts*, *supra* note 5; HOW IS METHAMPHETAMINE ABUSED?, *supra* note 5; *see also* Albertson et al., *supra* note 5, at 214; Danks et al., *supra* note 5, at 428; IVERSEN, *supra* note 5, at 7-8; Jefferson, *supra* note 5; NAT'L CRIME PREVENTION COUNCIL, *supra* note 5; Santos et al., *supra* note 5, at 228; Thomson, *supra* note 5, at 26; Nat'l Inst. on Drug Abuse, Methamphetamine, *supra* note 5; GREENBLATT & GFROERER, *supra* note 5; Vandeveld, *supra* note 5, at 46; Zernicke, *A Drug Scourge*, *supra* note 5, at A1, A15.

7. Thomson, *supra* note 5, at 26.

8. *See infra* Part III (explaining how this Article will employ the terms "use" and "abuse").

9. *See, e.g.*, Albertson et al., *supra* note 5, at 215-16 ("Street [methamphetamine] may be mixed with many drugs including cocaine . . . . When [methamphetamine] is used with ethanol, increased psychological and cardiac effects are seen. Similarly, simultaneous use of opioids and amphetamines, so-called 'speedballing,' increases toxicity."); *NIDA InfoFacts*, *supra* note 5; HOW IS METHAMPHETAMINE ABUSED?, *supra* note 5; *see also* Anglin et al., *supra* note 5, at 139; Danks et al., *supra* note 5, at 425, 428; Michael T. Flannery et al., *The Use of Hair Analysis to Test Children for Exposure to Methamphetamine*, 10 MICH. ST. U.J. MED. & L. 143, 150-51 (2006); NAT'L CRIME PREVENTION COUNCIL, *supra* note 5; Santos et al., *supra* note 5, at 228; Nat'l Inst. on Drug Abuse, Methamphetamine, *supra* note 5; GREENBLATT & GFROERER, *supra* note 5; Vandeveld, *supra* note 5; Zernicke, *A Drug Scourge*, *supra* note 5.

10. Jefferson, *supra* note 5.

11. *See*, *e.g.*, Anglin et al., *supra* note 5, at 139 (explaining that meth produces intoxication through the increased stimulation of dopamine and norepinephrine receptors in the brain and that "[t]he effects are almost instantaneous when [meth] is smoked or injected; they occur approximately five minutes after snorting or 20 minutes after oral ingestion."); Bostwick & Lineberry, *supra* note 5, at 49 ("Available in multiple forms and carrying a variety of labels, methamphetamine causes CNS release of monoamines—particularly dopamine—and damages dopaminergic neurons in the striatum and seotonergic neurons in the frontal lobes, striatum, and hippocampus."); COURTWRIGHT, *supra* note 5, at 78 (explaining that amphetamine and methamphetamine stimulate both the sympathetic and central nervous systems, and increase the availability of dopamine—a neurotransmitter important in the brain's reward system—and noting that in comparison to crack cocaine, "the effects of 'ice' persist for hours rather than minutes"); Flannery et al., *supra* note 9, at 150 ("Methamphetamine is a derivative of amphetamine, which

but not the same intense rush.[12] Because meth is metabolized at a slower rate than other stimulants, such as cocaine, its euphoric effect can last from six to twenty-four hours.[13] Individuals who try meth experience decreased

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affects both the central and peripheral nervous systems by stimulating dopamine and norepinephrine receptors in the brain."); IVERSEN, *supra* note 5, at 10 ("Amphetamines activate the receptors for dopamine and norepinephrine indirectly because they enter the nerves containing these substances and cause a release of the natural neurotransmitter, which then activates receptors on the target cells"); Jefferson, *supra* note 5 ("The crystalline white drug quickly seduces those who snort, smoke or inject it with a euphoric rush of confidence, hyperalertness and sexiness that lasts for hours on end . . . . [W]hen ingested, [meth] releases bursts of dopamine in the brain, producing a euphoric effect."); Roehr, *supra* note 5, at 476 ("Methamphetamine releases high concentrations of the neurotransmitter dopamine in the brain, inducing a sense of energy and wellbeing."); Santos et al., *supra* note 5, at 228 ("Methamphetamine is a central nervous stimulant that acts on the dopamine and norepinephrine receptors of the brain similar in structure to ephedrine . . . ."); Thomson, *supra* note 5, at 26 ("'[M]eth' is the most potent of all illegal stimulants, producing three times the dopamine release of cocaine."); *see also* Eric A. Bower, *Use of Amphetamines in the Military Environment*, 362 THE LANCET 18, 18 (2003); *NIDA InfoFacts*, *supra* note 5; HOW IS METHAMPHETAMINE ABUSED?, *supra* note 5; NAT'L INST. ON DRUG ABUSE, WHAT ARE THE IMMEDIATE (SHORT-TERM) EFFECTS OF METHAMPHETAMINE ABUSE?, *available at* http://www.nida.nih.gov/ResearchReports/methamph/methamph3.html#what (last visited Nov. 18, 2006); Vandeveld, *supra* note 5, at 46.

12. *See* Bostwick & Lineberry, *supra* note 5, at 49 (noting that the physiologic effects of methamphetamine includes increased energy and euphoria); Thomson, *supra* note 5, at 26; *NIDA InfoFacts*, *supra* note 5; HOW IS METHAMPHETAMINE ABUSED?, *supra* note 5; Vandeveld, *supra* note 5, at 46.

13. *See*, *e.g.*, Albertson et al., *supra* note 5, at 214-15, 218.

> Patients who inhale the smokable form of [methamphetamine] ('ice') experience an immediate euphoria similar to that seen with 'crack' cocaine, but the effects may last much longer than those seen with cocaine. . . . The half-life of amphetamines in humans ranges from 10 to 30 hours depending on the drug, urine pH, and dosage. . . . The half-life of MAP may produce exceptionally long-lasting toxic effects.

Id.; Anglin et al., *supra* note 5, at 137 ("The alertness, euphoria, and sense of well being that result from the use of [methamphetamine] last considerably longer than similar effects resulting from cocaine use, and the drug is metabolized by the body at a much slower rate"); Cartier et al., *supra* note 5, at 435 ("Unlike other stimulants, such as cocaine, [methamphetamine] is metabolized at a slower rate, thus producing a sustained euphoric state for up to 8 hours"); Danks et al., *supra* note 5, at 428 (noting that the high from methamphetamine is associated with "a sense of well-being that can last 6 to 8 hours"); Flannery et al., *supra* note 9, at 151 ("Because methamphetamine is so potent, the pleasurable effects derived from the drug last longer than similar effects derived from cocaine or other stimulants. In addition, the fact that methamphetamine is metabolized by the body more slowly than other drugs, makes it a much more desirable and addictive drug."); *High in the Heartland*, *supra* note 5, at 29 ("[Methamphetamine] is a powerful stimulant that affects the body in much the same way as cocaine. But it is cheaper than coke, produces a longer high, and is spreading like wildfire."); *Instant Pleasure*, *supra* note 5, at 30 ("Users feel intense pleasure, followed by an energetic high that can last for days."); *Methamphetamine Scourge Sweeps Rural America*, *supra* note 5 ("Within minutes, the user experiences a rush of energy and sense of well-being that can last up to 12 hours."); Santos et al., *supra* note 5, at 228 ("Its metabolism is relatively slower than that of cocaine, giving it a longer effect, which can last from 8 to 24 hours"); Sommers & Baskin, *supra* note 5, at 78-79; WHAT IS METHAMPHETAMINE?, *supra* note 5 ("The effects of methamphetamine can last 6 to 8 hours."); NAT'L INST. ON DRUG ABUSE, WHAT ARE THE IMMEDIATE (SHORT-TERM) EFFECTS OF METHAMPHETAMINE ABUSE?, *supra* note 11 ("Oral ingestion or snorting produces a long-lasting high instead of a rush, which reportedly can continue for as long as half a day."); *United States*: *The Other Mexican Wave, Drugs in the Midwest*, THE ECONOMIST, Sept. 30, 2006, at 60 [hereinafter *The Other Mexican Wave*] (stating that some short-term effects of meth use are more powerful than those produced by other drugs,

or loss of appetite, enhanced mood or euphoria, enhanced ability to concentrate on a given task, increased alertness or wakefulness, increased energy or physical activity levels, increased libido and sexual stimulation, and increased self-esteem or sense of well-being.[14] But the high is often accompanied or followed by a number of biological, neurotoxic and behavioral side effects, including agitation, excited speech, increased aggression, irritability, violence in some users, intense emotions (such as anxiety), a tendency to compulsively clean and groom and repetitively sort and disassemble objects (such as cars and other mechanical devices), self-mutilation, insomnia, dilated pupils, high blood pressure, tachycardia (abnormal rapidity of heart action), irregular heartbeat, chest pain, palpitations, dyspnea (shortness of breath), tachypnea (abnormal rapidity of respiration), pulmonary hypertension, nausea and vomiting, diarrhea, hyperthermia (elevated body temperature) to dangerous and sometimes lethal levels, convulsions, tremors, systemic and dermatologic toxicity.[15] Meth's

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for example "smoking meth produces a high that lasts 8-24 hours, compared with only 20-30 minutes for cocaine, and the drug takes 12 times longer than cocaine to work its way out of the body."); *see generally* Nat'l Inst. on Drug Abuse, Methamphetamine, *supra* note 5 (stating that methamphetamine is closely related to amphetamine, but that it has longer lasting and more toxic effects on the central nervous system).

14. Albertson et al., *supra* note 5, at 214-17; Bostwick & Lineberry, *supra* note 5, at 49; Bower, *supra* note 11, at 18; Cartier et al., *supra* note 5, at 435; COURTWRIGHT, *supra* note 5, at 78; Danks et al., *supra* note 5, at 428; *Instant Pleasure*, *supra* note 5, at 30-31; Flannery et al., *supra* note 9, at 150-53; IVERSEN, *supra* note 5, at 17-27, 70-78; Jefferson, *supra* note 5; *Methamphetamine Scourge Sweeps Rural America*, *supra* note 5; Richard A. Rawson et al., *Will the Methamphetamine Problem Go Away?*, 21 J. ADDICTIVE DISEASES 5, 11 (2002); Nancy Rodriguez et al., *Examining the Impact of Individual, Community, and Market Factors on Methamphetamine Use: A Tale of Two Cities*, 35 J. DRUG ISSUES 665, 668 (2005); Santos et al., *supra* note 5, at 228; Sommers & Baskin, *supra* note 5, at 78; Thomson, *supra* note 5, at 27; Nat'l Inst. on Drug Abuse, Methamphetamine, *supra* note 5; *NIDA InfoFacts*, *supra* note 5; WHAT IS METHAMPHETAMINE?, *supra* note 5; NAT'L INST. ON DRUG ABUSE, WHAT ARE THE IMMEDIATE (SHORT-TERM) EFFECTS OF METHAMPHETAMINE ABUSE?, *supra* note 11; GREENBLATT & GFROERER, *supra* note 5.

15. *See* Cartier et al., *supra* note 5, at 436 (considering that "public safety may be threatened by high-level [meth] users whose irritability and paranoia may initiate a violent reaction when brought into contact with others, especially medical or law enforcement personnel," and noting that despite inconclusive findings, "clinical studies indicate that stimulants, including [methamphetamine], may increase the likelihood of attack behaviors and aggression in humans . . . ."); Bostwick & Lineberry, *supra* note 5, at 48-49 ("Agitation is frequent, and its severity appears to correlate directly with methamphetamine blood levels. Violent behavior is common."); IVERSEN, *supra* note 5, at 142-47 (discussing how methamphetamine may cause neurocognitive impairment and may result in self-injurious, violent and criminal behavior); WHAT IS METHAMPHETAMINE?, *supra* note 5 ("After the initial 'rush,' there is typically a state of high agitation that in some individuals can lead to violent behavior."); NAT'L INST. ON DRUG ABUSE, NAT'L INST. OF HEALTH RESEARCH REPORT SERIES: METHAMPHETAMINE ABUSE AND ADDICTION: WHAT ARE THE LONG TERM EFFECTS OF METHAMPHETAMINE ABUSE?, *available at* http://www.nida.nih.gov/ResearchReports/methamph/methamph3.html#what (last visited Nov. 18, 2006) (indicating methamphetamine abusers can have episodes of violent behavior, paranoia, anxiety, confusion, and insomnia); Sommers & Baskin, *supra* note 5, at 79. For a discussion of methamphetamine overdose, *see, e.g.*, Albertson et al., *supra* note 5, at 218 ("The possibility of amphetamine use or

highly addictive properties frequently lead to abuse.[16] The drug can take a toll on the user's physical features and appearance, including weight loss, gauntness, open sores, poor hygiene, and "meth mouth,"[17]—the name given to the tooth decay and oral disease associated with (1) reduced saliva flow caused by the drug (known as xerostomia, hyposalivation or dry-mouth); (2) increased consumption of sugary soft drinks; and (3) disregard for oral hygiene during extended periods of use.[18] High-level and/or chronic long-term use may result in confusion, inflammation of the heart lining, mood disturbances, intense paranoia (possibly resulting in homicidal or suicidal thoughts), psychotic behavior (including visual and auditory hallucinations), delusions (such as "formication"—the sensation of insects creeping on the skin), violent behavior, and reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease; among users who

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abuse should be considered in any patient presenting with psychosis, violence, seizures, rhabdomyolysis, trauma, or cardiovascular abnormalities."); *High in the Heartland*, *supra* note 5, at 29-30 ("Hospital emergency rooms must deal with overdoses in which the abuser stays psychotic for hours."); IVERSEN, *supra* note 5, at 135-37 (providing an overview of the effects of overdose in humans); *see generally* JAMES K. CUNNINGHAM, METHAMPHETAMINE, COCAINE, AND HEROIN/OPIOD HOSPITAL ADMISSIONS IN ARIZONA: TRENDS AND REGIONAL VARIATIONS (1990-2005) (2006), *available at* http://www.fcm.arizona.edu/azsaas/AZ%20%20DRUG%20ADMISSIONS.pdf; GREENBLATT & GFROERER, *supra* note 5, at tbls.3 & 4; DANA LEHDER ROBERTS ET AL., THE DAWN REPORT: AMPHETAMINE AND METHAMPHETAMINE EMERGENCY DEPARTMENT VISITS, 1995-2002 (2004), *available at* http://oas.samhsa.gov/2k4amphetamines.pdf; *see* NAT'L INST. ON DRUG ABUSE, NAT'L INST. OF HEALTH, ARE METHAMPHETAMINE ABUSERS AT RISK FOR CONTRACTING HIV/AIDS AND HEPATITIS B AND C?, *available at* http://www.nida.nih.gov/ResearchReports/methamph/methamph5.html#hiv (last visited Nov. 16, 2006) [hereinafter HIV/AIDS] (giving an overview of established protocols that emergency room physicians use to treat individuals who have had methamphetamine overdose).

16. Albertson et al., *supra* note 5, at 218; Anglin et al., *supra* note 5, at 139; Bostwick & Lineberry, *supra* note 5, at 49; Bower, *supra* note 11, at 18; Flannery et al., *supra* note 9, at 150; IVERSEN, *supra* note 5, at 79-86; Smita Kalokhe, *Meth Becoming More of Problem in Rural Illinois Counties*, WREX-TV, Oct. 27, 2006, *at* http://www.wrex.com/News/index.php?ID=11278; Sommers & Baskin, *supra* note 5, at 79; NAT'L CRIME PREVENTION COUNCIL, *supra* note 5.

17. Vandeveld, *supra* note 5, at 46-47.

18. Flannery et al., *supra* note 9, at 152-53; John W. Shaner, *Caries Associated with Methamphetamine Abuse*, 84 J. MICH. DENTAL ASS'N 42, 42-47 (2002). Shaner adds that methamphetamine abusers typically exhibit cracked teeth due to the clenching or grinding (bruxism) of teeth, as well as periodontitis (gum disease), stemming from the snorting of meth, which reduces the blood supply to the gums. John W. Shaner et al., *"Meth Mouth:" Rampant Caries in Methamphetamine Abusers*, AIDS PATIENT CARE & STDS, Mar. 2006, at 146-50; Vandeveld, *supra* note 5, at 46-47; *see also Instant Pleasure*, *supra* note 5 ("Meth's toll is appalling. The rotten teeth of a 'meth mouth' are common in heavy users, a byproduct of its effects on the metabolic system, plus the huge quantities of sugary soft drinks consumed to alleviate the dry mouth caused by the drug."); Jefferson, *supra* note 5; Jack Shafer, *The Meth-Mouth Myth: Our Latest Moral Panic*, SLATE, Aug. 9, 2005, http://www.slate.com/id/2124160/; Laura Sullivan, *"Meth Mouth" Strains Prison Health-Care Budgets*, NPR NATION, Aug. 10, 2005, *available at* http://www.npr.org/templates/story/story.php?storyId=4793417; Flannery notes that "meth mouth" frequently results in erosion of tooth enamel to the point that users are left with short, black stumps that must be extracted. Flannery et al., *supra* note 9, at 152 n.38.

inject the drug, the result may be damaged blood vessels and skin abscesses, acute lead poisoning from meth with lead acetate as a reagent, as well as increased risk for contracting HIV/AIDS, hepatitis, and other infectious diseases.[19] High-level and/or chronic long-term use may also result in

19. Albertson et al., *supra* note 5, at 217 ("[A]cute paranoid delusional psychosis associated with high-dose amphetamine use, a lasting psychosis similar to schizophrenia may be simply a persistent drug-induced psychosis or may represent the emergence of an underlying psychiatric disorder."); Bostwick & Lineberry, *supra* note 5, at 49; COURTWRIGHT, *supra* note 5, at 78; Danks et al., *supra* note 5, at 428; IVERSEN, *supra* note 5, at 8; NAT'L CRIME PREVENTION COUNCIL, *supra* note 5; Kalokhe, *supra* note 16; John M. Roll et al., *Contingency Management for the Treatment of Methamphetamine Use Disorders*, 163 AM. J. PSYCHIATRY 1993, 1993 (2006); Rawson et al., *supra* note 14, at 11 (noting both the possibility of cardiovascular problems (e.g., cardiac arrhythmia, myocardial infarction), respiratory disorders and liver and kidney dysfunction as a result of acute and chronic methamphetamine use); Sommers & Baskin, *supra* note 5, at 79; *NIDA Community Drug Alert Bulletin*, *supra* note 5; *NIDA InfoFacts*, *supra* note 5; NAT'L INST. ON DRUG ABUSE, MEDICATIONS DEVELOPMENT RESEARCH FOR TREATMENT OF AMPHETAMINE AND METHAMPHETAMINE ADDICTION 5 (2005), *available at* http://www.nida.nih.gov/PDF/methmeds.pdf ("Acute lead poisoning is another potential risk for methamphetamine abusers. A common method of illegal methamphetamine production uses lead acetate as a reagent, and production errors may therefore result in methamphetamine contaminated with lead. Documented cases of acute lead poisoning have been reported in intravenous methamphetamine abusers."); Vandeveld, *supra* note 5, at 46-47.

For a discussion focusing specifically on the link between methamphetamine use and risky sexual behavior, *see, e.g.*, Albertson et al., *supra* note 5, at 217.

> Infectious disease is a risk associated with intravenous [methamphetamine] use. An association has been seen between [methamphetamine] use and risk of endocarditis, viral hepatitis, and human immunodeficiency virus (HIV) disease. High-risk sexual activity, including survival sex and homosexual/bisexual lifestyles, in associated [sic] with [methamphetamine] use in adults and "street" youths. In related findings, both increases and decreases in sexual desire and activity have been reported with amphetamine use, although increases are more common than decreases.

Id.; *All Things Considered: Crystal Meth Drives Unsafe Sex, NYC Gays Say* (NPR radio broadcast Feb. 18, 2005); Flannery et al., *supra* note 9, at 158-60 (discussing how the predominant reason for continued chronic use of meth is significantly increased sexual performance and activity, but that this often leads to high-risk sexual behavior, including unprotected sex, multiple sex partners, sexual activity with intravenous drug users, and a greater inclination to experiment sexually or to engage in more risky or uncharacteristic sexual behavior—all of which may increase the potential spread of diseases such as HIV, syphilis, and gonorrhea); *High in the Heartland*, *supra* note 5, at 29-30; Brian Hurley, Dir. of Student Programming, Am. Med. Student Ass'n, *Staff Note: Meth and My Community*, THE NEW PHYSICIAN, Dec. 2006, at 2 (discussing how men who have sex with men (MSM) and who use meth are less likely to use condoms and more likely to engage in HIV-serodiscordant sexual encounters); *Instant Pleasure*, *supra* note 5, at 30-31 ("[I]n Florida, a wave of meth-taking among homosexuals is thought to be behind an increase in HIV: meth makes people engage in more sex, more carelessly."); IVERSEN, *supra* note 5, at 25-26 (discussing how meth use is particularly attractive to gay and bisexual men and that "the tendency for drug-induced unprotected sex means that methamphetamine use in the gay community may exacerbate the already serious HIV-AIDS epidemic in this group"); Jefferson, *supra* note 5 (discussing how the link between meth and HIV is undeniable and noting that "[m]eth makes many users feel hypersexual and uninhibited, and in the gay community that has meant a sharp increase in unsafe sex"); Rawson et al., *supra* note 14, at 11 (noting the increased risk of HIV-transmission in gay males who use meth); Rodriguez et al., *supra* note 14, at 666 (noting that meth users are more likely to have more sex partners, trade sex for money and drugs, be gay, and be at a higher risk of HIV transmission); Roehr, *supra* note 5, at 476 ("Methamphetamine . . . has been linked with risky sexual behaviour [sic] and with a more rapid progression of the symptoms of AIDS."); Shaner et

drastic damage to the brain—shrinking it one percent a year with heavy use.[20] Users may also exhibit changes in the brain long after original abuse ends, such as change in the brain's ability to manufacture a chemical substance essential for the normal experience of pleasure and for normal psychological functioning, as well as residual psychotic symptoms—symptoms similar to those seen in schizophrenia.[21] Death to users and/or

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al., *supra* note 18, at 146-50; Ari Shapiro, *All Things Considered: Meth Use Among Gays Worries Health Officials* (NPR radio broadcast Mar. 28, 2005); HIV/AIDS, *supra* note 15.

> Increased HIV and hepatitis B and C transmission are consequences of increased methamphetamine abuse, not only in individuals who inject the drug but also in noninjecting methamphetamine abusers. [I]nfection with HIV and other infectious diseases is spread primarily through the re-use of contaminated syringes, needles, or other paraphernalia by more than one person.

Id.; *What is Methamphetamine?* 5, *available at* http://www.whps.org/schools/HALL/projects/CoC/documents/Methamphetamine.pdf.

> In nearly one-third of Americans infected with HIV, injection drug use is a risk factor, making drug abuse the fastest growing vector for the spread of HIV in the nation. . . methamphetamine and related psychomotor stimulants can increase the libido in users, in contrast to opiates which actually decrease the libido. However, long-term methamphetamine use may be associated with decreased sexual functioning, at least in men. Additionally, methamphetamine seems to be associated with rougher sex, which may lead to bleeding and abrasions. The combination of injection and sexual risks may result in HIV becoming a greater problem among methamphetamine abusers than among opiate and other drug abusers, something that already seems to be occurring in California.

Id.; *NIDA Community Drug Alert Bulletin*, *supra* note 5 ("Injecting this drug puts the user at increased risk for engaging in behaviors (both sexual and non-sexual) that could increase his/her chance of contracting HIV/AIDS, hepatitis, and other infectious diseases. . . . Use is increasing among men who have sex with men and use other drugs, making this population more vulnerable to contracting and spreading sexually transmitted diseases, especially HIV/AIDS."); *NIDA InfoFacts*, *supra* note 5 ("In many gay clubs found throughout New York City and elsewhere, methamphetamine is often used in an injectable form, placing users and their partners at risk for transmission of HIV, hepatitis C, and other STDs."); *see also* Thomas Lyons et al., *Stimulant Use and HIV Risk Behavior: The Influence of Peer Support Group Participation*, 18 AIDS EDUCATION & PREVENTION 461, 461-73 (2006); *see generally* Milton Friedman, *There's No Justice in the War on Drugs*, *in* DRUGS: SHOULD WE LEGALIZE, DECRIMINALIZE OR DEREGULATE 209, 210 (Jeffrey A. Schaler ed., 1998) (speaking broadly about the problems caused by the "War on Drugs," and noting that "[n]eedles, which are hard to get, are often shared, with the predictable effect of spreading disease.").

20. *Instant Pleasure*, *supra* note 5, at 30-31; *see also* MethAbuse.net, Meth Abuse Information, http://www.methabuse.net/meth_info php (last visited May 22, 2007) ("The damage to the brain caused by methamphetamine use is similar to damage caused by Alzheimer's disease, stroke, and epilepsy."); Zhu et al., *Methamphetamine Induced Cell Death: Selective Vulnerability in Neuronal Subpopulations of the Striatum in Mice*, 140 NEUROSCIENCE 607, 607-22 (2006) (discussing how methamphetamine induces apoptosis in approximately twenty-five percent of striatal neurons); *see generally* Anglin et al., *supra* note 5, at 139 (noting that short- and long-term effects of meth use include structural changes to the brain); Rawson et al., *supra* note 14, at 12 (discussing the impact of meth on basic neurophysiological systems, changing brain structure and chemistry).

21. Bostwick & Lineberry, *supra* note 5, at 49; *see* Anglin et al., *supra* note 5, at 139; COURTWRIGHT, *supra* note 5, at 78 ("Chronic use leads to psychosis."); Flannery et al., *supra* note 9, at 155-58 (stating that "chronic use of meth may lead to paranoia equivalent in severity to that of acute paranoid schizophrenia," and that cognitive impairment experienced by meth users

others may result from accidents, assaults, driving impairment, homicides, maternal-fetal and infant exposures, stroke, and suicides.[22] Methamphetamine use during pregnancy may result in loss of the fetus or premature birth.[23] "Meth babies" may present developmental defects, growth retardation, developmental delay and learning disabilities.[24] Children of meth users may require medical attention due to direct ingestion of meth and its precursor agents, or due to external exposure to meth and its precursor agents (including chemical inhalation), as well as to the residue of manufacture; they are also frequently victims of malnutrition, neglect, and

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may be similar to that experienced by aging adults); IVERSEN, *supra* note 5, at 121-33 (providing an in-depth discussion of amphetamine psychosis); NAT'L CRIME PREVENTION COUNCIL, *supra* note 5; Sommers & Baskin, *supra* note 5, at 79 (stating that the highly addictive character of meth, causes users who try to abstain to suffer from such symptoms as "depression, anxiety, fatigue, paranoia, aggression, and intense cravings for the drug," and that "[c]hronic methamphetamine use can cause violent behavior, anxiety, confusion, and insomnia" as well as "psychotic behavior including auditory hallucinations, mood disturbances, delusions, and paranoia, possibly resulting in homicidal or suicidal thoughts"); NAT'L INST. ON DRUG ABUSE, WHAT ARE THE MEDICAL COMPLICATIONS OF METHAMPHETAMINE ABUSE?, *available at* http://www.nida.nih.gov/ResearchReports/methamph/methamph4#medical (last visited Nov. 11, 2006) [hereinafter MEDICAL COMPLICATIONS]; Flannery et al., *supra* note 9, at 170 (noting that meth abuse may damage the region of the brain associated with maternal behavior); *see* Mary Holley, *How Reversible is Methamphetamine Related Brain Damage?*, 82 N.D. L. REV. (forthcoming 2007) (providing an in-depth discussion of the impact of meth on the brain).

22. *See*, *e.g.*, Albertson et al., *supra* note 5, at 214, 216-17; Flannery et al., *supra* note 9, at 153-55 (discussing how meth users often experience coronary problems and strokes and that they may be subject to fatality, "either through the direct effects of the drug or through fire or explosion resulting from the manufacture of the drug"); IVERSEN, *supra* note 5, at 143-46 (2006); NAT'L CRIME PREVENTION COUNCIL, *supra* note 5; Rawson et al., *supra* note 14, at 11; Nat'l Inst. on Drug Abuse, Methamphetamine, *supra* note 5 (stating that "[c]hronic, long-term use can lead to psychotic behavior, hallucinations, and stroke."); *NIDA InfoFacts*, *supra* note 5 (stating that methamphetamine's effects on the central nervous system may include "[h]yperthermia and convulsions [that] can result in death. . . . Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Its use can result in cardiovascular collapse and death."); NAT'L INST. ON DRUG ABUSE, WHAT ARE THE MEDICAL COMPLICATIONS OF METHAMPHETAMINE ABUSE?, *supra* note 21 ("Methamphetamine can also cause a variety of cardiovascular problems, including rapid heart rate, irregular heartbeat, increased blood pressure. Hyperthermia (elevated body temperature) and convulsions may occur with methamphetamine overdoses, and if not treated immediately, can result in death."); *see* GREENBLATT & GFROERER, *supra* note 5, at tbl.1 & 2 (discussing meth-related deaths from 1992-95 grouped by gender, race/ethnicity, age, drug concomitance, cause of death, and manner of death).

23. Anglin et al., *supra* note 5, at 139; Flannery et al., *supra* note 9, at 169; Rawson et al., *supra* note 14, at 11.

24. Anglin et al., *supra* note 5, at 139; Kalokhe, *supra* note 16; Rawson et al., *supra* note 14, at 11; *see* Jefferson, *supra* note 5; MEDICAL COMPLICATIONS, *supra* note 21.

> Fetal exposure to methamphetamine also is a significant problem in the United States. At present, research indicates that methamphetamine abuse during pregnancy may result in prenatal complications, increased rates of premature delivery, and altered neonatal behavioral patterns, such as abnormal reflexes and extreme irritability. Methamphetamine abuse during pregnancy may be linked also to congenital deformities.

Id.

physical and sexual abuse, not to mention drug exposure,[25] which will be discussed in Part IV, and which can increase the children's likelihood of delinquency and drug usage. Many children of meth users must be removed from their addicted parents, and because relatives may also be involved in cooking or using meth, children are placed in foster care, further taxing already strained foster care systems.[26] Some judges and child-protection workers refer to meth as the "walk away" drug because meth-addicted parents, literally and figuratively, walk away from their caretaking duties and responsibilities.[27]

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25. Anglin et al., *supra* note 5, at 139; Flannery et al., *supra* note 9, at 149-50, 166-80; SCHAEFER ET AL., OREGON, *supra* note 5, at 2, 3, 5, 8; Vandeveld, *supra* note 5, at 47; *see* Kalokhe, *supra* note 16 (reporting on the ability of meth-abusing parents to take care of their children); STEPHANIE SCHAEFER ET AL., METH ABUSE THREATENS MORE CRIME IN RURAL PENNSYLVANIA: BUDGET AXE CUTS DEEP INTO RURAL PENNSYLVANIA'S PUBLIC SAFETY 6 (2006) [hereinafter SCHAEFER ET AL., PENNSYLVANIA] (discussing how meth cooks sometimes store sodium hydroxide (lye) and hydrochloric acid in soft drink bottles and that children who mistake the contents for soda could be seriously injured or killed); *The Other Mexican Wave*, *supra* note 13, at 40 ("The crash that follows meth use is also more pronounced than with other drugs, leading users to neglect both themselves and their children."); Flannery et al., *supra* note 9, at 152 n.41 (noting that chronic methamphetamine abusers, who practice little or no oral hygiene, frequently neglect the oral hygiene of their children); Rawson et al., *supra* note 14, at 10.

> Neglect of children by methamphetamine-using parents is commonly reported. Since the methamphetamine users have suppressed appetites from the stimulant use, frequently children fail to receive adequate nutrition. Poor nutrition, grooming and hygiene, as well as fatigue and mood swings are commonly observed among children of methamphetamine users. When children live in settings where methamphetamine is being manufactured, they have been noted to have the powerful odor associated with methamphetamine cooking.

Id.

26. Zernicke, *A Drug Scourge*, *supra* note 5, at A15 ("[R]elatives, too, are often cooking or using methamphetamine. And because the problem has hit areas where there are so few shelters, children are often placed far from their parents."); *see* Howard Berkes, *Morning Edition: Study: Meth Epidemic Fueling Family Break Ups* (NPR radio broadcast July 5, 2005) (discussing how meth abuse by parents puts more children in foster care or some other out-of-home placement and that children of meth abusers stay in foster care longer); Flannery et al., *supra* note 9, at 181 (noting the children of meth-using parents "often linger in child protective services systems"); Jefferson, *supra* note 5 (noting the impact of meth on state foster-care systems); SCHAEFER ET AL., OREGON, *supra* note 5, at 1, 2, 3, 5, 6, 8 (noting that caps of federal foster care funding may adversely impact communities that are facing increased child abuse and neglect due to meth-addicted parents); SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 2, 3, 5, 8. According to Zernicke, in Tulsa, Oklahoma,

> [i]t has become harder to attract and keep foster parents because the children of methamphetamine arrive [at the Laura Dester Shelter—a twenty-four hour stopping point between troubled homes and foster care] with so many behavioral problems; they may not get into their beds at night because they are so used to sleeping on the floor, and they may resist toilet training because they are used to wearing dirty diapers.

Zernicke, *A Drug Scourge, supra* note 5, at A1. Michelle Kommer, Note, *Protecting Children Endangered by Meth: A Statutory Revision to Expedite the Termination of Parental Rights in Aggravated Circumstances,* 82 N.D. L. REV. (forthcoming 2007).

27. SCHAEFER ET AL., OREGON, *supra* note 5, at 5 (citing David Olinger, *Meth Crisis Soars in Colorado: Addicted Parents Neglect or Abandon Kids*, DENVER POST, Dec. 28, 2004).

Children are not the only ones at risk from the home-production of meth (known as "cooking"). The combination of inexperienced and/or intoxicated meth cooks using highly flammable ingredients is a recipe for disaster and has resulted in fires, explosions and injuries to home occupants, neighbors, and emergency responders.[28] Meth production also poses grave environmental and health concerns by creating toxic, hazardous waste endangering the environment and surrounding community.[29] Meth cooks may spill chemicals and/or dump toxic residue near the drug lab where it contaminates the soil, groundwater, and kills vegetation; meth production generates toxic gaseous vapors that cause adverse health effects to the meth operators, their families, and law enforcement, and creates a nearly invisible residue that lingers within the walls of a meth lab home where it poses serious health risks to unsuspecting residents, visitors and guests.[30]

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28. *See, e.g.*, JULIA BUXTON, THE POLITICAL ECONOMY OF NARCOTICS: PRODUCTION, CONSUMPTION AND GLOBAL MARKETS 173 (2006) ("The production process itself is highly combustible and dangerous."); Bostwick & Lineberry, *supra* note 5, at 50 ("The combination of inexperienced or intoxicated cooks, homemade equipment, and highly flammable ingredients results in frequent fires and explosions, often with injuries to home occupants and emergency responders."); Danks et al., *supra* note 5, at 426-28 (discussing potential consequences from the manufacturing process involving mixing volatile chemicals that are either toxic alone or in combination, including burns); IVERSEN, *supra* note 5, at 117 ("Given the nature of the materials used it is not surprising that the illicit producers and their families frequently suffer from poisoning or laboratory accidents and fires."); Mike Mitka, *Meth Lab Fires Put Heat on Burn Centers*, 294 J. AM. MED. ASS'N 2009, 2010 (2004) (discussing the challenges of treating individuals injured in explosions and fires from homemade laboratories producing illicit meth, who may have suffered both thermal and chemical burns, trauma caused by projectiles, such as broken glass, and who may be experiencing withdrawal during treatment, and cautioning physicians unfamiliar with meth burns about the importance of protecting themselves from secondary exposure to the toxic substances found on many of these patients); Roll et al., *supra* note 19, at 1993 ("The manufacture and distribution of methamphetamine carry significant medical risks, such as fire and accidental poisoning."); Santos et al., *supra* note 5, at 228-32 (finding that patients with burn injuries related to meth lab accidents possessed a higher need for sedation, needed continual restraint use and longer ventilatory requirements, tended to have a higher graft loss, had a higher incidence of inhalation injury, and required more surgical procedures, including intubation, tracheostomy, serial bronchoscopy, burn excision, and skin grafting); Zernicke, *Potent Mexican Meth*, *supra* note 5 (reporting that the University of Iowa Burn Center spent $2.8 million in 2004 treating people whose skin had been scorched off by the toxic chemicals used to make methamphetamine at home); *see also* Interview by Michele Norris with Dr. Jeffrey Guy, Dir., Vanderbilt Regional Burn Ctr., *All Things Considered* (NPR radio broadcast Mar. 30, 2005); THE SALTON SEA (Warner Bros./Castle Rock Entertainment 2002); SPUN (Newmarket Films 2002); Vandeveld, *supra* note 5, at 46-51.

29. Nicole Bettendorf, Note, *Methamphetamine Residue: Lack of Legislation Puts North Dakota and Minnesota Homeowners at Risk*, 81 N.D. L. REV. 525, 530 (2005); BUXTON, *supra* note 28, at 173; Jefferson, *supra* note 5; Flannery et al., *supra* note 9, at 177-79; IVERSEN, *supra* note 5, at 117-18; Vandeveld, *supra* note 5, at 46-51; *see* COURTWRIGHT, *supra* note 5, at 60-61 (discussing the impact of global drug crops on the natural environment through deforestation, soil exhaustion and erosion, chemical runoff, and weed and pest infestation); Nat'l Briefing, *North Dakota: Gas Leak Leads to Evacuation*, N.Y. TIMES, Apr. 7, 2007, at 19.

30. Bettendorf, *supra* note 29, at 530-31; *see also* BUXTON, *supra* note 28, at 173 (explaining that the scale of environmental pollution following dumping toxic and corrosive waste products of

meth into water suppliers or buried, and the cost of subsequent clean-up operations are considerable.); Danks et al., *supra* note 5, at 428-29.

> The societal problem of methamphetamine-related burn injuries was high. The cost of cleaning up these illegal laboratories is estimated to be between $2,000 to $10,000, and the dangers imposed to first responders is great. . . . Given the fact that the chemicals used in the manufacture of methamphetamine are both readily available and significantly dangerous, we would recommend that a close working relationship be fostered between the staff of the burn unit and the hazardous materials teams in the referral area.

Id.; Zachary R. Gates, Comment, *Obeying the "Speed" Limit: Framing the Appropriate Role of EPA Criminal Enforcement Actions Against Clandestine Drug Laboratory Operators*, 13 PENN ST. ENVTL. L. REV. 173, 178 (2005) (noting the environmental impacts of clandestine methamphetamine labs); Aaron R. Harmon, Comment, *Methamphetamine Remediation Research Act of 2005: Just What the Doctor Ordered for Cleaning Up Methfields—or Sugar Pill Placebo?*, 7 N.C. J.L. & TECH. 421, 421, 426 (2006) ("[T]he toxic dump left by a methamphetamine lab can have devastating effects on the environment. . . . One batch of methamphetamine produces five to seven pounds of toxic byproduct. These contaminants are often dumped at the production site and, along with airborne contaminants from the cooking process, leave behind a 'methfield.'"); *High in the Heartland*, *supra* note 5, at 29-30 (explaining that although manufacturing meth is cheap, it is dangerous, and that "[e]very pound of methamphetamine leaves behind five to six pounds of toxic waste. Iowa law-enforcement official spend roughly $5,000 cleaning up every lab they close down."); Richard Marosi, *U.S. Crackdown Sends Meth Labs South of Border*, L.A. TIMES, Nov. 26, 2006, *available at* http://www.latimes.com/news/nationworld/world/la-fg-meth26nov26,0,2656249.story?coll=la-home-headlines (noting that the fumes and pollutants from methamphetamine labs pose significant environmental hazards); *Methamphetamine Scourge Sweeps Rural America*, *supra* note 5 ("Each pound of methamphetamine produced yields another five to six pounds of toxic waste. Cleanup after labs are discovered can cost thousands of dollars apiece and can endanger the lives of police officers who lack the expertise required."); Brian Privett, Note, *Landowner Civil Liability for Meth Lab Contamination Under Kentucky Law*, 44 BRANDEIS L.J. 715, 718-20 (2006) (discussing how manufacturing meth produces hazardous wastes that are extremely hazardous to law enforcement personnel, property owners, later tenants or purchasers, and anyone else who might enter the property, and that remediation of a lab site may be quite expensive); Santos et al., *supra* note 5, at 232 ("From a societal standpoint, meth lab explosions pose a significant environmental hazard as well as possible occupational hazard to the emergency responders, police investigators, and hospital personnel. Environmental decontamination requires a considerable amount of state resources as well."); Vandeveld, *supra* note 5, at 46-51 (discussing how meth cooks spill chemicals, improperly discard unwanted substances, and produce hazardous fumes; noting how cleanup may differ from site to site depending on the chemicals used during production; discussing common steps needed in most cleanup operations; and cautioning that hazardous residual contamination may be present after chemical waste has been removed); *see generally* Rawson et al., *supra* note 14, at 9 (discussing how "idiosyncratic" meth labs are difficult to safely dismantle). Because of the dangers of meth residue to unsuspecting individuals, the Drug Enforcement Administration (DEA) has established a free public service on its website that posts the locations in each state where known methamphetamine clandestine labs or dumpsites are located so that individuals can be aware of possible meth contaminated sites within their communities. *See*, *e.g.*, PoliceOne.com, DEA Creates First-Ever National Meth Site Registry, http://www.policeone.com/drug-interdiction-narcotics/articles/1195606/ (last visited Dec. 13, 2006); *see*, *e.g.*, DIV. OF REMEDIATION, TENN. DEP'T OF ENV'T. & CONSERVATION, CLEANUP OF METHAMPHETAMINE CONTAMINATED PROPERTIES (2005), http://tennessee.gov/environment/dor/meth/ (discussing the extent to which the manufacture of meth can cause environmental damage requiring costly cleanup operations); *see* NAT'L DRUG INTELLIGENCE CTR., No. 2005-Q0317-007, MARIJUANA AND METHAMPHETAMINE TRAFFICKING ON FEDERAL LANDS THREAT ASSESSMENT (2005), *available at* http://www.usdoj.gov/ndic/pubs10/10402/index.htm (discussing the production and transportation of meth through federal lands); *see also* Eric Jensen et al., Methamphetamine Production on Forest Lands: Threats and Responses, Conference Paper at the American Society of Criminology Annual Meeting, Toronto, Canada (2005) (on file with author) (examining the costs of environmental degradation and threats to recreation posed by

Despite the effects of meth on the individual, his or her family, and the larger community, the drug's immediate and long-lasting high, combined with the relative ease with which it can be made—individuals can find recipes on the Internet and purchase the necessary ingredients at gas stations and convenience stores[31]—has resulted in its growing popularity in

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methametamine production on forest land, exploring the toll on rural communities in close proximity to forest lands, and investigating the "organizational inertia" associated with the Pacific Northwest Forest Services response to this growing threat).

