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I am submitting herewith a thesis written by Brian Harold Langley entitled "Meth Epidemic in Rural Tennessee: Construction of a Social Problem." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements of the degree of Master of Arts, with a major in Sociology.

Suzanne B. Kurth, Major Professor

We have read this thesis
and recommend its acceptance:

James A. Black

Sharon Husch

Accepted for the Council

Carolyn R. Hodges

Vice Provost and Dean of the
Graduate School

(Original signatures are on file with official student records.)

**METH EPIDEMIC IN RURAL TENNESSEE:
CONSTRUCTION OF A SOCIAL PROBLEM**

A Thesis

Presented for the

Master of Arts

Degree

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Brian Langley

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Abstract

Social constructionists argue that what problems are recognized as social problems in a society reflect the efforts of various individuals and organizations to frame particular issues as deserving of public attention and action. Illegal drugs (heroin, LSD, crack cocaine) repeatedly have been identified as social problems harming innocent victims (e.g., crack babies) and leading to various forms of criminal activity. The focus of this project is how media, specifically newspaper coverage, rose as claims makers identified methamphetamine (meth) production as a serious problem in rural areas of the southeast. Although the drug had been available under various names for decades, its definition as a problem requiring passage of new laws and the allocation of government resources can be linked to claims that operators of meth labs in rural areas were harming children, homes, the environment, and themselves. The southeast and particularly Tennessee were identified as having substantial rural areas where meth labs could be easily concealed. Using electronic data banks newspapers in the four largest cities in Tennessee (Memphis, Nashville, Knoxville, and Chattanooga) and one city in a more rural area (Clarksville), from 1990 to 2005 (for the earliest date accessible) that included the terms meth or methamphetamine were content analyzed. For each available year in the study time period the number of articles and the number of words in each story were recorded to establish trend data. At the beginning of the period few stories appeared. The number of stories dramatically increased in each newspaper between 2002 and 2003 or 2003 and 2004. One newspaper was selected to examine the typical location of stories, i.e.,

section placement. A key word analysis indicated that the primary claims makers were successful in that the media focused on the rural lab aspects of the meth story and gave limited play to the Mexican connection and drug usage in the gay community.

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Chapter 1

STATEMENT OF THE PROBLEM

What is called a social problem varies over time, although substance abuse of various types is often identified as one. The use of illegal drugs is generally recognized as leading to various social ills—crimes to get money to obtain them; disputes with and between drug dealers; negative consequences for other family members, particularly children; and unemployment. Over time which illegal drugs become the focus of social attention—marijuana, heroin, crack—changes. The shifts in attention presumably reflect a variety of factors—availability, fashionability, and association with increases in crime. Public attention both is a producer and a product of interest in a drug.

Law enforcement officials, policy makers, and social service agencies are claims-makers that both present information to the media for public consumption and use media representations to call for changes in regulations and behavior. The mass media present images of contemporary problems and are thus integral to the claims-making process.

Like crack cocaine was portrayed in the 1980s, primary and secondary claims-makers have demonized methamphetamine (meth) as the most lethal drug to ever hit the American streets. One need only substitute “crack” for “meth” and the recent barrage of stories sounds identical to its counterparts from the 1980s. ‘People are dying’, ‘families are being torn apart’, ‘communities are being devastated’, ‘children are being subjected to inhumane conditions’ all because society has been overwhelmed by methamphetamine.

Claims-makers would have the public believe that meth is a highly addictive and diabolical drug that has spawned a craze the likes of which has never been seen before.

Is meth the scourge of society that claims-makers then and now report? Just how many Americans have been devastated because of these substances? Statistics (with all their flaws) indicate that both crack and meth use has flattened or declined in recent years. By looking at what has happened in one state we may be able to see how primary and secondary claims-makers' representations of meth do or not reflect changes in recorded behavior (e.g., levels of meth lab seizures).

I examine the media career of meth abuse in selected Tennessee newspapers in the past 15 years (1990-2005). Although meth has been around in various forms (and called by various names) for some time, in recent years it received renewed attention in states like Tennessee. My particular interest in looking at media accounts is to see when coverage of meth increased during this time frame, whether meth was represented as a rural epidemic, and who was represented as being victimized.

Within society various people are concerned about a wide range of issues everything from what their children are reading in school to saturated fats in food. Groups are in competition with one another to gain attention and legitimacy for their causes. A review of textbooks for "social problems" courses over time reveals what specific issues have been emphasized varies over time (e.g., Finsterbusch 2000; Heiner 2006; Henslin 2006). While some types of problems (substance abuse) recur in various guises, others come and go. What we need to understand is how the process of problem creation represents variations on a theme. This project utilizes social problems' theory to examine the representation of a rural meth epidemic in the state of Tennessee.

Chapter 2

LITERATURE REVIEW

Of all the individual and collective dilemmas confronting a society at any given time, a very limited number are designated social problems. The framework of social problems' theorist Donileen Loseke is reviewed as it provides a basis for the analysis of the representation of a Tennessee meth epidemic. The current state of knowledge about methamphetamine is then presented.

SOCIAL PROBLEMS THEORIZING

The use and spread of meth and other drugs is like any other social problem in that it appears to be compounded by a number of concerns. It is these concerns that are used by claims-