31. *See, e.g.*, Albertson et al., *supra* note 5, at 214 ("Methamphetamine hydrochloride is relatively easy to synthesize; illicit production occurs in home kitchens, trailers, recreational vehicles, and rural cabins."); Bettendorf, *supra* note 29, at 527 (noting the use of common household materials and over-the-counter medications in the production of meth); Bostwick & Lineberry, *supra* note 5, at 49 (noting the availability of ingredients for production of meth); BUXTON, *supra* note 28, at 173 ("The chemicals required for the production of methamphetamine include pseudoephedrine and lithium, which can be easily obtained 'over the counter.'"); COURTWRIGHT, *supra* note 5, at 84 ("Worldwide, the number of clandestine laboratories found to be manufacturing amphetamine and related stimulants increased six-fold between 1980 and 1994. The explosive growth of the Internet, which made more detailed information on more drugs available to more people than ever before, further simplified the illicit manufacturing process."); Danks et al., *supra* note 5, at 426 ("The drug is easily manufactured by a variety of methods, which are available on the World Wide Web."); DRUG POLICY ALLIANCE, DRUG POLICY NEWS: ANTI-METH RESTRICTIONS ON COLD MEDICINE SNARING CONVENIENCE STORE CLERKS (Aug. 10, 2005), http://www.drugpolicy.org/news/pressroom/pressrelease/081005meth.cfm (describing how convenience store clerks, many of whom do not speak perfect English, have been arrested and prosecuted for selling cold medicine, lighter fluid and other products that can be used to make meth); Harmon, *supra* note 30, at 424 ("[U]nlike most drugs, methamphetamine can be easily produced at home using materials that can be purchased at a local hardware store or Wal-Mart."); *Instant Pleasure*, *supra* note 5, at 30-31 ("Methamphetamine can be made with a handful of ingredients—pseudoephedrine (a common ingredient in many cold remedies), red phosphorous, muriatic acid, fertilizer, iodine. Recipes are widely found on the internet."); Jefferson, *supra* note 5 (discussing how meth is relatively cheap in comparison to other hard drugs and that recipes for cooking meth are readily available on the Internet); *Methamphetamine Scourge Sweeps Rural America*, *supra* note 5 ("[Meth] is easy and cheap to make. Ingredients include readily accessible rock salt, battery acid, anhydrous ammonia and cold medicines. Recipes can be downloaded from the Internet."); NAT'L CRIME PREVENTION COUNCIL, *supra* note 5 ("The drug can easily be made in secret laboratories from relatively inexpensive over-the-counter ingredients"); Privett, *supra* note 30, at 718 (discussing how recipes for making meth can be found easily on the Internet or by word of mouth and how most of the ingredients for the recipes can be easily and cheaply obtained at local department or drug stores.); Rawson et al., *supra* note 14, at 7-8 (discussing the ease with which meth is made, how the drug is relatively inexpensive, and how formulas for meth may be downloaded from the internet); Roehr, *supra* note 5, at 476 ("Despite the increasing restriction of its use, the drug is relatively cheap and easy to produce in home 'labs,' which has helped drive the current wave of illegal use."); Santos et al., *supra* note 5, at 228 ("Currently, the main ingredients in the manufacture of methamphetamine are red phosphorous, hydriodic acid, anhydrous ammonia, and cold table preparations containing ephedrine or pseudoephedrine. The procedure for manufacture is readily accessible on the Internet."); Sommers & Baskin, *supra* note 5, at 78 (noting the relatively inexpensive ingredients); *The Other Mexican Wave*, *supra* note 13, at 62 (stating that because meth "is synthetic, and—unlike other imported drugs, such as heroin and cocaine—it can be made by people at home or in the woods in small makeshift laboratories, often with recipes that are easy to find on the internet"); *NIDA Community Drug Alert Bulletin*, *supra* note 5 ("The drug can easily be made in clandestine laboratories from relatively inexpensive over-the-counter ingredients and can be purchased at a relatively low cost. These factors make methamphetamine a drug with a high potential for widespread abuse."); Kate Zernike, *Cultural Differences Complicate a Georgia Drug Sting Operation*, N.Y. TIMES, Aug. 4, 2005 (reporting that federal prosecutors charged 49 convenience store clerks and owners in rural northwest

the United States and in parts of East and Southeast Asia.[32] As a result, amphetamine and methamphetamine are the most widely abused illicit drugs after cannabis.[33] General Barry McCaffrey, Director of the Office of National Drug Control Policy (ONDCP) under President Bill Clinton from 1996 to 2001, has labeled it "[t]he worst drug ever to hit America."[34] Attorney General Alberto Gonzalez has remarked that "in terms of damage

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Georgia, many who spoke little more than transactional English, with selling common cold medicines like Sudafed, as well as charcoal, coffee filters, aluminum foil, and Kitty Litter—materials used to make meth); WHAT IS METHAMPHETAMINE?, *supra* note 5 ("The drug is also easily made in small clandestine laboratories with relatively inexpensive over-the-counter ingredients. These factors combine to make methamphetamine a drug with high potential for widespread abuse."); Zernicke, *A Drug Scourge*, *supra* note 5, at A15 ("[Meth] is synthetic, cheap and easy to make in home labs using pseudoephedrine, the ingredient in many cold medicines, and common fertilizers, solvents or battery acid. The materials are dangerous, and highly explosive."). Internet sites have instructions on how to make meth. *See, e.g.*, How to Make Meth—True Iodine Recipe, http://www.totse.com/en/drugs/speedy_drugs/howtomanufactu 172921.html (last visited Dec. 31, 2006); NeonJoint.com, How to Make Meth, http://www. neonjoint.com/drug_recipes/chapter3.html (last visited Dec. 31, 2006); UNCLE FESTER, SECRETS OF METHAMPHETAMINE MANUFACTURE (7th ed. 2005) (purporting to describe the process of making meth).

32. *See*, *e.g.*, Bostwick & Lineberry, *supra* note 5, at 47 ("Methamphetamine abuse has spread to every region of the United States."); BUXTON, *supra* note 28, at 75-76 (discussing the surge in consumption of amphetamine-type substances (ATS) in Asian countries, but noting the difference in markets between Japan, Northeast China, Taiwan, South Korea and the Philippines, where high-quality smokable meth crystals, or "ice," were most popular, and the Southeast Asian countries of Thailand, Laos, Vietnam, Indonesia, Myanmar and South China, where meth tablets mixed with caffeine and ephedrine—"ya baa"—were more commonly consumed); IVERSEN, *supra* note 5, at 111-14 (describing the post-World War II epidemic of meth abuse in Japan and current widespread abuse of meth in Cambodia, China, Indonesia, Malaysia, and the Philippines); Richard L. Spoth et al., *Long-term Effects of Universal Preventive Interventions on Methamphetamine Use Among Adolescents*, ARCHIVES OF PEDIATRIC & ADOLESCENT MED., Sept. 2006, at 876 (describing meth's widespread use in the U.S.).

33. Rawson et al., *supra* note 14, at 7; *see* Roehr, *supra* note 5, at 476 (stating that methamphetamine hydrochloride is the most common illicit drug after marijuana, with 35 million regular users worldwide (citing Alex H. Kral, an infectious disease epidemiologist with the research and development group, RTI Int'l)); Santos et al., *supra* note 5, at 228; *see generally* Marosi, *supra* note 30 ("Like trafficking in heroin and cocaine, the methamphetamine economy has become a global phenomenon."); *see infra* Part III.B (noting that in the United States alone, methamphetamine is actually among the least commonly used drugs); OFFICE OF APPLIED STUDIES, SUBSTANCE ABUSE & MENTAL HEALTH SERV. ADMIN. (SAMHSA), U.S. DEP'T OF HEALTH & HUMAN SERV, RESULTS FROM THE 2005 NATIONAL SURVEY ON DRUG USE AND HEALTH: NATIONAL FINDINGS 1 (2006), *available at* http://oas.samhsa.gov/nsduh/2k5nsduh/ 2k5results.pdf [hereinafter OFFICE OF APPLIED STUDIES, RESULTS]; RYAN S. KING, THE NEXT BIG THING?: METHAMPHETAMINE IN THE UNITED STATES 2-3, 6, 13 (2006), *available at* http://www.sentencingproject.org/pdfs/methamphetamine_report.pdf (stressing rates of meth use in the U.S. have remained stable since 1999, that rates of meth use by high school students have declined since 1999, and that since 2002, the annual number of "new initiates" has remained stable, and emphasizing that meth has not resulted in a higher overall rate of drug use among arrestees, but rather a shift in drug preference).

34. *High in the Heartland*, *supra* note 5, at 29-30 (quoting Barry McCaffrey, Dir. of the Office of Nat'l Drug Control Policy (ONDCP) under President Bill Clinton from 1996 to 2001); *see* Barry R. McCaffrey, *General McCaffrey Speaks on Drug Control Strategy*, THE PROSECUTOR, Mar.-Apr. 1998, at 33 ("Meth 'now threatens to replace crack cocaine as the' most virulent, illegal substance linked to violent crime.").

to children and to our society, meth is now the most dangerous drug in America."[35] Many other U.S. law enforcement officials echo these sentiments.[36] Although there has been some debate as to whether meth can properly be considered an "epidemic,"[37] few can dispute that it has presented a particularly vexing problem for lawmakers, law enforcement, and public health officials,[38] in part because its use has not been confined to a specific

35. Jefferson, *supra* note 5 (quoting Att'y Gen. Alberto Gonzalez).

36. Marosi, *supra* note 30, at A1; *see* Jefferson, *supra* note 5 ("Cops nationwide rank methamphetamine the No. 1 drug they battle today" and meth "is an epidemic and a crisis unprecedented." (quoting Mark McDonnell, Deputy Dist. Att'y and head of narcotics in Portland, Or.)); *Methamphetamine Scourge Sweeps Rural America*, *supra* note 5 (quoting North Dakota Att'y Gen. Wayne Stenehjem for the proposition that "[t]his is the most serious law enforcement problem we've faced in the history of our state because this substance is so addictive and so easy and cheap to make," and quoting Wyoming Governor Dave Freudenthal for the proposition that "[i]t doesn't matter where we go in the state, methamphetamine is there. The whole issue is eating us alive.").

37. *See, e.g.*, Berkes, *supra* note 26 (explaining that the "methamphetamine epidemic" continues to be problematic for law enforcement across the nation); Bostwick & Lineberry, *supra* note 5, at 47-50, 55-56, 59-60; Rob Bovett, *Methamphetamine: An Unnecessary Epidemic*, 82 N.D. L. REV. (forthcoming 2007); THE METH EPIDEMIC (PBS Frontline Film 2006); *see also* Danks et al., *supra* note 5, at 428 ("The penetration of the methamphetamine epidemic into the schools will create a difficult problem for the next generation."); NAT'L INST. ON DRUG ABUSE, NAT'L INST. OF HEALTH, EPIDEMIOLOGIC TRENDS IN DRUG ABUSE, *available at* http://www.drugabuse.gov/PDF/CEWG/AdvReport606.pdf; Flannery et al., *supra* note 9, at 144, 147-48 ("Methamphetamine use in the United States has become a crisis of epidemic proportions, especially as it affects children. . . . Although methamphetamine has a long history, the use and manufacture of methamphetamine in the United States has reached epidemic proportions only since the late 1990s."); IVERSEN, *supra* note 5, at 1-2, 87 (stating that "[a]n epidemic of methamphetamine abuse is currently sweeping through the USA and Southeast Asia" and offering examples from Hawaii and Thailand); Jefferson, *supra* note 5 (indicating that 1.5 million people are estimated to be regular methamphetamine users); Rawson et al., *supra* note 14, at 5, 6, 18 ("Methamphetamine use has increased to epidemic proportions in the U.S. and currently poses a significant public health threat."); Shaner et al., *supra* note 18, at 146 (stating that meth is a problem in the West and Midwest); SCHAEFER ET AL., OREGON, *supra* note 5, at 4 (explaining that meth problems are increasing in rural Oregon); SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 5, 8 (referring to the methamphetamine epidemic spreading across Pennsylvania); Spoth et al., *supra* note 32, at 876 ("Methamphetamine use has been characterized as having reached epidemic proportions in the United States by the mid 1990s, posing a substantial threat to public health."); Kathryn B. Vincent, The Ecstasy and Methamphetamine Drug Epidemics: Implications for Prevention and Control (unpublished M.A. thesis, Univ. of Md.) (on file with author). *But see* KING, *supra* note 33, at 3, 10, 16, 19, 27 (providing an explanation of "epidemic cycles," asserting that "'epidemic' prognostications of crack cocaine [were] false," critiquing "misleading media reports of a methamphetamine 'epidemic' [for] hinder[ing] the development of a rational policy response to the problem," and asserting that "[n]one of the traditional measures of methamphetamine use support the emergence of a widespread epidemic"); Shafer, *supra* note 18 (discussing how "[m]oral panics rip through cultures," and critiquing the portrayal of meth as an "epidemic" and the assertion that "meth use is spreading like a prairie fire"); COURTWRIGHT, *supra* note 5, at 82 (discussing the "amphetamine epidemic" in Japan after World War II). *See also* Anglin et al., *supra* note 5, at 138 (noting the "First Epidemic" (1945-57) and "Second Epidemic" (1970-present) of meth in Japan).

38. *See, e.g.*, Bostwick & Lineberry, *supra* note 5, at 47 (stating that "[i]t's long-lasting, difficult-to-treat medical effects destroy lives and create psychiatric and physical co-morbidities that confound clinicians in emergency rooms and community practice settings" and noting that U.S. law enforcement officials find it "the leading drug threat in the United States"); *Talk of the*

socioeconomic class or demographic region.[39] Without taking a position on the characterization of meth as a national "epidemic" and without taking a position on whether meth is unique among narcotics in terms of its affect on the body, this Article accepts the evidence and assertions that, at the very least, meth has proven devastating for a number of individuals, families, and communities of diverse socioeconomic status and geography, thereby necessitating inquiry, research and response. As David J. Jefferson reported:

> 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. . . . Even Mormon Utah has a meth problem . . . .[40]

This Article begins by telling L.'s story. While the experiences of one person cannot possibly represent the extent of a problem as pervasive and dynamic as meth,[41] an account of L.'s relationship with meth, found in Part II, can help draw the contours of the phenomenon and set the groundwork for the discussion of the drug-crime relationship in Part IV and efforts to control meth in Part V.

After offering L.'s story, Part III returns to the more macro perspective on meth use and abuse, by discussing its history, as well as the demographics of use. With Parts II and III as illustration and background, Part

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Nation: Communities Struggle with the Fallout from Meth (NPR radio broadcast May 4, 2005); KING, *supra* note 33, at 1 ("Methamphetamine is a dangerous drug that represents a substantial challenge to policymakers, health care professionals, social service providers, and the law enforcement community"); Roll et al., *supra* note 19, at 1993 ("Methamphetamine use and procurement are public health and criminal justice problems throughout much of the world."); *see* Robert M. Bray et al., *Impact of Drug Use in Metropolitan America*, *in* DRUG USE IN METROPOLITAN AMERICA 1, 3-7 (Robert M. Bray & Mary Ellen Marsden eds., 1999) (providing a general discussion of the ways in which drug abuse affects all segments of the population, including the nation's economy, crime rates, and the health care and treatment systems); *see also* David Boyum & Mark A.R. Kleiman, *Alcohol and Other Drugs*, *in* CRIME 295, 295 (James Q. Wilson & Joan Petersilia eds., 1995) [hereinafter Boyum & Kleiman, *Alcohol and Other Drugs*]

> For most Americans. . . statistics, bolstered by images of urban drug killings, underscore the need for vigorous drug enforcement. They see drug trafficking as inherently violent, and drug use as a catalyst for criminal (and other delinquent) behavior, both through the inhibition-reducing and aggression-stimulating effects of intoxication and through the impacts on character and lifestyle of long-term substance abuse.

Id.

39. *See infra* Part III (discussing definitions, history and demographics of methamphetamine). Even King, who questions the characterization of meth as a national epidemic agrees that it has been a problem in a number of localities. KING, *supra* note 33, at 11.

40. Jefferson, *supra* note 5.

41. Time constraints also precluded the kind of in-depth ethnographic research that an issue of this magnitude deserves and requires.

IV turns to the drug-crime relationship, operating with the notion that "we must understand the causes of crime if we are to successfully control it."[42] It begins by contextualizing the relationship between drug use and crime, and then explores three links between drug use and crime: (1) abuse-related crime (known as the "psychopharmacological" model); (2) crime attributable to drug markets (referred to as the "systemic" model); and (3) economically motivated crime among users (labeled the "economic motivation" model).

Part V then turns to means of controlling drug use, examining two major types of drug abuse controls—supply reduction and demand reduction—and four kinds of controls within these main categories: (1) legal status; (2) law enforcement; (3) prevention; and (4) treatment.

Part VI attempts to place Part V in context, first by emphasizing the importance of evaluation research and then by arguing for macro-level considerations of the economic and cultural conditions that may spur meth use and abuse.

II. L.'S STORY

Spoof. Dope. Crank. Creep. Bomb. Spank. Shit. Bang. Zip.
Tweak. Chard. Call it what you will. It's all methamphetamine.
That's what I'm here for.[43]

L. begins her story by calmly stating that, "[m]ostly everyone in my family is a practicing alcoholic or addict." L.'s father was a cocaine addict, her mother an alcoholic and frequent user of marijuana. Both were nightclub singers which, L. explains, meant she was "raised in bars."

L. speaks with a strong, confident tone, and it is clear that she has talked about her addiction to strangers before. Her manner is warm and genuine; she seems ready and willing to tell her story, but does not unload it on the listener, pausing naturally and permitting conversational questions and comments. Quite simply, she seems to have accepted what has transpired in her life and is fully cognizant of the daily and enduring struggle to maintain sobriety. "I have a lifetime of maintenance," L. remarks in reference to her recovery.

At a young age, L. was molested by friends of her mother when she was left with them while her mother went on vacation. Shortly thereafter,

42. ROBERT AGNEW, WHY DO CRIMINALS OFFEND?: A GENERAL THEORY OF CRIME AND DELINQUENCY 1 (2005) [hereinafter AGNEW, WHY DO CRIMINALS OFFEND?].

43. SPUN, *supra* note 28 (quoting "Ross," a character played by Jason Schwartzman).

her parents split up, and L. went to live with her father and stepmother. L's stepmother was abusive and beat her with horse whips and wire hangers. After getting kicked out of her father's home, L. went to live with her mother. But one could hardly consider the living situation at L.'s mother's home an improvement. L.'s mother's boyfriends would frequently beat L.'s mother in front of L. and her siblings. L.'s mother would often come home drunk, put butcher knives to her throat, beat her and her siblings and often force her to sleep outside.

At age twelve, L. started drinking. At age fourteen, she started carrying a flask of alcohol to school. At age fifteen, L. moved out of her mother's place and started working, while continuing to attend school. At age eighteen, L. started dating a man who beat her everyday during their three years together and who would often put loaded guns in her mouth. According to L., her boyfriend used to lock her in her room, but, she says, without a hint of humor, he always made sure she had enough drugs while confined.

During this period, L. tried meth for the first time. Initially, she used the drug for "recreational" purposes. Before long, "recreationally" became twice a month, which quickly turned into weekend use. Soon she was using meth on Wednesdays in order to "break up the week." Finally, L. left her boyfriend, but claims that at the time, she did not believe she had a drug abuse problem.

Over the next fifteen years, L. entered and exited relationships with three different men; two of whom she married, each of whom was abusive and addicted to alcohol and/or drugs. During this time, L. abused alcohol and various forms of drugs, including a period in which she quit using street drugs entirely in favor of prescription medications, such as OxyContin—a very strong narcotic pain reliever, which L. refers to by its colloquial name, "hillbilly heroin"—morphine, and Xanax (Alprazolam)—a benzodiazepine frequently prescribed for short-term relief of mild to moderate anxiety and nervous tension. She obtained many of these medications with legitimate prescriptions for various medical complications that she has endured. In the course of this fifteen-year stretch, L. also gave birth to two daughters—spells in which she gave up all substances but alcohol.

From 2001 to 2003, L. used meth everyday, usually about an "8 ball"—an eighth of an ounce—a day.[44] But L. never brought meth addicts or

44. According to David J. Jefferson, an "eight ball" is enough to get fifteen people high. Jefferson, *supra* note 5. L. notes, however, that meth has become more powerful and more addictive over the years. Thus, when L. was using an "eight ball" of meth per day, this quantity may not have been sufficiently potent to produce highs for fifteen people. Nevertheless, this possibility should not diminish the extent of L.'s meth intake.

dealers to her house, she contends. "My eldest daughter never knew," L. states.

During this meth-addicted phase, L. commenced another abusive relationship—this one with a man who had recently been released from prison and whom L. describes as someone with the "dual diagnosis" of meth addiction and mental illness. The man accused her of working as undercover Drug Enforcement Administration (DEA) agent and attempted to blow up her and her kids in their RV. According to L., however, her only employment with respect to drugs was as a chauffeur for a Mexican man who would deliver meth to customers.

This period of meth abuse was also marked by three separate suicide attempts, motivated in part by her desire to get out of her abusive relationship. The first time, L. recounts, her heart stopped five times while at the hospital. The second time, L. admits, she cannot recall particularly well. She believes that it consisted of an overnight stay at a hospital, but she's uncertain. In the third attempt, L. took 150 pills, got as high as she could at crack houses, and drank as much alcohol as she could. L. relates that she "woke up" with paramedics taking her to hospital.

At the hospital, L.'s boyfriend claimed that he was her "husband," that her last name was his, and that the kids were "theirs." L. protested, pulled all of the intravenous tubes out of her arms, and subsequently wound up in the lockdown unit of a psychiatric ward after spending two days in a coma. Upon awakening from her coma, L. asked if she could make a phone call. The staff replied that she could, but only to her "husband." When L. informed the staff that she was not married, the staff treated her as delusional. Finally, after six days, a state psychiatrist signed the necessary forms to release L. from custody. Despite this experience, however, L. went right back to using meth. Her reason, she states, is that she did not want to worry her family with her problems.

Shortly thereafter, L. was arrested and charged with five counts of forgery and one count of identity theft in conjunction with her meth addiction. L.'s boyfriend, who spearheaded the illegal activity, was returned to prison. The state Child Protective Services (CPS) took her children.

L. spent about a month in jail, received probation as part of a plea bargain, and swore to turn her life around. Still desperate for drugs, the yearning to be reunited with her children, aided by a religious conversion, won out, and in less than a year, L. had regained custody.

Today, in addition to being a student and mother, L. heads a chapter of Mothers Against Methamphetamine (MAMa) and is involved with Meth Watch—a joint venture between law enforcement, state officials and retailers aimed at reducing the supply of meth by monitoring the availability

of products used in its manufacture, as well as its demand by providing opportunities for youth education and community awareness about the dangers of the drug. In addition, L. is trying to start a recovery program for children of addicted parents; she emphasizes the need for children to know about addiction and about the types of problems their parents are facing, and regards "cognitive restructuring" as integral to helping such children become happy, healthy, functioning adults. Although L. stresses the need for more treatment options for meth addicts, she advocates measures designed to prevent the onset of use and addiction. "I see certain aspects of my childhood in them," L. concludes in reference to the children with whom she works. "My whole life was rock bottom. I don't want theirs to be too."

III. DEFINITIONS, HISTORY, AND DEMOGRAPHICS

The ant has made himself illustrious,
Through constant industry industrious.
So what? Would you be calm and placid
If you were full of formic acid?[45]

It looks like a perfectly healthy green dog.[46]

A. DEFINITIONS

In order to better comprehend the growth of meth use in the United States, and the degree to which its abuse has become a public health and criminal justice problem, it is first necessary to establish a common understanding about the use of two key terms in this Article—"drugs" and "abuse"—and to understand something about the history of drug use in general and meth in particular. Given the extent to which "drugs" is part of our vernacular, an explanation of how this Article will use the term may seem somewhat superfluous. But few words refer both to entities with positive connotations—medications that cure, heal and palliate, which are indispensable to physicians trying to combat various ailments, sicknesses and diseases—and to those with quite negative meanings—substances that alter behavior, consciousness, mood and sensation and which, taken chronically, habitually and in excess, may have permanent detrimental life-threatening effects.

45. OGDEN NASH, *The Ant*, *in* VERSES FROM 1929 239 (Little & Co. Publishers 1959).
46. SPUN, *supra* note 28.

History Professor David T. Courtwright explains:

> The term "drugs" is an extremely problematic one, connoting such things as abuse and addiction. For all its baggage, the word has one great virtue. It is short. Indeed, one of the reasons its use persisted, over the objections of offended pharmacists, was that headline writers needed something pithier than "narcotic drugs." . . . One reason the word "drug" became associated with addiction in the early twentieth century was that physicians needed a term of convenience to link together the proliferating substance-abuse problems, much the way "cancer" described disparate forms of malignancy. "Drug habit" filled the bill.[47]

In his book, Courtwright uses the word "drugs" as a "convenient and neutral term of reference for a long list of psychoactive substances, licit or illicit, mild or potent, deployed for medical and nonmedical purposes."[48] "Alcoholic and caffeinated beverages, cannabis, coca, cocaine, opium, morphine, and tobacco are all drugs in this sense," he continues, "as are heroin, methamphetamine, and many other semisynthetic and synthetic substances. None is inherently evil. All can be abused. All are sources of profit. All have become, or at least have the potential to become, global commodities."[49]

This Article adopts Courtwright's definition of "drugs." In general, "drugs" will connote illicit natural, semisynthetic and synthetic psychoactive substances (mainly cocaine, heroin, marijuana and methamphetamine) used for nonmedical purposes. Occasionally, this Article will use "drugs" to refer to licit substances used at one time for medical purposes that have subsequently been designated illicit. It will also include licit substances used without a prescription for nonmedical purposes (e.g., OxyContin) within the definition of "drugs." This Article will endeavor to refer to alcohol and tobacco by name, rather than within the definition of "drugs." Such usage should not be interpreted as an indication of this Author's position regarding alcohol and tobacco's potency, or as to whether alcohol and tobacco may result in physically- and socially-damaging behavior.

The term "substance abuse" also engenders a fair bit of confusion, although not to the same degree as "drugs." David A. Boyum and Mark A. R. Kleiman distinguish "substance abuse" as a legal matter from "substance

47. COURTWRIGHT, *supra* note 5, at 2, 77.
48. *Id.* at 2.
49. *Id.*

abuse" as a medical matter.[50] Simply using a prohibited drug or using a prescription drug for nonmedical reasons or without a valid prescription constitutes "substance abuse" as a legal matter.[51] In the medical realm, they explain, "substance abuse . . . is defined by criteria such as escalation of dosage and frequency, narrowing of the behavioral repertoire, loss of control over use, and continued use despite adverse consequences."[52] Because this Article focuses on abuse-related crime, crime attributable to drug markets, and economically motivated crime among users, discussed in Part IV, rather than on the legal status of drugs, it will use "drug abuse," "meth abuse," and "substance abuse" in the more medical sense. Unless otherwise indicated, the terms "drug use," "meth use," and "substance use" will be employed to refer to controlled, limited or experimental use that does not result in permanent and noticeable adverse behavioral, physical, economic and social effects.

1. *Brief History of Drug Use and Abuse*

According to Julia Buxton, "[p]eople have ingested naturally-occurring intoxicating and hallucinatory substances since the beginning of civilization. . . . The earliest surviving written accounts of [opiates, cannabis, and coca] date back to the third century BC."[53] Over the years, drugs have been used for pain relief (as has been the case for cannabis and opium), to increase stamina, reduce appetite, and boost physical endurance by those engaged in arduous employment (as in the practice of chewing coca leaf by indigenous Indian societies in the Andes to the smoking of cannabis among laborers in Jamaica and South Africa), as part of religious pagan, shamanic and cultural ceremonies across the world, and for the purpose of relaxation.[54]

Such uses were not confined to the Southern Hemisphere, however. According to Professors Helene Raskin White and D.M. Gorman,

> [d]uring the 19th century, substances such as opiates and cocaine were regarded as medications and freely sold in drugstores, grocery stores, and traveling medicine shows in the form of

50. David A. Boyum & Mark A. R. Kleiman, *Substance Abuse Policy from a Crime-Control Perspective*, *in* CRIME: PUBLIC POLICIES FOR CRIME CONTROL 331, 378 (James Q. Wilson & Joan Petersilia eds., 2002) [hereinafter Boyum & Kleiman, *Substance Abuse*].

51. *Id.*; *see generally* KING, *supra* note 33, at 4 ("[T]he vast majority of people who use methamphetamine do so infrequently. Only a fraction goes on to become regular users, and for those individuals there are a number of promising treatment options.").

52. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 378.

53. BUXTON, *supra* note 28, at 4.

54. *Id.* at 4-5.

> pharmaceutical products such as cough medicines. The primary consumers of these medicines were upper- and middle-class women, and the other major drug user group was Chinese immigrant railroad workers who smoked opium.[55]

Similarly, Buxton notes that in mid-nineteenth century Britain,

> [s]elf-medication with opium was common to all social classes and the drug was routinely administered to babies and children. The wage-earning labour sector was a key market for these products. The opium preparations were used for the alleviation of diseases and infections that flourished in the overcrowded and squalid conditions of mass urbanization and factory labour.[56]

James A. Inciardi, Duane C. McBridge, and James E. Rivers add that:

> Opium had been utilized as a general remedy in this country as early as the settlement of colonial America, but the drug's availability on a large scale did not occur until its inclusion in numerous patent medicines during the nineteenth century. Opium and its derivatives had then become accessible to all levels of society and could be purchased over the counter in drug and grocery stores as well as through the mail. Remedies of this type were consumed for ailments of almost every type, from coughs to diarrhea, and had special favorability for the treatment of "female troubles."[57]

Courtwright offers four medical developments in the nineteenth century that accelerated the "psychoactive revolution" and increased anxieties regarding the consequences of drug use and abuse: "the isolation and commercial production of psychoactive alkaloids such as morphine and cocaine; the development of hypodermic medication; the discovery and manufacture of synthetic drugs such as chloral hydrate; and the discovery and manufacture of semisynthetic derivatives such as heroin."[58] While all four of these developments were significant, Buxton contends that the invention of the syringe catalyzed the growth of drug use for the seemingly most obvious purpose for consumption today: recreation.

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55. Helene Raskin White & D.M. Gorman, *Dynamics of the Drug-Crime Relationship*, *in* CRIMINAL JUSTICE 2000, THE NATURE OF CRIME: CONTINUITY AND CHANGE 151, 154 (Gary La Free ed., 2000) (internal citations omitted).

56. BUXTON, *supra* note 28, at 40 (citations omitted).

57. JAMES A. INCIARDI ET AL., DRUG CONTROL AND THE COURTS 2-3 (1996).

58. COURTWRIGHT, *supra* note 5, at 76-77. Courtwright places heroin in the "semi" class because its basic ingredient is the morphine molecule with two small acetyl groups added. *Id*. at 77.

As Buxton explains:

> The invention of the injecting syringe by the Scots doctor Alexander Wood in 1843 diversified and expanded the drug consumer market. The syringe revolutionized the administration of opiates and cocaine. Intra-muscular injection allowed the drug to cross the blood-brain barrier quickly, thereby producing a more intense and immediate effect. While the medical profession was the key market for the syringe, there was also considerable consumer demand. For example, *in the 1890s, the Sears Roebuck catalogue offered a syringe and vial of cocaine for the discerning cocaine customer for $1.50*.[59]

Whereas the advent of syringes may have fueled drug use for recreational purposes, the history of cocaine presents a very clear example of how quickly attitudes towards drugs may shift and how drastically the shift may be. In the mid-to-late 1800s, cocaine was commercialized by two pharmaceutical companies—the German pharmaceutical firm E. Merck and Company and the American firm Parke, Davis—and was marketed as a cure for illness and psychological problems ranging from nymphomania to morphine dependence.[60] Sigmund Freud conducted experiments in pain relief and, finding that cocaine had no problematic side-effects, publicly endorsed Merck's cocaine in his 1884 work, *Über Coca*.[61] In the same year, the British Medical Journal recommended cocaine as an anesthetic in eye surgery.[62] Only after the habit-forming potential of cocaine became apparent, particularly in those prescribed cocaine as a cure for opiate abuse, did Freud revise his earlier contentions and the British Medical Journal retracted its initial endorsement.[63] A similar story could also be told for heroin, which the American Medical Association approved for medical use in 1906,[64] or lysergic acid diethylamide (LSD), which also experienced a period of legal status.[65] This might surprise many, given the intensification of the "War on Drugs" in the 1980s, with harsh mandatory minimums for drug use, possession and distribution. However, such a response would simply underscore the point that perceptions of drug use are dynamic and

59. BUXTON, *supra* note 28, at 16-17 (emphasis added).
60. *Id*. at 14-15.
61. *Id*. at 15, 18-19.
62. *Id*. at 15.
63. *Id*. at 18-19.
64. *Id*. at 19.
65. *Id*. at 71 (noting that LSD was legal during the 1950s and that it was not incorporated into the international drug control framework until the 1971 Convention on Psychotropic Substances came into effect).

that in contemplating the relationship between drug use and criminal behavior, one must consider the attitudinal shifts in acceptable or permissible drug consumption.

Whereas cocaine, heroin and LSD all transitioned from legal to illegal status, other drugs have made the reverse trip, from illegal to legal. The best example of this phenomenon is alcohol. Although currently a multibillion-dollar industry,[66] from 1919 until 1933, the production and distribution of alcohol was banned in the United States.[67] As Buxton explains,

> [t]he alcohol prohibition experience demonstrated that the criminalization of private acts did not prevent them from continuing. The ban on alcohol served only to create a thriving illicit trade, with illegal supply meeting illegal demand. . . . Alcohol prohibition in the USA also demonstrated that criminalizing consumable substances increased rather than reduced the risk of harm to society. It was estimated that 30,000 people died, were paralysed or blinded following the consumption of methyl alcohol-based concoctions.[68]

The phenomenon explained by Buxton is not that dissimilar from the fires, explosions, property damage and deaths causes by "Mom and Pop" meth operations alluded to in Part I and noted again in Part III.4 and Part V.2.

2. *Brief History of Amphetamine Use and Abuse*

First synthesized by a German chemist in 1887,[69] amphetamine (actually DL-amphetamine or Benzedrine) was introduced to the American public in 1932 as the base ingredient in the over-the-counter "Benzedrine

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66. In 2005, 51.8% of Americans aged twelve or older reported being current alcohol drinkers—an estimated 126 million people. *See* Eve Bender, *Few Receiving Treatment for Substance Abuse*, PSYCHIATRIC NEWS, Nov. 3, 2006, at 13.

67. The Eighteenth Amendment was passed by the Senate on December 18, 1917, and ratified on January 16, 1919, after being approved by thirty-six states; it went into effect on January 16, 1920, but it was repealed by the Twenty-First Amendment on December 5, 1933. LAURENCE H. TRIBE, AMERICAN CONSTITUTIONAL LAW 96, 1167 (3rd ed, 2000); *see* BUXTON, *supra* note 28, at 24-26 (discussing the alcohol prohibiton in the United States); Pete Hamill, *Raging Thirst*, N.Y. TIMES BOOK REVIEW, Mar. 9, 2007, § 7:9 (reviewing MICHAEL LERNER, DRY MANHATTAN: PROHIBITION IN NEW YORK CITY) (referring to Prohibition as "a utopian American delusion" and calling it "one of the longest, dumbest chapters in the history of 20th-century American folly").

68. BUXTON, *supra* note 28, at 25. *See generally* R. Foster Winans, *Let Everyone Use What Wall Street Knows*, N.Y. TIMES, Mar. 13, 2007, at A19 ("When drinking during Prohibition became ubiquitous, the logical response was to stop fighting human nature and legalize alcohol.").

69. Anglin et al., *supra* note 5, at 137; Santos et al., *supra* note 5, at 228; Vandeveld, *supra* note 5, at 47.

inhaler," which was used for treating the symptoms of the common cold, hay fever, or asthma.[70] Those who used the inhaler experienced stimulating, insomniac, and anorectic effects, leading the medical profession to consider and then embrace the drug as a "cure all"—to combat fatigue, narcolepsy, obesity and other conditions.[71]

In 1936, Benzedrine became available in pill form and by 1946, according to one count, amphetamine had thirty-nine "clinical uses," including epilepsy, Parkinson's disease, schizophrenia, alcoholism, barbiturate intoxication, anesthetic overdose, morphine and codeine addictions, tobacco smoking, hyperactivity and other behavioral problems in children, enuresis, migraine, heart block, multiple sclerosis, myasthenia gravis, myotonia (muscular rigidity), infantile cerebral palsy, urticaria, dysmenorrhoea, colic, irradiation sickness, hypotension (low blood pressure), seasickness, chronic hiccups, and caffeine dependence.[72] By the late 1960s, millions of prescriptions were being written each year for amphetamine, with a peak of 31 million in 1967.[73]

Almost contemporaneously, people began to use the drug for non-medical purposes—both as a means of performance maintenance[74] and performance enhancement[75]. Its euphoric and stimulant effects made it popular among college students, who used it for all-night partying and studying.[76] Construction workers and long-haul truck drivers found that it increased their stamina, improving their mental alertness and physical endurance to enable them to meet the demands of their jobs.[77] Entertainers

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70. Anglin et al., *supra* note 5, at 137; COURTWRIGHT, *supra* note 5, at 78; IVERSEN, *supra* note 5, at 30-31; Santos et al., *supra* note 5, at 228; *see* WHAT IS METHAMPHETAMINE?, *supra* note 5 (indicating that meth was developed for use as a nasal decongestant and for inhalers).

71. Anglin et al., *supra* note 5, at 137; COURTWRIGHT, *supra* note 5, at 78-80; *see* IVERSEN, *supra* note 5, at 30-49 (discussing early effects of the drug); Santos et al., *supra* note 5, at 228; Vandeveld, *supra* note 5, at 47; *see also NIDA InfoFacts*, *supra* note 5 (explaining that meth can cause intense euphoric sensations).

72. COURTWRIGHT, *supra* note 5, at 78; *see* IVERSEN, *supra* note 5, at 29-71 (discussing treatment of attention deficit hyperactivity disorder in children and offering an in-depth discussion of the medical uses of amphetamines); Santos et al., *supra* note 5, at 228.

73. Anglin et al., *supra* note 5, at 138.

74. Bower, *supra* note 11, at 18 (defining "performance maintenance" as "the attempt to restore a degree of ability that has been degraded through sleep deprivation or to overcome the normal troughs of performance attributable to circadian rhythms").

75. *Id.* (defining "performance maintenance" as "improving the achievements of individuals functioning at their maximum capacity").

76. COURTWRIGHT, *supra* note 5, at 78; *see* Bower, *supra* note 11, at 18; Sommers & Baskin, *supra* note 5, at 79.

77. Sommers & Baskin, *supra* note 5, at 79; *NIDA Community Drug Alert Bulletin*, *supra* note 5. *See generally* Alexandra Fuller, *Boomtown Blues*, THE NEW YORKER, Feb. 5, 2007, at 38-44 (discussing the popularity of meth among roughnecks in oil-rich Wyoming). This was true not only in the United States, but abroad as well. *See*, *e.g.*, COURTWRIGHT, *supra* note 5, at 82 ("[O]nly 14 percent of current Japanese amphetamine users [in 1955] listed pleasure as the reason

such as Judy Garland (famous for her role in *The Wizard of Oz*), Hollywood film producer Cecil B. de Mille (known for his epic *The Ten Commandments*), Elvis Presley, singer Eddie Fisher, jazz musician Charlie "Bird" Parker, beat poet Allen Ginsberg, and comedian Lenny Bruce all found amphetamine alluring.[78] President John F. Kennedy received Dexedrine injections from Dr. Max Jacobson, a notorious "Dr. Feelgood," before his televised debates with Richard Nixon and summit meeting with Russian leader Nikita Khrushev.[79]

Leslie Iversen of the Department of Pharmacology at the University of Oxford asserts that "[f]ew sports have been immune from amphetamine misuse,"[80] including endurance sports (e.g., professional cycling) and contact sports (e.g., professional football).[81] They also have a long history in U.S. professional baseball.[82] Known as "greenies" or "beans,"[83] and "as common in many clubhouses as bowls of M & M's"[84] until they were banned in 2006, amphetamines have long been regarded in a different, less publicized light than steroids.

In addition, military personnel used amphetamines in the Spanish Civil War, as did the German, American, and Japanese militaries in World War

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for beginning use of the drug. Night work and study accounted for 26 percent of users, curiosity 26 percent, peer endorsement 28 percent, and 'despair' 5 percent.").

78. IVERSEN, *supra* note 5, at 93-96.

79. COURTWRIGHT, *supra* note 5, at 79; IVERSEN, *supra* note 5, at 93-94; THE SALTON SEA, *supra* note 28; SPUN, *supra* note 28.

80. IVERSEN, *supra* note 5, at 78.

81. *Id*. at 73-78.

82. *See generally* JIM BOUTON, BALL FOUR: MY LIFE AND HARD TIMES THROWING THE KNUCKLEBALL IN THE BIG LEAGUES (1970) (documenting Jim Bouton's 1969 season with the Seattle Pilots and Houston Astros and making casual reference to amphetamine use). Hall-of-Famer Mike Schmidt calmly asserts that they "have been around the game forever" and during his career, which spanned from 1972-89, "were widely available in major-league clubhouses." MIKE SCHMIDT & GLEN WAGGONER, CLEARING THE BASES: JUICED PLAYERS, MONSTER SALARIES, SHAM RECORDS, AND A HALL OF FAMER'S SEARCH FOR THE SOUL OF BASEBALL 90 (2006). *See* IVERSEN, *supra* note 5, at 78; Michael Sokolove, *Hot Topic: From Pastime to Naptime*, N.Y. TIMES, Feb. 5, 2006, at § 6; *see also* Murray Chass, *Mike Schmidt: An Open Book on Greenies*, N.Y. TIMES, Feb. 28, 2006, at D1 (explaining that amphetamines helped players combat the fatigue of a 162-game schedule played in 182 days, made more grueling by the heat of summer, lack of days off between games, long-distance travel, and quick turnarounds between night and day games); .

83. Chass, *supra* note 82, at D1; Jack Curry, *A New Front in Baseball's Drug War*, N.Y. TIMES, June 8, 2006, at D1 [hereinafter Curry, *A New Front*]; Jack Curry, *What a Player Will Do to Extend His Career*, N.Y. TIMES, June 8, 2006., at D5 [hereinafter Curry, *What a Player*]; Charles McGrath, *The All-American Pedestal Complex*, N.Y. TIMES, May 21, 2006, § 4, at 45; Sokolove, *supra* note 82; "Greenies" most likely refer to the color of Dexamyl tablets (in contrast to the orange of Dexedrine and the rose of Benzedrine); IVERSEN, *supra* note 5, at 93.

84. McGrath, *supra* note 83, § 4, at 45. The journeyman pitcher, Jason Grimsley, tells that coffee pots in some major-league clubhouses were labeled "leaded" and "unleaded" to distinguish which were laced with amphetamines. Curry, *A New Front*, *supra* note 83, at D5.

II.[85] By the time of the Korean War, amphetamines had become "general issue" to U.S. Army soldiers and during the period 1966-69, the U.S. Navy, Air Force, and Army all had active duty "per-person" annual *requirements*.[86] According to Iversen, the total consumption of amphetamine by the U.S. Armed Force during this four-year period exceeded the entire consumption by British and U.S. forces during World War II.[87] Iversen further notes that while the use of amphetamines by U.S. military personnel has since declined and was even banned by the U.S. Air Force in 1992, amphetamines have been reintroduced, and both U.S. and British Air Force personnel have used them during combat missions in the Second Gulf War.[88]

Military use of D-amphetamine is not without controversy, however. In 2002, two U.S. Air Force pilots were accused of involuntary manslaughter for an incident in which they dropped bombs on a Canadian unit engaged in a training mission in Afghanistan.[89] Their defense attorney argued that the pilots' judgment had been impaired as a result of amphetamine use.[90] Despite this unfortunate event, the use of amphetamines is likely to continue. According to Dr. Eric Bower, Commander in the Medical Corps, United States Navy:

> In wartime, both sides seek to make the most of the effects of respective strengths and to mitigate weaknesses. For the US military, a recognised strength is quick deployment of a force that has formulated its battle plan to capitalize on the technological gradient between US forces and prospective adversaries. One area of particular advantage is in night combat operations. Because of the widespread use of night-vision devices in all branches of US forces, the US military has a great advantage over many potential adversaries in undertaking night operations. However, by definition, night operations run against normal circadian rhythms. As such, forces might show diminished vigilance during those hours of the day when they will probably be called on to go into battle.

85. IVERSEN, *supra* note 5, at 71-73; Santos et al., *supra* note 5, at 228; *see* Bower, *supra* note 11, at 18 ("Use of stimulants in the military environment dates from World War II, and has been a feature of every conflict since then . . . ."); THE SALTON SEA, *supra* note 28.

86. IVERSEN, *supra* note 5, at 72.

87. *Id*.

88. Bower, *supra* note 11, at 18; IVERSEN, *supra* note 5, at 72-73.

89. Bower, *supra* note 11, at 19; IVERSEN, *supra* note 5, at 73.

90. Bower, *supra* note 11, at 19; IVERSEN, *supra* note 5, at 73.

> Because of their effects on performance maintenance, amphetamines could be useful tactical adjuncts for such operations.[91]

3. *Brief History of Methamphetamine Use and Abuse*

First synthesized in Japan,[92] methamphetamine, similar to amphetamine, is a simple synthetic derivative of phenylethylamine.[93] Whereas amphetamine differs from phenylethylamine only in that it possesses a methyl group ($-CH_3$), methamphetamine differs from amphetamine in that it possesses a second methyl group.[94] Methamphetamine came of age around the time of amphetamine. Indeed, the form of amphetamine used by German, American, and Japanese militaries during World War II, alluded to in the previous subsection, was methamphetamine.[95] In the post-war period, Japan experienced its first so-called methamphetamine "epidemic."[96] In the United States, methamphetamine was available by prescription, mainly for narcolepsy, obesity and as a treatment for heroin addiction.[97] But the inappropriate prescribing of meth for heroin

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91. Bower, *supra* note 11, at 19.

92. Bostwick & Lineberry, *supra* note 5, at 47. There appears to be some disagreement as to when exactly methamphetamine was synthesized in Japan. *Compare* Anglin et al., *supra* note 5, at 138 (claiming that meth was "[f]irst synthesized from ephedrine in 1893 by a Japanese pharmacologist, [but, methamphetamine] did not become widely used until World War II when Japan, Germany, and the United States provided the drug to military personnel to increase endurance and performance."), *and* Santos et al., *supra* note 5, at 228 ("Methamphetamine was first synthesized from ephedrine in 1893 by a Japanese pharmacologist."), *with* Narconon Arrowhead, History of Methamphetamine: Early Methamphetamine, http://www.addiction2.com/meth_history# (last visited Dec. 28, 2006) ("Methamphetamine, more potent and easy to make, was discovered in Japan in 1919."), *and* Vandeveld, *supra* note 5, at 47 ("In 1919, a Japanese pharmacologist, A. Ogata, synthesized amphetamine to produce methamphetamine.").

93. IVERSEN, *supra* note 5, at 5.

94. *Id.* There is some debate as to whether methamphetamine is more potent and addictive than amphetamine. Although many assert that methamphetamine possesses greater potency. *Id.* at 87. Iversen asserts that "there is little evidence that methamphetamine is significantly more potent as a psychostimulant. . . . Indeed, human users cannot distinguish one drug from the other when they are given acutely." *Id.* (internal citations omitted). Iversen further discusses the pharmacological differences between amphetamine and methamphetamine. *Id.* at 87-89.

95. *See supra* notes 87-89 and accompanying text; *see also* Anglin et al., *supra* note 5, at 138 ("[Meth] did not become widely used until World War II when Japan, Germany, and the United States provided the drug to military personnel to increase endurance and performance."); COURTWRIGHT, *supra* note 5, at 138 ("During World War II Japanese soldiers and aviators used methamphetamine to sustain their *senryoku*, 'war strength' or 'war energy.'"); Santos et al., *supra* note 5, at 228 ("Its widespread use started during World War II as a performance enhancer in the German, American, and Japanese militaries.").

96. *See supra* note 37 and accompanying text; s*ee also* IVERSEN, *supra* note 5, at 87 ("The 'epidemics' of amphetamine abuse witnessed in the post-war period in Japan and the USA, and now in South East Asia, have all involved methamphetamine rather than D-amphetamine.").

97. Anglin et al., *supra* note 5, at 138; IVERSEN, *supra* note 5, at 96.

dependency in California in the early 1960s led to meth abuse, and, as Iversen claims, the first U.S. "epidemic" of intravenous meth abuse.[98]

At this time, the black market in meth mostly entailed illegally diverted supplies from pharmaceutical companies, distributors, and physicians.[99] With growing concern over meth abuse, however, Desoxyn and Methedrine —trade-name versions of methamphetamine—were removed from the pharmaceutical market, ushering in the era of illicit methamphetamine laboratories.[100]

Bay Area motorcycle gangs were the first to manufacture and distribute meth, and, by the mid-1960s, had introduced the drug north and south along the Pacific Coast.[101] Iversen explains that meth "was ideally suited to the biker lifestyle, which emphasized fast high-risk motor-cycling, fighting, heavy drinking, partying, and drug use."[102] But soon, meth began to shed its image as a "biker drug." Anglin and his colleagues explain that while meth was originally limited to motorcycle gangs and other independent groups, in the 1970s, "the typical user population changed from white, blue-collar workers to include college students, young professionals, minorities, and women."[103]

In the 1980s, law enforcement attention to biker-produced meth, combined with a simpler, ephedrine reduction-based method of production (popular in Southern California), resulted in a shift of the hub of meth manufacture and distribution—from Northern California to San Diego.[104] Mexican traffickers also entered the meth market, smuggling meth, as well as precursor chemicals, across the border into Southern California and the

98. IVERSEN, *supra* note 5, at 96. Iversen also discusses the history of amphetamine and methamphetamine use in the United Kingdom. *See id.* at 100-07.

99. Anglin et al., *supra* note 5, at 138.

100. *Id.*; *see* IVERSEN, *supra* note 5, at 96 (stating that restrictions on injectable meth products left intravenous meth users without an inexpensive water-soluble readily injectable powder form of meth, creating a demand that was soon met by the growth of illicit meth laboratories in California).

101. Anglin et al., *supra* note 5, at 138; *see* Bettendorf, *supra* note 29, at 526 ("Traditionally, California had been the chief producer of meth. Motorcycle gangs, like Hell's Angels, were the chief suppliers until Mexican drug trafficking organizations expanded their smuggling and distribution networks of cocaine and marijuana to include meth."); IVERSEN, *supra* note 5, at 97 ("Initially, methamphetamine manufacture and sale was dominated by outlaw motor cycle gangs, in particular the Hell's Angels. . . . Methamphetamine manufacture and use spread to other regions of the American West Coast and eventually came to be dominated by large-scale criminal gangs from Mexico.").

102. IVERSEN, *supra* note 5, at 97.

103. Anglin et al., *supra* note 5, at 138. *See generally NIDA Community Drug Alert Bulletin*, *supra* note 5 ("Traditionally associated with white, male, blue-collar workers, [methamphetamine] is now reportedly being used by diverse groups in all regions of the country.").

104. Anglin et al., *supra* note 5, at 138.

southwestern states.[105] Contemporaneously, D-methamphetamine ("ice") arrived in Hawaii from the Philippines, Japan, Korea, and Taiwan, and from there, spread to California and other West Coast states.[106]

Since then, meth has spread across the country to rural and urban areas in the South and Midwest, and, more recently, to urban areas in the East.[107] Rural areas appear to have been hit the hardest by meth manufacture, distribution, use and abuse;[108] meth "has devastated many towns once far

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105. *Id.* at 138; *see* Rawson et al., *supra* note 14, at 7-8 (stating that meth is now being made not just by "biker gang cookers," but by "Mom and Pop chemists" and organized drug trafficking cartels).

106. Anglin et al., *supra* note 5, at 138; IVERSEN, *supra* note 5, at 97-98. *See generally* David Carr, *A Cornered Pit Bull: Bounty Hunter Becomes Prey*, N.Y. TIMES, Sept. 18, 2006, at E7 ("Meth has overtaken the island [of Hawaii].").

107. *See, e.g.*, Anglin et al., *supra* note 5, at 139 ("Regionally-based studies have shown [meth] use to be particularly prevalent in certain areas, particularly the West and Southwest."); Bettendorf, *supra* note 29, at 526 (noting an increase in the number of domestic independent meth-laboratory operators in the Midwest); BUXTON, *supra* note 28, at 77 (noting that meth was initially confined to the West Coast, particularly California, but that it has spread across the country, to remote, rural locations); *NIDA Community Drug Alert Bulletin*, *supra* note 5 ("Methamphetamine has become a substantial drug problem in other sections of the West and southwest as well. The drug has. . . been reported in both rural and urban areas of the South and Midwest. It is emerging in major urban areas in the East. . . ."); Santos et al., *supra* note 5, at 229 ("The use of methamphetamine as [a] recreational drug is increasing. [A] [g]rowing demand for the drug accounted for the proliferation of clandestine laboratories that began on the West Coast but has now reached the Midwestern United States. Clandestine laboratories have been set up in residential homes, apartments, mobile homes, hotels, and trailers."); NAT'L INST. ON DRUG ABUSE, RESEARCH REPORT SERIES: METHAMPHETAMINE ABUSE AND ADDICTION: WHAT IS THE SCOPE OF METHAMPHETAMINE ABUSE IN THE UNITED STATES?, *available at* http://www.nida.nih.gov/ResearchReports/methamph/methamph2.html#what (last visited Nov. 16, 2006) [hereinafter SCOPE OF METHAMPHETAMINE] (explaining that methamphetamine abuse, long reported as the dominant drug problem in the San Diego, CA area, has become a substantial drug problem in other sections of the West and Southwest, as well). There are indications that it is spreading to other areas of the country, "including both rural and urban sections of the South and Midwest." *Id.*

108. *See* OFFICE OF APPLIED STUDIES, SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION, NAT'L SURVEY ON DRUG USE & HEALTH, THE NSDUH REPORT: METHAMPHETAMINE USE, ABUSE, AND DEPENDENCE: 2002, 2003, AND 2004 3 (2005), *available at* http://oas.samhsa.gov/2k5/meth/meth.pdf [hereinafter OFFICE OF APPLIED STUDIES, METHAMPHETAMINE USE] (reporting that the rate of past year meth use was higher in counties in small metropolitan areas and in counties not in metropolitan areas than in counties in large metropolitan areas); OFFICE OF APPLIED STUDIES, SUBSTANCE ABUSE & MENTAL HEALTH SERV. ADMIN., NAT'L SURVEY ON DRUG USE & HEALTH, THE NSDUH REPORT: STATE ESTIMATES OF PAST YEAR METHAMPHETAMINE USE 3 (2006), *available at* http://oas.samhsa.gov/2k6/stateMeth/stateMeth.pdf [hereinafter OFFICE OF APPLIED STUDIES, STATE ESTIMATES] (reporting that rates of past year meth use among persons aged 12 or older were highest among largely rural states—e.g., South Dakota, Montana, North Dakota, and Wyoming—and that the rates were lowest among largely urban areas—e.g., the District of Columbia, Connecticut, New York, Maryland, New Jersey, Massachusetts); *see also* Brenda M. Booth et al., *Correlates of Rural Methamphetamine and Cocaine Users: Results From a Multistate Community Study*, 67 J. STUDIES ON ALCOHOL 493, 501 (2006) (identifying drug users in rural areas); JOE DOMANICK, CRUEL JUSTICE: THREE STRIKES AND THE POLITICS OF CRIME IN AMERICA'S GOLDEN STATE 23 (2004) ("Meth is a vicious drug. The coming-down inevitably turns sweet bliss into a fierce agitation that can be calmed only with a new fix. Nevertheless, it was the drug of choice for many marginalized people

removed from violent crime or drugs."[109] According to a recent article in *The Economist*,

> [m]eth laboratories have tended to sprout in sparsely populated regions, for two reasons. One is that the labs emit noxious fumes that bring unwelcome attention in places where neighbours live close by. The other is that anhydrous ammonia, an important ingredient in making meth, is a common chemical in fertilisers, and is therefore easy to buy or steal in farm country.[110]

This first point has been echoed by the Atlanta Police Department, which has indicated that the production of meth has not been a serious problem in the city because the noxious fumes attract attention and increase the likelihood of arrest.[111]

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throughout impoverished rural America."); *Methamphetamine Scourge Sweeps Rural America*, *supra* note 5 ("[Meth] is sweeping rural America, spawning crime, child abuse and toxic pollution and ripping apart communities. . . . [R]ural areas are bearing the brunt of the problem."); Rawson et al., *supra* note 14, at 6 ("Methamphetamine use is the dominant drug problem in the western and, more recently, midwestern portions of the US, most severely impacting rural areas."); Roll et al., *supra* note 19, at 1993 ("In the United States, methamphetamine use is most common in the Western and Midwestern United States, but use appears to be increasing in the East. Methamphetamine use occurs in all types of communities, from large cities to rural settings, although the most severe impact is observed most often in rural areas and moderately sized urban communities."); SCHAEFER ET AL., OREGON, *supra* note 5, at 4-6 (discussing meth abuse in rural Oregon); SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 5-6 (discussing meth abuse in rural Pennsylvania); Thomson, *supra* note 5, at 30 ("Meth, for the moment, has a much stronger hold on rural communities than on urban areas."); *The Other Mexican Wave*, *supra* note 13, at 62 ("Although meth use is widespread, it has hit some rural areas hardest"); Zernicke, *A Drug Scourge*, *supra* note 5, at A1, A15 (reporting that methamphetamine has hit rural areas the hardest and stating that "methamphetamine is mostly a rural phenomenon"). *See generally* Anglin et al., *supra* note 5, at 138 ("Although clandestine labs operating in California and Mexico are still the primary sources of [meth] available in the United States, a growing number of [meth] labs are operating in midwestern states."); KTEN.com, Federal Grant to Help Fight Rural Meth Use (Oct. 20, 2006), http://www.kten.com/Global/story.asp?S=5566314 (reporting that rural counties near Oklahoma state borders are having difficulty fighting meth imported from Mexico); Kalokhe, *supra* note 16 (reporting how rural communities are vulnerable to the meth problem); Office of Nat'l Drug Control Policy, Drug Facts: Methamphetamine, http://www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html#back28 (last visited Nov. 18, 2006) [hereinafter Office of Nat'l Drug Control Policy, Drug Facts]; Press Release, U.S. Dep't of Health & Human Services, Substance Abuse & Mental Health Services Admin., $10 Million Awarded to Fight Methamphetamine in Rural America (Sept. 29, 2006), *available at* http://www.samhsa.gov/news/newsreleases/060929_methtreatment.aspx; *cf.* Santos et al., *supra* note 5, at 228 ("Methamphetamine abuse is endemic in California, produced in illicit laboratories operating in both California and in Mexico.").

109. Zernicke, *Potent Mexican Meth*, *supra* note 5, at A17.

110. *The Other Mexican Wave*, *supra* note 13, at 62; *see* Danks et al., *supra* note 5, at 428 (explaining that there are numerous ways to make meth, some require red phosphorous (from pseudoephedrine-containing cold medicines) and hydrolic acid, whereas other methods, most notably, the "Nazi method," require a reactive metal and anhydrous ammonia).

111. Buchanan et al., *supra* note 5; *cf.* Marosi, *supra* note 30 ("Guadalajara, capital of the western state of Jalisco, has emerged as a production hub for methamphetamine. . . . Lab activity is easily camouflaged in the metropolitan area of 4 million people, which encompasses isolated

As discussed in Part V.A., methamphetamine production in small-scale laboratories has decreased nationally,[112] but methamphetamine distribution, sale, use and abuse remains a problem. Indeed, as David J. Jefferson writes, "[m]ethamphetamine isn't a new drug, though it has become more powerful as the ingredients and the cooking techniques have evolved."[113] L. confirms this phenomena, noting that she was able to quit meth for periods of time back when it was less potent and suggests that she might not have been able to do so had she initially been hooked on the current versions manufactured in Mexico.

Both the National Crime Prevention Council and the National Institute on Drug Abuse seem to suggest that because of the variation in form and the growing potency of the substance, the term, "methamphetamine," is almost a catch-all word, rather than a description of a specific drug—a fact that makes understanding its patterns of use and abuse, the effects on those who overdose and/or seek treatment, and the meth-crime relationship, as well as promoting and promulgating methods of controlling its spread, all the more challenging.[114] Before turning to the drug-crime relationship in Part IV and drug abuse control strategies in Part V, the next section further explores the demographics of meth use and provides an overview of who is using the drug.

B. WHO'S USING METHAMPHETAMINE?

According to the 2005 National Survey on Drug Use and Health (NSDUH)—an annual survey sponsored by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)—an estimated 19.7 million Americans aged twelve or older were current illicit drug users.[115] The rate of current illicit

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ranchlands, industrial areas and densely packed urban neighborhoods where exhaust and sewer smells mask the fumes of superlabs.").

112. *See infra* note 315 and accompanying text (indicating a decrease of meth labs across the United States); *see also* Office of Nat'l Drug Control Policy, Drug Facts, *supra* note 108.

113. Jefferson, *supra* note 5.

114. *NIDA Community Drug Alert Bulletin*, *supra* note 5.

> Because methamphetamine can be made with readily available inexpensive materials, there is great variation in the processes and chemicals used. This means that the final product that is sold as "methamphetamine" may not be methamphetamine at all, but rather a highly altered chemical mixture with some stimulant-like effects. Uncertainties about the drug's sources and the pharmacological agents used in its production makes it especially difficult to determine its toxicity, and resulting consequences and symptoms.

Id.

115. OFFICE OF APPLIED STUDIES, RESULTS, *supra* note 33. "Illicit drug users" refers to individuals who indicated that they had used an illicit drug—marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used

drug use among persons aged twelve or older in 2005 (8.1 %) was similar to the rate in 2004 (7.9%), 2003 (8.2%), and 2002 (8.3%).[116] Marijuana was the most commonly used illicit drug (14.6 million past month users).[117] In comparison, there were 2.4 million current cocaine users aged twelve or older and 1.1 million persons who had used hallucinogens, including ecstasy, in the past month.[118] About 6.4 million persons aged twelve or older had used prescription-type psychotherapeutic drugs nonmedically in the past month (4.7 million of whom had used pain relievers, 1.8 million of whom had used tranquilizers, 1.1 million of whom had used stimulants (including 512,000 using methamphetamine), and 272,000 of whom had used sedatives).[119] Each of these estimates is similar to the corresponding estimate for 2004.[120]

According to the NSDUH, "an estimated 10.4 million Americans aged twelve or older [have] used methamphetamine at least once in their lifetimes for nonmedical reasons, representing 4.3% of the U.S. population in that age group."[121] The number of past year methamphetamine users in 2005 was approximately 1.3 million (representing 0.5% of the population aged twelve or older) and the number of past month methamphetamine users was 512,000 (representing 0.2% of the population aged twelve or older).[122] Data from the NSDUH reveal that between 2004 and 2005, the rates for past month and past year methamphetamine use did not change[123]

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nonmedically—in the month prior to the survey. *Id.* "Nonmedical use" refers to "use of prescription-type drugs not prescribed for the [survey] respondent by a physician or used only for the experience or feeling they caused. Over-the-counter drugs are not included." OFFICE OF APPLIED STUDIES, METHAMPHETAMINE USE, *supra* note 108, at 2; *see* KING, *supra* note 33, at 4-10 (critiquing the NSDUH, as well as the University of Michigan's Monitoring the Future (MTF) study, which surveys eighth, tenth, and twelfth graders regarding tobacco, alcohol, and illicit drug abuse).

116. OFFICE OF APPLIED STUDIES, RESULTS, *supra* note 33, at 1.

117. *Id.* According to the 2005 NSDUH survey, among persons aged 12 or older, the rate of past month marijuana use was about the same in 2005 (6.0%) as in 2004 (6.1%), 2003 (6.2%), and 2002 (6.2%). *Id.* at 1, 15.

118. *Id.*

119. *Id.*; *cf.* OFFICE OF APPLIED STUDIES, METHAMPHETAMINE USE, *supra* note 108 ("In 2004, 1.4 million persons aged 12 or older (0.6% of the population) had used methamphetamine in the past year, and 600,000 (0.2%) had used it in the past month) Zernicke, *Potent Mexican Meth*, *supra* note 5 ("Federal officials say there are 1.4 million methamphetamine addicts in the United States, concentrated in the West, where the drug began to take hold in the late 1980's, and the Midwest and South, where it moved in the mid- and late 1990's."). Note that methamphetamine, as recorded by NSDUH, includes both prescription preparation (i.e., Desoxyn and Methedrine) and non-prescription/illicit methamphetamine.

120. OFFICE OF APPLIED STUDIES, RESULTS, *supra* note 33, at 1.

121. Office of Drug Control Policy, Drug Facts, *supra* note 108; *see* KING, *supra* note 33, at 5 (criticizing the NSDUH measurements, including the conflation of "one-time use" with "lifetime" use).

122. Office of Drug Control Policy, Drug Facts, *supra* note 108.

123. OFFICE OF APPLIED STUDIES, RESULTS, *supra* note 33, at 2, 16 fig.2.3.

and that the lifetime rate actually declined from 4.9% to 4.3%.[124] Data from the NSDUH also seem to indicate that since 2002, the annual number of "new initiates" has remained stable.[125]

As noted in the previous section, meth has had a profound effect on Western and Midwestern rural communities, but the drug is making a noticeable move eastward.[126] Atlanta, for example, "has become the gateway for meth distribution across much of the east coast."[127] According to Michael F. Walter, director of the National Drug Intelligence Center, "Mexican criminal groups appear to be using Atlanta as an emerging distribution center from which methamphetamine shipments are transported primarily to Midwestern and Southeastern drug markets."[128] Dr. Brian Dew, Assistant Professor in the Department of Counseling and Psychological Services at Georgia State University, attributes Atlanta's rise to the status of "meth hub of the southeast"[129] to Atlanta's location along several interstates, as well as numerous other transportation routes through the city (air and rail) and its relative proximity to the Atlantic coast.[130] According to Dew, Atlanta "'has the fastest growing rates of meth use than any metropolitan area in the country.'"[131]

Despite the emergence of meth in East coast metro areas, meth still appears to be far more prevalent among Caucasians than African-Americans and Hispanics or Latinos.[132] Reasons proffered for this racial

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124. *Id.*; *cf.* Danks et al., *supra* note 5, at 425 ("The United States has seen a surge in the production and use of methamphetamine during the past 10 years.")

125. OFFICE OF APPLIED STUDIES, RESULTS, *supra* note 33, at 2, 16 fig. 2.3; *see* KING, *supra* note 33, at 6 (noting that the highest level of new meth initiates occurred in 1975).

126. *See generally Instant Pleasure*, *supra* note 5, at 30-31 ("Methamphetamine . . . is, in the eyes of many, America's leading drug problem. Limited to California and the Pacific north-west a decade ago, it has now spread everywhere. In Missouri, 2,000 meth labs were discovered last year."); *NIDA Community Drug Alert Bulletin*, *supra* note 5, SCOPE OF METHAMPHETAMINE, *supra* note 107 (noting that the drug is being used in all regions of the country).

127. *Instant Pleasure*, *supra* note 5, at 30. For example, in March 2005, 174 pounds (79 kg) were seized in one Atlanta raid. *Id.*

128. Brenda Goodman, *2nd Huge Georgia Drug Find Points to Pattern, Officials Say*, N.Y. TIMES, Aug. 31, 2006, at A21.

129. Ryan Lee, *Fighting Crystal Meth: Drug Blamed for HIV Rise In Local Gay Men*, SOUTHERN VOICE, Sept. 22, 2006, *available at* http://www.southernvoice.com/2006/9-22/news/localnews/localnews.cfm.

130. Telephone Interview with Dr. Brian Dew, Assistant Professor, Dep't of Counseling & Psychological Serv., Georgia State University (Oct. 5, 2006) (on file with author).

131. Lee, *supra* note 129 (quoting Dr. Brian Dew, Assistant Professor, Dep't of Counseling & Psychological Serv., Georgia State University).

132. Buchanan et al., *supra* note 5; Telephone Interview with Dr. Brian Dew, *supra* note 130 (stating that "there really are ethnic differences" with respect to meth use, referring to meth as a "white man's drug" and a "Caucasian-using drug"); CHRISTOPHER J. MUMOLA & JENNIFER C. KARBERG, U.S. DEP'T OF JUSTICE, BUREAU OF JUSTICE STATISTICS, DRUG USE AND DEPENDENCE, STATE AND FEDERAL PRISONERS, 2004 1, 3 (2006), *available at* http://www.ojp.usdoj.gov/bjs/pub/pdf/dudsfp04.pdf (discussing how white inmates are more likely

imbalance vary. The Atlanta Police Department speculates that meth has been more popular among Caucasians because the drug costs more than crack, which tends to have higher use among the African-American community.[133] Dew does not necessarily disagree with the Atlanta Police Department's socioeconomic hypothesis, but he seems to think that meth's lack of popularity among the African-American population may be due to the "length of the high."[134] Dew contends that "African-American men don't like to be high for 5-8 hours. They like to be in control. Crack gives them a high, but not a high for too long."[135] According to Dew, many African-American men fear law enforcement and do not enjoy prolonged periods of high. "Meth would be too long," he hypothesizes, "[e]ven a half-hour high starts to make them nervous."[136]

Traditionally associated with white, male, blue-collar workers[137]—a point alluded to earlier in this Part[138]—one study reports that "women now make up 42% of admissions to emergency care—significantly more than for other misused drugs,"[139] while a second study found that meth use was more than twice as likely among girls than boys.[140] Despite meth's

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to meet drug dependence or abuse criteria than Hispanic or African-American inmates, in general, and that with respect to meth, white inmates are *twenty times* more likely than black inmates to report meth use); Rawson et al., *supra* note 14, at 8 (contending that meth is "expanding from a purely Caucasian, English-speaking clientele to Hispanic and Asian populations[,]" although African-Americans still do not seem to use it very much); *see* Victor Shaw & Adam Murry, Methamphetamine Use Among Native American Youth: An Ethnographic Study (Oct. 10, 2006) (unpublished conference paper, on file with the author) (discussing an ethnographic study of Native American youths and their methamphetamine use in the southwestern United States).

133. Buchanan et al., *supra* note 5; *cf.* Marjorie S. Zatz, *The Convergence of Race, Ethnicity, Gender, and Class on Court Decisionmaking: Looking Toward the 21st Century*, *in* CRIMINAL JUSTICE 2000, POLICIES, PROCESSES AND DECISIONS OF THE JUSTICE SYSTEM 502, 525 (2000) ("Wealthier drug users tend to prefer powder cocaine, methamphetamine is a favorite of poorer whites, and alcohol and marijuana are widely used across races and economic classes.").

134. Telephone Interview with Dr. Brian Dew, *supra* note 130.

135. *Id.*

136. *Id.* Dew also seemed to think there is a "drug distribution" issue. African-American men cannot buy meth in their communities; they need to go to white communities and they are unwilling to do that. *Id.*

137. *NIDA Community Drug Alert Bulletin*, *supra* note 5; SCOPE OF METHAMPHETAMINE, *supra* note 107.

138. *See supra* note 103 and accompanying text (discussing the association of meth use with white, blue collar workers).

139. Roehr, *supra* note 5, at 476 ("The drug was marketed to US women in the 1950s and 1960s as an antidepressant and weight loss agent."); *see generally High in the Heartland*, *supra* note 5, at 29 ("High-school students are a growing market: the girls try meth to lose weight, the boys to enhance their athletic and sexual prowess."); *see* Jennifer Lorvick et al., *Sexual and Injection Risk Among Women Who Inject Methamphetamine in San Francisco*, 83 J. URB. HEALTH 497, 497 (2006) (indicating that forty-five percent of emergency care is for women).

140. Heidi Splete, *Race, Gender Affect Meth Use*, CLINICAL PSYCHIATRY NEWS, Nov. 2006, at 30 (reporting on research by Mindy A. Herman-Stahl at RTI International based on the 2002 NSDUH data). Splete controlled for demographic variables and also found that meth use was significantly less likely among non-Hispanic blacks vs. non-Hispanic whites. *Id.* In addition, she

popularity among women, it is still a drug abused by many men, especially those who benefit from its slow metabolism—the drug can stay active in the body for twelve hours—and its prolonged burst of energy and strength.[141] Eric Schlosser writes:

> The unrelenting pressure of trying to keep up with the line has encouraged widespread methamphetamine use among meatpackers. Workers taking 'crank' feel charged and self-confident, ready for anything. Supervisors have been know to sell crank to their workers or to supply it free in return for certain favors, such as working a second shift. Workers who use methamphetamine may feel energized and invincible, but are actually putting themselves at much greater risk of having an accident. For obvious reasons, a modern slaughterhouse is not a safe place to be high.[142]

Accordingly, a study conducted by the Sam Walton College of Business at the University of Arkansas has found that despite meth's ability to provide a surge in energy and strength, lost productivity and absenteeism because of meth addiction cost employers in Benton County, Arkansas, more than $21 million a year.[143] Similarly, the National Institute on Drug Abuse notes that "[h]eavy users . . . show progressive social and occupational deterioration."[144] Perhaps the group of users that has generated the greatest amount of interest has been juveniles and young adults.[145] According to NSDUH, there was a significant increase in methamphetamine use among full-time college students aged eighteen to twenty-two from 0.2% in 2004 to 0.5% in 2005 (although the rate was unchanged among other persons in that age group—1.0% in 2004 compared to 0.8% in

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determined that there were no racial or gender differences linked to nonprescription stimulant use; however, high levels of family conflict were significantly associated with sensation-seeking behavior. *Id*.

141. *High in the Heartland*, *supra* note 5, at 29-30 ("Many mid-western abusers are workers trying to get through a double shift at the meat-packing plant or a long haul in the lorry.").

142. ERIC SCHLOSSER, FAST FOOD NATION: THE DARK SIDE OF THE ALL-AMERICAN MEAL 174 (2002).

143. *Methamphetamine Scourge Sweeps Rural America*, *supra* note 5.

144. NAT'L INST. ON DRUG ABUSE, NAT'L INST. OF HEALTH, MEDICATIONS DEVELOPMENT RESEARCH FOR TREATMENT OF AMPHETAMINE AND METHAMPHETAMINE ADDICTION 5 (2005), *available at* http://www.drugabuse.gov/methmeds.pdf; *see* Bray et al., *supra* note 38, at 6-7 (providing a brief overview of drug abuse and the workplace, and noting that workers who use drugs tend to exhibit higher employee turnover, higher absenteeism, and lower productivity, as well as posing potential safety problems for those in the workplace); *see* Michael Mason, *Sniffling, Sneezing and Turning Cubicles Into Sick Bays*, N.Y. TIMES, Dec. 26, 2006, at F5 (offering a general discussion of absenteeism and "presenteeism" in U S. workplaces).

145. KING, *supra* note 33, at 7-8. *See generally* NAT'L CRIME PREVENTION COUNCIL, *supra* note 5 ("Teens may think that the bizarre way the drug makes them feel is cool; however, the drug is altering their brains—maybe permanently.").

2005).[146] Part of this interest may stem from students' perception that meth may help them maintain their highly demanding schedules—a point explored in greater detail in Part V.B.2.[147] All told, although there appears to be some evidence that meth use may be holding steady *nationally*,[148] its movement eastward and its use by diverse groups of individuals has confounded those trying to understand the connection(s) between drugs and crime, in general, and meth and crime, in particular.

IV. DRUG-CRIME RELATIONSHIPS

> *People are 'cognitive misers.' Stereotypes enable them quickly to simplify and organize complex social experiences and to place people into meaningful categories by focusing on information that confirms the stereotype and ignoring or interpreting information that contradicts it."*[149]

On December 5, 1997, General Barry R. McCaffrey, then Director of the White House Office of National Drug Control Policy (ONDCP), in an address to the Drug Control Committee of the National District Attorneys Association in San Antonio, Texas, declared: "Drug use is common among the criminal offenders you deal with on a daily basis. It is also a driving cause of their criminal behavior."[150] According to Boyum and Kleiman, "one of the few universally accepted propositions about crime in the United States is that active criminals are disproportionately substance abusers."[151] *Disproportionately*, maybe, but certainly not *all*. As Professor Tony Jefferson clarifies: "[W]e know that many boys with such a profile [young working-class, from a poor background, undereducated, unqualified, unemployed and bored] will neither commit burglary nor take drugs, that some will be drug users but not burglars, a minority will burgle, some taking drugs."[152] Similarly, Christy A. Visher of the National Institute of Justice remarks: "Some drug users never begin committing crimes; some criminals

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146. OFFICE OF APPLIED STUDIES, RESULTS, *supra* note 33, at 23; *see* Office of Applied Studies, *Methamphetamine Abuse*, *supra* note 5, at tbls.8 & 9.

147. *See infra* note 423 and accompanying text (discussing the "controlled use" of methamphetamine).

148. *See* OFFICE OF APPLIED STUDIES, RESULTS, *supra* note 33, at 50; KING, *supra* note 33, at 2-4.

149. Barry C. Feld, *The Politics of Race and Juvenile Justice: The "Due Process Revolution" and the Conservative Reaction*, 20 JUST. Q. 765, 782 (2003).

150. McCaffrey, *supra* note 34, at 32.

151. Boyum & Kleiman, *Alcohol and Other Drugs*, *supra* note 38, at 295.

152. Tony Jefferson, *For a Psychosocial Criminology*, *in* CRITICAL CRIMINOLOGY: ISSUES, DEBATES, CHALLENGES 145, 157 (Kerry Carrington & Russell Hogg eds., 2002).

never begin using drugs; and among those who engage in both behaviors, drug use typically begins at the same time or shortly after criminal activity. The drug-crime relationship may also differ depending on the extent of drug use and criminal activity."[153]

To begin to illustrate the intricacy of the drug-crime relationship, recall that L. was arrested just once throughout her years of addiction—on charges of forgery and identity theft. These were not the only crimes she committed during this period. Her use and subsequent abuse of meth, in addition to her employment as a chauffeur for a dealer, both constitute criminal activities.[154] Thus, the casual observer might use the labels "drug user" and "criminal" interchangeably to describe L. and contend that she was lucky to have avoided detection, arrest and conviction on other occasions. In fact, such an observer might maintain that L.'s arrest and conviction supports Boyum and Kleiman's claim, and *proves* that drug users are criminals and that even if she had not been caught for forgery and identity theft, she would still merit the moniker "criminal" *because of her drug use*. But labeling an individual a "criminal" because of her drug use and calling an individual a "criminal" because of activities undertaken to support that use are two separate matters and need to be explored accordingly.

Although it may seem obvious, the use/abuse, distribution and manufacture of drugs in general, and meth in particular, are only crimes if they are defined as such. As Buxton writes:

> Crime and drug use have been linked since the beginnings of international drug control. The two continue to be seen as interrelated by the general public and this in turn has led 'moral entrepreneurs' such as politicians, the media and religious leaders to press for or introduce stronger enforcement measures. In most countries, users of controlled drugs are by definition criminals, so the argument that drugs and crime are linked is tautological. However, the idea that all drug users commit crime in order to finance their drug use is applicable only to a tiny minority of drug users and even then it tends to be found in users of certain types of drugs such as crack cocaine or heroin.[155]

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153. Christy A. Visher, *Career Criminals and Crime Control*, *in* CRIMINOLOGY: A CONTEMPORARY HANDBOOK 601, 608 (Joseph F. Sheley ed., 2000) (citing J. Chaiken and M. Chaiken, *Drugs and Predatory Crime*, *in* DRUGS AND CRIME 203-40 (M. Tonry & J. Wilson eds., Chicago: Univ. of Chicago Press 1990)).

154. *See generally* White & Gorman, *supra* note 55, at 154, 159 (excluding illicit drug use and drug possession, which are crimes in and of themselves, from their investigation of the relationship between drug use and crime).

155. BUXTON, *supra* note 28, at 109-10 (internal citations omitted).

Similarly, albeit more philosophically, Jeffrey A. Schaler asks: "Do illegal drugs cause crime? Given that drugs are inanimate objects, are they capable of causing a human action? Can drugs 'act' in the way that people can?"[156] Likewise, critical criminologists argue that "the first task is to deconstruct the legal-illegal division between psychoactive drugs and situate the effects and harm of drugs within social situations and predicaments. You cannot read the essence of a drug from a pharmacopoeia. The very same drugs can be a grave risk, good fun or a blessing depending on social context."[157]

While questioning the placement of drugs within the province of the criminal justice system may seem like a radical proposition promulgated by left-wing college students, bitter Marxists, hardcore libertarians or aging hippies,[158] it is important to remember that "[d]ramatic shifts in attitude have characterized America's relation to drugs."[159] In many instances, what is now deemed illegal and a significant public health concern may not only have once been legal, but may actually have been key component of a particular society or *prescribed* as a medical remedy.[160]

An in-depth discussion of trends in drug consumption and acceptance is outside the scope of this Article. But as the above examples demonstrate,

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156. Jeffrey A. Schaler, *Introduction: The Drug Policy Problem*, *in* DRUGS: SHOULD WE LEGALIZE, DECRIMINALIZE OR DEREGULATE 10 (Jeffrey A. Schaler ed., 1998) [hereinafter Schaler, *Introduction]*.

157. Jock Young, *Critical Criminology in the Twenty-First Century: Critique, Irony and the Always Unfinished*, *in* CRITICAL CRIMINOLOGY: ISSUES, DEBATES, CHALLENGES 251, 268 (Kerry Carrington & Russell Hogg eds., 2002) (citations omitted). *See generally* JAY LIVINGSTON, CRIME & CRIMINOLOGY 381-84 (2d ed. 1996).

158. *See generally* COURTWRIGHT, *supra* note 5, at 201 ("The most extreme form of the backlash has been the call for legalization. A form of reactionary libertarianism, combining elements of left- and right-wing ideology, legalization would reset the policy clock by more than a hundred years."). For a discussion of the "harm-reduction movement," which "urge[s] the depolitization of drug abuse and the substitution of treatment programs for criminal sanctions, which are considered inappropriate and unduly expensive, *see id.*

159. David F. Musto, *Opium, Cocaine, and Marijuana in American History*, *in* DRUGS: SHOULD WE LEGALIZE, DECRIMINALIZE OR DEREGULATE 17, 17 (Jeffrey A. Schaler ed., 1998) (providing a historical overview of attitudes towards drugs in America); BUXTON, *supra* note 28, at 70-71 (discussing patterns of controlled drug use in the United States).

160. According to Michel Foucault:

> No doubt the definition of offences, the hierarchy of their seriousness, the margins of indulgence, what was tolerated in fact and what was legally permitted—all this has considerably changed over the last 200 years; many crimes have ceased to be so because they were bound up with a certain exercise of religious authority or a particular type of economic activity; blasphemy has lost its status as a crime; smuggling and domestic larceny some of their seriousness.

MICHEL FOUCALT, DISCIPLINE AND PUNISHMENT: THE BIRTH OF THE PRISON 17 (Alan Sheridan, trans., Vintage Books 2d ed. 1995) (1977); *see also* Mark Colvin & John Pauly, A Critique of Criminology: Toward an Integrated Structural-Marxist Theory of Delinquency Production, 89 Am. J. Soc. 513, 520 (1983) (discussing labeling theory's "recognition that no act is intrinsically deviant.").

as well as those in Part III, questioning the legal status of drugs is a matter of historical inquiry, rather than juvenile defiance. In fact, the issue as to whether to *decriminalize* and/or *legalize* drugs, in spite/despite/because of drug use and addiction has generated significant academic debate.

Some scholars have suggested that "in order to reduce predatory crime, the drug laws, being criminogenic, should be repealed or, at least, that drug law enforcement should be radically cut back."[161] The recently deceased economist, Milton Friedman, a Nobel laureate and staunch libertarian, advocated legalizing drugs on the grounds that governmental prohibition, regulation, or licensing of human behavior is either ineffective or inefficient.[162] Friedman also promoted the idea that the "War on Drugs" resulted in law enforcement corruption, violations of the civil rights of innocent people, prison expansion, disproportionate imprisonment of African-Americans, destruction of inner cities, compounding harm to users, undertreatment of chronic pain, and harm to foreign countries.[163] Similarly, the renowned psychiatrist and defender of counterculture movements, Thomas Szasz, questions "why the private ownership of drugs should not be just as legal as the private ownership of diamonds or dogs," equates the "War on Drugs" as a "War on Poverty," and argues that the use and sale of drugs should be private, contractual affairs.[164] Moreover, psychologist Jeffrey A. Schaler presents what he terms the "classical liberal or 'libertarian' perspective": "a free-market approach to the trade of currently illegal drugs would reduce the crime and lawlessness associated with them under prohibition."[165]

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161. Boyum & Kleiman, *Alcohol and Other Drugs*, *supra* note 38, at 296; *see* BUXTON, *supra* note 28, at 143 ("[O]nly because drugs like cocaine and heroin are illegal. . . it is lucrative to engage in their production and distribution. It is therefore to be expected that as long as these substances remain illegal, they will be an important cash generator for rebel groups and a source of political instability and state failure.").

162. *See*, *e.g.*, Friedman, *supra* note 19, at 209-11. *See generally* Chris Conway, *Friedman on More Than the Economy*, N.Y. TIMES, Nov. 19, 2006, § 4:2; Holcomb B. Noble, *Milton Friedman, the Champion of Free Markets, Is Dead at 94*, N.Y. TIMES, Nov. 17, 2006, at A1, A28.

163. Friedman, *supra* note 19, at 209-11.

164. Thomas S. Szasz, *Drugs as Property: The Right We Rejected*, *in* DRUGS: SHOULD WE LEGALIZE, DECRIMINALIZE OR DEREGULATE 181-208 (Jeffrey A. Schaler ed., 1998).

165. Schaler, *Introduction*, *supra* note 156, at 13. In addition to an overview of the classical liberal or libertarian perspective, Schaler provides a nice summary of "the prohibitionist of 'drug warrior' perspective" and "the public health perspective." *Id.* at 12-13. Courtwright explains that the central premise of the "liberal view" is that the black market for drugs stems from "prohibition." COURTWRIGHT, *supra* note 5, at 165. According to Courtwright, proponents of "controlled legalization" argue that "[l]icit, taxed sale of drugs like marijuana, cocaine, and heroin to adults could, theoretically, end the evils attendant to the black market while providing revenue for state-sponsored prevention and treatment programs." *Id.; see, e.g.*, THE DRUG LEGALIZATION DEBATE (James A. Inciardi ed., 2d ed. 1991) (discussing the position supporting continued prohibition of drugs and the repeal position); DRUGS: SHOULD WE LEGALIZE, DECRIMINALIZE OR DEREGULATE (Jeffrey A. Schaler ed., 1998); HOW TO LEGALIZE DRUGS (Jefferson M. Fish ed.,

Although it is generally libertarians who advocate relaxing drug laws to create a free market for cocaine and heroin, the issue of relaxing marijuana laws has been supported by a much larger segment of the mainstream population. During the 1970s, "[t]he Carter administration endorsed the decriminalization of possessing small amounts of marijuana, noting that penalties against use of the drug should not do more harm to individuals than use of the drug itself."[166] The fact that in virtually every election, there are some ballot initiatives regarding legalization underscores the extent to which the boundaries between legality and illegality are constantly being tested.[167] Far from a fringe issue, legalization is an active political issue; far from a constant, drug attitudes are perpetually in flux.

Again, the point is not to debate the merits of relaxing drug laws, but simply to show that perceptions of certain drugs change and that crime is constructed.[168] When the perception of a drug's detrimental effects reaches a certain point, it becomes a crime to engage in its manufacture, distribution, sale and use. As Jeffrey Reimain explains:

> [T]he reality of crime—that is, the acts we label crime, the acts we think of as crime, the actors and actions we treat as criminal—is *created*: It is an image shaped by decisions as to *what* will be

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1998) (arguing that drug prohibition should end and for consideration of ways to limit or terminate the involvement of the criminal justice system in people's use of drugs). *But see* McCaffrey, *supra* note 34, at 32 ("Studies have shown that when drugs are more available with fewer penalties for using them, abuse goes up. Drug legalizers would have you believe that the illegality of drugs—and not their toxic or addictive qualities—is the problem. Whether framed as 'harm reduction' or 'medical marijuana,' this approach ultimately seeks the legalization of all drugs, which the vast majority of Americans wisely oppose."). *See* STEVEN E. LANDSBURG, THE ARMCHAIR ECONOMIST: ECONOMICS AND EVERYDAY LIFE 96-105 (1993) (providing a humorous assessment of whether the benefits of legalizing drugs exceed the costs).

166. White & Gorman, *supra* note 55, at 156.

167. In the November 2006, proposals to legalize marijuana failed in Colorado, Nevada, and South Dakota. *See generally* Press Release, Office of Nat'l Drug Control Policy, National Public Health Official Issues Statement Regarding South Dakota's Proposed "Medical" Marijuana Initiative (Nov. 3, 2006), *available at* http://www.whitehousedrugpolicy.gov/news/press06/110306.html (statement by John Walters, Dir. of Office of Nat'l Drug Control Policy (ONDCP) regarding proposed legislation which would legalize medical marijuana). On April 2, 2007, Governor Bill Richardson of New Mexico signed a bill permitting the State Department of Health to provide marijuana to some severely ill patients. Deborah Baker, Richardson Signs Medical Marijuana Bill (Apr. 2, 2007), http://www.freenewsmexican.com/news/59584.html; *see also* Jesse McKinley, *Dying Woman Loses Appeal on Marijuana as Medication*, N.Y. TIMES, Mar. 15, 2007, at A14. On June 1, 2007, the State Senate of Connecticut, following the lead of the Connecticut House, passed a bill, which, if signed by Governor M. Jodi Rell, would allow people with certain "debilitating" medical conditions to grow marijuana for "palliative" use. Connecticut would then become the thirteenth state to permit the use of marijuana for medical purposes. Stacey Stowe, *Marijuana Law in Connecticut Gains Ground*, N.Y. TIMES, June 11, 2007, at A19; *see also* Editorial, *Prescription for Pain*, N.Y. TIMES, June 16, 2007, at A26.

168. Colvin & Pauly, *supra* note 160, at 520; *see* Feld, *supra* note 149, at 783 (explaining that crime is socially constructed).

> called crime and *who* will be treated as criminal. . . . It is sometimes coyly observed that the quickest and cheapest way to eliminate crime would be to throw out all the criminal laws.[169]

This Article will return to the issue of legal status in Part V—Drug Abuse Control Strategies. For now, it is sufficient to understand that an *immediate* link between drugs and crime occurs because some drug use and drug possession *are* crimes.

With this in mind, the question now turns to whether there are *other* links between drugs and crime. Recognizing that there are a number of methodological issues involved in the study of the drug-crime relationship,[170] this Part considers the first of three explanatory models for the drug-crime relationship: (1) substance use leads to crime; (2) crime leads to substance use, and (3) the relationship is either coincidental or explained by a set of common causes.[171] In describing these basic models, White and Gorman make clear that because there is no uniform association between

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169. JEFFREY REIMAN, THE RICH GET RICHER AND THE POOR GET PRISON 46-47 (1995). *See* Nils Christie, *Between Civility and the State*, *in* THE NEW EUROPEAN CRIMINOLOGY: CRIME AND SOCIAL ORDER IN EUROPE 119, 121 (Vincent Ruggiero et al. eds., 1998) ("Acts are not, they *become*. So also with crime. Crime does not exist. Crime is created. First there are acts. Then follows a long process of giving meaning to these acts."); Phil Scranton, *Defining 'Power' and Challenging 'Knowledge': Critical Analysis as Resistance in the UK*, *in* CRITICAL CRIMINOLOGY: ISSUES, DEBATES, CHALLENGES 15, 26 (Kerry Carrington & Russell Hogg eds., 2002) ("There is no 'crime', there are only *acts*-in-the-making; 'crime' and 'criminals' are invested with meaning in the socio-cultural and political-economic context of definition, enforcement and application of the rule of law."). *See generally* FRANCIS T. CULLEN & ROBERT AGNEW, CRIMINOLOGICAL THEORY: PAST TO PRESENT: ESSENTIAL READINGS 296 (3d ed. 2006) (describing how critical criminologists hold that "'crime' is a political, not a value-free, concept. Traditional criminology accepts that crime is behavior that violates the law. Critical criminology, however, recognizes that what is and is not outlawed reflects the power structure in society. In general, the injurious acts of the poor and powerless are defined as crime, but the injurious acts of the rich and powerful—such as corporations selling defective products or the affluent allowing disadvantaged children to go without health care—are not brought within the reach of the criminal law. Only by rejecting state definitions of crime and replacing them with a new standard—such as defining crime as the violation of human rights—can criminologists oppose, rather than reinforce, existing inequalities."); Diana H. Fishbein, *Biological Perspectives in Criminology*, 28 CRIMINOLOGY 27, 31 (1990) ("Definitional issues are hotly debated among criminologists as a result of the growing recognition that not all 'illegal' behaviors are dysfunctional or maladaptive and not all 'legitimate' behaviors are moral, acceptable, or adaptive.)

170. *See* White & Gorman, *supra* note 55, at 159-62 (explaining that methodological issues fall into three categories: definitions, measures and samples). With respect to definitions, they point out that there is a lack of uniformity with respect to crime, drug-related crime, and drugs. *Id.* Concerning measures, they note the reliability and caveats of self-report data, as well as differences across studies pertaining to use, e.g., acute versus chronic, frequency versus quantity. *Id.* Additionally, with respect to samples, they explain that many researchers rely on captive populations—those in prisons or treatment programs—and that these populations may not be generalizable to the general population. *Id.* Also, "because of local differences, trends in drug use and crime should not be assessed at a high level of aggregation (e.g., at a national or regional level)," and that most crimes do not result in arrest. *Id.* at 166.

171. *Id.* at 170.

any type of drug use and any type of crime, and that trends regarding the drug-crime relationship vary from place to place, one should not assume that these models, in whole or in part, apply equally to different subgroups of the drug-dealing/drug-using population that commits crime or to different incidents of drug-related crime. One should also note that these models were developed to explain *urban* drug-crime relationships and thus may be of limited use for explaining meth-crime relationships in rural areas. Nevertheless, they do function as a useful heuristic device and thus this Article, where applicable, will note evidence that supports or refutes them.

As initially set forth by Paul J. Goldstein, there are three sub-models that exist within the causal model that substance use leads to crime: (1) the psychopharmacological model; (2) the systemic model; and (3) the economic motivation model.[172]

A. SUBSTANCE USE LEADS TO CRIME: THE PSYCHOPHARMACOLOGICAL MODEL

The psychopharmacological model "proposes that the effects of intoxication (including disinhibition, cognitive-perceptual distortions, attention deficits, bad judgment, and neurochemical changes) cause criminal (especially violent) behavior."[173] Professor Robert Agnew explains that,

> [d]rugs like alcohol, cocaine, amphetamines, and PCP weaken self-control and/or increase irritability. Also, withdrawal from drugs like heroin and crack may increase irritability and frustration. Drug use, then, may contribute to crime by reducing control and increasing strain. In particular, individuals on drugs may be more likely to (1) engage in behaviors that upset or provoke others; (2) take offense at the behavior of others; and (3) respond to provocations with violence—partly because they are less concerned with or aware of the costs of crime.[174]

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172. Paul J. Goldstein, *The Drugs/Violence Nexus: A Tripartite Conceptual Framework*, 15 J. DRUG ISSUES 493, 494, 496-97 (1985); ROBERT M. BRAY & MARY ELLEN MARDSEN, DRUG USE IN METROPOLITAN AMERICA 164-66 (1999); Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 333-39; White & Gorman, *supra* note 55, at 170-74.

173. White & Gorman, *supra* note 55, at 170; *see also* Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 339, 362 ("[A] crime is categorized as *psychopharmacologic* if caused by the short- or long-term effects of drug use (as distinct from expense or illegality). . . . Much of the social damage caused by drug users occurs while they are intoxicated.").

174. ROBERT AGNEW, JUVENILE DELINQUENCY: CAUSES AND CONTROL 209-10 (2001) [hereinafter AGNEW, JUVENILE DELINQUENCY].

Agnew is careful to note, however, that not all drugs increase irritability and frustration and decrease control.[175] He also points out that the impact of the drug will depend on the individual and the social situation, and that individuals who already possess low self-control and are predisposed to aggression and violence will likely become more combustible under the influence of drugs than those who are not.[176] The frequency and intensity with which individuals use drugs should also be added to this mix. According to Christy A. Visher of the National Institute for Justice, "experimentation with hard drugs or use of marijuana alone does not appear to lead to serious adult criminal activity. . . . [I]t is not drug use per se, but the frequency and intensity of drug use that is strongly related to serious, persistent, and frequent criminal behavior."[177]

Agnew, in apparent accordance with Visher, indicates that "drug use, especially chronic use, may *increase the juvenile's predisposition to engage in delinquency* by reducing the juvenile's bonds to family and school, lowering academic performance, and increasing the likelihood of association with delinquent peers"—peers with whom they come into frequent contact when they purchase and use drugs.[178] This last point may be especially pertinent to those juveniles who are already exposed to addiction, violence, poverty and other forms of depravity. Anthropologists Michael Duke, Wei Teng, Janie Simmons, and Merrill Singer have found that for some Puerto Rican street drug users living on the U.S. mainland, "drugs act as a palliative against the trauma of being exposed to extreme physical or emotional harm."[179]

To better understand the extent to which drug-users commit crimes, Christopher J. Mumola, Bureau of Justice Statistics (BJS) policy analyst, and Jennifer C. Karberg, BJS statistician, analyzed data from a 2004 BJS

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175. *Id.* at 210. *See generally* Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 341 ("[T]he nature of the connection between drugs and crime must vary across drugs.").

176. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 210.

177. Visher, *supra* note 153, at 608 (internal citations omitted).

178. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 210 (emphasis in original).

179. Michael Duke et al., *Structural and Interpersonal Violence Among Puerto Rican Drug Users*, 25 PRACTICING ANTHROPOLOGY 28, 30 (2003). They also observe that:

> While violence is often part of the fabric of everyday life for drug users, for many, memories of past violence, some going back to the participants' childhoods, continue to haunt them. Like everyday forms of contemporary violence, past incidents of traumatic violence are difficult to quantify. Even the best designed survey instrument, with its insistence on pre-selected responses and its transformation of the contingencies of emotion, belief, knowledge, and history into zeros, ones and twos, cannot help but collapse and thereby minimize the complexity and impact of traumatic events in the lives of drug users.

Id. at 30.

survey of state and federal prisoners.[180] Overall, they found that for the first time, half (fifty percent) of federal inmates reported drug use in the month before their offense—an increase from forty-five percent in 1997.[181] Drug use in the month before the offense actually decreased among state prisoners—from fifty-seven percent in 1997 to fifty-six percent in 2004.[182] Drug use in the month before the offense was committed rises if one looks just at young inmates: about two-thirds of state and federal inmates age twenty-four or younger used drugs in the month before their offense; in comparison, a fifth of the inmates age fifty-five or older used drugs in the month before their offense.[183] With respect to drug use at the time of the offense, Mumola and Karberg also found an increase among federal inmates from 1997 to 2004—a jump from twenty-two percent to twenty-six percent.[184] As with drug use by state inmates in the month before the offense, drug use by state inmates at the time of the offense dropped—from thirty-three percent in 1997 to thirty-two percent in 2004.[185]

In their report, Mumola and Karberg highlight that between 1997 and 2004, prior drug use by *state* prisoners was stable on all drug types except meth, which rose on all measures (at the time of the offense, in the month before the offense, regularly—at least once a week for at least a month, and ever).[186] Although marijuana is the most commonly used drug among state inmates, as well as federal inmates,[187] the extent to which use of meth rose across all measures is significant. State prisoners who used meth at the time of the offense, rose from 3.5% in 1997 to 6.1% in 2004; in the month before the offense, from 6.9% in 1997 to 10.8% in 2004; regularly, from 11.2% in 1997 to 14.9% in 2004; and use at any point in time, from 19.4% in 1997 to 23.5% in 2004.[188] For federal prisoners, the jumps on all measures were also impressive. Federal prisoners who used meth at the time of the offense rose from 3.7% in 1997 to 7.2% in 2004; in the month before

180. MUMOLA & KARBERG, *supra* note 132, at 1. Mumola and Karberg's report is based on data from the Survey of Inmates in State and Federal Correctional Facilities, 2004; the survey is conducted every five or six years. *Id.* at 10. *See* Jenny Mouzos & Lance Smith, Australian Inst. of Criminology, *Drug Use Among Police Detainees, 2005*, TRENDS & ISSUES IN CRIME & CRIM. JUST., June 2006, at 1, *available at* http://www.aic.gov.au/publications/tandi2/tandi319.pdf (assessing the link between drug use and crime in Australia).

181. MUMOLA & KARBERG, *supra* note 132, at 1.

182. *Id.*

183. *Id.* at 5.

184. *Id.* at 1.

185. *Id.*

186. *Id.* at 1, 2.

187. *Id.* at 2. This point is true outside the correctional context. *See* Bender, *supra* note 66, at 13 (discussing how nationally, marijuana is far and away the most commonly used illicit drug).

188. MUMOLA & KARBERG, *supra* note 132, at 2 tbl.1.

the offense, from 6.5% in 1997 to 10.1% in 2004; regularly, from 9.6% in 1997 to 12.8% in 2004; and use at any point in time, from 15.1% in 1997 to 17.9% in 2004.[189]

While Mumola and Karberg's findings summarized in the previous two paragraphs show that many state and federal inmates have used drugs at various times in their lives, and that meth use is on the rise, what really affects the psychopharmacological model is use of meth at the time of the offense for crimes unrelated to drug possession or trafficking, such as violence or property offenses. Unfortunately, Mumola and Karberg's report does not provide this level of analysis.

One knows from their report the percentage of inmates who used meth at the time of the offense and one knows that drug offenders were more likely to use drugs at the time of the offense (43.6% of state inmates and 32.3% of federal inmates) than property offenders (38.5% of state inmates and 13.6% of federal inmates) and violent offenders (27.7% of state inmates and 24.0% of federal inmates).[190] One does not know, however, what percentage of property and violent offenders used meth at the time of their offenses.

Although Mumola and Karberg's report does not address this question, Professor Diana H. Fishbein notes that "[c]ertain drugs, particularly many of the illicit drugs, are reported to increase aggressive responses, for example, amphetamines, cocaine, alcohol, and phencyclidine (PCP)."[191] More specifically, a number of other sources support a meth-non-drug-crime relationship. As noted in Part I, high-level meth users may become irritable, paranoid, and engage in violent behavior. While not all violent behavior is criminal, some of it is: The Economist has reported that "[a]s production began rising, local users began confronting police, teachers and neighbours with a slew of problems, including a predictable rise in violent-crime rates."[192] In Iowa, one study found that "methamphetamine is a contributing factor in 80% of all domestic violence cases."[193] Drs. J.

189. *Id.*

190. *Id.* at 5.

191. Fishbein, *supra* note 169, at 50.

192. *The Other Mexican Wave*, *supra* note 13, at 40; *see* Jefferson, *supra* note 5 (discussing the increase in violent crime as a result of meth). *See generally* IVERSEN, *supra* note 5, at 143-46 (discussing the relationship of amphetamines, generally, to violence and crime).

193. *High in the Heartland*, *supra* note 5, at 29; *see also* Vandeveld, *supra* note 5, at 47; ("Domestic violence usually occurs when a person is using meth."); Flannery et al., *supra* note 9, at 160-61 (discussing how meth use may increase violence, including domestic violence and sexual abuse). *See generally* Berkes, *supra* note 26 (discussing how a survey conducted by the National Association of Counties of 500 county sheriffs and 303 child welfare officials in 45 states revealed that methamphetamine has caused an increase in domestic violence); Jefferson, *supra* note 5 (explaining that methamphetamine has caused an increase in domestic violence).

Michael Bostwick and Timothy W. Lineberry, relying on case examples, describe incidents involving assault and attempted battery of hospital personnel and offer key clinical principles to help clinicians assess meth-abusing patients.[194] They warn that:

> Options for containing uncooperative and agitated patients . . . are extremely limited, and the overriding concern with violently intoxicated patients is to minimize damage to self, others, and property. Methamphetamine abusers have a propensity for impulsivity and violence; many are brought to the hospital by police and have criminal histories. In emergent evaluation, begin by searching patients and their belongings for weapons.[195]

According to the U.S. Department of Justice (DOJ), the number of violent crimes in the United States jumped by 2.3% in 2005 and that the number of robberies increased 3.9%, while murders rose 3.4% and aggravated assault rose 1.8% from 2004.[196] This increase in violent crime has been attributed to the spreading meth problem in the country.[197]

More focused studies have produced similar results. For example, Jerome Cartier, David Farabee, and Michael K. Prendergast—all affiliated with the U.C.L.A. Integrated Substance Abuse Programs—examined data from 641 state prison parolees in California (321 treatment, 320 comparison) to analyze the relationship between meth use and three measures of criminal behavior.[198] That data included self-reported frequency of violent criminal activities, return to prison for a violent crime, and return to prison for any reason (including technical violations of parole conditions) during the first twelve months of parole.[199] Recognizing that involvement in the drug trade is predictive of self-reported violent crime and return to custody for any reason (but not predictive of return to custody for a violent offense), they wished to test whether "[meth] use would be predictive of violent crime and recidivism among adult male parolees during their first [twelve]

194. Bostwick & Lineberry, *supra* note 5, at 55.

195. *Id.*

196. Posting of Tom Aveni, U.S. Violent Crime Rose in 2005, May Keep Going Up, The Police Policy Studies Council, , http://www.theppsc.org/forums/showthread.php?t=1483 (Sept. 18, 2006).

197. *Id.*; *see* Berkes, *supra* note 26 (discussing how in a survey conducted by the National Association of Counties of 500 county sheriffs and 303 child welfare officials in forty-five states, "sixty-seven percent of the sheriffs surveyed reported an increase in meth-related arrests" and that "seventy percent blame meth for an increase in robberies or burglaries").

198. Cartier et al., *supra* note 5, at 435.

199. *Id.*

months of parole," after controlling for drug trade involvement (i.e., manufacture, distribution and sales).[200]

Cartier, Farabee and Prendergast acknowledged that "[o]ffenders are not arrested for every crime they commit."[201] They also acknowledged that a return to custody occurs "when an offender is arrested and convicted for a crime or parole is revoked for technical reasons[,]" and that the offenses and charges resulting in a return to custody "may be the result of plea bargaining and should not be assumed to represent a pristine measure of offender criminal behavior."[202] Despite these limitations,[203] they found that meth use "was statistically significant in predicting self-reported violent crime and general recidivism."[204] Meth use was not statistically significant, however, in predicting a return to custody for a violent offense.[205] Based on these findings, Cartier, Farabee and Prendergast concluded that "offenders who use [meth] may differ significantly from their peers who do not use [meth] and may require more intensive treatment interventions and parole supervision than other types of offenders who use drugs."[206]

Ira Sommers and Deborah Baskin, both professors in the School of Criminal Justice at California State University, Los Angeles, conducted in-depth, life-history interviews with 205 individuals who used methamphetamine for a minimum of three months and who resided in Los Angeles County (ninety-eight of whom were in drug treatment and 107 of whom were active community meth users).[207] The respondents, the majority of whom were Hispanic male high school graduates in their twenties and possessing on average twenty-five months of work experience, were recruited from two social settings.[208] The first group of recruitees was participating in an adult methamphetamine users drug treatment program.[209] The second set were adult methamphetamine users at liberty in the community and having little or no contact with treatment or criminal justice institutions.[210]

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200. *Id.* at 441.
201. *Id.* at 442.
202. *Id.*
203. *Id.* Cartier, Farabee and Prendergast also admitted the absence of arrest records, but noted the evidence suggesting high concordance of self-report with actual crime committed. *Id.* Another potential bias in their outcomes stems from the loss of nineteen percent of their "original cohort to follow-up." *Id.*
204. *Id.* at 442-43.
205. *Id.* at 442.
206. *Id.* at 443.
207. Sommers & Baskin, *supra* note 5, at 77, 80-81.
208. *Id.* at 80, 86.
209. *Id.*
210. *Id.*

Sommers and Baskin acknowledged the uniqueness of their sample for assessing the meth-violence connection by stating:

> We did not seek to study the nature and extent of methamphetamine use and violence among the general population, for this strategy would have given us mostly respondents who merely experimented with the drug. Instead, we set out to find only those who had used substantial amounts of methamphetamine over a long period of time. Thus, our findings must be understood as pertaining to this group of heavy users in the community.[211]

At the outset, Sommers and Baskin noted the psychopharmacological differences between crack and methamphetamine: because meth produces a longer lasting high, they remarked, "users are able to remain away from the market environment longer as they are not constantly 'chasing the pipe'" and are better able to maintain their normal daily activities, such as employment, school or household chores while high.[212] In contrast to their crack using counterparts, meth users are less predisposed to be entrenched in street networks, but may be more likely to engage in violent behavior in mainstream social milieus, including the home or the workplace.[213] Unsurprisingly, Sommers' and Baskin's study results revealed a number of additional differences between crack and meth users: whereas crack users are more likely to be involved in street networks, meth users are more likely to engage in violent behavior in the home or in mainstream social settings, such as at the workplace.[214] In fact, based on findings that 68.6% of the reported violent events occurred in private homes, 11.4% took place at parties, 2.9% transpired at work, and 17.1% happened in public settings (e.g., parks, streets, roadways), they concluded that meth-based violence "may be *more likely to occur within private domestic contexts*, both family and acquaintance relationships."[215]

The results of Sommers' and Baskin's study speak directly to a number of key characteristics/components of the psychopharmacological model. As noted above, the psychopharmacological model proposes that the effects of intoxication cause criminal behavior. Sommers and Baskin found that "[f]or many of the sample members that engaged in violence, chronic methamphetamine use had a disorganizing effect on their cognitive functions.

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211. *Id.* at 91.

212. Sommers & Baskin, *supra* note 5, at 91.

213. *Id.* at 79 (citing P. LATTIMORE, HOMICIDE IN EIGHT U.S. CITIES: TRENDS, CONTEXT, AND POLICY IMPLICATIONS (1997)).

214. *Id.* at 87. The researchers defined "violent behavior" as "any form of deliberate physical harm inflicted on another individual." *Id.* at 82-83.

215. *Id.* at 87 (emphasis added).

Perceptual fields were narrowed, which in turn lead to distorted interpretations of behavior and reduced ability to use various coping devices in situations seen as threatening."[216] While intoxicated, respondents explained, verbal slights and minor disputes would often escalate into violent encounters.[217]

As noted above, Agnew suggests that drug use may contribute to crime by reducing control and increasing strain: Individuals under the influence of "drugs may be more likely to (1) engage in behaviors that upset or provoke others; (2) take offense at the behavior of others; and (3) respond to provocations with violence[.]"[218] Sommers and Baskin observed in their survey respondents that:

> Methamphetamine use often increased the stakes in everyday interactions, transforming them from nonchallenging verbal interactions into the types of "character contests" whose resolution often involved violence. Methamphetamine exaggerated the sense of outrage over perceived transgressions of personal codes (respect, space, verbal challenges), resulting in violence to exert social control or retribution. In addition, some people simply made bad decisions while high, leading to fights that might have been avoided in other circumstances.
>
> A common theme in many of the respondent accounts is that the use of violence was seen as a legitimate method to avenge being "dissed." It was an attempt to regulate other people's knowledge and opinions about themselves and their friends. In many instances, particular aggressive actions (threats, identity attacks) on the part of the victim were associated with the same types of aggressive actions by the offender. These retaliatory actions were characteristically unplanned and evolved out of some personalized relationship with the victim.

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216. *Id.* at 92.

217. *Id.* Such a finding resonates with Boyum and Kleiman. *See* Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 362.

> Much of the social damage caused by drug users occurs while they are intoxicated. . . . [A] majority of jail and state prison inmates report that they were intoxicated when they committed their current offense. . . . While some of the crimes committed under the influence would surely have been committed even if the offender had remained sober, some of them would not. Being drunk or high clouds judgment and diminishes self-control. For some individuals, in certain circumstances, the ambient level of punishment threat is a sufficient deterrent to crime when they are sober but inadequate when they are intoxicated.

Id.

218. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 209-10.

> A fairly common effect of methamphetamine was paranoia. Paranoia contributed to hostile attributions that created an air of danger and threat, leading to defensive or preemptive violence. Several sample members reported that their decision making within violent events was compromised. Perhaps the most common language respondents used to describe their behavior was "loss of control." The respondents spoke in terms of "being out of control," "blowing up," or having an "outburst of rage."[219]

Sommers' and Baskin's findings should not be interpreted as evidence of a direct causal link between meth use and violence. As the researchers pointed out, their study sample involved only high-level users.[220] More importantly, Sommers and Baskin stressed that "[t]he temporal order of methamphetamine use and violence must be considered in order to understand this relationship."[221] The research method—depth interviewing—permitted Sommers and Baskin to explore whether while under the influence of meth, other factors increased the occurrence of violence. The findings demonstrated the "risk of violence to be associated with individual adjustment and lifestyle, including childhood and adolescent deviance (fighting, alcohol and drug use, weapons possession, and violence toward self), criminal activity, drug abuse (age of onset for methamphetamine use), and psychological and social problems."[222] Despite these findings, Sommers and Baskin took great efforts to clarify that individuals who experience such strains during childhood and adolescence do not necessarily engage in meth use and progress from controlled use to addiction to meth-related violence.[223] "[V]iolence is not an inevitable outcome of even chronic methamphetamine,"[224] they underscored, and "the interaction between the use pharmacological properties of a substance and the physiological characteristics of a user accounts for only part of a drug's effects. Drug effects and outcomes are mediated by users' norms, values, practices, and circumstances."[225]

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219. Sommers & Baskin, *supra* note 5, at 92-93.

220. *Id.* at 91.

221. *Id.* at 90.

222. *Id.* at 87.

223. *See id.* at 93 (explaining that meth use does not inevitably lead to violence); *see also* SCHAEFER ET AL., OREGON, *supra* note 5, at 13 ("While most victimized children never become criminals . . . children who were abused or neglected are far more likely to be arrested as juveniles and to commit crimes as adults than children who were not abused or neglected."); SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 13.

224. Sommers & Baskin, *supra* note 5, at 93.

225. *Id.*

With these caveats in mind, they concluded that meth use may well heighten the risk for violence.[226] All of the individuals whom Sommers and Baskin interviewed agree that meth holds the potential for violence. Of the 205 respondents, twenty-seven percent indicated that they had committed acts of violence while under the influence of meth, and almost everyone indicated that they knew others who had "gone 'too far' with meth."

In sum, Sommers' and Baskin's study, along with Mumola and Karberg's report, Bostwick and Lineberry's case examples, data from the DOJ, the number of violent crimes in the United States, and the research by Cartier, Farabee, and Prendergast do not prove that pharmacology is destiny. But together, their work lends support to the psychopharmacological model and the position that meth-induced disinhibition, cognitive-perceptual distortions, and neurochemical changes may lead to (violent) criminal behavior.

B. SUBSTANCE USE LEADS TO CRIME: THE SYSTEMIC MODEL

The systemic model "posits that the system of drug distribution and use is inherently connected with violent crime."[227] White and Gorman, following Goldstein, explain that:

> Systemic types of crimes surrounding drug distribution include fights over organizational and territorial issues, enforcement of rules, punishments of and efforts to protect buyers and sellers, and transaction-related crimes (such as robberies of dealers or buyers, assaults to collect debt, and resolution of disputes over quality or amount). . . . This model probably accounts for most of the current violence related to illicit drug use, especially drug-related homicides . . . [228]

Similarly, David A. Boyum and Mark A. Kleiman describe:

> Because selling drugs is illegal, business arrangements among dealers cannot be enforced by law. Thus territorial disputes among dealers, employee discipline (punishment for stealing, informing, or not paying debts), and disagreements over price, quantity, and quality of drugs are all subject to settlement by force. Since dealers have an incentive to be at least as well-armed as their competitors, violent encounters among dealers, or between a dealer and a customer, often prove deadly. Moreover, perpetrators

226. *Id.*
227. White & Gorman, *supra* note 55, at 174.
228. *Id.* at 174, 191.

> of inter-dealer or dealer-customer violence are unlikely to be apprehended: enforcement drives transactions into locations that are hidden from the police, and victims—themselves involved in illegal behavior—are unlikely to complain to the authorities.[229]

Likewise, Jerome Cartier, David Farabee, and Michael L. Prendergast, stress the association of violent criminal behavior with the need to protect manufacturing sites and trafficking territories in the black-market business of selling and distributing illicit drugs.[230] Such a phenomenon is not restricted to the United States. The reduction in legal imports of ephedrine and pseudoephedrine to Mexico has "contribut[ed] to a violent struggle among Mexican traffickers, who supply an estimated 80 percent of meth that Americans consume."[231] For example, on July 24, 2006, robbers stole one ton of pseudoephedrine from a pharmaceutical company warehouse in Mexico City, leaving behind four security guards bound, gagged and stabbed to death.[232] On September 6, 2006, five methamphetamine dealers

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229. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 335.

230. Cartier et al., *supra* note 5, at 437 (citing P. Goldstein, *Drugs, Violence and Federal Funding: A Research Odyssey*, 33 SUBSTANCE USE & MISUSE 1915, 1936 (1998)). Robert Agnew stated:

> Individuals who buy and sell drugs often carry large amounts of money and drugs, and they are generally reluctant to involve the police when disputes arise. As a consequence, crime is often the result (the benefits of crime are seen as high and the costs as low). Drug sellers may employ violence against one another as they compete for turf or customers. Both drug sellers and customers are often attractive targets for robbers. And drug sellers and their customers often employ violence against one another when they get into disputes. These problems have been especially severe in the crack trade, where there are many young, inexperienced dealers competing against one another.

AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 210.

Julia Buxton offered a description of this phenomena in cities outside the United States when she wrote:

> Drug-related activities in a community have a damaging impact on residents of the area. The experience of cities as diverse as Rio de Janeiro in Brazil, Los Angeles in the USA, Manchester in the UK, Nuevo Laredo in Mexico and Narino in Colombia showed that the arrival of the illicit trade was accompanied by violence and, increasingly, gun-related violence. This link between the trade and social violence is a direct result of the informality of the sector. Business transactions, such as market takeovers and enforcement of contracts, are reliant on the use or threat of force. The intensity of violence is influenced by the scale of the trade in a given locality, the value of the market, the existence of competitors and the type and origin of the drug.

BUXTON, *supra* note 28, at 126-27.

231. Steve Suo, *Crackdown Puts Meth Trade in a Bind*, THE OREGONIAN, Nov. 5, 2006, at A01. *See* Marosi, *supra* note 30 (discussing whether Mexico's restrictions on importation of cold medicines has led to smuggling of pseudoephedrine tablets and other chemicals from China and India through corrupt Mexican ports).

232. *Id.*

in the Mexican state of Michoacan were beheaded with a hunting knife by rivals, who then dumped the heads in a Michoacan barroom.[233]

Regardless of the country, while a certain amount of violence is undoubtedly due to the manufacture, sale and distribution of illicit drugs, a fair amount may also be attributable to "the propensities of the individuals employed in it, or to the economic, political, social, or cultural conditions of drug-impacted communities."[234] Boyum and Kleiman point out that violent drug dealers frequently live and work in poor, inner-city neighborhoods in which violence is a fact of daily life and may exist independently of the drug business.[235] They also state that,

> [The] willingness to engage in violence is part of the implicit job description of a drug dealer in many markets. The logic of natural selection suggests that active dealers (as opposed to those who are dead, incarcerated, or scared out of the business) are those who were best able to use violence, intimidation, and corruption to protect their position.[236]

Crime attributable to the drug trade and to the violent characteristics of individual drug dealers may also produce a carry-over effect: residents of drug-saturated neighborhoods, fearful of gun-generated violence among drug dealers, may themselves acquire guns for self-protection, increasing the likelihood that normal inter- and intra-family disagreements become fatalities.[237] According to Friedman, "Drug prohibition is one of the most important factors that have combined to reduce our inner cities to their present state . . . bullets . . . fly only because dealing drugs is illegal."[238] White and Gorman note the potential for "third-party violence, such as bystander shootings or assaults on prostitutes who sell drugs."[239] Buxton asserts:

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233. *Id.*; *see generally* Marosi, *supra* note 30 (discussing the surge of meth production in Mexico from cities like Mexicali to rural areas of Michoacan). In the 1980s, high demand for cocaine in Europe and the United States drew Bolivian males from the countryside to coca plantations, destroying families, unbalancing local diets, and upsetting traditional social organization. Jack Weatherford, *Cocaine and the Economic Deterioration of Bolivia*, *in* CONFORMITY AND CONFLICT 154, 155-63 (James Spradley & David W. McCurdy eds., 11th ed. 2003). While this effect has yet to be experienced in Central or South America with respect to meth, many of the conditions are ripe for it. *Id.*

234. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 335.

235. *Id.*

236. *Id.*

237. *Id.*; *see also* Matthew Miller et al., *State-Level Homicide Victimization Rates in the U.S. in Relation to Survey Measures of Household Firearm Ownership, 2001-2003*, 64 SOC. SCI. & MED. 656, 656-64 (2007) (supporting the proposition that gun ownership increases the likelihood of homicide).

238. Friedman, *supra* note 19, at 209-10.

239. White & Gorman, *supra* note 55, at 174.

> Drug-related violence is never contained within the gangs or criminal organizations. Innocent members of the community, including children, are frequently caught in the cross-fire. There is also a perceptible trend of sexual and physical violence against women in these communities where the trade becomes consolidated, as the influence and wealth that flows from the trade inverts structures of authority and norms of respect. These impacts are felt in all countries, regardless of economic development levels, if the illicit trade is present.[240]

This inversion of "structures of authority and norms of respect" can beget subsequent crime and drug-use, especially among juveniles—a proposition supported by a number of criminological theories: Social learning theory, for example, posits that "juveniles *learn* to engage in delinquency, primarily through their association with others."[241] It focuses on "*positive relationships with deviant others*" and suggests that delinquency results from association with others who "(1) differentially reinforce the adolescent's delinquency, (2) model delinquent behavior, and/or (3) transmit delinquent values"[242]—the types of individuals likely to benefit from an inversion of authority structures. Strain theory, on the other hand, and as alluded to above, focuses on negative relationships in which others prevent the individual from achieving positively valued goals (such as money, status or respect) or present the individual with noxious or

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240. BUXTON, *supra* note 28, at 127; *see* H. Range Hutson et al., *Caught in the Crossfire of Gang Violence: Small Children as Innocent Victims of Drive-by Shootings*, 12 J. EMERG. MED. 385, 388 (1994) (explaining that innocent bystanders are "caught in the crossfire of gang violence"); Steven Morris & Nick Hopkins, *Caught in the Crossfire of Gang Violence*, THE GUARDIAN, Jan. 3, 2003, http://www.guardian.co.uk/uk_news/story/0,3604,867857,00.html.

241. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 96; *see* Robert Burgess & Ronald L. Akers, *A Differential Association-Reinforcement Theory of Criminal Behavior*, 14 SOCIAL PROBLEMS 363, 363-83 (1966).

242. Robert Agnew, *Foundation for a General Strain Theory of Crime*, 30 CRIMINOLOGY 47, 49 (1992) [hereinafter Agnew, *Foundation*]; *see generally* MICHELLE A. MILLER ET AL., ADOLESCENT RELATIONSHIPS AND DRUG USE 21, 22, 25 (2000).

> Parental use is one of the . . . factors that increases the probability that adolescent experimentation will escalate into drug abuse. . . . Family correlates of drug use beyond parental and sibling use include: poor socialization practices, poor supervision, poor discipline skills, poor parent-child relationships, excessive marital discord, family chaos and stress, poor parental mental health, family isolation, poor family acculturation, family stability, safety of the neighborhood in which a family resides, favorable family norms toward drug use, and family communication. . . . [T]he death of a significant adult in a child's life before he or she reaches the age of 11 also increases the risk of adolescent substance use and misuse. . . . [F]amily members' communication of antidrug messages significantly affect drug use.

Id. (citations omitted); Rodriguez et al., *supra* note 14, at 666 ("Methamphetamine acquisition may take place in communities or niches where a portion of the population maintains particular social or cultural norms tolerating or even fostering their use.").

negative stimuli (such as verbal or physical abuse).[243] Strain, which could result from inverted "structures of authority and norms of respect," may well lead to delinquency in the form of crime and/or drug use with individuals who are disposed to delinquency, possess poor coping skills and resources, possess few conventional social supports, and are in situations where the costs of delinquency are low and the benefits are high.[244] Whereas strain and social learning theories attempt to answer why delinquency occurs, social control theory tries to understand why conformity occurs.[245] It focuses on "the *absence of significant relationships with conventional others and institutions*," and suggests that delinquency is most likely to occur when: (1) the adolescent is not attached to parents, school, or other institutions; (2) parents and others fail to monitor and effectively sanction deviance; (3) the adolescent's actual or anticipated investment in conventional society is minimal; and (4) the adolescent has not internalized conventional beliefs.[246] Thus, the inversion of "structures of authority and norms of respect" is likely to reduce the external controls that discourage an individual from committing a crime or using drugs, minimize the likelihood that the individual will develop internal controls to refrain from crime and drug use, and lessen their stake in mainstream conformity.[247]

All three of the dominant theories discussed above (social learning, strain, and social control) may help explain how the influence and wealth that stems from the drug trade and inverts "structures of authority and norms of respect" may lead to crime and/or drug use. Social disorganization theory—essentially, an extension of social control theory—may also be applicable. Social disorganization theory contends that community characteristics, such as poverty and high rates of family disruption, weaken the ability of communities to exercise informal social control.[248] According to White and Gorman, "drug markets can create community

243. AGNEW, WHY DO CRIMINALS OFFEND?, *supra* note 43, at 26-27; AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 88-91; Agnew, *Foundation*, *supra* note 242, at 47-76; s*ee generally* Flannery et al., *supra* note 9, at 180 ("Victims of childhood abuse are more likely to become substance abusers themselves, and are more likely to suffer from multiple physical and mental health problems in adulthood.").

244. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 92-93.

245. *Id.* at 106.

246. *Foundation*, *supra* note 242, at 49. *See generally* Flannery et al., *supra* note 9, at 179-80 ("Parents who are affected by and preoccupied with drugs display problems in forming healthy emotional attachments to their children, and yet these attachments are integral for normal childhood development.").

247. AGNEW, WHY DO CRIMINALS OFFEND?, *supra* note 42, at 18-22.

248. *See* AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 117; Robert Sampson, *The Community*, *in* CRIME: PUBLIC POLICIES FOR CRIME CONTROL 225, 230 (James Q. Wilson & Joan Petersilia eds., 2002); Robert J. Sampson & W. Byron Groves, *Community Structure and Crime: Testing Social-Disorganization Theory*, 94 AM. J. SOCIOLOGY 774, 774-802 (1989).

disorganization, which, in turn, affects the norms and behaviors of individuals who live in the community. Such community disorganization may be associated with increases in crime that are not directly related to drug selling."[249]

Similarly, Buxton observes:

> The creation of "narco-communities" dominated by drug gangs exacerbates existing problems of poverty and unemployment and it isolates people within their own communities. Drug-related violence additionally leads to the closure of public spaces such as parks and avenues for public interaction, thereby contributing to the atomization of citizens. The manner in which the trade operates inhibits community interaction and communal resolution of problems. Active citizens and community engagement is replaced by fear, suspicion and distrust. The experience in cities such as Los Angeles, Rio and Nuevo Laredo also showed that those who criticized the trade or pressured for police action were threatened or murdered.[250]

Additional research is certainly needed to determine whether these theories, in general, and the impact of drug-related violence that Buxton describes, in particular, applies to methamphetamine in rural areas. One can probably safely assert, however, that reduced public interaction and frayed neighborly relations decreases the likelihood that community-members will be able to join in solidarity to provide models of substance-free living as part of treatment and prevention efforts.

The systemic model also posits that "the drug trade . . . contributes to crime by diverting . . . youths away from legitimate pursuits of school and employment," thereby reducing their stake in conformity and increasing strain.[251] A significant and visible drug business also increases youths' "risk of substance abuse and weakens their prospects for legitimate work (prison time makes for a bad resume entry), all of which make it more likely that they will engage in criminal activity even outside the drug business."[252] Buxton is highly instructive with respect to this point:

> Drug-related violence triggers a sequence of events that culminate in the isolation or *ghettoization* of the affected community. Residents who are financially able to relocate move out of the area and this marks the beginning of a wider process of decapitalization

249. White & Gorman, *supra* note 55, at 174.
250. BUXTON, *supra* note 28, at 127-28.
251. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 336.
252. *Id.*

> and disinvestment as shops, bars, clubs and service and manufacturing sectors withdraw from the area owing to security concerns. As drug-related activities expand, this is usually paralleled by a rise in other criminal activities such as racketeering. This further increases the pressure on enterprises and service providers to move out of the community. In extreme cases, the risk and fear of violence leads to the cancellation of basic public services such as transportation.
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> . . .
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> As formal economic opportunities in the affected community decline, unemployment and poverty increase. In this context, the drug trade becomes an important source of employment, wealth creation and social organization in the form of gangs. Membership of a drug gang provides young unemployed males with protection, prestige, money and a sense of identity. The growth of these gang cultures fuels the violence that is associated with the illicit drugs trade.[253]

In the case of meth, rural areas are unlikely to experience the *ghettoization* that Buxton describes. Nor does meth in rural areas of the United States generate the type of gangs associated with cocaine and heroin.[254] Buxton's description is not completely inapplicable, however. Many of the rural areas that have been severely plagued by meth have also suffered from decapitalization and disinvestment.[255] Arguably, the

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253. BUXTON, *supra* note 28, at 127 (internal citations omitted); *see* Philippe Bourgois, *Workaday World—Crack Economy*, *in* CONFORMITY AND CONFLICT, 170, 181-90 (James Spradley & David W. McCurdy eds., 12th ed. 2003) [hereinafter Bourgois, *Workaday World*] (discussing how the crack trade became an important source of employment for New York City Latino African Americans). *See generally* PHILIPPE BOURGOIS, IN SEARCH OF RESPECT: SELLING CRACK IN EL BARRIO (1995) [hereinafter BOURGOIS, IN SEARCH OF RESPECT].

254. *See generally* Sommers & Baskin, *supra* note 5, at 79 ("Unlike crack, this drug/violent crime relation exists outside of the familiar inner city context. Therefore, the explanations developed for crack markets may not be appropriate for understanding the methamphetamine/violent behavior relationship.").

255. *See infra* Part VI.A (discussing economic-based policy interventions); *see* Elliott Currie, *Market, Crime and Community: Toward a Mid-Range Theory of Post-Industrial Violence* 1 THEORETICAL CRIMINOLOGY 147, 161 (1997).

> That "thinning" of community under the impact of market development is speeded by systematic private sector disinvestment—as the economic and social condition of the hardest-hit communities no longer suffices to justify investment in market terms—at least in the short term, which is, more and more, the operative time frame in market society. As market society progresses, in other words, we increasingly see communities with not only few *public* agencies—recreation programs, health clinics, libraries—but also few stores, restaurants or movie theatres.

Id.; *see, e.g.*, Timothy Egan, *Amid Dying Towns of Rural Plains, One Makes a Stand*, N.Y. TIMES, Dec. 1, 2003, at A1, A18-19 (providing a broad discussion of economically struggling rural

decapitalization and disinvestment in these communities *contributed* to economic strain, resulting in widespread meth use. If such communities have significant meth problems and lack a viable work force, they are unlikely to attract new businesses and may experience additional decapitalization and disinvestment. Meth production and distribution may become the only real means of (gainful) employment for many individuals—what anthropologist Philippe Bourgois refers to as "the shadow economy."[256] As Roger Lowenstein recently commented, "It's pretty well established that as the reward for legal work diminishes, some people turn to crime. This is why people sold crack; the payoff was tremendous."[257] It is no wonder, then, that gang-related identity theft (ID theft), either as a source of income, in general, or to finance a meth addiction, in particular, also occurs.[258]

Finally, it bears mention that "[i]n addition to diverting individuals away from the above-ground economy, the drug trade also drains the resources of the criminal justice system," which may have the effect of encouraging crime.[259] As Boyum and Kleiman explain, "[i]n a world of finite criminal justice resources, drug law enforcement reduces the risks of committing nondrug crimes—and thus the legal deterrent to doing so—and the number of persons imprisoned for nondrug offenses."[260]

In rural areas that have limited law enforcement personnel to begin with,[261] heightened attention to meth-related crimes may well compromise

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areas); Charlie LeDuff, *A Farmer Fears His Way of Life Has Dwindled Down to a Final Generation*, N.Y. TIMES, Oct. 2, 2006, at A10; Peter T. Kilborn, *Bucking Trend, They Stay on Plains, Held by Family and Friends*, N.Y. TIMES, Dec. 2, 2003, at A1, A27.

256. Bourgois, *Workaday World*, *supra* note 253, at 181-90; *see* BOURGOIS, IN SEARCH OF RESPECT, *supra* note 253.

257. Roger Lowenstein, *The Immigration Equation*, N.Y. TIMES MAGAZINE, July 9, 2006, at 36, 69.

258. *See* Sean B. Hoar, *Identity Theft: The Crime of the New Millennium*, 80 OR. L. REV. 1423, 1427 (2001) (discussing an Oregon case in which a ring of thieves obtained identity information by stealing mail, garbage and recycled material by breaking into cars and by hacking into Web sites and personal computers, and then trading the stolen information for methamphetamine); *see also* John Leland, *Meth Users, Attuned to Detail, Add Another Habit: ID Theft*, N.Y. TIMES, July 11, 2006, at A1, A17 ("Often identity theft rings organize like meth labs, where one person has the technical skills and others gather the raw materials. In an identity theft ring, one person might work the computer and the others steal identities or use the fraudulent checks or credit cards to get cash."); David Lish, Comment, *Would the Real David Lish Please Stand Up?: A Proposed Solution to Identity Theft*, 38 ARIZ. ST. L.J. 319, 328 (2006) ("Meth users often organize themselves into groups and raid neighborhoods, stealing mail and looking through garbage cans for personal information"); Bob Sullivan, *The Meth Connection to Identity Theft: Drug Addiction Plays a Part in Many Crime Rings, Cops Say*, Mar. 10, 2004, http://www.msnbc.msn.com/id/4460349/ (reporting that meth may function as the glue to keep ID theft rings together).

259. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 336 (citation omitted).

260. *Id.* at 337 (citation omitted).

261. *See* Matt Shafer Powell, *Morning Edition: Federal Cuts May Hamper Efforts to Close Meth Labs in Tenn.* (NPR radio broadcast June 1, 2005) (discussing how proposed federal cuts in

their ability to also handle non-meth-related crimes, thereby affecting the safety and security of the communities they serve.

C. SUBSTANCE USE LEADS TO CRIME: THE ECONOMIC MOTIVATION MODEL

Much less nuanced than the systemic model, the economic motivation model proposes that drug-users commit crimes to generate money to feed their habits.[262] Agnew notes individuals "may engage in crime in order to *obtain money to purchase drugs*, especially individuals addicted to expensive drugs like heroin or cocaine.[263] That is, drug use may lead to a particular type of strain—a desperate need for money."[264] Meth is initially inexpensive, "[b]ut after using it a while, [one] need[s] more to get the same effect . . . . At seven days a week, the cost of addiction stacks up quickly, leaving crime as the only alternative for funding the habit."[265] In the context of intravenous/injection drug users (IDUs) in *El Barrio*—a pseudonym given by the anthropologists Claudia Santelices, Merrill Singer, and Anna Marie Nicolayssen to a neighborhood in Hartford, CT—"Hustling and copping [drug purchasing] bring a tremendous amount of risk to IDUs in *El Barrio*. This is a type of risk that is independent of the actual injection. It is rare for Puerto Rican IDUs to survive without an income derived from some sort of illegal activity."[266] Friedman, as part of his argument in favor of legalization, argues that "[p]rohibition makes drugs exorbitantly expensive and highly uncertain in quality. A user must associate with criminals to get the drugs, and many are driven to become criminals themselves to finance the habit."[267]

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some areas of drug enforcement may affect the ability of authorities in Tennessee—the state with the second highest number of meth labs seized in 2004—from seizing more meth labs in rural communities); *see also* Berkes, *supra* note 26 (addressing how the family is being affected by the meth epidemic, as well as how the U.S. House of Representatives focused on cracking down meth labs in rural communities); Andrea Seabrook, *Morning Edition: Caucus Fights for Meth Lab Policy, Task Forces* (NPR radio broadcast July 5, 2005) (discussing the "Meth Caucus"—a bipartisan coalition of more than 100 representatives of the U.S. House of Representatives that focuses on reducing meth labs in rural communities).

262. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 338; White & Gorman, *supra* note 55, at 170-74.

263. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 210 (emphasis in original).

264. *Id.*

265. Sullivan, *supra* note 258 (quoting Susan Webber-Brown, a district attorney in Butte, CA).

266. Claudia Santelices et al., *Risky and Precarious Dependencies of Puerto Rican "IDUs" in* El Barrio: *An Ethnographic Glimpse*, 25 PRACTICING ANTHROPOLOGY 23, 25 (2003).

267. Friedman, *supra* note 19, at 210.

Mumola and Karberg found that in 2004, "17% of State and 18% of Federal prisoners committed their crime to obtain money for drugs."[268] Increasingly, ID theft has become the economic crime of choice for meth users, who stay awake for days at a time and are capable of fixating on small details—such as check and credit card numbers—necessary to steal identities—and who may face greater challenges in holding down jobs than other addicts as a result of their long awake and sleep cycles.[269] "The drugs and the crime fit neatly together; addicts strung out on meth can stay awake and focused for days at a time, making them expert hackers and mailbox thieves. And ID theft is easy money, the perfect income for drug addicts who have no other way to fund their habit."[270] According to Detective Jim Dunn of the Thurston County Sheriff's office in Washington state, "ID theft is so easy to do. They can steal mail. They have the time, meth keeps them up so long. They have the time to sit and make counterfeit checks, fake driver's licenses."[271] Similarly, Richard Rawson, a researcher at the University of California, Los Angeles, states:

> Crack users and heroin users are so disorganized and get in these frantic binges, they are not going to sit still and do anything in an

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268. MUMOLA & KARBERG, *supra* note 132, at 1. Mumola and Karberg also note that property offenders in state prisons were more likely to have used drugs in the month prior to their offense than violent offenders, adding further support to the economic motivation model. *Id.* Violent offenders in State prison (fifty percent) were less likely than drug (seventy-two percent) and property (sixty-four percent) offenders to have used drugs in the month prior to their offense. *Id.*

269. *See*, *e.g.*, Leland, *supra* note 258, at A1, A17; Lish, *supra* note 258, at 328 ("[L]aw enforcement agencies have discovered a close relationship between methamphetamine use and [identity theft]."); Christopher T. Pierson, *Understanding Identity Theft, Protecting Yourself, and Stopping the Crime*, NEV. LAW., Oct. 2006, at 18, 19 ("[The] high correlation rate of methamphetamine use/production to identity theft."); Sullivan, *supra* note 259 ("Meth is the perfect companion for identity theft because of the nature of the high it gives users. . . . A meth user can stay awake for several days at a time, and is often content to perform repetitive tasks—even having the patience to stitch together shredded documents."). *See generally* SCHAEFER ET AL., OREGON, *supra* note 5, at 3 (reporting that meth abuse is a "factor in over 85 percent of property and identity theft crimes in Oregon." (quoting Oregon Governor Ted Kulongoski)).

270. Sullivan, *supra* note 258. John Leland explained that:

> Crack cocaine or heroin dealers usually set up in well-defined urban strips run by armed gangs, which stimulates gun traffic and crimes that are suited to densely populated neighborhoods, including mugging, prostitution, carjacking and robbery. Because cocaine creates a rapid craving for more, addicts commit crimes that pay off instantly, even at high risk. Methamphetamine, by contrast, can be manufactured in small laboratories that move about suburban or rural areas, where addicts are more likely to steal mail from unlocked boxes. Small manufacturers, in turn, use stolen identities to buy ingredients or pay rent without arousing suspicion. And because the drug has a long high, addicts have patience and energy for crimes that take several steps to pay off.

Leland, *supra* note 258, at A1, A17.

271. Sullivan, *supra* note 258.

> organized way for very long. Meth users, on the other hand, that's all they have, is time. The drug stimulates the part of the brain that perseverates on things. So you get people perseverating on things, and if you sit down at a computer terminal you can go for hours and hours.[272]

And Professor Mike Gorman adds that meth "is energizing. It keeps you alert and focused."[273] Whereas heroin may induce sleep and crack cocaine may lead to impulsive violence, meth's "unique psychopharmacological properties would assist identity theft. The whole detail-oriented aspect of it, the obsessive-compulsive aspect of it."[274]

In addition, it bears mention that ID theft generally results in far less harsh penalties than violent crime. Recall that L. received the judicial sentence of probation for her fraud-related crimes. Not to diminish the severity of a probation sentence, but L. likely would have faced life in prison had she stuck a gun in someone's face or robbed a bank—crimes that also would have exponentially increased the likelihood of her getting shot. Thus, a meth user caught committing ID theft may well continue to commit the crime after serving a short sentence or may perpetuate his/her fraudulent activities while serving a sentence. Calling it "drive-through" crime, Detective Joe DeJournette of Yakima, Washington points out that "[i]dentity theft can be committed even by people under home detention from the comfort of their own homes."[275] It comes as no surprise, then, that ID theft has started to rapidly overwhelm local police forces.[276]

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272. Leland, *supra* note 258, at A1, A17.

273. Sullivan, *supra* note 258 (quoting Mike Gorman, a professor at San Jose State University's College of Social Work).

274. *Id.*

275. *Id.* (quoting Detective Joe DeJournette of Yakima, Washington).

276. Sullivan, *supra* note 258 (citing Evan Hendricks of The Privacy Times). One should bear in mind that not *all* identity theft is committed by unknown meth users. Often ID theft is committed by children stealing their parents' identity or vice versa. John Leland, *Identity Thief is Often Found in Family Photo*, N.Y. TIMES, Nov. 13, 2006, at A1, A18. One should also bear in mind that some identity theft is committed without any relationship to meth. Randal C. Archibold, *A 17-Year Nightmare of Identity Theft Finally Results in Criminal Charges*, N.Y. TIMES, Apr. 13, 2007, at A10; *see also* John Leland, *Some ID Theft Is Not for Profit, But to Get a Job*, N.Y. TIMES, Sept. 4, 2006, at A1, A12 (reporting that illegal immigrants sometimes commit ID theft, not for the purpose of financial gain, but in order to secure employment).

V. DRUG ABUSE CONTROL STRATEGIES

If I have betrayed my country, I go to prison; if I kill my father, I go to prison—every imaginable offense is punished in the same uniform way. One might as well see a physician who has the same remedy for all ills.[277]

When Plan A fails, you should have a Plan B, not Plan A recycled.[278]

The complexity of the drug-crime relationships requires that a dual-pronged approach be implemented to drug abuse control—reducing the supply of drugs (including precursor chemicals) and reducing the demand for drugs.[279] These drug abuse control policies may be further sub-divided. Supply reduction includes the categories of legal status and law enforcement. Demand reduction is comprised of prevention and treatment. This Part provides a brief overview of each of these four sub-categories.

A. SUPPLY REDUCTION

1. *Legal Status*

As discussed in Part III, most drug policies with respect to legal status fall within the range of options that lie between legalization and full prohibition.[280] White and Gorman explain that these options usually entail some type of prescription-based model (such as with the medical use of marijuana), regulatory model (as in the case where drugs are available to those with an appropriate license), or decriminalization model (whereby drug use remains illegal, but enforcement is negligible and/or penalties are

277. Clifford Geertz, *Stir Crazy*, N.Y. REVIEW OF BOOKS, Jan. 26, 1978, at 4 (reviewing MICHEL FOUCAULT, DISCIPLINE AND PUNISH (Alan Sheridan trans., 1977)) (quoting what a hypothetical exasperated prison reformer might have complained to the Constituent Assembly in France in the late-eighteenth century).

278. *24: Episode 11* (Fox television broadcast 2002) (quoting "Andre Drazen," a character played by Zeljko Ivanek).

279. Use of the word "control," rather than "elimination," is deliberate. White and Gorman note that during the Ford presidency, "acceptance that the drug problem could not be totally eliminated began to emerge." White & Gorman, *supra* note 55, at 155. While there are instances in which certain types of drug abuse may be eliminated within certain populations, for the most part, efforts to *control* drug abuse, rather than to *completely eradicate* it, have proven more successful and a better use of resources and finance. *Cf.* THE METH EPIDEMIC, *supra* note 137 (discussing the virtual elimination of Quaalude abuse).

280. White & Gorman, *supra* note 55, at 158.

minimal).[281] Courtwright identifies seven regulatory categories for psychoactive drugs: (1) pure prohibition—no manufacture, sale, or use allowed (e.g., heroin); (2) prohibitory prescription—prohibited except for narrow therapeutic purposes unrelated to addiction and only if administered by health-care professionals (e.g., cocaine); (3) maintenance—prescription allowed for relief of addiction, but only under supervision (e.g., methadone); (4) regulatory prescription—unsupervised self-administration allowed for those holding a valid prescription (e.g., Ritalin); (5) restricted adult access—no prescription is required, but availability is legally limited (e.g., alcohol sold only to unintoxicated individuals of a certain age on certain days during certain times); (6) unrestricted adult access—sufficient age is the sole criterion of purchase (e.g., tobacco); and (7) universal access—available to any individual (e.g., caffeinated beverages).[282] Regardless of the typology one employs, as Boyum and Kleiman observe, "[t]here is no sharp line distinguishing prohibition from decriminalization or regulation; all limit the legal access to drugs . . . . Prohibition is nothing more than extremely tight regulation, and regulation is simply targeted prohibition."[283]

Meth, as noted in Part I, is a Schedule II narcotic under the Controlled Substances Act (CSA), Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970.[284] Like other Schedule II drugs, such as cocaine (used as a topical anesthetic), methylphenidate (Ritalin), phencyclidine (PCP), fentanyl, opium, hydrocodone, oxycodone (the main ingredient in Percocet and OxyContin), morphine, and some short-acting barbiturates, meth has been found to: (1) have a high potential for abuse; (2) have a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions; and (3) lead to severe psychological or physical dependence, if abused.[285] These drugs are available only with a prescription, and the Drug Enforcement Agency (DEA) carefully controls their distribution.[286]

The Methamphetamine Abuse Prevention Act of 2005 (H.R. 1446) was a bill to amend the CSA "to eliminate the safe-harbor exception for certain packaged pseudoephedrine products used in the manufacture of metham-

281. *Id.*; *see also* BUXTON, *supra* note 28, at 211 ("Drug policy options are usually understood as a choice between the current prohibition-based system and complete legalization. Between these two options there is a middle ground of regulation.").

282. COURTWRIGHT, *supra* note 5, at 188.

283. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 342.

284. Controlled Substances Act, 21 U.S.C. § 812 (2000); *see* Vandeveld, *supra* note 5, at 47.

285. 21 U.S.C. § 812 (b)(2)(A)-(C) (2000).

286. *Id.*

phetamine, and for other purposes."[287] More specifically, this bill was to amend the CSA to: (1) reduce the retail sales threshold for the sale of products containing pseudoephedrine or phenylpropanolamine (PPA) from nine grams to six grams; (2) eliminate the "regulated transaction" exemption for any over-the-counter sale of such products (including "blister packs") by retail distributors; (3) grant authority to establish production quotas for pseudoephedrine or PPA; and (4) penalize violators of such quotas. The proposed Methamphetamine Abuse Prevention Act also was proposed to amend the Controlled Substances Import and Export Act,[288] by placing restrictions on importation and requiring notice of importation or exportation.

In addition to regulation under the CSA, the chemicals used to produce meth are controlled under the Comprehensive Methamphetamine Control Act of 1996 (MCA).[289] This legislation broadened the controls on listed chemicals used in the production of meth, increased penalties for the trafficking and manufacturing of meth and listed chemicals, and expanded the controls of products containing the licit chemicals ephedrine, pseudoephedrine and PPA.[290] The Methamphetamine Trafficking Penalty Enhancement Act of 1998 lowered certain quantity thresholds for mandatory minimum trafficking penalties,[291] while the Methamphetamine Anti-Proliferation Act (MAPA) of 2000 reduced the thresholds for single over-the-counter purchases of pseudoephedrine and PPA products to nine grams and required the use of "blister packs" for products of more than three grams of pseudoephedrine.[292] MAPA also strengthened sentencing guidelines, provided training for federal and state law enforcement officers handling chemicals from clandestine meth labs, and expanded substance abuse prevention efforts.[293]

A number of states have passed laws restricting sales of pseudoephedrine-containing products.[294] For example, Illinois passed the

287. H.R. 1446, 109th Cong. (1st Sess. 2005).

288. Controlled Substances Import & Export Act, Pub. L. No. 91-513, 84 Stat. 1285 (1970) (codified as amended in scattered sections of 21 U.S.C.).

289. 21 U.S.C. § 802.

290. *Id.*; *see* Rodriguez et al., *supra* note 14, at 666 (noting how the MCA doubled the federal penalty for methamphetamine possession and increased the maximum prison sentence for possession of equipment used to manufacture meth from four to ten years).

291. Pub. L. No. 105-277, Div. E, 112 Stat. 2681, 2681-759 (1998) (codified as amended at 21 U.S.C. §§ 841, 960, and 42 U.S.C. § 13705) (2000)).

292. Pub. L. No. 106-310, 114 Stat. 1101, 1227 (codified as amended in scattered sections of 21, 28 and 42 U.S.C.).

293. *Id.*

294. Bostwick & Lineberry, *supra* note 5, at 50 ("Many states have passed laws restricting and monitoring sales of the methamphetamine ingredients ephedrine and pseudoephedrine.").

Methamphetamine Precursor Control Act (MPCA), which was signed into law on November 16, 2005, took effect on January 15, 2006, and places restrictions on the sale of any medicine containing pseudoephedrine (such as Sudafed, Actifed, and their generic equivalents).[295] Under the MPCA, individuals wishing to purchase an item with pseudoephedrine must present a valid photo ID and sign a log-book. On May 21, 2006, Iowa's Pseudoephedrine Control Law made it more difficult for individuals to purchase pseudoephedrine at pharmacies and retail stores by prohibiting their display on stores shelves (i.e., requiring that they be kept behind the counter or in a locked case), requiring an identical age, identification and logging process as the MPCA, and mandating prescriptions from physicians in order to purchase more than the required limit.[296] Finally, the Children's Health Act of 2000 includes provisions dealing with methamphetamine prevention, production, enforcement, treatment and abuse,[297] and the Combat Methamphetamine Epidemic Act of 2005 (CMEA)—which comprises Title VII of the USA PATRIOT Improvement and Reauthorization Act of 2005, signed into law by President Bush on March 9, 2006—includes provisions to strengthen federal, state, and local efforts to retard the proliferation of methamphetamine.[298]

The growing popularity of meth can be seen in the increase in drug offenders serving time in state and federal prisons for crimes involving stimulants between 1997 and 2004. Mumola and Karberg found that between 1997 and 2004, the *total* number of drug offenders in state and federal prisons grew by 57,000, but that despite this numerical growth, drug offenders comprised the same percentage of state prisoners in both 1997 and 2004 (twenty-one percent) and the percentage of federal prisoners serving time for drug offenses actually declined from 1997 to 2004 (from

295. *See* LISA MADIGAN, ILL. ATT'Y GEN., SB 273: THE METHAMPHETAMINE PRECURSOR CONTROL ACT, http://www.illinoisattorneygeneral.gov/methnet/laws_legislation/mpcafactsheet.pdf (explaining that this legislation will impose tighter control over pseudophedrine products). Note that a bill with the same name was presented to the United States House of Representatives in March 2005—but did not pass. Methamphetamine Precursor Control Act of 2005, H.R. 1056, 109th Cong. (2005). H.R. 1056 would have provided that individuals wishing to purchase an item with pseudoephedrine or ephedrine must be eighteen years of age or older to purchase such items, limiting purchases to no more than 7500 milligrams (7.5 grams) of pseudoephedrine or ephedrine, separately or collectively, in a thirty day period, or no more than one package of up to 360 milligrams (3.6 grams) of pseudoephedrine or ephedrine from a retailer within a twenty-four hour period, requiring customers to sign a log book providing their signature, printed name and address, brand and product name, and amount of pseudoephedrine or ephedrine. *Id.*

296. *See* Danica Baker, *Meth Law Makes Impact*, CLINTON HERALD, Mar. 10, 2006, http://www.clintonherald.com/local/local_story_069110012.html.

297. Children's Health Act of 2000, Pub. L. No. 106-310, 114 Stat. 1101.

298. Combat Methamphetamine Epidemic Act of 2005, 21 U.S.C. §§ 701-756.

sixty-three percent to fifty-five percent).[299] Looking specifically at violations involving stimulants, including possession, use, manufacture, and trafficking, Mumola and Karberg found that the percentages nearly *doubled* between 1997 and 2004 from 9.9% to 18.6% for state prisoners and 11.0% to 18.7% for federal prisoners.[300] Although more than one drug may have been involved in the offense and the category of "stimulants" may include drugs other than meth, there can be no denying the fact that the increased prevalence of meth, combined with the increased regulation discussed above, has contributed significantly to this jump.[301]

2. *Law Enforcement*

Drug law enforcement is closely tied to the legal status of drugs. In a legal, completely unregulated regime, there is little need for drug law enforcement because there are no laws to enforce. At the other extreme, prohibition threatens all sellers, buyers, and users with criminal penalties and hence places heavy requirements on drug law enforcement personnel. In a regulatory regime, for example, one that attempts to control a variety of behaviors associated with drug sales and use, law enforcement may be called upon to ensure compliance with restrictions placed on the potency and form of the drug, commercial behavior regarding the drug, such as time and place of sale (in the case of alcohol), type of advertising (as with the

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299. MUMOLA & KARBERG, *supra* note 132, at 4; *see Methamphetamine Scourge Sweeps Rural America*, *supra* note 5 ("When we look at our prison population, 10 years ago nobody had even heard of it. Now 60 percent of our male inmates are users and we're building a brand new prison for female users." (quoting North Dakota Attorney General Wayne Stenehjem)); Office of Nat'l Drug Control Policy, Drug Facts, *supra* note 108 (listing the percentage of prisoners reporting methamphetamine use for 1997 and 2004).

300. MUMOLA & KARBERG, *supra* note 132, at 4.

301. *See Instant Pleasure*, *supra* note 5, at 30-31 (providing information on methamphetamine-related arrests). "Utah proves methamphetamine's awful power. This predominantly Mormon state largely eschews coffee, tobacco and alcohol. But it ranks third nationally in the percentage of arrested men who tested positive for meth, and meth-related crimes are said to account for perhaps 80% of the criminal activity in the state." *Id;* MethAbuse.net, *supra* note 20.

> During FY 2003, the Drug Enforcement Administration (DEA) made 5,766 arrests for methamphetamine, representing 21.5% of all DEA drug arrests. Of those arrested for methamphetamine, 80.2% were males and 92.4% were white. Between October 1, 2004 and January 11, 2005, there were 1,136 Federal offenders sentenced for methamphetamine-related charges in U.S. Courts. Approximately 95.9% of these methamphetamine cases involved a trafficking offense. Between January 12, 2005 and September 30, 2005, there were 3,703 Federal offenders sentenced for methamphetamine-related charges in U.S. Courts. Approximately 97.5% of the cases involved trafficking.

Id. There have even been reports of meth use in jails and prisons. *See*, *e.g.*, Robin Fields & Stuart Pfeifer, *Day 1 for Deputies: Go to Jail*, L.A. TIMES, Nov. 25, 2006, *available at* http://www.latimes.com/news/printedition/front/la-me-deputies25nov25,1,1384671.story?coll=la-headlines-frontpage (reporting that Guards at North County Correctional Facility in L.A. County have found greeting cards dipped in methamphetamine).

ban on cigarette ads on television), limits on the purpose of use (e.g., the requirement for prescriptions), and restrictions on who uses (for example, prohibitions for minors).[302]

Essentially, law enforcement constitutes a supply-reduction strategy, the goal of which is to disrupt the illegal drug-trade market (i.e., to reduce drug-dealing, drug-using and their associated non-drug crimes, as well as drug-making, in the case of a synthetic drug like meth).[303] There are two main ways to disrupt the illegal drug-trade market: (1) raise the potential penalty of being caught; and (2) heighten the risk of being caught by increasing the enforcement priority accorded to the conduct in question.[304]

a. Raising the Potential Penalty of Being Caught

Placing a drug under the CSA effectively is a means of raising the potential penalty of being caught because a drug that is not regulated carries with it no risk of penalty for its manufacture, distribution, sales and use. Forfeiture laws constitute another method of raising the potential penalty for being caught. For example, the Methamphetamine Control and Community Protection Act (MCCPA), which went into effect in Illinois in September 2005, aims to lessen the economic incentive to distribute and use meth.[305] The MCCPA identifies property items subject to forfeiture: items used in connection with the manufacture and distribution of meth;[306] items

302. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 342-43; Capital Broadcasting Co. v. Mitchell, 333 F.Supp. 582, 586 (D.C. Cir. 1971) (upholding the broadcast advertising ban on cigarettes because of "the subliminal impact of this pervasive propaganda").

303. THE METH EPIDEMIC, *supra* note 37.

304. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 359; *see also* OFFICE OF NAT'L DRUG CONTROL POLICY, THE PRESIDENT'S NATIONAL DRUG CONTROL POLICY 17 (2006), *available at* http://www.whitehousedrugpolicy.gov/publications/policy/ndcs06/chap3.pdf [hereinafter PRESIDENT'S NATIONAL DRUG CONTROL POLICY].

> By disrupting [the illegal drug market], the US Government seeks to undermine the ability of drug suppliers to meet, expand, and profit from drug demand. When drug supply does not fully meet drug demand, changes in drug price and purity support prevention efforts by making initiation to drug use more difficult. They also contribute to treatment efforts by eroding the abilities of users to sustain their habits. . . . Drug control programs focused on market disruption attempt to reduce the profits and raise the risks involved in drug trafficking. The desired result is a reduced incentive for traffickers or would-be traffickers to enter or remain in the illicit trade.

Id.

305. 720 Ill. Comp. Stat. 646 § 1 (2006); *see* Elizabeth Butler, *Forfeiture Under the Methamphetamine Control and Community Protection Act*, 20 CBAR 44, 44 (2006); MADIGAN, *supra* note 295 (indicating the legislation would strengthen control over methamphetamine production and distribution).

306. 720 Ill. Comp. Stat. 646 § 85(1)-(2); *see* Butler, *supra* note 305, at 45 (explaining that "contraband per se and contraband derivatives" are subject to forfeiture).

used in the transportation or sale of meth;[307] items used to conceal meth;[308] money or other items used in exchange for meth;[309] and all real properties intended to be used to manufacture, distribute and sell meth.[310] Thus, a person caught transporting meth in his or her car, risks not only the criminal sanctions for possession and trafficking, but also forfeiture of the car used to transport the drugs and any money earned in conjunction. Even though forfeiture proceedings are civil, rather than criminal, in nature, they may prove to be an effective means of disrupting the meth market.

By raising the potential penalty for engaging in a number of meth-related acts, Illinois, like other states with such forfeiture laws, hopes to discourage entry into the business and dissuade those from continuing. When enough people choose to exit the market or choose not to enter it, the supply of drugs decreases. As one researcher writes: "The most fundamental fact about drug abuse is frequently overlooked in the welter of complicated psycho-social explanations. If the drug is not available, there will be no abuse of it."[311] While initially, reducing the supply of drugs will raise their price,[312] running the risk that users and abusers will engage in criminal activities in order to satisfy their desires, if supply dwindles appreciably, then the market may effectively shut down.

The Methamphetamine Precursor Control Act (MPCA), noted above, also raises the potential penalty for being caught, but functions slightly differently than forfeiture. Whereas forfeiture functions primarily as a deterrent, the MPCA attempts to disrupt the market and reduce supply by making it more difficult for meth manufacturers to obtain the ingredients necessary to cook. Obviously, there is some deterrent component involved with the MPCA: by increasing the penalties for the sale and purchase of ephedrine and pseudoephedrine, those caught selling or purchasing medications containing ephedrine or pseudoephedrine may face fines or

307. 720 Ill. Comp. Stat. 646 § 85(3); *see* Butler, *supra* note 305, at 45 (noting that cars used in the illegal transport of methamphetamines are subject to forfeiture).

308. 720 Ill. Comp. Stat. 646 § 85(3); *see* Butler, *supra* note 305, at 45 (explaining that the statute identifies items used to conceal methamphetamine as subject to forfeiture).

309. 720 Ill. Comp. Stat. 646 § 85(4)-(5); *see* Butler, *supra* note 305, at 45 (indicating that valuables used in exchange for illegal substances are subject to forfeiture under the Act).

310. 720 Ill. Comp. Stat. 646 § 85(6); *see* Butler, *supra* note 305, at 45 (explaining that any real property used to violate the Act will be an item subject to forfeiture).

311. COURTWRIGHT, *supra* note 5, at 96-97 (quoting Philip Baridon, *A Comparative Analysis of Drug Addiction in 33 Countries*, 2 DRUG FORUM 335, 342 (1973)).

312. *See generally* COURTWRIGHT, *supra* note 5, at 99-100 ("Drugs are the opposite of durable goods. Although production surpluses can drive down prices, as has happened periodically with all the major drug crops, there is little danger that demand will suddenly dry up. It is in the nature of the product that individuals are continuously liquidating their personal inventories.").

incarceration or both. But the real strength of the MPCA lies in its ability to halt production.

Already there have been signs of its effect: restrictions on the sale of medicine containing pseudoephedrine have decreased the number of small-scale laboratories across the country,[313] as well as the number of "superlabs"—those capable of producing ten pounds or more per cycle or production run.[314] In 2004, when dozens of states began requiring an ID and signature to purchase cold medicines containing pseudoephedrine, local production of meth dropped, many meth labs went out of business, and the number of seizures of meth labs dropped significantly. For example, from 2004 to 2005, seizure of meth labs fell by fifty-nine percent in Oregon, by sixty-three percent in Oklahoma, by more than half in states such as Iowa, Kansas, Minnesota, and Montana, and by thirty percent across the United States from 2004 to 2005.[315]

As expected, the drop in local production of meth has resulted in new meth problems. In Mississippi, cooks and users have tried to circumvent the 2005 law limiting the purchase of cold and sinus medications by recruiting adolescents to steal ingredients.[316] More pervasively, law enforcement in Mississippi and elsewhere have witnessed a "balloon effect" common to many efforts to combat illegal drug trades "whereby squeezing the trade in one area [leads] it to pop up in another."[317] In the case of meth, efforts to quash domestic home-cooked meth has led to "a new ice age"[318]—an increase in the more potent, more expensive Mexican meth[319]—and an

313. *See* Office of Nat'l Drug Control Policy, Drug Facts, *supra* note 108 (explaining that increased restrictions on the sale of precursor products used to make meth have decreased production of meth).

314. PRESIDENT'S NATIONAL DRUG CONTROL POLICY, *supra* note 304, at 24.

315. Suo, *supra* note 231, at A01; *The Other Mexican Wave*, *supra* note 13, at 62; *see* Zernicke, *Potent Mexican Meth*, *supra* note 5 ("In the seven months since Iowa passed a law restricting the sale of cold medicines used to make methamphetamine, seizures of homemade methamphetamine laboratories have dropped to just 20 a month from 120."); *see also* Health News Blog, Law Helps Keep Meth Ingredients Scarce, Dec. 4, 2006, *available at* http://www.muchhealth.com/node/52795 (reporting that since Mississippi's 2005 legislation limiting the purchase of cold and sinus medications used to make meth, lab seizures have declined by sixty-five percent). Note, however, that at least one commentator questions the reliability of lab seizure data as a predictor of criminality on the grounds that it is subject to law enforcement patterns (which are themselves subject to financial incentives), and that the ambiguous meaning of "lab seizure"—it can refer to both one-person operations and "super labs"—has inflated such statistics. KING, *supra* note 33, at 21.

316. Health News Blog, *supra* note 315.

317. BUXTON, *supra* note 28, at 107.

318. Marosi, *supra* note 30.

319. *See* Goodman, *supra* note 128, at A19 ("Large shipments of mass-produced crystal methamphetamine, almost exclusively imported from Mexico by large drug cartels, have all but erased gains made by new state drug laws that limit the sale of cold medicines and other household ingredients used to make the drug in the United States."); *Instant Pleasure*, *supra* note

increase in property and other non-drug crimes in an effort to afford the more expensive meth.[320] According to Tom Cunningham, the drug task force coordinator for the district attorneys council for Oklahoma—the first state to put pseudoephderine behind pharmacy counters (in 2004): "The Mexican drug cartels were right there to feed that demand. They have always supplied marijuana, cocaine, and heroin. When we took away the local meth lab, they simply added methamphetamine to the truck."[321] Similarly, Jerry Furness, who represents Buchanan Country on the Iowa Drug Task Force laments: "Our burglaries have just skyrocketed. The state [Iowa] asks how the decrease in meth labs has reduced danger to citizens, and it has, as far as potential explosions. But we've had a lot of burglaries where the occupants are home at the time, and that's probably more of a risk. So it's kind of evening out."[322]

5, at 31 ("[N]ew restrictions [in the U.S.] have driven meth manufacture into Mexico."); Telephone Interview with Dr. Brian Dew, *supra* note 130 (suggesting that restrictions on pseudoephedrine has forced the closure of many Mom-and-Pop shops, resulting in an influx of Mexican Meth); Health News Blog, *supra* note 315 (stating that since Mississippi's 2005 legislation limiting the purchase of cold and sinus medications used to make meth, users have begun purchasing cleaner meth imported from areas in South America and Mexico); Marosi, *supra* note 30 ("The boom in Mexican methamphetamine production stems from successful efforts in the U.S. to control the sale of chemicals used to produce the drug, including the cold medicine pseudoephedrine. . . . Authorities now estimate that 80% of the methamphetamine on U.S. streets is controlled by Mexican drug traffickers, with most of the supply smuggled in from Mexico. . . . As the number of methamphetamine 'superlabs' in the U.S. has dropped, the amount of the drug seized en route from Mexico has increased."); Suo, *supra* note 231, at A01 ("As homemade meth receded, drug agents around the country noticed an influx of meth delivered by Mexican traffickers."); *The Other Mexican Wave*, *supra* note 13, at 62 ("Stunned by the spread of methamphetamine use in rural and small-town America, lawmakers and the police have been cracking down on local production for the past couple of years, apparently with success. But the huge leap in meth use since the mid-1990s has left plenty of addicts across America's heartland craving for the stuff - and organized drug pushers from Mexico and the south-west have been happy to rush in and supply it."); Zernicke, *Potent Mexican Meth*, *supra* note 5 (explaining that since Iowa began restricting the sale of cold medicines used to make meth, seizures of meth labs has dropped but "the drop in home-cooked methamphetamine has been met by a new flood of crystal methamphetamine coming largely from Mexico."); *see generally* Susan M. Holden, *Meth: Helping Kids Avoid Fatal Mistakes*, BENCH & B. MINN., Feb. 2006, at 5 ("Law enforcement officials estimate that 80 percent of meth in Minnesota comes from Mexico. The new law did not have any effect on reducing the demand for this drug.").

320. Zernicke, *Potent Mexican Meth*, *supra* note 5 (explaining that thefts are increasing in Iowa because of the increased cost of meth and "[a] methamphetamine cook [can] make an ounce for $50 on a stovetop or in a lab in a car; that same amount now costs $800 to $1500 on the street, the police say").

321. *Id.* (quoting Tom Cunningham, the drug task force coordinator for the district attorneys council for Oklahoma); *see* SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 6 (commenting that even if meth labs in rural Pennsylvania are brought under control "super labs in California and Mexico remain the major source of supply for methamphetamine throughout the United States."); *see generally Using Fiction In a Real Fight Against Drugs*, N.Y. TIMES, Nov. 24, 2006, at A14 (reporting that in Merced County, California, Mexican drug cartels accounted for more than eighty percent of the arrests on meth-production charges in 2003).

322. Zernicke, *Potent Mexican Meth*, *supra* note 5 (quoting Jerry Furness, who represents Buchanan County on the Iowa drug task force).

Recently, Mexico has undertaken measures to curb its production of meth, coordinating with U.S. officials to curb the flow of meth's essential ingredients.[323] They have placed stringent quotas on companies that import pseudoephedrine, have barred middlemen from the business, and shut down suspicious pharmacies.[324] Perception of the success of these endeavors has been mixed. According to one source,

> [t]he purity of methamphetamine has fallen sharply across the country while its price has increased, suggesting that a crackdown on meth ingredients in Mexico and the United States has dramatically curtailed production of the drug. . . . The setback for the meth trade follows tight restrictions by the United States and Mexico on ephedrine and pseudoephedrine, ingredients in cold medicine that are used to make meth.[325]

But Bostick and Lineberry comment that "[a]lthough these laws [such as the MPCA and other state laws pertaining to meth's ingredients] appear to have slowed U.S. manufacturing, the drug is still readily available, predominantly smuggled in from large-scale producers in Mexico."[326] Another source states that "Mexican officials are trying to stem the flow, but that just pushes production south again."[327] A third opines that:

> The Mexican government has taken a few steps to stop the trade, but smuggling drugs into the United States is even easier than getting illegally across the border. Indeed, the growing proportion of Mexican-supplied drugs in the overall methamphetamine scene has added another visceral symbol to the election-year debate over illegal immigration.[328]

It bears mention that at the urging of the United States, the United Nations Commission on Narcotic Drugs (CND) adopted a resolution in early 2006 to toughen control of the chemicals used to produce metham-

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323. *See* Suo, *supra* note 231, at A01; *see also* PRESIDENT'S NATIONAL DRUG CONTROL POLICY, *supra* note 304.

> Although a great deal of law enforcement resources have been dedicated to fighting the spread of methamphetamine domestically, much of the success in disrupting the methamphetamine market will continue to rely on our ability to work with other countries to reduce the flow of methamphetamine and its precursors—principally pseudoephedrine and ephedrine—into the United States.

Id. Coordinated efforts are in place with Mexico and Canada, as well as with China, the Czech Republic, Germany, and India. *Id.*

324. Suo, *supra* note 231, at A01.

325. *Id.*

326. Bostwick & Lineberry, *supra* note 5, at 50.

327. *Instant Pleasure*, *supra* note 5, at 30-31.

328. *The Other Mexican Wave*, *supra* note 13, at 62.

phetamine.[329] Countries are now called upon to submit a yearly estimate of their legitimate need for the chemicals and to provide information on all exports—both those of pharmaceutical preparations and bulk shipments.[330] Several countries, including Mexico, China, India, and Germany, have showed increasing cooperation in sharing intelligence with the United States and conducting joint enforcement operations, reports the DEA.[331]

b. Increasing the Risk of Being Caught

As with increasing the potential penalty for being caught, deterrence is the basis for raising the risk of being caught by heightening the enforcement priority according to the conduct in question.[332] The idea here is that greater and more focused law enforcement presence "influences the social and spatial distribution of retail dealers by imposing different risks on different times, places, and styles of dealing."[333] Such change in use of law enforcement personnel, whether it involves selectively forcing out those dealers whose conduct produces the most harmful effects, or by directing enforcement at high-level dealers, thereby affecting retail-level sales—can also affect the buyers.[334]

According to Boyum and Kleiman,

> drug enforcement influences . . . the nonmonetary costs and risks of drug acquisition: how much time, effort, and know-how it takes to find a seller and how risky it is to purchase, including the risks of robbery, the risk of being sold poor-quality goods, and the legal and social risks to buyers from the threat of arrest for possession and the threat of drug testing and sanctions imposed by employers, schools, and probation and parole authorities. These nonmonetary costs help make up what is often referred to as "availability" as opposed to "price."[335]

Despite the success of some attempts to raise the potential penalty of being caught and increase the risk of being caught, Boyum and Kleiman,

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329. OFFICE OF NAT'L DRUG CONTROL POL'Y, UNITED NATIONS BODY AGREES TO STRENGTHEN SYSTEMS FOR INTERNATIONAL CONTROL OF PRECURSOR CHEMICALS (Mar. 17, 2006), *available at* http://www.whitehousedrugpolicy.gov/news/press06/031706.html [hereinafter UNITED NATIONS BODY AGREES].

330. Kari Huus, *Mexican Meth Fills Gap in U.S. Market: International Gangs Fill Void After Cops Crack Down on Makeshift Home Labs*, MSNBC, Sept. 18, 2006, http://www.msnbc.msn.com/id/14817871/.

331. *Id.*

332. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 359.

333. *Id.* at 351.

334. *Id.* at 352.

335. *Id.* at 351.

like others, express limited support for such measures: "supply-reduction strategies have only limited capacity to raise the prices or reduce the availability of mass-market drugs."[336] Passionately, Buxton proclaims:

> Illicit drugs can never be eliminated because of the supply and demand dynamic that has persisted throughout the history of drug control. As was demonstrated during the alcohol prohibition period, enhanced enforcement in the context of sustained demand served to disperse, displace and fragment supply sources and distribution routes, in turn making them harder to monitor and eliminate. . . . The central dilemma for prohibition was that success in reducing supply created a shortage. Shortage in turn led to an increase in prices. The increase in price was an incentive for further cultivation and production.[337]

In slightly less dramatic terms, albeit with similar concern for over-reliance on law enforcement solutions, state and federal officials have echoed their agreement, as well as their exasperation. "You can't legislate away demand," declares Betty Oldenkamp, Secretary of Human Services in South Dakota.[338] "We can't arrest our way out of the problem," contends an anonymous high-ranking U.S. drug-enforcement official.[339] Others have suggested that stopping people before they start is the best way to eliminate the problem.[340] Lt. Eddie Hawkins, field coordinator for the meth program of the Mississippi Bureau of Narcotics, acknowledges that despite legislation aimed at limiting the purchase of cold and sinus medications used to make meth, meth dealers will still find a way to make the drug.[341] Iowa State Representative Clel Baudler, a former state trooper who now heads the public safety committee for the Iowa General Assembly, and who has charged his committee to come up with strategies to reduce demand, cries: "My fear is, when I ask what they think we should do, they'll say 'I don't know.' We've increased penalties, we've increased prison time, we're still not getting in front of it."[342]

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336. *Id.* at 365.

337. BUXTON, *supra* note 28, at 107.

338. Zernicke, *Potent Mexican Meth*, *supra* note 5 (quoting Betty Oldenkamp, Secretary of Human Services in South Dakota).

339. *High in the Heartland*, *supra* note 5, at 30 (quoting a top drug-enforcement official).

340. Ill. Att'y Gen., MethNet: Strategies for Fighting Meth: Prevention in Schools: What is Prevention?, http://www.illinoisattorneygeneral.gov/methnet/fightmeth/schools.html#whatis_prevention (last visited Dec. 17, 2006) [hereinafter Ill. Att'y Gen., Methnet].

341. Health News Blog, *supra* note 315.

342. Zernicke, *Potent Mexican Meth*, *supra* note 5 (quoting Iowa State Rep. Clel Baudler).

Nancy Rodriguez and her colleagues urge law enforcement agencies and proponents of supply reduction to recognize that the drug market for methamphetamine differs from that of other drugs and thus may require different strategies. Using data from the Arrestee Drug Abuse Monitoring Program (ADAM) for Maricopa and Pima counties in Arizona to examine how individual-level, community-level, and drug market factors influence meth use, Rodriguez and her colleagues found that unlike cocaine and heroin dealers, who normally sell to strangers, meth dealers frequently sell through social networks[343]—a finding supported by both the National Crime Prevention Council and the National Institute on Drug Abuse.[344] This finding that meth users tend to obtain their drug from closed, rather than open, sources may have implications for the law enforcement community.[345]

According to Rodriguez et al.:

> Police organizational strategies have long relied on "directed" patrol as a means of suppressing drug trafficking, in large part because cocaine and heroin dealing has primarily taken place outdoors. Such a strategy would necessarily not be as effective given that most methamphetamine dealing takes place indoors. If police agencies are to suppress methamphetamine trafficking, their approach may be more successful if, for example, it recognizes the different type of user (i.e., White, younger males) and the setting of the methamphetamine drug exchange (i.e., indoors rather than outdoors). Given that methamphetamine users have established personal relationships with their sources, such operations will require the same level of investment as those designed to infiltrate other close-knit and often closed criminal networks.[346]

Although the researchers caution against broadly generalizing their findings to other communities, adding the caveat that "a community's drug

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343. Rodriguez et al., *supra* note 14, at 670.

344. NAT'L CRIME PREVENTION COUNCIL, *supra* note 5 ("Methamphetamine is not usually sold and bought on the streets like many other illicit drugs. Instead, people obtain supplies through friends or acquaintances. It is typically a closed or hidden sale. Most teens who come in contact with methamphetamines will do so attending a 'rave' or private club. It is at these clubs where the drug is often sold."); *NIDA Community Drug Alert Bulletin*, *supra* note 5 ("Methamphetamine is not usually sold and bought on the streets like many of the other known illicit drugs. Users report that they obtain their supplies of methamphetamine from friends and acquaintances. It is typically a more closed or hidden sale, prearranged by 'networking' with those producing the drug. Often it is sold 'by invitation only' at all-night warehouse parties or 'raves.'").

345. *See* Rodriguez et al., *supra* note 14, at 673; *see also NIDA Community Drug Alert Bulletin*, *supra* note 5 (noting that many young adults who attend "raves" or private clubs procure their meth at these locations).

346. Rodriguez et al., *supra* note 14, at 687.

problem is unique and may not be similar to the problems in other communities,"[347] their findings should make law enforcement agencies and policymakers pause before simply transposing strategies for combating cocaine or heroin to meth. This is not to suggest that Rodriguez and her colleagues' findings militate against supply reduction strategies—indeed, they note that when methamphetamine users' sources are not available, users typically abstain from use rather than attempt to procure the drug through other sources[348] But their findings underscore the difficulty of supply reduction approaches, and coupled with the sentiments expressed earlier in this subsection, help explain why it comes as little surprise that "in many of the states with recent pseudoephedrine restrictions, frustration with the stubborn rate of addiction has moved the discussion from enforcement to treatment and demand reduction."[349]

B. DEMAND REDUCTION

1. *Prevention*

a. What is Prevention?

Crime prevention, according to Professor Steven P. Lab, "is actually a very comprehensive topic that includes virtually everything that is done in response to crime, provided that the activity is aimed at reducing the level of crime."[350] In fact, Lab explains, crime prevention "entails any action designed to reduce the actual level of crime and/or the perceived fear of crime."[351]

This definition, Lab continues, includes not just the actions of the criminal justice system (e.g., the police, courts, and corrections), but measures undertaken by organizations, groups, and individuals to address

347. *Id.* The researchers also note that their study sample involved adult male arrestees (and thus may not be generalizable to female and juvenile arrestees), and that their study did not consider intrapersonal or psychological factors that may affect drug use. *Id.*

348. *Id.* at 671 (citing SUSAN PENNELL ET AL., U.S. DEP'T OF JUSTICE, METH MATTERS: REPORT ON METHAMPHETAMINE USERS IN FIVE WESTERN CITIES (1999)).

349. Zernicke, *Potent Mexican Meth*, *supra* note 5.

350. Steven P. Lab, *Crime Prevention, Politics, and the Art of Going Nowhere Fast*, 21 JUST. Q. 681, 682 (2004); *see* Richard Rosenfeld & Steven F. Messner, *Crime and the American Dream: An Institutional Analysis*, *in* LEGACY OF ANOMIE THEORY 159, 177 (Freda Adler et al. eds., 1995) ("Significant reductions in crime will not result from reforms limited to the criminal justice system, which is itself shaped in important ways by the same cultural and social forces—the same desperate emphasis on ends over means—that produce high rates of crime.")

351. Lab, *supra* note 350, at 682-83 ("The reality is that almost everything we do under the rubric of criminal justice and criminology is prevention and should be considered as such.").

crime and the fear of crime.[352] Although Lab does not name specific organizations, groups or activities, presumably he would include in his capacious definition "Meth Watch," a joint program between retailers and law enforcement, sponsored by the Consumer Healthcare Products Association (CHPA), that was designed to curb the theft and sales of products containing pseudoephedrine, as well as other household products, used in the manufacturing of meth.[353] Lab also includes in his expansive definition, the design of the physical environment, educational programming at any level, job training and placement, as well as parent training.[354] As Lab reasons, crime prevention needs to occur at three levels: micro, mezzo, and macro. Micro-level prevention initiatives (such as situational crime prevention) focus on highly specific crime problems that can be addressed through programs designed to fit the peculiarities of time, place, and situation.[355] These prevention measures may also include interventions that rehabilitate or punish individual offenders to forestall their future criminality.[356] Mezzo-level prevention includes approaches that partner with groups, neighborhoods, communities and other institutions to address some of the forces that may permit or bring about criminal behavior.[357] Such prevention efforts include Neighborhood Watch and its accompanying parts (e.g., property marking, neighborhood improvement, citizen patrols, the building of territoriality, and surveillance), which have the potential to change the physical and social environment on a local scale to make crime less attractive and more difficult, as well as after-school programs for at-risk youths in bad neighborhoods, media campaigns to change the attitudes and activities of the general public with regard to crime and preventive activities, and partnership initiatives between criminal justice agencies (police, courts, and corrections), the public (citizens, businesses), and other governmental and quasi-governmental authorities.[358] Finally, macro-level prevention attempts to make large-scale changes in society that will affect crime and

352. *Id.* at 682.

353. *See* Meth Watch, The Meth Watch Program: What is Meth Watch?, http://www.methwatch.com/Meth_Watch_Program/what_is_meth_watch_index.aspx#1 (last visited Dec. 17, 2006). Another example that might fall within Lab's broad definition is the civilian anti-pedophile group, Perverted Justice, whose members pose as young boys and girls and lure would-be pedophiles to "sting houses," where they are arrested (and usually filmed by the television-news magazine, "Dateline NBC."). Allen Salkin, *Web Site Hunts Pedophiles and TV Goes Along*, N.Y. TIMES, Dec. 13, 2006, at A1; Perverted Justice, http://www.Perverted-Justice.com (last visited May 18, 2007).

354. Lab, *supra* note 350, at 682.

355. *Id.* at 682-83.

356. *Id.*

357. *Id.*

358. *Id.*

deviance.[359] Such macro-level prevention incorporates changes in the social conditions that may lead or push individuals into criminal behavior.[360] Underlying this approach is the idea that changes in the economic and social structure of society must occur in order to bring about a significant, long-term impact on crime.[361] Thus, a macro-level approach would call for educating all citizens, providing meaningful employment to all citizens, and equalizing economic opportunities.[362]

The manufacture, distribution, sale, and consumption of meth, as this Article has thus far attempted to show, is a crime in and of itself. In addition, psychopharmacological properties may lead to violent crime, users and addicts may commit economic and property crimes to fund their habits, and the meth business may result in systemic crime. Meth *prevention* is geared towards stopping people, especially young people from engaging in meth-amphetamine-related activities, primarily consumption.[363] This Section discusses *mezzo-level* prevention efforts, beginning with an overview of the reasons to focus on prevention and then turning to types of prevention programs and general characteristics of effective prevention programs and. From there, this Section discusses some of the efforts that have been undertaken to prevent meth abuse.

b. Why Focus on Prevention?

Politicians and the public alike seem to agree on the need to prevent drug use before it begins.[364] For example, Health and Human Services Secretary Mike Leavitt recently announced: "We know prevention activities must start with our children. There is more to be done, and we must build on our work to ensure that children and their parents understand that they

359. *Id.*
360. *Id.*
361. *Id.*
362. *Id.*
363. Ill. Att'y Gen., MethNet, *supra* note 340; *see Using Fiction In a Real Fight Against Drugs*, *supra* note 322, at A14 (discussing efforts to use small picture books popular in Mexico to dissuade illiterate and low-literacy immigrant laborers from engaging in the easy-money meth trade).
364. *See, e.g.*, SCHAEFER ET AL., OREGON, *supra* note 5, at 6-7 ("[M]ore can be done before drug abuse starts. Supporting prevention programs, such as early childhood education, parent coaching, and after-school programs can reduce future drug abuse. . . . 'The most powerful solution of all is prevention.'" (quoting the NAT'L CTR. ON ADDICTION & SUBSTANCE ABUSE AT COLUMBIA UNIV., NO PLACE TO HIDE: SUBSTANCE ABUSE IN MID-SIZE CITIES AND RURAL AMERICA (2000)); SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 9.

must live free of drugs and alcohol to be healthy."[365] Similarly, the Illinois Attorney General has proclaimed:

> Preventing drug use before it starts is the most effective way to eliminate the problem. By encouraging young people to develop their intellectual, personal, and social skills, drug prevention programs produce benefits beyond the immediate goal of preventing drug use. Prevention programs define positive norms for young people in the school and the community, rather than simply offering a short-term alternative to risky behavior. Children exposed to quality prevention programs are more equipped to make positive choices in all areas of their lives and to become productive members of society. In short, it is better to prevent than to heal. Prevention yields lasting positive results. Prevention shows young people how to make and embrace healthy choices by giving them something to say "yes" to.[366]

Criminologist Alfred Blumstein advocates concentrating on drug prevention because prevention is more effective in the long-run than law enforcement.[367] As Blumstein explains:

> [D]rug markets are inherently demand driven. As long as the demand is there, a supply network will emerge to satisfy that demand. While efforts to assault the supply-side may have some disruptive effects in the short term, the ultimate need is to reduce the demand in order to have an effect on drug abuse in the society.[368]

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365. Bender, *supra* note 66, at 13 (quoting Health and Human Services Secretary Mike Leavitt).

366. Ill. Att'y Gen., MethNet, *supra* note 340; *see* MILLER ET AL., *supra* note 242, at 1 (stating that the hope of adolescent prevention and intervention is that "preventing adolescent drug use will decrease the number of adult abusers and the severity of their abuse").

367. RYAN S. KING ET AL., THE SENTENCING PROJECT, INCARCERATION AND CRIME: A COMPLEX RELATIONSHIP 6 (2005), *available at* http://www.sentencingproject.org/pdfs/incarceration-crime.pdf.

368. *Id.* (quoting Alfred Blumstein); *see* Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 366 ("By contrast with supply-reduction programs, which can have crime-increasing as well as crime-decreasing effects, even modestly successful prevention programs are unambiguously beneficial in reducing crime. They offer the benefit of reduced drug use and reduced drug-dealing without any of the unwanted side effects of enforcement."); BUXTON, *supra* note 28, at 122.

> One of the most cogent and often repeated criticisms of the drug control model is that demand-side issues have been neglected. The prohibitionist view that reductions in consumption can be achieved through the elimination of supply has been institutionalized by the drug control bodies. As a result, the distribution of funding in the international "drug war" has been channeled into eradication and interdiction activities. The resources that have been dedicated to demand-side issues have focused on law enforcement and criminal justice, to the detriment of education and treatment provision. This is despite the evidence that treatment provision is more effective, in terms

Dr. Richard L. Spoth and colleagues from the Partnerships in Prevention Science Institute at Iowa State University, who have conducted the first study to examine the effects of a prevention intervention on meth abuse among youth, discussed below, contend: "The unique and substantial social and health consequences of methamphetamine addiction, including social dysfunction and a wide range of medical problems, underscore the importance of preventing early use."[369]

Finally, focusing on prevention can help reduce strain and remove some of the risk factors for continued delinquency and future criminal involvement. Recall Mumola and Karberg's finding that drug use in the month before the offense was highest among the youngest inmates in state and federal prisons and that the percentages of offenders who had used drugs the month before or at the time of the offense tended to decrease with age.[370] Preventing initiation into meth use and abuse can also disrupt what one might call the "generational" impacts of drug use:

> There is a significant amount of evidence that suggests aggressive behavior is the result of an interaction between individual and environmental factors. Thus, parental practices are important. Environmental issues, such as abuse and discipline, are paramount in understanding the individual with aggressive behavior. In addition, parental psychiatric disorders, including substance use disorders, are important in the assessment of a violent child or adolescent.[371]

This point would undoubtedly resonate with a high percentage of state and federal inmates—many indicated that their parents used and abused drugs[372]—as well as with L., who suffered from the strain of parental addiction.

c. Types of Prevention Programs and General Characteristics of Effective Prevention Programs

In general, experts divide prevention programs into three areas: "universal," "selected," and "indicated." "Universal" prevention programs,

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> of cost and recidivism rates, than incarceration and supply reduction in limiting drug use and problem drug using. Addicts and dependent users were conceptualized as criminals within prohibition thinking . . . .

Id. (internal citations omitted).

369. Spoth et al., *supra* note 32, at 876.

370. MUMOLA & KARBERG, *supra* note 132, at 3.

371. Leo J. Bastiaens & Ida K. Bastiaens, *Youth Aggression: Economic Impact, Causes, Prevention, and Treatment*, PSYCHIATRIC TIMES, Oct. 1, 2006, at 36.

372. MUMOLA & KARBERG, *supra* note 132, at 8.

such as the *Life Skills Training Program*, are those that promote the overall health and well-being among young individuals who have not yet used meth or other drugs or engaged in other risky behaviors.[373] "Selected" prevention programs, such as the *Strengthening Families Program*, are directed at specific groups of young people who may be at risk of using meth or other drugs—especially young people that have already been exposed to meth or other drugs.[374] "Indicated" prevention programs, such as the *Anger Coping Program* and the *Coping Power Program*, are long-term, intense programs that attempt to intervene with young people who have already used meth or other drugs and who are exhibiting behaviors consistent with dependency and addiction.[375]

According to Agnew, successful prevention programs, whether falling under the rubric of "universal," "selected," or "indicated," are those that focus on the major causes of delinquency in the group being treated: "This may sound obvious, but many prevention and rehabilitation programs focus on factors that are not causes, or at least not important causes, of delinquency. For example, they try to increase the juvenile's level of self esteem."[376] Thus, Agnew cautions against unfocused, discursive "rap sessions."[377] A good meth prevention program, under this guideline, would directly address meth, as well as individual traits (such as problem-solving training and anger management),[378] family characteristics (such as programs focusing on the early family environment and parent training programs),[379] school characteristics (including preschool programs, in-school programs, altering the classroom environment, changing the school environment),[380] and interactions with meth-dealing/meth-using peers.[381]

In addition, Agnew recommends that programs be intensive (i.e., last a long time and employ several techniques) and focus on juveniles at high risk for meth use.[382] As the National Institute on Drug Abuse (NIDA) has clarified, "effective prevention begins with an assessment of the specific nature of the drug problem within the local community and adapting the

373. Ill. Att'y Gen., MethNet, *supra* note 340.
374. *Id.*
375. *Id.*
376. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 303.
377. *Id.*
378. *Id.* at 313-16.
379. *Id.* at 309-10; *see NIDA Community Drug Alert Bulletin*, *supra* note 5 ("Family-focused prevention efforts have been found to have a greater impact than strategies that focus on parents only or children/adolescents only.").
380. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 311-13.
381. *See id.* at 316-18.
382. *Id.* at 304-05.

program accordingly. This could be assessed by looking at [a] variety of indicators including drug treatment and emergency room admissions."[383]

Essentially, Agnew and NIDA advocate against a one-size-fits-all approach to prevention—different populations will require different measures. Unfortunately, politicians like one-size-fits-all programs and policies, meaning that many worthwhile programs get little support because of their lack of broad applicability and many worthless programs, such as Drug Abuse Resistance Program (D.A.R.E.), continue to exist long after their shelf-life has expired. Begun in 1983, D.A.R.E. exists in schools across the United States and in many other countries. Unlike many programs, it has undergone a number of evaluations. The most methodologically rigorous evaluations, however, have consistently reached the same conclusion that D.A.R.E. has no impact on the level of drug use and abuse.[384] Lab is particularly vociferous on this point:

> Despite the fact that DARE has been soundly discredited, politicians continue to support it with substantial federal funding. The only reason to do so is because it is politically palatable to back a failed program that has a strong national organization behind it that has convinced the public that the program works.[385]

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383. *NIDA Community Drug Alert Bulletin*, *supra* note 5; *see* AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 302 ("A program that works well in one setting or with one group of juveniles may not work well in another setting or with another group.").

384. *See* Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 367 ("Unfortunately, none of the published evaluations has shown DARE to be effective in reducing substance abuse initiation among students who go through it, when compared to matched controls." (internal citations omitted); Lab, *supra* note 350, at 686-87 (internal citations omitted); James Q. Wilson, *Crime and Public Policy*, *in* CRIME: PUBLIC POLICIES FOR CRIME CONTROL 537, 554 (James Q. Wilson & Joan Petersilia eds., 2002) (stating that "[c]ities and states typically do not invest in what works but only in what is popular," and noting the dearth of credible evidence that D.A.R.E. makes a lasting difference); *see also* Donald R. Lyman et al., *Project DARE: No Effects at 10-Year Follow Up*, 67 J. CONSULTING & CLINICAL PSYCHOLOGY 590, 590-93 (1999), *available at* http://www.apa.org/journals/features/ccp674590.pdf (studying the effectiveness of the D.A.R.E. program); Christopher Ringwalt et al., *An Outcome Evaluation of Project D.A.R.E.*, 6 HEALTH EDUCATION RESEARCH: THEORY & PRACTICE 327, 334-36 (1991); Dennis P. Rosenbaum et al., *Cops in the Classroom: A Longitudinal Evaluation of Drug Abuse Resistance Education (DARE)*, 31 J. RESEARCH IN CRIME & DELINQUENCY 3, 21-28 (1994) (assessing the use of the D.A.R.E. program and its effectiveness); Earl Wysong et al., *Truth and DARE: Tracking Drug Education to Graduation and as Symbolic Politics*, 41 SOCIAL PROBLEMS 448, 453-61 (1994) (analyzing the effectiveness of the D.A.R.E. program); *see* Dave Hitt, *DARE: Dave's Absolutely Realistic Education*, THE HITTMAN CHRONICLE, Sept. 1999, http://www.davehitt.com/sept99/dare.html (providing a humorous critique of D.A.R.E.).

385. Lab, *supra* note 350, at 686-87 (internal citations omitted); *see also* Kathryn B. Vincent, The Ecstasy and Methamphetamine Drug Epidemics: Implications for Prevention and Control 8 (2005) (unpublished M.A. thesis, University of Maryland, College Park) (on file with author) ("Unfortunately, not all drug prevention strategies are successful. Some major initiatives, such as the Drug Abuse Resistance Education program (D.A.R.E.), have been shown to be ineffective.").

Buxton excoriates D.A.R.E. on similar grounds:

> Prohibition-oriented countries such as the USA and Sweden [have] emphasized abstinence and the dangers of drugs in drug education provision . . . . The key problems associated with abstinence-focused education projects [such as D.A.R.E.] were, first, that they failed to provide clear and scientifically correct information about drugs. In presenting all controlled drugs including cannabis as dangerous, the information provided went against the experience and knowledge of most students. Second, the emphasis on dangers of drugs increased their allure and the symbolism of drug use as an anti-establishment act. Third, the education programmes were not targeted. In this respect, they did not reflect or incorporate known indicators of potential drug abuse, such as parental or peer group influence. Fourth, there were no in-built mechanisms for evaluating their impact over time. As a result, they were not cost-effective and prohibition-focused education had no overall impact on levels of drug consumption. Finally, they were criticized as a tool for political and religious proselytizing rather than being a vehicle for an informed analysis of drugs.[386]

Agnew's final general recommendation is that programs begin early:

> Some data suggest that it is easier to reduce subsequent delinquency if intervention begins at an early age, before the traits and interactional patterns that contribute to delinquency have become firmly established. Also, problems that develop early in life often have a "snowball effect"; that is, they lead to additional problems as the juvenile ages. For example, juveniles who are hyperactive often encounter problems with their family and at school. As result, they may become alienated from both family and school. They may eventually come to associate with delinquent peers as a result. They may then start engaging in delinquency, which leads to further problems with family and school and to an increased association with delinquent peers. It is easier to intervene at an early age before problems like hyperactivity lead to these additional problems. The juvenile justice system can still

386. BUXTON, *supra* note 28, at 123 (internal citations omitted). *See generally* KING, *supra* note 33, at 23-25 (critiquing "prevention through scare tactics" on the grounds that it may fail to diminish drug use, may undermine public education efforts, and that it may even "piqu[e] interest in experimenting with the substance").

> help older juveniles, but some evidence suggests that it is easier to influence younger juveniles.[387]

Although Agnew's suggestion is not geared towards meth, but to delinquency in general, the same principles apply—the earlier the age at which programs are directed, the greater the likelihood of prevention.

d. Some Good News

Not surprisingly, most prevention program directors feel that their programs are successful.[388] But many programs have little effect on preventing delinquency, in general, and meth use, in particular.[389] (The example of D.A.R.E., noted in the previous subsection, provides a case-in-point.) Although the previous subsection indicated that effective prevention programs tend to be those that are multi-modal, the reality is that most prevention programs have not been properly evaluated, and thus it is not known whether they are effective.[390]

As mentioned above, Spoth and his colleagues have conducted the first study of preventive intervention on meth abuse among youth by looking at the long-term effects of "universal" prevention of meth use by adolescents in Midwestern public schools from 1993-2004.[391] Spoth and his colleagues conducted two randomized, controlled prevention trials: Study One tested two different family-focused interventions (the seven-session Iowa Strengthening Families Program (ISFP) and the five-session Preparing for the Drug Free Years (PDFY)), while Study Two examined a multi-component family-focused and school-based intervention (ISFP and Life Skills Training (LST) program) along with a school-based intervention alone (LST).[392] Study One involved families of sixth-graders and a twelfth-grade follow-up (six and one-half years past baseline); Study Two involved seventh-graders and both an eleventh-grade follow-up (four and one-half years past baseline) and a twelfth-grade follow-up (five and one-half years

387. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 305 (internal citations omitted); *see NIDA Community Drug Alert Bulletin*, *supra* note 5 ("In general, prevention programs should start early, be comprehensive, and repetitively stress key points.").

388. *See generally* Wilson, *supra* note 384, at 552-55.

389. *See generally* Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 366 ("[F]ew prevention programs have demonstrated that they can consistently reduce the number of their subjects who use drugs.").

390. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 302-03.

391. Spoth et al., *supra* note 32, at 876-82.

392. *Id.* at 877. It bears mention that none of the interventions had content specific to the prevention of meth use. *Id.* at 880.

past baseline).[393] The supermajority of families in both studies were dual-parent families and virtually all were white.[394]

The results of Study One revealed a past-year meth-use rate of 0.0% for the ISFP (compared with 3.2% in the control group).[395] In Study Two, the combined SFP and LST showed significant statistical effects on lifetime and past-year meth use at the four and one-half year follow-up (0.53% lifetime use in the combined intervention condition in comparison to 5.18% in the control condition); both SFP and LST and LST alone had significant lifetime use effects at the 5½-year follow-up.[396] Because of the effectiveness of three of the four universal interventions on lifetime or annual meth use across two randomized samples, Spoth and his colleagues concluded that universal preventive strategies merit greater emphasis.[397] Despite their findings and their subsequent favorable endorsement of universal prevention programs, they cautioned against generalizing the findings of their study to nonrural populations, rural populations in other regions of the country, or populations with different ethnic compositions (i.e., not predominantly white).[398]

Although Spoth's study is encouraging, more evaluations are needed to determine what works and what does not. An assessment of promising programs—ones that may prove effective but have yet to be evaluated—is outside the scope of this Article. One endeavor is worthy of note, however, especially given that this Symposium is taking place at a law school: the Minnesota State Bar Association (MSBA) Criminal Law Section is working to develop an educational program about meth aimed at middle school- and high school-aged students, and is recruiting lawyers and judges around the state to deliver the program through their community schools.[399] "Street law" programs, in various permutations, are scattered around the country.[400] Scant few have been subjected to any form of evaluation and those that have focused on how law-related education might improve juveniles' comprehension of *Miranda* rights.[401] Although the contours of the MSBA

393. *Id.* at 877.
394. *Id.* at 877-78.
395. *Id.* at 880.
396. *Id.* at 780.
397. *Id.* at 880-81.
398. *Id.* at 881.
399. Holden, *supra* note 319, at 5.
400. *See* Barry E. Katz, *Practical Law 101*, STUDENT LAW., Oct. 2001, at 26 (explaining that over fifty law schools have street law programs); Street Law, Overview of Street Law Programs in Law Schools, http://www.streetlaw.org/lawschool/content.asp?ContentId=3 (last visited Mar. 14, 2007).
401. *See, e.g.*, Shavaun M. Wall & Mary Furlong, *Comprehension of Miranda Rights by Urban Adolescents with Law-Related Education*, 56 PSYCHOL. REP. 359, 372 (1985) (reporting

program are still being developed, it likely will not include extensive analysis of the statutes discussed above. Rather, it will likely include a combination of lessons regarding the economic, health and social aspects of meth use in conjunction with discussions concerning likely penalties for manufacturing, distribution, sale and, most importantly, use. Such information can be invaluable for a young person who may not know the legal ramifications for his or her activities. A judge can clarify the level of discretion he or she is afforded and what that might mean in terms of sanction. A lawyer can explain the chances of winning a case. Both can speak to the collateral consequences of conviction and imprisonment—such as barriers to employment, obstacles to public benefits, loss of financial aid for college—hurdles that many laypeople are unfamiliar with and which can affect one's life even more than the direct sanction. While certainly not all juveniles will respond to the threat of collateral consequences—indeed, many juveniles engage in crime and drug use *because* they do not weigh the long-term risks with the short-term gains—the potential loss of financial aid for college may dissuade some of the "high achieving students [who] have been reported to find methamphetamine use very helpful in maintaining the highly demanding schedules required to achieve good grades and to be socially active."[402] According to Richard A. Rawson, M. Douglas Anglin, and Walter Ling—all affiliated with the UCLA Integrated Substance Abuse Programs, UCLA Department of Psychiatry: "[H]igh school valedictorians and super achieving physics and computer science students [have been] found to be severely dependent upon methamphetamine. Furthermore, methamphetamine use has been reported among students who require extreme performance capabilities (e.g., athletes, cheerleaders, models, medical students, and beauty pageant participants)."[403]

Most importantly, perhaps, such interactions can break down some of the negative associations that young people may have with authority figures in general and the criminal justice system in particular. There is significant potential to present juveniles with positive non-deviant role models and to reduce strain associated with negative interactions with the legal system. Provided that the judges and lawyers interact with the students frequently, refrain from lecturing, ensure that they do not speak over the heads of the students, and avoid the holier-than-thou "Just Say No" approach, initiatives like that of the MBSA present a tremendous opportunity to not only affect

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that urban, black high school students' participation in a year-long "Street Law" course that included education about *Miranda* rights did not improve their understanding or comprehension in ways that would enable them to assert their rights).

402. Rawson et al., *supra* note 14, at 10.

403. *Id.*

the young people, but to steer the ship of drug use control away from "get tough" policies towards prevention and treatment.

2. *Treatment*

Treatment completes the picture of drug abuse control policies. Although Foucauldian skeptics may view treatment "as a ruse of power, allowing a more extensive form of control to take hold,"[404] most regard treatment like prevention—as more cost-effective than expanded incarceration as crime control measures[405] and as "an unequivocal winner."[406] As Boyum and Kleiman explain, "[t]he criminal activity of addict-offenders seems to rise and fall in step with their drug consumption, and, importantly, the relationship holds whether reductions in drug use are unassisted or are the product of formalized treatment and whether participation is voluntary or coerced."[407] Like prevention-induced reduction, "treatment-induced reduction in demand does not bring with it the side effects of an enforcement-induced reduction (higher drug prices, depletion of criminal justice resources)."[408] Finally, because many drug-involved offenders sell, distribute and, in the case of meth, manufacture drugs in addition to using them, "successful" treatment—usually defined as complete abstinence at one-year follow-up—can produce supply-side reduction benefits in addition to demand-side reduction benefits.[409]

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404. DAVID GARLAND, PUNISHMENT AND MODERN SOCIETY: A STUDY IN SOCIAL THEORY 159 (1990).

405. *See, e.g.*, AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 322 ("While confining juveniles does stop some crime, many prevention and rehabilitation programs can stop crime at a much lower cost." (citations omitted)); BUXTON, *supra* note 28, at 122 ("[Treatment] is more effective, in terms of cost and recidivism rates, than incarceration and supply reduction in limiting drug use and problem drug use."); Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 375 ("As a means of incapacitation, drug treatment is far more cost-effective than incarceration, reducing the rate of criminal activity among participants during the treatment period by much more than half at perhaps a seventh of the cost of a prison cell."); KING ET AL., *supra* note 367, at 8 ("A variety of research demonstrates that investments in drug treatment, interventions with at-risk families, and school completion programs are more cost-effective than expanded incarceration as crime control measures."); ECON. & SOC. COMM'N FOR ASIA & THE PACIFIC, UNITED NATIONS OFFICE ON DRUGS AND CRIME, ADOLESCENT SUBSTANCE USE: RISK AND PROTECTION 14 (2003) [hereinafter ADOLESCENT SUBSTANCE ABUSE] ("Most traditional healing programmes have not been rigorously evaluated, but there is much anecdotal evidence of their effectiveness . . . . The major advantages of traditional healing methods are their low cost and high levels of acceptability.").

406. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 368. The preference for treatment over prison can perhaps best be understood in the context of Proposition 200, passed in Arizona in 1996, and Proposition 36, passed in California in 2000, which both mandate treatment as an alternative to incarceration for minor drug dealers. *Id.* at 375.

407. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 368.

408. *Id.*

409. *Id.*

Despite these benefits, treatment, like prevention, does not enjoy the same degree of financial support as law enforcement. White and Gorman note that "[d]uring the early 1970s, more Federal drug control dollars were committed to prevention and treatment than to law enforcement, but starting in 1975, the latter began consuming a greater proportion of the budget"—a trend that has continued and a gap that has widened.[410] Part of this may be due to the perception that treatment, like prevention, constitutes a "soft" or "dovish" approach—one that is anathema in the age of "get tough" policies.[411] Boyum and Kleiman suggest that the lack of quality substance abuse treatment programs is the result of reluctance on the part of public and private health insurance to cover the cost of treatment for substance abuse and dependency in the same way that they finance treatment for other disorders.[412] This unwillingness may also stem from methodological problems (i.e., the absence of double-blind experimental studies) that prevent researchers from ascertaining the extent to which the "correlation between entering and staying in treatment on the one hand and reducing drug use on the other ought to be regarded as an effect of the treatment itself, as opposed to the motivation that leads someone to seek treatment and continue it"[413]—the kind of methodological problems that lead skeptics to reject treatment as an effective drug abuse-crime control mechanism. Furthermore, treatment cynics, disbelievers and other naysayers may base

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410. White & Gorman, *supra* note 55, at 155; *see generally* Lab, *supra* 350, at 689-90.

> Crime prevention . . . is marginalized when it comes to funding. . . . While the terrorist acts of September 11 killed a large number of people and affected the psyche of the nation, many more people are directly affected by crime every year in the U.S. Politicians were able to mold an entire agenda based on the event of the moment and to ignore almost everything else that harms the citizenry.

Id.

411. *See generally* AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 301 ("[P]revention programs are at odds with the current 'get tough' approach to controlling delinquency, which claims that offenders are responsible for their behavior and deserve punishment. Politicians who advocate prevention programs expose themselves to charges of being 'soft on crime.'"); Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 369.

> Advocates of drug treatment, including the providers themselves, are understandably frustrated and outraged that, in a political atmosphere where the punitive side of the crime-control effort, including drug law enforcement, enjoys widespread support and growing funding—where money is recklessly spent, liberty recklessly compromised, and suffering recklessly imposed in the name of providing public safety and protecting potential victims—drug treatment, which demonstrably reduces crime, remains neglected and underfunded.

Id.; COURTWRIGHT, *supra* note 5, at 202 ("If you favor [prevention and treatment], you're a softy. When these proposals come up in Congress, most members want to know, before they vote, which one is the toughest. It's sort of, 'I don't know if this is going to work, but nobody is going to blame me for not being tough. '") (quoting Rep. John Conyers). "If [politicians] touch [harm reduction], it's like touching a third rail.'" *Id.* (quoting George Soros).

412. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 368.

413. *Id.* at 371.

their opposition on the mistaken conflation of treatment in prison and treatment in the community. The former do not have the effect of reducing the criminal activity of participants during treatment (especially if one excludes crimes committed in prison as part of the definition of "criminal activity"), often range in nature of services,[414] are often poor in quality, and are conducted in an environment far different from the outside world where there is considerably less external control and which has far more temptations.[415] Although the latter—treatment programs in the community—do not possess the potential crime-reducing benefit of incapacitation that prison treatment programs do—the fact that they are conducted in the environment in which offenders must learn how to behave helps explain why they have shown to be more effective in reducing recidivism rates.[416] This distinction between the locus of treatment programs and their proven effectiveness, however, is often not made, resulting in some categorical questioning of treatment programs.

Where treatment programs have been accepted and implemented, those displaying greater success appear to adhere to several basic principles. According to the United Nations Office on Drugs and Crime, some of the principles of effective treatment include: (1) "No single treatment is appropriate for all individuals;" (2) "Effective treatment attends to the multiple needs of the individual, not just to substance abuse;" and (3) "Treatment does not need to be voluntary to be effective."[417] This last point resonates with Boyum and Kleiman, who argue that,

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414. For a program to be properly labeled a "treatment" program, it must be run by a trained professional. Some drug abuse programs in prison may be erroneously referred to as "treatment" programs, but consist mainly of self-help groups, peer counseling and drug abuse education programs.

415. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 373. Note that in 2004, the percentage of state and federal prisoners who used drugs in the month before the offense and who participated in drug treatment since admission to prison was approximately fifteen percent—virtually unchanged since 1997. MUMOLA & KARBERG, *supra* note 132, at 8-9.

416. *See* Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 373 (explaining that prison treatment programs have not reduced recidivism rates). *See generally* Davidson County Drug Court, *Developing Character During Confinement*, http://drugcourt.nashville.gov/portal/page/portal/drugCourt/home (last visited Dec. 16, 2006) (observing the high recidivism rates for offenders with a chemical dependency problem and discussing how people who need treatment the most are often not subject to any kind of release into the community).

417. ADOLESCENT SUBSTANCE USE, *supra* note 405, AT 7-8. The U.N. also notes the importance of "traditional healing" in the drug abuse treatment process. *Id.* Although it admits that most traditional healing programs have not been rigorously evaluated, they point to anecdotal evidence of their effectiveness, which may stem from traditional healing's "use of practices based on indigenous cultural treatments that operate outside of official health-care systems." *Id.* at 14. The U.N. further explains: "Common elements of these programmes include rituals and other ceremonies—cleansings, confessions, pledges and sacrifices—conducted by traditional healers who use sacred objects and images. *Id.* Substance abusers, their families, and members of the community are frequently invited to participate in healing ceremonies to strengthen the will of the

> [t]he criminal justice system is among the most powerful mechanisms for getting drug-involved offenders into treatment; high effective prices can convince users that maintaining their habits is too costly, and courts can offer or compel treatment as a condition of parole or probation. Many drug-involved offenders will only enter treatment if coerced; simple availability is often not a sufficient enticement.[418]

Cooperation with service providers, however, can sometimes present challenges. This Author, for example, while working for the Metro Atlanta Task Force for the Homeless was unsuccessful in convincing the organization to work with the DeKalb County Jail Diversion Treatment Court Program;[419] the stated reason for the refusal was that treatment should be available to individuals regardless of their status as offenders and should not be linked to the criminal justice system. Assuming one can overcome such obstacles, and with the caveat that pre-plea *diversion* treatment programs (where charges are held in abeyance during the treatment period) may be more effective than post-plea/post-conviction treatment programs (where treatment is part of the punishment), one can conclude, broadly

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drug dependent to overcome the substance abuse and to facilitate social reintegration thereafter. In many developing countries, traditional healing is the only source of help available for substance abuse." *Id*. (citation omitted). Because traditional healing possesses the potential to address the multiple needs of the individual and attempts to involve families and communities in the treatment and reintegration processes, it is an approach in need of additional research, especially given the huge toll that meth has taken on native populations in the United States. *See, e.g*., Charlie LeDuff, *A Soldier Comes Home to Alaska, Too Early and Yet Too Late*, N.Y. TIMES, Oct. 16, 2006, at A12 (describing the meth problem in Barrow, Alaska among the Inupiaq Eskimos).

418. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 373; *see* McCaffrey, *supra* note 34, at 32 ("Drug courts are effective because they bridge the gap between the criminal between the criminal justice system and drug treatment."). Rawson, Anglin, and Ling emphasize the specific role of drug courts for facilitating treatment within the criminal justice system:

> The criminal justice system may play a larger role in initiating methamphetamine users into treatment than with other groups of drug users. The drug court movement may be a very timely development for speeding the 'natural' course of treatment entry for methamphetamine users. . . . Drug courts are based upon the rapid and certain application of contingent consequences based upon the behavior of the drug user. Drug court participants who successfully exhibit desired behaviors (e.g., treatment attendance and clean urinalysis) can earn their way to progressively less demanding treatment requirements and ultimately to removal of legal sanctions. Those who are unable to produce the necessary desired behaviors are required to move to more intensive levels of care or enter periods of incarceration. The confluence of the methamphetamine user characteristics and the drug court movement appear to have a tremendous potential for synergy.

Rawson et al., *supra* note 14, at 9, 17-18.

419. *See, e.g*., Press Release, DeKalb Cmty. Servs. Bd., DeKalb County Receives Grant for Criminal Justice/Mental Health/Substance Abuse Training (June 29, 2005), *available at* http://www.dekcsb.org/pages/news_cal6.29.05.htm (providing additional information about the Dekalb County Jail Diversion Treatment Court Program).

speaking, that drug treatment represents a valuable means of drug-related crime control.[420]

In the context of meth, Dr. Roy R. Danks and his colleagues reviewed the medical records of 507 burn patients for use of amphetamine and/or involvement in the manufacture of meth.[421] Publishing their findings in a 2004 article in the Journal of Burn Care & Rehabilitation, Danks and his colleagues reported that,

> [m]ethamphetamine users are notoriously hard to rehabilitate. . . . Intense craving during the withdrawal phase increases its demand and makes rehabilitation of users difficult. . . . These patients initially presented with agitation followed by hypersomnolence. Nearly one half . . . required benzodiazepines for detoxification during their agitated phase. . . . Although no classic withdrawal syndrome is associated with its use, many users experience depression, anxiety, fatigue, paranoia, and aggression. . . . Methamphetamine addiction is difficult to treat. Of the 18 patients in our study with formal chemical dependency consults, only two elected to receive treatment.[422]

Rawson, Anglin, and Ling add:

> [M]ethamphetamine users appear to be slower to enter treatment than users of other types of drugs. [A]t the time of treatment entry, methamphetamine users . . . use[] for a greater number of years prior to their first treatment episode. One explanation for this finding is that since many methamphetamine users use methamphetamine to sustain their ability to work rather than as a "party drug," it is possible that the use of methamphetamine remains a "controlled" application rather than an excessive binge-type application. . . . Under these "controlled use" circumstances, the user maintains functioning longer than with other "less controlled" patterns of use. One result of this drug use pattern is that although methamphetamine use is producing significant health, legal and

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420. *See generally* SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 9 (discussing drug-related crime in rural Pennsylvania and stating that "[i]nvestments in effective substance abuse treatment programs are critical to reducing drug abuse in rural Pennsylvania.").

421. Danks et al., *supra* note 5, at 426.

422. *Id.* at 425, 427, & 428; *see* NAT'L INST. ON DRUG ABUSE, NAT'L INST. OF HEALTH, WHAT ARE THE LONG-TERM EFFECTS OF METHAMPHETAMINE ABUSE?, *available at* http://www.nida.nih.gov/ResearchReports/methamph/methamph3.html#what (last visited Nov. 18, 2006) (explaining that chronic users experience withdrawal symptoms such as "depression, anxiety, fatigue, paranoia, aggression, and an intense craving for the drug"); *see also Methamphetamine Abuse in the United States*, *supra* note 5, at tbls.8 & 9 (providing statistics for admissions to treatment facilities for meth use for 1994-96).

> social risks, the users of methamphetamine are slower to experience some of the severe consequences of addiction.[423]

Getting meth addicts into treatment is not the only hurdle, Rawson, Anglin, and Ling clarify. Like Danks and his colleagues, they assert:

> Although some traditional treatment elements may be appropriate for methamphetamine users, many treatment staff report feeling unprepared to address many of the clinical challenges presented by methamphetamine users. Poor treatment engagement rates, high drop out rates, severe paranoia, high relapse rates, ongoing episodes of psychosis, severe craving and protracted dysphoria and anbedonia are clinical challenges that are frequently far more problematic than is seen with standard treatment populations.[424]

Bob Roehr, also cautions that recovery may be "difficult for heavy users, because it can take a year or more for dopamine concentration to return to normal."[425] But he stresses that some of the same behavioral techniques used for cocaine addiction works well for meth addiction.[426] The National Crime Prevention Council, National Institute on Drug Abuse, and the Office of National Drug Control Policy (ONDCP) have reached similar conclusions: Although they emphasize that there are currently no medications available to treat methamphetamine overdose or addiction,[427] and they warn that withdrawal from meth is typically characterized by drug craving, depression, disturbed sleep patterns, and increased appetite,[428] they optimistically report that "[s]everal cognitive behavioral interventions designed to help modify a patient's thinking and behaviors, and to increase

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423. Rawson et al., *supra* note 14, at 9.

424. *Id.* at 15.

425. Roehr, *supra* note 5, at 476 (citing Alex H. Kral, an infectious disease epidemiologist with the research and development group, RTI International); *see* Flannery et al., *supra* note 10, at 182 (discussing the difficulty of retaining meth addicts for long periods of treatment, the high rates of relapse, and positing that "[t]he problem of relapse may be magnified by the continuing biological and psychological effects of methamphetamine on chronic methamphetamine-users trying to complete treatment"); *see also* Thomson, *supra* note 5, at 28 (discussing the difficulty of recovery).

426. Roehr, *supra* note 5, at 476.

427. NAT'L CRIME PREVENTION COUNCIL, *supra* note 5; *NIDA Community Drug Alert Bulletin*, *supra* note 5; *see* Flannery et al., *supra* note 9, at 183 (noting that there is "no consistently effective pharmacological treatment method" for meth addiction); Rawson et al., *supra* note 14, at 13 (noting the lack of medications available to reverse life-threatening meth overdose or to even help meth users recover more quickly from the effects of chronic use); Thomson, *supra* note 5, at 28 (describing the withdrawal symptoms for meth and stating that "there is no magic bullet in the field yet").

428. NAT'L CRIME PREVENTION COUNCIL, *supra* note 5; *NIDA Community Drug Alert Bulletin*, *supra* note 5. Note, however, that "[a]ntidepressant medications can be prescribed to combat the depressive symptoms frequently seen in methamphetamine withdrawal." *Id.*

skills in coping with various life stresses, have been found to be effective."[429] Treatments and court interventions that address the "underlying causes of addiction and deal with the physiological and psychological reasons for addiction" have also proven to be important, as have recovery support groups.[430] Moreover, a study by Dr. John M. Roll and his colleagues conclude that contingency management, which attempts to reinforce positive non-addiction behavior, shows promise as a component in meth abuse treatment.[431]

Experiences in Iowa seem to underscore the United Nation's principle, mentioned above, that no one treatment is appropriate for all individuals. Kermit Dahlen, CEO of Jackson Recovery's Women and Children's Center in Sioux City, tries to dispel some of the claims that meth recovery is a near-impossibility: "There's a belief out there that people don't get well. People do get well from meth addiction."[432] In fact, she asserts, meth addicts in Iowa "have a *better* outcome than any other drug of primary

429. *NIDA Community Drug Alert Bulletin*, *supra* note 5; PRESIDENT'S NATIONAL DRUG CONTROL POLICY, *supra* note 304, at 15 ("At this time, the most effective treatments for methamphetamine addiction are cognitive behavioral interventions, similar to those combating cocaine addiction."); *see* Anglin et al., *supra* note 5, at 140 (stating that results of cocaine abuser evaluation studies have been applied to users of other controlled substances including meth, and discussing the "Matrix model" of treatment); KING, *supra* note 33, at 3, 32 (asserting that drug treatment is effective for combating meth addiction and noting the successes of the "Matrix Model"); Rawson et al., *supra* note 14, at 5, 13 (discussing the positive results achieved with behavioral and cognitive behavioral strategies, as well as the "Matrix model" substance abuse treatment approach); Roll et al., *supra* note 19, at 1993 (acknowledging the effectiveness of psychosocial interventions and cognitive behavior interventions in treating methamphetamine use disorders, and noting the usefulness of the "Matrix model" substance abuse treatment for meth use); WHITE HOUSE, NATIONAL DRUG CONTROL STRATEGY 15 (2006), *available at* http://www.whitehousedrugpolicy.gov/publications/policy/ndcs06/index.html ("[T]he most effective treatments for methamphetamine addiction are cognitive behavioral interventions. These approaches are designed to help modify the patient's thinking and behaviors and to increase skills in coping with various life stressors. Methamphetamine recovery support groups also appear to be effective adjuncts to behavioral interventions that can lead to long-term drug-free recovery."); *cf.* Flannery et al., *supra* note 9, at 163-65, 182-83 (discussing the effectiveness of the "Matrix model" of treatment, but noting that treatment providers can expect cognitive performance to worsen after admission, before it improves, and that prolonged abstinence from meth is usually achieved only after several relapses); *see*, *e.g.*, ROBERT AGNEW, JUVENILE DELINQUENCY: CAUSES AND CONTROL 450 (2d ed. 2005) [hereinafter AGNEW, JUVENILE DELINQUENCY (2d ed)] ("The most effective education programs tend to have certain traits in common. They make use of . . . cognitive-behavioral strategies—as opposed to simply lecturing juveniles or holding discussions with them."). The cognitive-behavioral approach has also proven effective as a preventive approach. *Id.*

430. PRESIDENT'S NATIONAL DRUG CONTROL POLICY, *supra* note 304, at 15.

431. Roll et al., *supra* note 19, at 1997-98.

432. Lynn Zerschling, *People Do Get Well from Meth Addiction*, SIOUX CITY JOURNAL, Apr. 10, 2006, *available at* http://www.siouxcityjournal.com/articles/2006/04/10/news/local/7e2ad931a994a02f8625714c000fcae7.prt (quoting Kermit Dahlen, CEO of Jackson Recovery's Women and Children's Center in Sioux City, IA).

choice."[433] Janelle Tomoson, program director where Ms. Dahlen serves as CEO, explains that for female addicts, the key is to provide gender-specific programming.[434] Jackson Recovery's Women and Children's Center attempts to provide this type of programming by recognizing the importance of motherhood in the recovery process. "If we are able to keep mom and the kids together rather than having them go to foster care, think of how much we are saving our community in dollars and cents. The moms not only learn to get sober, but many of these women have never had an opportunity to learn how to parent. They do love their children."[435]

L., however, disagrees. Although she maintains that "[t]hroughout all of that life [of addiction] I went through, the only thing I cared about was my kids," she remains convinced that if Child Protective Services had not taken her kids, she would not have attempted to get better. In fact, L. sometimes tells addicted parents and those in recovery that having their kids placed in foster home is a "gift." "It gives parents the time to work on themselves," she explains.

One should note, however, that parents do not have unlimited time to address their addictions. The federal Adoption and Safe Families Act of 1997, which was enacted as a response to crack babies crowding foster care,

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433. *Id.* (quoting Kermit Dahlen, CEO of Jackson Recovery's Women and Children's Center in Sioux City, IA) (emphasis added).

434. *Id.* (quoting Janelle Tomoson, Program Director of Jackson Recovery's Women and Children's Center in Sioux City, IA).

435. *Id.* (quoting Kermit Dahlen, CEO of Jackson Recovery's Women and Children's Center in Sioux City, IA). This position is consistent with at least one group of authors' perspective on *prevention*. *See* MILLER ET AL., *supra* note 242, at 23 ("Many treatment evaluations suggest that when families are included in prevention programs, risk factors can be reduced and family skills improved." (citations omitted)).

Without taking a position on whether meth-abusing women with children should be separated from their children during treatment, Rawson, Anglin, and Ling remark:

> Pregnant women and women with small children frequently require increased levels of care. While it may be possible to treat pregnant women in intensive outpatient treatment, attention must be given to monitoring and promoting prenatal care with these women while in treatment. In addition, it is important that clinical staff be capable of working with pregnant women who relapse in treatment. Frequently there is an extreme lack of empathy exhibited by staff and other patients toward women who relapse during their pregnancy. Clinical staff who can properly address these treatment situations and effectively move these patients to more intensive levels of care when necessary is essential. Women with small children frequently require an increased level of support, either via a women's and children's residential setting or an intensive day treatment setting with sober housing for women and children. The combined burdens of work, home care, childcare, and other family responsibilities, plus attending treatment frequently can induce such a level of exhaustion and fatigue that methamphetamine use may appear to be the only way to acquire sufficient energy to accomplish all of the responsibilities. Clearly under these circumstances, special treatment considerations are needed.

Rawson et al., *supra* note 14, at 16-17.

requires the states to begin to terminate parental rights if a child has spent fifteen out of twenty-two months in foster care.[436] The purpose of the Adoption and Safe Families Act was to prevent children from languishing in foster homes. Because meth frequently produces or enhances sexual desire, however, some welfare officials claim that meth users are having more children, who subsequently enter the foster care system.[437] And because recovery from meth addiction often takes longer than other drugs, "parents fall behind the clock."[438]

Although Jackson Recovery's Women and Children's Center and L. take different positions with respect to keeping families together during the treatment process, they share common ground with respect to the need to address the links between female drug abuse and home circumstances, which may include the following risk factors: "having a relationship with partners who drink, smoke or use other drugs; childhood trauma and abuse; domestic violence; mental health issues including depression, anxiety, eating disorders, low self esteem and suicide; [and] unplanned pregnancies"[439]—all of which L. experienced.

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436. Adoption and Safe Families Act of 1997, Pub. L. No. 105-89, § 103 (a)(3), 111 Stat. 2115, 2118; Kommer, *supra* note 26; Zernicke, *A Drug Scourge*, *supra* note 5, at A15.

437. Zernicke, *A Drug Scourge*, *supra* note 5, at A15.

438. *Id.*

439. Zerschling, *supra* note 432; *see* MUMOLA & KARBERG, *supra* note 132, at 8 (supporting the same risk factors and reporting based on the data in the Survey of Inmates in State and Federal Correctional Facilities from 2004). This report reveals significant percentages of state and federal prisoners (both those with drug dependence or abuse and those without) who experienced physical and/or sexual abuse and/or lived with parents or guardians who abused alcohol, drugs, or both alcohol and drugs while growing up. *Id.*; *see also* Sommers & Baskin, *supra* note 5, at 90, 91 ("For both genders, a history of family arrest, problems in social functioning, frequency of methamphetamine use, and involvement in crime (violent and nonviolent) are strong predictors of methamphetamine-related violence. . . . Length of methamphetamine use and family alcohol abuse predicted male but not female violence. . . . Adolescent and adult deviance are the best predictors of methamphetamine-related violence."); *see generally* Visher, *supra* note 153, at 604 (noting that in studies of adult inmates who were asked to recall their juvenile activity "age at onset is an important predictor of serious, persistent criminal activity as an adult") (citations omitted).

Rawson, Anglin, and Ling stress that clinical staff must recognize other issues that may be intertwined with meth use—issues that may be different based on gender and sexuality. Rawson et al., *supra* note 14, at 15. They note that counselors who lack experience with methamphetamine may not recognize the relationship between meth and sexual behavior with respect to men, meth and weight gain with respect to women, and ongoing paranoia for both. *Id.* With respect to sexuality, they state:

> The needs of gay male methamphetamine users, especially those in some of the large gay enclaves on the west coast, may require special treatment programming. The use of methamphetamine by gay male methamphetamine users frequently becomes inextricably intertwined with their sexual and social behaviors. The unique and powerful nature of this conditioned pathology present a clinical syndrome that often cannot be effectively discussed in mixed patient groups with heterosexuals. The importance of this issue and the difficulty of discussing it in mixed patient groups frequently results in very poor treatment engagement and early treatment dropout.

In sum, the best ways to treat meth addiction are still being understood—a process that is complicated by the cost of care (especially inpatient) and the lack of resources in poor communities and among impoverished populations.[440] But it seems clear that a recipe for successful treatment and reduction in meth-related crime includes, at the very least, intensive programs with court oversight and the threat of incarceration that incorporate cognitive behavioral and contingency management approaches and attend to the underlying physiological and psychosocial reasons for addiction. Those programs with the flexibility to concentrate on the individual needs of the addict-offender will likely have even greater success. Despite the lack of rigorous evaluation and differences regarding foster care for children of addicts, treatment, like prevention, constitutes a major opportunity for crime control.[441]

VI. METHAMPHETAMINE CONTROL IN CONTEXT: WHAT'S MISSING FROM LAW ENFORCEMENT, PREVENTION, AND TREATMENT EFFORTS

The criminal justice system does not protect us against the gravest threats to life, limb, or possessions. Its definitions of crime are not simply a reflection of the objective dangers that threaten us. The workplace, the medical profession, the air we breathe, and the poverty we refuse to rectify lead to far more human suffering, far more death and disability, and take far more dollars from our pockets than the murders, aggravated assaults, and thefts reported annually by the FBI. What is more, this human suffering is preventable.[442]

Nothing can change without changing the whole.[443]

Id. at 17.

440. Anglin et al., *supra* note 5, at 140. Anglin and his colleagues add that "special populations of [meth] abusers present particular problems (e.g., child welfare concerns, drug-related sexual activity promoting HIV infection) that may overwhelm the resources and capabilities of programs and clinicians such that the treatment of [meth] problems is further compromised." *Id*.

441. Boyum & Kleiman, *Substance Abuse*, *supra* note 50, at 369.

442. REIMAN, *supra* note 169, at 90.

443. Margaret Lock & Nancy Scheper-Hughes, *A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent*, *in* READINGS FOR A HISTORY OF ANTHROPOLOGICAL THEORY 486, 513 (Paul A. Erickson & Liam D. Murphy eds., Toronto: Broadview Press, 2d ed. 1990) (citing P.U. UNSCHULD, MEDICINE IN CHINA: A HISTORY OF IDEAS (Berkeley: University of California Press 1985)).

As the previous parts of this Article have attempted to illustrate, meth is a problem with multiple "dialects" and one-size-fits-all "solutions" must be avoided.[444] A multi-level approach involving policymakers, health-care professionals, social service providers, and the law enforcement community, and which incorporate elements of legal status, law enforcement, prevention and treatment has shown some glimmer of hope and may continue to generate some positive results (provided that prevention strategies do not "demonize the drug"[445] and policymakers do not opt for increasingly draconian mandatory minimum sentences, sentencing enhancements and harsh collateral consequences for meth-related convictions).

Although prevention and treatment, in particular, may represent areas meriting greater emphasis, the lack of rigorous evaluation of existing programs, (mentioned at the end of Part V), is no small matter. It is also not that surprising, however. As Agnew notes, "[v]irtually every review of prevention and rehabilitation programs stresses the need for more and better evaluation research."[446] Nevertheless, because ineffective (albeit well-meaning) programs sap scarce resources (i.e., money and attention)[447]—resources that may be even more limited in impoverished rural areas[448]—such programs may cause more harm than good.[449] Rigorous evaluation, then, becomes necessary as a means of determining which programs work, which do not, which ones are promising, and which ones are not.[450]

Criminal justice scholars generally agree that the best evaluations are those which involve: (1) random assignment to prevention/treatment program or control group, thereby eliminating chance; (2) actual application of the prevention/treatment program (because often individuals are enrolled in programs but do not receive the planned intervention); (3) observable positive benefit at least one year after end of program; and (4) for programs

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444. *See generally* PRESIDENT'S NATIONAL DRUG CONTROL POLICY, *supra* note 304, at 24 (discussing the challenge of stemming the flow of methamphetamine and the precursors that are used to produce it, and explaining that restrictions on the sale of the methamphetamine precursor pseudoephedrine "vary by state in their severity and content").

445. KING, *supra* note 33, at 1.

446. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, 302-03.

447. *See* Anthony Petrosino et al., *Well-Meaning Programs Can Have Harmful Effects!: Lessons From Experiments of Programs Such as Scared Straight*, 46 CRIME & DELINQUENCY 354, 355 (2000) (indicating that well-meaning programs may have harmful effects).

448. *See supra* note 255 and accompanying text; *see also* Domanick, *supra* note 108, at 23 (explaining that meth remains popular among poor rural Americans despite its "vicious" side-effects).

449. *See* Petrosino et al., *supra* note 447, at 355, 371; *see also* King, *supra* note 33, at 3 ("[C]ombination of rhetoric and misinformation about the state of methamphetamine abuse is costly and threatening to the national drug abuse response because it results in a misallocation of resources.").

450. *See id*. at 355; Wilson, *supra* note 384, at 553.

that produce positive effects, subsequent evaluations in different locations to eliminate the possibility that the programs were successful because of exceptional staff members or supportive community environments.[451] Although there are frequently hurdles to implementing randomized experiments,[452] and random assignment may not always be possible,[453] various types of nonrandomized experiments are available (such as nonequivalent control group-designs and time-series designs)[454] and should be implemented where randomization is not feasible. The bottom line is that while the phrase, "a good plan violently executed now beats a perfect plan next week," may apply in war or in sports,[455] it is inappropriate in the context of criminal justice policy. Rigorous evaluations help demonstrate what works and present opportunities to divert resources from ineffective programs to effective ones.

Although evaluation research may indicate which prevention and treatment programs are most successful at addressing the public health and crime-related problems generated by meth, efforts to control meth abuse and meth-related crime must include what Robert Sampson calls "non-crime" policies—those that involve community structures and cultures[456]—or what Lab referred to as "macro-level prevention"—large-scale changes in society that will impact crime and deviance.[457] This Part argues that in order to achieve a significant, long-term impact on meth abuse and crime, the social conditions that lead or push individuals into such behavior must be considered.[458] The first section contemplates economic-based policy

451. AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 234-41; Wilson, *supra* note 384, at 553. It should be noted that those experiments with larger sample sizes will have greater statistical power. Patrick Gartin, *Dealing with Design Failures in Randomized Field Experiments: Analytic Issues Regarding the Evaluation of Treatment Effects*, 32 J. RESEARCH IN CRIME & DELINQUENCY 425, 434 (1995). Although frequently outside the control of the researcher, those experiments that suffer less treatment dilution (withdrawals or loss of cases from a study) and less treatment migration (crossovers or those cases that move from one group to the other) will also bear greater weight. *Id*. at 428-33, 437-41.

452. *See, e.g.*, David Weisburd, *Randomized Experiments in Criminal Justice Policy: Prospects and Problems*, 46 CRIME & DELINQUENCY 181, 181-93 (2000) (discussing the ethical, political, and practical barriers to using randomized experiments as a tool for developing criminal justice policy).

453. *See, e.g.*, AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 239-40 (discussing how ethical problems may make it impossible to conduct a randomized experiment).

454. *See id*. at 240.

455. Liz Robbins, *With Nuggets, Iverson Senses the Time Is Now*, N.Y. TIMES, Dec. 28, 2006, at C18 (quoting Denver Nuggets Vice President for Basketball Operations, Mark Warkentien and General George S. Patton).

456. Sampson & Groves, *supra* note 248, at 225.

457. Lab, *supra* note 350, at 682-83.

458. *See generally* STEVEN F. MESSNER & RICHARD ROSENFELD, CRIME AND THE AMERICAN DREAM 64 (3d ed. 2001).

interventions that could lead to reductions in meth abuse and crime. The second section discusses cultural forces that may play a role in the popularity of meth.

A. ECONOMIC-BASED POLICY INTERVENTIONS

As discussed in Part III.B, meth has presented a considerable problem for rural areas across the United States. Although meth cooks are more likely to avoid detection in sparsely populated areas where neighbors and passersby will not notice the lab's noxious fumes and although farming communities are more likely to have supplies of fertilizer of which anhydrous ammonia is a component and an important ingredient in manufacturing meth, the economic plight of rural communities has created conditions ripe for meth abuse.[459] As Agnew contends:

> A range of economic forces in the United States have contributed to a high overall level of prosperity, but this prosperity has not been shared by all. In fact, the United States has a much higher percentage of poor people than other developed countries. About

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> Cultural forces thus play a prominent role in our explanation of the high levels of crime in American society. However, a complete sociological explanation of crime must extend beyond features of culture and incorporate social structural factors as well. Culture does not exist in isolation from social structure but rather is expressed in, reproduced by, and occasionally impeded by, social structure. Any comprehensive explanation that emphasizes 'culture' as a cause of crime must therefore also consider the relevant range of structural conditions through which the cultural sources of crime are enacted. In our view, the most important of these structural conditions are the institutional arrangements of society.

Id.; Rosenfeld & Messner, *supra* note 350, at 177 (challenging criminologists and policymakers to "think about crime in America as a macrolevel product of widely admired cultural and social structures with deep historical roots.").

For an argument that economic conditions in the 1980s helped spur some of the inequalities that created some of the conditions ripe for the crack market in urban America, *see, e.g.*, Bourgois, *Workaday World*, *supra* note 253, at 170, 181, 182 ("Substance abuse in the inner city is merely a symptom—and a vivid symbol—of deeper dynamics of social marginalization and alienation."); Santelices et al., *supra* note 266, at 25.

> "It is clear that in places like *El Barrio* [a pseudonym for a blighted neighborhood in Hartford, CT], substance abuse is a symptom of more profound, sometimes hidden and silenced, social dynamics of marginalization, alienation, and other signs of oppression. This reality, moreover, is not lost on the IDUs who reflect upon these issues in moments of alertness. These signs seem to suggest the state of emergency [borrowing Walter Benjamin's words] in which they live; a state that is not the exception but the rule. Indeed, as Singer has noted, self-blame for being an outcast, social ostracism, and other exogenous shortcomings shape the IDUs [sic] everyday life."

Id.; Merrill Singer, *Why Do Puerto Ricans Inject So Often?*, 6 ANTHROPOLOGY & MED. 31, 31-58 (1999).

459. *The Other Mexican Wave*, *supra* note 13, at 62; *see Methamphetamine Scourge Sweeps Rural America*, *supra* note 5 ("It's the first drug in the history of the United States we can make, distribute, sell, take, all here in the Midwest." (quoting Detective Jason Grellner of the Franklin, County, Missouri Sheriff's Dep't)).

> 20 percent of all children live in families below the poverty line. Many of these children live in high-poverty communities, where they are surrounded by other poor people. There are a variety of reasons for the continued existence of poverty in the United States. Over the last few decades there has been a major loss of manufacturing jobs, an increase in service sector jobs that pay poorly and carry few benefits, an increase in single-parent families (which are more likely to live in poverty), and a decline in some social services.[460]

According to Diane K. McLaughlin, Associate Professor of rural sociology and demography at Pennsylvania State University, the gap in median household income increased between metro and nonmetro households between 1979 and 1999.[461] McLaughlin attributes the lag of nonmetro median household income to a number of factors, including industrial restructuring (from a goods-production to a services-based economy), the growing influence of global forces on U.S. markets, the decline of unions, and the mounting importance of technology and computerized production in the manufacturing sector (which consequently lowered employment in that sector).[462] As McLaughlin explains:

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460. AGNEW, JUVENILE DELINQUENCY (2d ed.), *supra* note 429, at 454. A number of criminologists have commented on how economic forces in the United States have contributed to vast differences in wealth and how these differences affect criminality. *See*, *e.g.*, RICHARD QUINNEY, CLASS, STATE, AND CRIME 64, 66 (1980).

> [C]rime under capitalism has become a response to the conditions of life. Nearly all crimes among the working class in capitalist society are actually a means of *survival*, an attempt to exist in a society where survival is not assured by other, collective means. Crime is inevitable under capitalist conditions. . . . The class struggle endemic to capitalism is characterized by a dialectic between domination and accommodation. Those who own and control the means of production, the capitalist class, attempt to secure the existing order through various forms of domination, especially crime control by the capitalist state.

Id. *See generally* ANDREW HACKER, TWO NATIONS: BLACK AND WHITE, SEPARATE, HOSTILE, UNEQUAL 29 (1992) ("America has always been the most competitive of societies. It poises its citizens against one another, with the warning that they must make it on their own. Hence the stress on moving past others, driven by a fear of falling behind. No other nation so rates its residents as winner or losers.").

461. Diane K. McLaughlin, *Income Inequality in America: Nonmetro Income Levels Lower Than Metro, But Income Inequality Did Not Increase as Fast*, RURAL AMERICA, Spring 2002, at 14-20, *available at* http://www.ers.usda.gov/publications/ruralamerica/ra172/ra172c pdf.

462. *Id*. at 15; *see* Shawn Bushway & Peter Reuter, *Labor Markets and Crime*, *in* CRIME: PUBLIC POLICIES FOR CRIME CONTROL 191, 193-94 (James Q. Wilson & Joan Petersilia eds., 2002).

> New technology has led to new manufacturing processes. It is often easier to build new factories at suburban or ex-urban "greenfield" sites than to retrofit old buildings. Global competition in textiles and other industries has led to the mass relocation of manufacturing operations away from "Rust Belt" locations in northeastern U.S. cities with their old factories and heavily unionized workforces to more rural "Sun Belt"

> Globalization of the markets for coal, timber, and agricultural products caused fluctuations in prices, while technological change in these industries reduced the demand for labor and reduced employment in local economies reliant on extractive industries. Some manufacturers further responded to globalization by seeking even cheaper labor and land and fewer environmental restrictions overseas.[463]

This shift to a services-based economy has profoundly affected nonmetro areas because of the traditional importance of manufacturing as an employer in nonmetro areas.[464] Although the service sector offers more variation in wages and quality of work than the manufacturing sector, McLaughlin explains:

> Nonmetro areas have had greater difficulty attracting the higher paying service sector jobs in business services and finance, insurance, and real estate found in central city and suburban areas. Hence, rural economies have gained a larger share of jobs in lower-paid portions of the services sector—personal services and retail trade. Industrial restructuring has thus affected nonmetro areas differently than either the suburbs or central cities.[465]

McLaughlin's point regarding the difficulty of nonmetro areas in attracting jobs and business is echoed by a number of public officials and researchers. Mimi Moss, Planning Director in Douglas County, Nevada, contends: "If you don't grow, your community dies over time. If you have no residential, commercial or industrial development, it becomes stagnant and it is very difficult to come out of that."[466] Shawn Bushway and Peter Reuter, in discussing the broad impact of crime on the demand for and supply of labor, assert:

> [T]he reciprocal relationship of crime and employment presents a major challenge. Not only may a criminal history affect an individual's employability, but areas of high crime are unattractive for

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> locations with cheaper land and labor. In some cases, technological change has even led to the outright elimination of many jobs in a specific industry.

Id.

463. *Id.* McLaughlin adds that technological change has increased the demand for college-educated workers in both high-level service sector jobs and in highly-automated production facilities, thereby eliminating jobs held by older workers who were often well paid but less educated and increasing the earning gap between less and more educated workers. *Id.*

464. McLaughlin, *supra* note 461, at 15. McLaughlin points out that manufacturing employment in nonmetro areas has declined since 1979. *Id.*

465. *Id.* (citation omitted).

466. Randal C. Archibold, *Nevada's Family Ranches Go the Way of the Old West*, N.Y. TIMES, Nov. 5, 2006, at 16 (quoting Mimi Moss, Planning Director, Douglas County, Nevada).

> investment. Both property and personnel are at risk; goods are stolen, premises damaged, employees assaulted, and customers intimidated. Attracting capital requires a reduction in crime so as to allay the legitimate concerns of investors, employers, and customers. On the other hand, crime reduction on a large scale may require the creation of employment opportunities for the large numbers of young adults who are the source of so much crime in an area.[467]

Similarly, John Hagan and Ronit Dinovitzer, who study the impact of young men's engagement in criminal activity and subsequent involvement in the criminal justice system, explain that "when young minority males are taken from their communities and imprisoned, they become a novel resource in the investment/disinvestments equation that shifts resources from one location to another, disadvantaging the minority community to the relative advantage of another community, usually in a majority group setting."[468] If enough individuals in a given community commit crimes and are subsequently removed from the community and sent to prison, then the community will "los[e] the workforce that is necessary to sustain viable labor market activity."[469] Likewise, this Author, in looking at the impact of collateral consequences on ex-offenders, has argued that the exodus of both

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467. Bushway & Reuter, *supra* note 462, at 193; *see* Elliott Currie, *Market, Crime and Community: Toward a Mid-Range Theory of Post-Industrial Violence*, 1 THEORETICAL CRIMINOLOGY 155, 168 (1997).

> Steady work provides one of the most important bonds that enable individuals to desist from early criminal careers. . . . Full employment at socially meaningful work at good wages, and with reasonable hours, at a stroke attacks many of the criminogenic features of market society—integrating individuals into a larger social purpose, stabilizing local communities, and guaranteeing sufficient income. It makes illicit markets less appealing and reduces the kinds of family stresses that put smaller children at risk of abuse and weaken the supervision of older ones.

Id.; QUINNEY, *supra* note 460, at 64.

> Although the statistical evidence can never show conclusively the relation between unemployment and crime, largely because such statistics are politically constructed in the beginning to obscure the failings of a capitalist economy, there is sufficient observation to recognize the obvious fact that unemployment produces criminality. Crimes of economic gain increase whenever the jobless seek ways to maintain themselves and their families.

Id. See generally Bill McCarthy, *New Economics of Sociological Criminology*, 28 ANN. REV. SOCIOL. 417, 426 (2002) ("[A] decrease in wages encouraged offending and that declining wages throughout the 1970s and 1980s may have contributed considerably to youth crime increases in these years, with a 20% fall in wages leading to a comparable increase in offending."(citing J. Grogger, *Market Wages and Youth Crime*, 16 J. LABOR ECON. 756, 756-91 (1998)).

468. John Hagan & Ronit Dinovitzer, *Collateral Consequences of Imprisonment for Children, Communities, and Prisoners*, *in* PRISONS 121, 133 (Michael Tonry & Joan Petersilia eds., 1999).

469. *Id.* at 135. *See generally* Bushway & Reuter, *supra* note 462, at 200 (discussing the loss of productive males caused by incarceration due to the "War on Drugs").

young men (to prisons) and businesses (to the suburbs, other cities, other states, or other countries) reduces the employment opportunities of individuals returning from prison—individuals who already face hurdles to employment because of their criminal records and lack of employment experience, as well as the job prospects for the remaining young adults in those communities.[470] As a result, the odds of recidivism (in the case of the ex-prisoners) increase, as does the likelihood that a criminal career (in the case of the young adults) will commence, thereby further increasing the chances that the remaining businesses will also leave—effectively creating a vicious cycle.[471] Although Hagan and Dinovitzer, as well as this Author, focus on urban communities, rather than nonmetro areas, the principle that businesses need a viable labor force (and, depending on the business, a viable consumer base), is generalizable to rural areas.

In the context of meth use in rural areas, Stephanie Schaefer, in two separate reports—one on rural Oregon and one on rural Pennsylvania—links the loss of decent-paying jobs in rural portions of these states to high

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470. Avi Brisman, *Double Whammy: Collateral Consequences of Conviction and Imprisonment for Sustainable Communities and the Environment*, 28 WM. & MARY ENVTL. L. & POL'Y REV. 423, 430-31, 449-53, 456-59 (2004) [hereinafter Brisman, *Double Whammy*]; *see* Avi Brisman, *Toward a More Elaborate Typology of Environmental Values: Liberalizing Criminal Disenfranchisement Laws and Policies*, 33 NEW ENG. J. ON CRIM. & CIV. CONFINEMENT 283, 313-14 (2007). *See generally* Bushway & Reuter, *supra* note 462, at 208 (discussing the unwillingness of employers to hire ex-offenders because of their ex-offender status).

471. *See* Brisman, *Double Whammy*, *supra* note 470, at 455.

> Without the resources to improve their lot, existing communities are unable to keep and attract businesses. But without businesses to provide employment and contribute to the tax base, the inner city communities lack the resources to improve their conditions. This Catch-22 or cycle produces great degrees of separation between the income classes, where the rich and middle class are concentrated on the outskirts of the city, while the poor are geographically and socially isolated in the central city.

Id. (citations omitted); Helen Epstein, *Ghetto Miasma; Enough to Make You Sick*, N.Y. TIMES MAGAZINE, Oct. 12, 2003, at 75, 76 (reporting that joblessness draws young people into crime and incarceration); JAMES P. LYNCH & WILLIAM J. SABOL, PRISONER REENTRY IN PERSPECTIVE, URBAN INSTITUTE CRIME POLICY REPORT 3 (2001), *available at* http://www.urban.org/UploadedPDF/410213_reentry.pdf (stating that limited access to jobs in metropolitan areas "may impose further constraints on the capacity of communities to reintegrate ex-prisoners."). *See generally* ELLIOTT CURRIE, CONFRONTING CRIME: AN AMERICAN CHALLENGE (1985) (explaining that programs to reintegrate offenders are undermined by the limits of the labor market); Chrisna du Plessis, *The Links Between Crime Prevention and Sustainable Development*, 24 OPEN HOUSE INT'L 33, 39 (1999).

> A low quality environment creates a negative image that leads to fear of crime. This often causes these areas to be stigmatised and vital economic investment being withheld or withdrawn. As unemployment rises people cannot afford to improve their situation and their quality of life drops. Maintenance of the environment also diminishes and the area descends into a vicious spiral.

Id.; WESLEY G. SKOGAN, DISORDER & DECLINE: CRIME AND THE SPIRAL OF DECAY IN AMERICAN NEIGHBORHOODS 65 (1990) ("[T]he stigmatizing effect of disorder discourages outside investors, and makes it more difficult for local businesses to attract customers from outside.").

unemployment, increased poverty, and rising drug use.[472] For example, Schaefer writes that,

> [t]raditional economic sectors, such as factory production and mining, continued to decline in recent decades, whereas the "new economy" sectors of services and technology have grown dramatically in Pennsylvania. The services and retail industries have been the sources of modest job growth in rural Pennsylvania, but the lower average pay for work in these growth industries puts rural Pennsylvanians at a disadvantage.[473]

In addition to the actual availability of jobs, Bushway and Reuter note the importance of job *visibility*: "high unemployment may have a demoralizing impact on a particular neighborhood or section of a city or county that creates a climate of hopelessness or anomie with criminogenic consequences even for those not directly unemployed (e.g., teenagers or others not in the labor force.)"[474] For Bushway and Reuter, while new jobs offer more opportunities for legitimate work,

> [j]obs visibly available in an area may also provide motivation for young people to continue their education and to enroll in training programs. The economic activity that new or expanded businesses represent can also lead to increased social interactions among residents and strengthen social institutions (for example, churches, business organizations, schools), which can exert a positive influence on individuals who might otherwise revert to crime.[475]

Essentially, while the *absence* of employment opportunities may create economic strain and foster the conditions ripe for crime and drug abuse,[476]

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472. SCHAEFER ET AL., OREGON, *supra* note 5, at 1-2; SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 1-2.

473. SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 4.

474. Bushway & Reuter, *supra* note 462, at 196 (quoting T. Chiricos, *Rates of Crime and Unemployment: An Analysis of Aggregate Research Evidence*, 34 SOC. PROBLEMS 187, 195 (1987)).

475. *Id.* at 197.

476. *See supra* note 175, and accompanying text.

Agnew notes that various forms of strain can also serve to undermine prevention efforts whose goal is to help eliminate the conditions for delinquency:

> [Many prevention and rehabilitation programs] focus on the individual and the individual's immediate social environment—family, school, peer group, and local community. The nature of one's immediate environment, however, is strongly influenced by larger social forces. These forces play a major role in generating such problems as dysfunctional families, school failure, gangs, and neighborhoods plagued by crime and other problems. Further, these forces influence the success or failure of prevention and rehabilitation programs, since they shape the context in which these programs operate. It is difficult for parent training programs to be successful, for example, when parents are unemployed and struggling to survive.

the *presence* of working adults and/or peers can help cultivate significant relationships between those at risk for delinquency and conventional others and institutions,[477] as well as provide job connections for those seeking to enter the workforce.[478] As Buxton explains, "structured lives, defined as family and work commitments, militate against the development of problem use and addiction. People who were socially and economically marginalized and who lack daily routines are by contrast more vulnerable to problem drug use."[479] Correspondingly, criminologist Jock Young asserts:

> A major cause of crime lies in deprivation that is, very frequently, the combination of feeling relatively deprived economically . . . (which causes disaffection). . . . The classic combination is to be marginalised economically and treated as a second-rate citizen on the street by the police. Secondly, a common argument is that widespread economic and ontological insecurity in the population engenders a punitive response to crime and deviancy.[480]

Rodriguez and her colleagues add that research finding that methamphetamine use by marginalized youthful populations in southern Arizona is a consequence of their economic plight.[481]

With this link between socio-economics and drug abuse in mind, a number of scholars have emphasized the need for measures to stimulate economic growth and development. Buxton, for example, in speaking broadly about conflict arising from illegal drug markets, asserts that "[t]he only effective counter to drug penetration is the creation of strong, viable

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AGNEW, JUVENILE DELINQUENCY, *supra* note 174, at 321.

477. *See supra* notes 245-47 and accompanying text (discussing social control); *see also* AGNEW, JUVENILE DELINQUENCY (2d ed.), *supra* note 429, at 452-53 (stating that "economic deprivation and other factors increase community crime rates through their effect on strain, control, and the social learning of crime," and noting that "[s]ome programs attempt to reduce delinquency by attacking the community problems that contribute to delinquency."); ADOLESCENT SUBSTANCE ABUSE, *supra* note 405, at 4 ("Research consistently indicates that family factors and peer associations are the most important contributors to substance use in adolescence. Inadequate social support, stressful life events, societal pressures, and physical or sexual abuse have been increasingly associated with heavy substance use by adolescents, especially young women.").

478. Bushway & Reuter, *supra* note 462, at 195 (citing J.E. ROSENBAUM, INSTITUTIONAL NETWORKS AND INFORMAL STRATEGIES FOR IMPROVING WORK-ENTRY FOR DISADVANTAGED YOUTH: NEW DIRECTIONS FOR RESEARCH AND POLICY (1996)); *see* MERCER L. SULLIVAN, "GETTING PAID": YOUTH CRIME AND WORK IN THE INNER CITY 89-90 (1989) (providing examples of youth who obtained employment through connections with family and friends).

479. BUXTON, *supra* note 28, at 109.

480. Young, *supra* note 157, at 263 (citations omitted).

481. Rodriguez et al., *supra* note 14, at 668 (citing J. Glittenberg & C. Anderson, *Methamphetamine: Use and Trafficking in the Tucson-Nogales Area*, 34 SUBSTANCE USE & MISUSE 1977, 1977-89 (1999)).

democratic states supported by economic development assistance."[482] Agnew, focusing on the domestic front, contends that while prevention and treatment programs (such as those discussed in Part V) have shown some success in reducing the negative effects of poverty (discussed at the beginning of this section) and, in some cases, helping individuals escape poverty, "these programs deal largely with the symptoms of the widespread poverty in the United States. Any serious approach to reducing delinquency must devote greater attention to reducing poverty throughout the United States, both individual poverty and the concentration of poverty in certain communities."[483] Although an in-depth discussion of macro- or even micro-level economic reform is outside the scope of this article, it is worthwhile sketching some of the types of economic- and employment-based policy interventions vital to helping communities struggling under the weight of poverty—poverty that may lead to (community-wide) meth abuse (which may subsequently hamper efforts for the community to reverse its economic plight).

Bushway and Reuter discuss a number of tax incentives and direct capital subsidies geared toward stimulating economic development in areas with significant social and economic problems. For example, *enterprise zones* focus tax incentives (including credits for property taxes, franchise taxes, sales taxes, investment taxes, and other types of state-specific employer-related taxes, such as inventory taxes) on narrowly defined, economically depressed geographic areas.[484] To some extent, the success of enterprise zones depends on the scope of tax incentives and zone size, which is usually determined by some combination of unemployment rates, population decline, poverty rates, median incomes, the number of welfare recipients, or the amount of property abandonment.[485] Unfortunately, enterprise zones are limited by the fact that states cannot waive federal taxes,[486] and in some instances stimulating business activity in one area has resulted in decreased employment in another area, producing no net gain in employment.[487] Studies of enterprise zones are sparse. Those that have been

482. BUXTON, *supra* note 28, at 143.

483. AGNEW, JUVENILE DELINQUENCY (2d ed.), *supra* note 429, at 454. *See generally* FRANCIS T. CULLEN & ROBERT AGNEW, CRIMINOLOGICAL THEORY: PAST TO PRESENT: ESSENTIAL READINGS 296 (3d ed. 2006) (explaining the critical criminological perspective that "the solution to crime is the creation of a more equitable society").

484. Bushway & Reuter, *supra* note 462, at 197. *See* AGNEW, JUVENILE DELINQUENCY (2d ed.), *supra* note 429, at 453 (noting programs that attempt to stimulate economic development in impoverished crime-ridden communities by providing tax breaks and other financial incentives to attract businesses to these communities).

485. Bushway & Reuter, *supra* note 462, at 198.

486. *Id.*

487. *Id.*

conducted have focused almost exclusively on urban areas, have not attempted to differentiate the impacts of individual incentives, and have not considered the impact of enterprise zones on crime and/or drug abuse.[488]

Grants, either to local governments to improve housing and public services,[489] or to private businesses, such as the Community Development Block Grant (CDBG) Program,[490] are another means of attempting to revitalize distressed areas. Like enterprise zones, the impact of such grant programs on economic development have not been well evaluated,[491] although Agnew notes some evidence of success in certain communities.[492] Bushway and Reuter make reference to one study of CDBG funding that indicated a positive correlation between funding and census tract income, but the study involved the comparatively flimsy before-and-after research design, thereby raising questions about its ability to help development.[493] Bushway and Reuter conclude:

> Permanent job loss, especially of well-paid, low-skill jobs, may in fact be responsible for a great deal of the social problems and the high crime rates in these communities. It is possible, therefore, that job creation programs such as enterprise zones, or economic development programs such as Community Development Block Grants, may be able to change the levels of crime found in these communities. Yet . . . none of the current set of evaluations has shown a sustained impact.[494]

In addition to enterprise zones and CDBG program funding, Bushway and Reuter discuss housing dispersal and mobility programs, which attempt to bring workers to jobs rather than vice versa.[495] Initial findings from studies in the urban context indicate that moving to lower poverty areas may have a positive impact.[496] Bushway and Reuter clarify, however, that such programs have encountered resistance from the communities to which people are moved,[497] point out that the problem is often lack of prepared

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488. *Id.*

489. AGNEW, JUVENILE DELINQUENCY (2d ed.), *supra* note 429, at 453.

490. Bushway & Reuter, *supra* note 462, at 199-200.

491. AGNEW, JUVENILE DELINQUENCY (2d ed.), *supra* note 429, at 453.

492. *Id.*

493. Bushway & Reuter, *supra* note 462, at 199-200.

494. *Id.* at 220.

495. *Id.* at 202-06; *see* AGNEW, JUVENILE DELINQUENCY (2d ed.), *supra* note 429, at 454 (discussing the need to improve public transportation so that individuals can reach more of the available jobs).

496. Bushway & Reuter, *supra* note 462, at 199-205.

497. *Id.*

individuals, not lack of jobs,[498] and express reservations because such programs "do nothing positive for the environment (as opposed to the people)."[499] One could speculate that such programs might not work for residents of rural communities because of the geographic distance between communities and the lack of public transportation available in such areas,[500] as well as the risk that commuting time would reduce opportunities for parent-child interactions vital to social control.[501] But again, the problem appears to be lack of implementation and evaluation in rural contexts.

Bushway and Reuter conclude by stating that "no program aimed at boosting the demand for labor in high crime communities—whether focused on increasing investment in those areas or on giving opportunities for residents of those communities to find jobs elsewhere—has a record of strong positive findings. Thus they are unlikely to reduce crime in these areas."[502] But they add that "these programs are difficult to evaluate because of their community focus and the multitude of interventions typically implemented simultaneously."[503] Moreover, they are unwilling to completely dismiss the idea of raising employment and wages in areas affecting by high crime and significant drug abuse problems: "It may well be that

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498. *Id.* at 220.

499. *Id.* at 206.

500. Gary Holman, *Letter to the Editor: Predicting Oil's Effect on America's Future*, N.Y. TIMES, Jan. 24, 2006, at 20 ("There are millions of Americans living in rural areas where there is no access to any type of public transportation."); Steve Israel, *Letter to the Editor: Gas Addicts: Tax Them at the Pump?*, N.Y. TIMES, June 2, 2006 at 20 (discussing how rural areas "lack any meaningful transportation alternatives to the cars they drive"); *see also* Erik Eckholm, *Medicaid Plan Prods Patients Toward Health*, N.Y. TIMES, Dec. 1, 2006, at A1; Elizabeth Jensen, *The Real World: Prestonburg, Kentucky*, N.Y. TIMES, Jan 1, 2006, at 2.23; Robert Strauss, *In Wake of Casinos, Suburbs Mushroom*, N.Y. TIMES, May 14, 2006, at 14NY.1.

501. *See generally* Currie, *supra* note 467, at 159-60.

> The adoption of low-wage, high-turnover labor market strategy that is an essential feature of "contingent" capitalism tends to undercut parents' ability to nurture and supervise their children, leading, in turn, to the kinds of problems that many versions of control theory warn us about. As wage levels fall and steady full-time work is replaced by the packaging of several part time and/or temporary jobs, parents in market societies increasingly need to work excessively long hours to make ends meet—which means that their children are likely to be deprived of attention and support.

Id.; MESSNER & ROSENFELD, *supra* note 458, at 102, 107.

> Policies that enable parents to spend more time with their children should not only strengthen family controls over children's behavior but also enable schools to carry out their control functions more effectively. [T]he structural changes that could lead to significant reductions in crime are those that promote a rebalancing of social institutions. These changes would involve reducing the subordination to the economy of the family, schools, the polity, and the general system of social stratification.

Id.

502. Bushway & Reuter, *supra* note 462, at 206.

503. *Id.*

'only everything works,' that is, that labor market interventions must be part of broader policies in these communities."[504] This Author would concur. While loath to support funding for programs with little or no record of success, this Author stresses the importance of evaluating programs that have been implemented in rural contexts and of avoiding the inclination to broadly generalize across contexts, as well as the need to develop and promote creative interventions specific to rural communities afflicted by the peculiar problems presented by meth abuse.

At the same time, however, we need not entirely recreate the wheel. Some proven forms of assistance will likely continue to be of help to residents of blighted meth-ravaged rural communities. Agnew notes the importance of providing increased tax benefits and other financial assistance to families with children[505]—an idea developed more fully by Schaefer. Schaefer discusses the importance of the federal Earned Income Tax Credit (EITC or EIC), which is fully refundable and provides tax reductions and wage supplements for low- and moderate-income working families, the federal Child Tax Credit (CTC), which is also available to low- and middle-income Americans, and the Child and Dependent Care Tax Credit, which enables families to deduct portions of their child care expenses.[506] She argues that "[s]ince adolescent behavior problems such as aggression can turn into violent criminal offenses, providing economic support through [such] tax credits is [a] way to help young people succeed and avoid lives of crime."[507] In addition to the federal EITC, which has been called "the nation's largest antipoverty program for working families,"[508] Schaefer notes that some states have "created a smaller state

504. *Id.* at 224. Agnew suggests that there might be some merit in an "only everything works" approach (provided that it does not waste valuable resources). *See* AGNEW, JUVENILE DELINQUENCY (2d ed.), *supra* note 429, at 454-55 (discussing suggestions to attract jobs to areas plagued by crime and to induce employers to hire people from such areas; increase the pay and benefits associated with jobs so that all work pays a "living wage;" create new jobs in the public sector (such as in the fields of child care, health care, public safety, and child protection); and increase social services, including job training, educational programs, health care, child care, preschool programs like Head Start and Early Head Start, food programs, housing assistance, and a range of pro-family policies like flexible work schedules and stronger family-leave policies).

505. AGNEW, JUVENILE DELINQUENCY (2d ed.), *supra* note 429, at 454. Agnew also mentions the need to help families collect child support. *Id.* at 454-55.

506. SCHAEFER ET AL., OREGON, *supra* note 5, at 13-14; SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 15-16; Sarah Hamersma, *The Bare Minimum*, N.Y. TIMES, Mar. 8, 2007, at A23 ("The Earned Income Tax Credit is a federal tax refund for workers, who qualify based on family income rather than individual income or wages.").

507. SCHAEFER ET AL., OREGON, *supra* note 5; SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 15.

508. STEVE HOLT, THE BROOKINGS INSTITUTION, THE EARNED INCOME TAX CREDIT AT AGE 30: WHAT WE KNOW 1 (2006), *available at* http://www.brookings.edu/metro/pubs/20060209_Holt.pdf.

EITCs to further assist middle- and low-income families."[509] Currently, eighteen states and the District of Columbia have a state EITC in place,[510] excluding Michigan which has passed a state EITC that will be phased in during 2008 and 2009.[511] A few locally administered EITCs have been established as well; for example, in 1999, Montgomery County, Maryland, adopted a local EITC as an alternative to a living wage ordinance. New York City's EITC took effect in August 2004 and San Francisco's in 2005.[512]

Just as the job programs that Bushway and Reuter discuss may not be the panacea that many policymakers hoped they might be,[513] state EITCs are only one piece of the economic puzzle. For individuals without children, EITCs have little impact,[514] and even those families who benefit from both federal and state EITCs may still fall prey to meth abuse. But for some families struggling to stay above water, the implementation of a state EITC may reduce some economic strain and divert them from the path of use and abuse.[515]

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509. SCHAEFER ET AL., OREGON, *supra* note 5, at 13 (discussing Oregon's state EITC fund); SCHAEFER ET AL., PENNSYLVANIA, *supra* note 25, at 15 (noting Pennsylvania does not have a EITC, however, legislation has been proposed to create one); *see* Holt, *supra* note 508, at 5 tbl.2 (listing state and local EITC parameters for tax year 2005, including the percentage of the federal EITC).

510. Holt, *supra* note 508, at 5 tbl.2. These states are: Delaware (as of 2006), Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Nebraska, New Jersey, New York, Oklahoma, Oregon, Rhode Island, Vermont, Virginia (as of 2006), and Wisconsin. *Id.* Colorado's EITC has been suspended. *Id.*

511. Charles Stewart Mott Foundation, *State Earned Income Tax Credit Available Soon in Michigan*, Nov. 10, 2006, *available at* http://www.mott.org/recentnews/news/2006/EITC.aspx?print=1. New Mexico does not offer a state-level an earned income credit (EIC) program, but its "Low-Income Comprehensive Tax Rebate" program bears a strong resemblance to EIC. TaxCreditResources.org, State EIC Programs, http://www.taxcreditresources.org/pages.cfm?contentID=39&pageID=12&Subpages='yes' (last visited June 25, 2007).

512. Holt, *supra* note 508, at 3.

513. *See* Bushway & Reuter, *supra* note 462, at 222 (explaining that job programs are difficult to implement at the community level).

514. *See* Allan Ostergren, Editorial, *A Universal Tax Credit*, N.Y. TIMES, Mar. 12, 2007, at A2 ("[The EITC] favors families and higher earners, leaving many marginal workers with only spare change. Many eligible workers fail to claim the credit, and much of the proceeds goes to tax preparers ready to advance the money at usurious rates."); *see also* Hamersma, *supra* note 506, at A23 ("[A]n upper-class teenager working at McDonald's will not get a benefit, but someone trying to support a family will.").

515. Hamersma, *supra* note 506, at A23

> If we don't think that people with low incomes are getting what they need, let's not look to ineffective employer tax credits to try to create jobs. And let's not burden employers with the costs of a higher minimum wage, most of which won't even go to low-income families. If additional investments are to be effective—and directed toward the intended recipients—they should focus instead on making sure our Earned Income Tax Credit program provides an adequate income supplement for the working poor.

B. METHAMPHETAMINE AND THE CULTURE OF SPEED

As mentioned in the previous section, some commentators have attributed the economic plight of rural communities to globalization, which has been referred to as "capitalism on speed,"[516] and to the loss of jobs to overseas labor.[517] It thus seems like cruel irony that as "capitalism on speed" brings about the exodus of businesses and jobs from rural America, speed, the drug—and without the capitalism (except for meth markets)—takes root. The point is not to oversimplify matters and attribute the problem of meth simply or solely to capitalism. As Schaler writes, "there are diverse explanations for drug use as an event."[518] But a macro-level consideration of the causes of meth use and abuse, as well as macro-level strategies for controlling meth use and abuse, must contemplate the drug as a reflection of contemporary culture.

A number of scholars from diverse fields have commented on the current pace of culture. For example, cultural anthropologist Bruce M.

Id.; *cf.* Ostergren, *supra* note 514, at A22 ("A simpler and better solution [than the EITC] would be a universal refundable tax credit, set at a level sufficient to ensure that all incomes exceed the poverty line. The benefit could be administered by the Social Security Administration, and treated as taxable income to minimize any windfall to higher earners.").

516. *See, e.g.*, Claudette Vaughan**,** *Sedition and the State—Part 2 of Ken Setter's Interview*, ABOLITIONIST-ONLINE, http://www.abolitionist-online.com/interview-issue03_sedition.and.state_ken.setter.shtml (last visited Jan. 3, 2007) (quoting Ken Setter).

517. *See* Thomas B. Edsall, *Speed Bump at the Border*, N.Y. TIMES, Nov. 28, 2006, at A23 ("Globalization needs to be controlled and slowed down because of the brutal destruction and vast imbalances of wealth it causes. The nihilistic vision of the world as an accelerating treadmill of constant insecurity, jobs with longer hours and shorter pay the triumph of dog-eat-dog competition is a vision of hell." (quoting Jeff Faux)).

518. Schaler, *Introduction*, *supra* note 156, at 9; *see* BUXTON, *supra* note 28, at 108 (stating that "[several] factors influence consumption and these are very difficult, if not impossible, to legislate against. These include: cultural trends and generational change; socio-economic conditions; availability; peer group influence; and the price of drugs. These different motivations for use make it hard to determine definitively the demand dynamics of a particular drug."). Even *adolescent* drug use is a complex phenomenon:

> One of the reasons we have difficulty affecting adolescent drug use is that adolescent culture does not consist of one uniform, homogenous group. In reality, there are as many adolescent cultures as there are divisions within the adult world. Variations exist based on demographic factors such as region, gender, socio-economic status, and ethnicity; psychographic factors such as sensation seeking, attitudes toward society, and self-esteem; and family factors such as family structure, parenting style, and number of siblings. Drug use and its prevention are dependent on understanding nuances within each of the groups—their norms, message styles, language, and so on. Just as advertisers adjust their messages to national cultures and, within nations, population segments (e.g., women, teens, African Americans), so too must prevention be addressed to the specific adolescent cultures within which drugs are used. At the heart of these cultures are the relationships that unite and bind the group and through which group norms, language, and communication competencies are created, reinforced, and changed.

MILLER ET AL., *supra* note 242, at 107-08.

Knauft, writing in 1996, distinguishes between "postmodern*ism*" as a genre of refractory (or reflexive) expression and "postmodern*ity*" as a socioeconomic and cultural model, which, in the latter sense is linked to the time-space compression of late capitalism that informs large-scale changes in Western societies and cultures.[519] For Knauft, such changes include the collapse of large-scale communist and socialist regimes, an increasing disillusionment with grand visions of modern Western liberal democracy, and the decentralization of political capital. But they also encompass the enormous growth of service industries, the relative decline of factory industrialism, the relative shift from an industrial economy to an economy based on electronic and mass media, and the increase of information, information flow, and the speed of communication and movement across social and geographic boundaries.[520] Marveling at the rate with which these changes have occurred, as well as at the rate that characterizes them, Knauft proclaims: "People and ideas move with increasing speed; information circuits the glove as a ubiquitous commodity; the world shrinks while its inequalities widen."[521]

Similarly, environmental studies professor David W. Orr, discussing intramural university communications, as well as those outside the institution, contends:

> Electronic communication is now standard throughout most organizations. The results, however, are mixed at best. The most obvious result is a large increase in the sheer volume of stuff communication, much of which is utterly trivial. There is also a manifest decline in the grammar, literary style, and civility of communication. People stroll down the hall or across campus to converse less frequently than before. Students remain transfixed before computer screens for hours, often doing no more than playing computer games. Our conversations, thought patterns, and institutional speed are increasingly shaped to fit the imperatives of technology. Not surprisingly, more and more people feel overloaded by the demands of incessant communication. But to say so

519. BRUCE M. KNAUFT, GENEALOGIES FOR THE PRESENT IN CULTURAL ANTHROPOLOGY 65-67 (1996).

520. *Id.* at 65.

521. *Id.* at 44; *see also* Doreen Massey, *A Global Sense of Place*, MARXISM TODAY, June 1991, at 24. ("This is an era . . . when things are speeding up, and spreading out."). Note that Knauft does not restrict his comments to the United States—a point with which Courtwright would agree. *Id.* Courtwright cites a longtime Tokyo resident for the following proposition: "Japan is the type of society that needs methamphetamine . . . [t]he treadmill is very fast and people use it to stay on." COURTWRIGHT, *supra* note 5, at 82.

> publicly is to run afoul of the technological fundamentalism now dominant virtually everywhere.
>
> By default and without much thought, it has been decided (or decided for us) that communication ought to be cheap, easy, and quick. Accordingly, more and more of us are instantly wired to the global nervous system with cell phones, beepers, pagers, fax machines, and e-mail. If useful in real emergencies, *the overall result is to homogenize the important with the trivial, making everything an emergency and an already frenetic civilization even more frenetic*. As a result, we are drowning in unassimilated information, most of which fits no meaningful picture of the world. In our public affairs and in our private lives we are, I think, increasingly muddle-headed because we have mistaken volume and speed of information for substance and clarity.[522]

For Cynthia ("Cindy") Schaider, Coordinator of Casa Grande Alliance (AZ) and President/CEO of Schaider Consulting Services, Inc., who has worked in the treatment field for almost thirty years, the information on-demand that Orr describes as representative of today's society has far more destructive implications than mistaking volume and speed for substance and clarity. She explained: "I think the popularity of meth is a reflection of the times: We are expected to multi-task, drive faster, watch the news and the info crawl at the bottom of the screen, INSTANT messaging, cell phones with INSTANT connective buddy links, go faster, do more. A drug that helps us do all of that, and feel good about ourselves (for a while) AND helps us lose weight. . . this is the perfect storm, so to speak."[523]

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522. ORR, *supra* note 3, at 47 (emphasis added); *see also* Matt Richtel, *It Don't Mean a Thing if You Ain't Got That Ping*, N.Y. TIMES, Apr. 22, 2007, at §4:WK5 ("'Look at a lot of communication—it's idiotic in terms of substance.'" (quoting James E. Katz, Director of the Center for Mobile Computing at Rutgers University)). *See generally* Stacy Schiff, *One Latte, Hold the Milk*, N.Y. TIMES, Feb. 3, 2007, at 27 ("Could we be where we are today without a tidal wave of caffeine? A 24-hour news cycle does not require 24-hour news. It does, however, require a 24-hour caffeine drip."); *cf.* Robert Wright, *E-Mail and Prozac*, N.Y. TIMES, Apr. 17, 2007, at A27 ("Twenty millenniums ago, communication was simple. Utterances were usefully accompanied by nonverbal cues: tone of voice, facial expression, nudging your fellow hunter-gatherer in the ribs upon reaching a punch line. Twenty years ago, communication was still pretty simple.").

523. Email from Cynthia ("Cindy") Schaider, to Avi Brisman (Nov. 6, 2006 20:59:31 EST) (on file with author). On Thursday, November 2, 2006, this Author contacted Ms. Schaider, in response to a post on the ondcpcomprev list-serve (ondcpcomprev@ncjrs.gov), identifying himself as a graduate student in the Department of Anthropology at Emory University and requesting information regarding the educational sessions she conducts on methamphetamine. Ms. Schaider agreed to an email exchange and granted permission for her comments to be used in this paper. Email from Cynthia Schaider, to Avi Brisman (Nov. 10, 2006, 11:07:02 EST) (on file with author). For a discussion of whether computer use today (BlackBerry use in particular) *is itself* a drug addiction, *see* Ritchtel, *supra* note 522, at §4:WK5. *See generally* Brad Stone, *Bereft of*

Visual evidence of this "tyranny of the immediate"[524] that Schaider condemns and which she alleges leads to meth addiction can be found in the "faces of meth" described in Part I.[525] It can also be seen in the waif-like bodies of many women, who have traded Weight Watchers, Atkins, or South Beach for "the Jenny Crank diet,"—the phrase used by "Patrick Fleming, head of the Salt Lake County Division of Substance Abuse Services, which now sees more women with addictions to meth than to alcohol."[526]

In discussing the link between drug use and cultural trends, Buxton describes how heroin was transformed from the drug of "wasters" in the 1980s to the "drug of choice" for artists, musicians, and, perhaps most significantly, models. "This dramatic reversal in the portrayal of heroin was epitomized by the rise of so-called 'heroin chic.'"[527] Already the term "meth chic" has begun to creep into the vernacular.[528] There is some chance that "meth chic" may not reach the level of popularity that "heroin chic" did in the 1990s,[529] in part because of the negative association of meth with rural "white trash."[530]

BlackBerrys, The Untethered Make Do, N.Y. TIMES, Apr. 19, 2007, at C1, C4 (reporting that a recent ten-hour BlackBerry blackout was "grueling to many—and revealed just how professionally and emotionally dependent so many people had become on their pocket-size electronic lifelines," and quoting Elaine Del Rossi, Chief Sales Officer for HTH Worldwide for the proposition: "'I quit smoking 28 years ago. And that was easier than being without my BlackBerry.'").

524. SHABECOFF, *supra* note 1, at 254.

525. *See supra* note 17 and accompanying text; *see also* The Partnership for a Drug-Free America, Faces of Meth, http://www.drugfree.org/Portal/DrugIssue/MethResources/faces/index.html (last visited Jan. 3, 2007) (featuring photos of meth addicts).

526. Jefferson, *supra* note 5.

527. BUXTON, *supra* note 28, at 108; *see, e.g.*, McCaffrey, *supra* note 34, at 36 (explaining that the "heroin chic" trend contributed to the use of heroin among young people); Robert Sullivan, *Goodbye to Heroin Chic. Now It's Sexy to Be Strong*, TIME, July 19, 1999, *available at* http://www.time.com/time/magazine/printout/0,8816,991541,00.html (explaining that female athletes have become role models). For a general discussion of the influence of media on drug use, *see* MILLER ET AL., *supra* note 242, at 2 ("Many images in U.S. culture encourage alcohol and other drug use among adolescents. Specifically, media messages strongly influence attitudes, expectancies, intentions, and behaviors that then affect individual decisions about drug use. These media messages both reflect and shape the image of drug use among our youth.") (citations omitted).

528. *See, e.g.*, Bitingblondewit, Happy Meth Awareness Day! (Nov. 11, 2006), http://bitingblondwitl.blogspot.com/2006/11/happy-meth-awareness-day.html, [hereinafter Happy Meth Awareness Day!]; Bitingblondewit, Heroin Chic vs. Crystal Meth Chic (July 13, 2006), http://bitingblondwitl.blogspot.com/2006/07/heroin-chic-vs-crystal-meth-chic.html, [hereinafter Heroin Chic]; Posting of Chris Edwards: Rokk It Like Beckham, to http://www.famousmisteredwards.com/edwordz/index.asp?id=45 (Nov. 14, 2005 7:16:34 EST); Choire Sicha, *Abuse Me! I Like It! The Weirdness of Hiring A Personal Organizer*, THE NEW YORK OBSERVER, Feb. 6, 2006, at 5, *available at* http://observer.com/20060206/20060206Choire_Sicha_thecity_newyorkersdiary2.asp.

529. For example, Kate Moss, the poster-child for "heroin chic," has been immortalized by a number of famous contemporary artists, including Chuck Close, Lucian Freud, Alex Katz, Marc

If such negative sentiments persist, "meth chic" may not become the fad that "heroin chic" did. But as the history of amphetamine use and the current demographics of methamphetamine, discussed in Part III, show, some of meth's attraction lies in its ability to help women control their weight.[531] Rawson, Anglin, and Ling warn that "[a]t particularly high risk are women for whom methamphetamine offers a quick and effective method of weight control. Prevention messages to young women may find it useful to question the desirability of aspiring to the anorexic body type of the fashionable models seen in magazines and TV, and often viewed as role models."[532] Unfortunately, such messages may get obfuscated by the simultaneous transmission of messages condemning obesity. For impressionable individuals, steps to discourage girls and young women from trying to copy models' "rail-thin" looks—organizers of top-level fashions shows in Madrid and Milan have banned from their runways models whose body mass index (B.M.I.) fell below a certain rating[533]—may get lost in the "crisis of obesity."[534] The obesity crisis stems, in part, from reports finding that "obesity makes ovarian cancer more deadly,"[535] and brings about other related health problems, such as diabetes[536] to debates over high-fructose

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Quinn, Adam McEwen, Inez van Lamsweerde and Vinoodh Matadin, Richard Prince, Terry Richardson, Mario Sorrenti, Andro Wekus, and Mariene Dumas. An exhibition, entitled "The Kate Show," and featuring Moss-inspired works, was recently held at the Foam Museum for Photography in Amsterdam. Jonathan Turner, *Moss Appeal*, ARTNEWS, Oct. 2006, at 42.

530. *See, e.g.*, Happy Meth Awareness Day!, *supra* note 528; Heroin Chic, *supra* note 528 (distinguishing "heroin chic" from "meth chic" on the basis of what they wear, most obvious physical indicators, where they tend to hang out, and favorite designer).

531. *See supra* notes 139 and 439, and accompanying text.

532. Rawson et al., *supra* note 14, at 14. For a discussion of the ways in which prevention messages have morphed over the years, *see* Shaila K. Dewan, *The New Public Service Ad: Just Say 'Deal With It,'* N.Y. TIMES, Jan. 11, 2004, at WK5.

533. *See* Abby Ellin, *Quick Do You Know Your B.M.I.?*, N.Y. TIMES, Dec. 28, 2006, at G1 (discussing how models were banned from fashion shows in Madrid in September 2006 if their index rating was below 18.5, and that fashion industry officials followed suit for its February 2007 shows); CNN.com, Skinny Models Banned from Catwalk, Sept. 13, 2006, http://www.cnn.com/2006/WORLD/europe/09/13/spain.models/index.html (discussing the ban on skinny models from fashion shows).

534. Martin B. Schmidt, *Supertax Me*, N.Y. TIMES, Oct. 19, 2006, at A29.

535. Nicholas Bakalar, *Obesity Is Found to Make Ovarian Cancer Deadlier*, N.Y. TIMES, Aug. 29, 2006, at F6.

536. *See, e.g.*, Robert García et al., *Healthy Children, Healthy Communities: Schools, Parks, Recreation, and Sustainable Regional Planning*, 31 FORDHAM URB. L.J. 1267, 1267 (2004) (stating that people are being diagnosed with diabetes at younger ages); Jodi Kantor, *As Obesity Fight Hits Cafeteria, Many Fear a Note From School*, N.Y. TIMES, Jan. 8, 2007, at A1, A14 (interviewing a seventeen year old who is overweight and is insulin resistant); Melanie Warner, *Salads or No, Cheap Burgers Revive McDonald's*, N.Y. TIMES, Apr. 19, 2006, at A1, C4 (noting that fast food consumption is linked to diabetes); Andrew Weil, *Surgery With a Side of Fries*, N.Y. TIMES, June 6, 2006, at A21 (stating that modern food technology increases insulin resistance).

corn syrup.[537] It has led to highly-publicized efforts to ban trans fats,[538] initiatives to require trans fats to be listed on package labels,[539] and to require restaurants (especially fast-food chains) to list calories on menus and menu boards,[540] as well as measures to prohibit fast food from hospitals[541] and junk food and sweetened drinks in schools.[542] In addition, proposals to tax sugary drinks[543] and drive-through purchases at a rate higher than walk-in meals,[544] plans by the Kellogg Company to phase out its advertising of Froot Loops, Apple Jacks, Cocoa Krispies, and Pop Tarts to children under twelve,[545] the recent practice in Arkansas, Pennsylvania, and Tennessee of including school children's B.M.I.'s with their report cards,[546] and preschool experiments to develop toddlers' health eating habits,[547] have all come about as a result of this heightened concern over obesity. Or, as Lisa Belkin dryly remarks, "[t]he reason that children are currently too fat is, in part, because they used to be too thin."[548]

Even if the "meth chic" *look* or *style* does not become popular, the "meth chic" *attitude* or *behavior*, characterized by the instant, on-demand,

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537. Melanie Warner, *Does This Goo Make You Groan?*, N.Y. TIMES, July 2, 2006, § 3:1, at 8.

538. *New York Takes On Trans Fats*, N.Y. TIMES, Sept. 30, 2006, at A14.

539. Nina Teicholz, *Nuggets of Death*, N.Y. TIMES, Apr. 16, 2006, § 4:13.

540. Thomas J. Lueck, *The City That Wants Trans Fats Cut Would Tell Restaurants to List Calories, Too*, N.Y. TIMES, Oct. 30, 2006, at A24. Note, however, that customers have occasionally balked at restaurants' printing of nutritional information on menus. In 2004, the Ruby Tuesday chain received complaints for providing nutritional information on its menus. Andrew Martin, *Will Diners Still Swallow This?*, N.Y. TIMES, Mar. 25, 2007, at BU1, BU9, BU10.

541. Weil, *supra* note 536, at A23.

542. Marian Burros & Melanie Warner, *Bottlers Agree To a School Ban On Sweet Drinks*, N.Y. TIMES, May 4, 2006, at A1 (discussing the junk food ban in schools); Nicholas D. Kristof, *Hazardous To Your Health*, N.Y. TIMES, Apr. 11, 2006, at A21; Sarah Lyall, *Glorious Food? English Schoolchildren Think Not*, N.Y. TIMES, Oct. 18, 2006, at A1; Marian Burros, *Panel Suggests Junk Food Ban In Schools to Help Fighting Obesity*, N.Y. TIMES, Apr. 26, 2007, at A20; *see generally* Lisa Belkin, *The School-Lunch Test*, N.Y. TIMES MAGAZINE, Aug. 20, 2006, at 30-35, 48, 52, 54, 55 (discussing nutrition in school lunch programs).

543. Kristof, *supra* note 542, at A21.

544. Schmidt, *supra* note 534, at A27.

545. *See* Andrew W. Martin, *Kellogg to Phase Out Some Food Ads to Children*, N.Y. TIMES, June 14, 2007, at C1, C2 (noting that if Kellogg Company succeeds in reformulating its cereals to reduce the amount of calories, sugar, fat and sodium, it would again advertise to children under the age of twelve); Editorial, *Adult-Only Froot Loops*, N.Y. TIMES, June 16, at A26.

546. Ellin, *supra* note 533, at G1; Kantor, *supra* note 536, at A1.

547. Winnie Hu, *Teaching Toddlers to Eat Their Vegetables and Love It*, N.Y. TIMES, Mar. 10, 2007, at A14.

548. Belkin, *supra* note 542, at 33. Even comedians have begun speaking to the "crisis of obesity." The late-night television talk show host, Conan O'Brien, recently remarked: "Earlier today, the world's largest airliner flew from Europe to New York and the plane's wingspan is as wide as a football field. In fact, the plane is so big it can carry 500 passengers or 80 Americans." (quoted in N.Y. TIMES, Mar. 25, 2007, at §4:WK2).

multi-tasking, freneticism described by Schaeder, already has.[549] One could well argue that it is not a great leap from high-speed, fifth gear living all the time to *doing* speed; consistent with the culture and the drug, the transition may take place quickly.[550]

Although Orr does not address drug use, in general, or meth use, in particular, he does offer a number of suggestions for retarding the speed that is representational of today's culture:

> [I]n a society in which people sometimes talk about 'killing time' we must learn, rather, to take time. We must learn to take time to study nature as the standard for much of what we need to do. We must take time and make the effort to preserve both cultural and biological diversity. We must take time to calculate the full costs of what we do. We must take time to make things durable, repairable, useful, and beautiful. We must take the time, not just to recycle, but rather to eliminate the very concept of waste. In most things, timeliness and regularity, not speed, are important. Genuine charity, good parenting, true neighborliness, good lives, decent communities, conviviality, democratic deliberation, real prosperity, mental health, and the exercise of true intelligence have a certain pace and rhythm that can only be harmed by being accelerated. The means to control velocity can be designed into daily life like speed bumps designed to slow auto traffic. Holidays, festivals, celebrations, sabbaticals, Sabbaths, prayer, good conversation, storytelling, music making, the practice of fallowing, shared meals, a high degree of self-reliance, craftwork, walking, and shared physical work are speed control devices used by every healthy culture.[551]

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549. This is similar to Elliott Currie's formulation of a "market society." For Currie, "market society" refers not to "market *economy*," but to "the spread of a civilization in which the pursuit of personal economic gain becomes increasingly the dominant organizing principle of social life; a social formation in which market principles, instead of being confined to some parts of the *economy*, and appropriately buffered and restrained by other social institutions and norms, come to suffuse the whole social fabric—and to undercut and overwhelm other principles that have historically sustained individuals, families and communities." Currie, *supra* note 467, at 151-52.

550. *See generally* Melena Ryzik, *Cocaine: Hidden in Plain Sight*, N.Y. TIMES, June 10, 2007, at §9:1, 9 ("With Wall Street surging and a 24-hour global economy, young professionals have the money and incentive to stay constantly wired.").

551. ORR, *supra* note 3, at 52; *see* MILLER ET AL., *supra* note 242, at 2 ("[T]he *story* of drug use that emerges when talking with adolescents contains images of the user as mature and unconventional and the act of engaging in drug use as a way of 'killing time.'") (citations omitted).

Orr's recommendations would likely fall near the outer edges of even the most capacious conception of "noncrime" or "nondrug" policies, noted above. One could certainly speculate that a proposal to encourage "good conversation" or "storytelling time" (instead of D.A.R.E., for example), would elicit laughs from open-minded politicians and near-hysteria from advocates of "get tough" policies. Granted, Orr's recommendations do not lend themselves to the type of rigorous evaluation that this Author advocated at the beginning of this Part. They do represent, however, good recommendations for daily living, good strategies for resisting the "tyranny of the immediate," chic suggestions in lieu of "meth chic," and the kind of broad, multi-pronged, multi-level approach necessary for addressing the intricacies and peculiarities of a problem like meth.

VII. CONCLUSION

Arthur Schut, president of the Mid-Eastern Council on Chemical Abuse in Iowa City, Iowa, and a member of the State of Iowa's drug policy advisory council, asserts that "[t]hings that are highly destructive, including diseases, tend to be self-limiting. [Meth] has been devastating. It's remarkable how quickly people are damaged by it."[552] In slightly less dramatic terms, Rawson, Anglin, and Ling contend that "[t]here is little question that epidemics of illicit drug use in American society have shown a cyclic pattern, with heroin, cocaine, methamphetamine, hallucinogens and marijuana trading places as the 'drug du jour.'"[553]

Rawson, Anglin, and Ling do not intend to make light of the current methamphetamine problem in the United States. Rather, they simply wish to explore whether meth will "have legs" and continue as a public health and law enforcement problem or whether it will decrease to the very low levels of use of lysergic acid diethylamide (LSD or acid) and phencyclidine (PCP)—the two examples that they offer of drugs that gained significant

552. Zernicke, *Potent Mexican Meth*, *supra* note 5, at A17 (quoting Arthur Schut, president of the Mid-Eastern Council on Chemical Abuse in Iowa City, and a member of Iowa's drug policy advisory council).

553. Rawson et al., *supra* note 14, at 6; *see also* Ryzik, *supra* note 550, at §9:9 ("Drug use tends to be cyclic." (quoting Dr. Herbert Kleber, a director of the division of substance abuse at the New York State Psychiatric Institute in Manhattan)). Rawson, Anglin, and Ling note that "crack cocaine is still the single biggest blight on many large inner city communities," and add that "throughout all of these ebbs and flows, tobacco and alcohol-related problems create far more morbidity and mortality than the rest combined." Rawson et al., *supra* note 14, at 6; *see* KING, *supra* note 33, at 4 (pointing out that the number of individuals who "report binge drinking in the last month [as per NSDUH data] is more than 90 times the number who report [meth] use in the last month"); Thomas D. Rowley, Editorial, *Alcohol Remains Biggest Rural Substance Abuse Problem*, RURAL POLICY RESEARCH INSTIT., July 26, 2006, http://www.rupri.org/editorial/default.asp?edID=151&ACTION=READ.

public attention, not to mention concern among health and law enforcement officials, in the late 1960s and early 1970s (due in part to the popularization of the drugs by cult figures Timothy Leary and Carlos Castenada).[554] Citing its popularity, long-lasting effects, ability to reduce weight, reduce fatigue and sustain work, inexpensive price, and ease of production,[555] they speculate:

> As long as people need to work long hours in tedious, physically demanding jobs, and as long as people want to lose weight, the attraction of methamphetamine is likely to remain. . . . Methamphetamine use has escalated to epidemic levels in the western and Midwestern US. It is unlikely that methamphetamine will be a passing fad and quickly disappear from the drug abuse landscape. In fact, there are a number of reasons to expect that methamphetamine use and related problems will become part of the ongoing challenge faced by the federal and local agencies that address substance abuse problems.[556]

Unfortunately, this is a somewhat familiar refrain. More than thirty years ago, Lester Grinspoon and Peter Hedblom remarked:

> Amphetamine use results to a large extent from the pressure many people feel to keep up the increasingly hectic pace of modern life, to cope with a world in which nothing seems predictable but change—constantly accelerating change. On the other hand, the amphetamine abuser, especially the 'speed freak' or high-dose intravenous abuser, is a gross caricature of many of the pathological, ultimately destructive features of the society that produced him. To put it quite simply: our culture influences, encourages, and sometimes causes people to use amphetamines; and their behavior under the influence of these drugs often constitutes a caricature of the very society that produced it.[557]

As this Article and the others presented at this Symposium have endeavored to show, methamphetamine use and abuse is a complex, geographically diverse problem that does not lend itself to fast and easy

554. Rawson et al., *supra* note 14, at 7.

555. *Id.* at 7-8.

556. *Id.* at 8, 18.

557. LESTER GRINSPOON & PETER HEDBLOM, THE SPEED CULTURE: AMPHETAMINE USE AND ABUSE IN AMERICA 291 (1974). In fact, one could reach back as far as the 1930s for sentiments similar to that of Grinspoon and Hedblom. *See, e.g.*, IVERSEN, *supra* note 5, at 2-3 (discussing how individuals liked the psychostimulant effects of amphetamines almost as soon as the drug hit the market in the 1930s, and stating that "[t]he 'speed' drug fitted ideally into modern life with its 7-days-a-week 24-hours-a-day demands.").

one-size-fits-all solutions. Indeed, as Ryan S. King, Policy Analyst at The Sentencing Project and a critic of media exaggerations of meth's prevalence and consequences, asserts:

> [D]rug markets are inherently provincial and policymakers must pay attention to local dynamics rather than developing policy based on the trends of other jurisdictions. . . . The decisions that need to be made in San Diego or Phoenix, both in regards to methamphetamine as well as all illicit drugs, are very different than the concerns for New York City or Cleveland. . . . There is a serious risk when a jurisdiction shifts resources in response to political pressure, misperceived dangers, or external developments that have not been demonstrated locally.[558]

It will be hard, however, to avoid the temptation of quick-fixes, especially when many individuals, families, and communities are suffering from meth addiction. In explaining the failure of crime prevention to achieve political expediency, Lab laments:

> One primary reason for the failure of crime prevention to be a prominent topic of discussion is that it is not politically expedient. Indeed, politics gets in the way of progress in crime prevention (and criminal justice in general). Policy makers operate within a political setting that drive much (if not most) of what they do. They are elected officials, politically appointed agency heads, or members of the criminal justice system who must heed the desires of those in political power. This invariably leads away from crime prevention initiatives and toward arrest, prosecution, and punishment.
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> . . .
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> Certainly, when one looks at criminal justice policies and policymaking, a major feature that stands out is the fact that the problems and solutions are shortsighted. There is no long-term view of crime or of what will truly solve the crime problem. Instead, there is a short-term orientation to crime topics. The time frame under consideration is never more than 6 years, and most often it is no more than 2 or 4 years. What is so magical about 2, 4, and 6 years? The answer is simple. That is the rotation of the election cycle, depending on the office. The *benchmark* for deci-

558. KING, *supra* note 33, at 14, 20 (cautioning about the tendency to "discard the data and extrapolate the localized experience to the entire state").

> sion on crime policy is never past the next election, and often the election of most concern is the presidential election every 4 years. This means that whatever policy is advanced, it must have immediate (or at least very fast) results (read, "by the next election").[559]

We are unlikely to radically transform the "culture of speed" that contributes to the (perceived) need for speedy results (for politicians to boast about). But recognition of and further in-depth analysis of the intricacies of the culture-drug and drug-crime relationships, including "the conflicting social forces, values, and sentiments which find expression"[560] in these relationships, could help avoid a repetition of Rawson, Anglin, and Lang's conclusions, as well as Grinspoon and Hedbloom's, thirty years from now. Fortunately, the creative suggestions of this Symposium's participants weave together the ideas and elements of a multi-pronged approach of legal status, law enforcement, prevention and treatment that could lead to more robust, intelligent, common sense meth abuse control strategies.

559. Lab, *supra* note 350, at 684.
560. Garland, *supra* note 404, at 167.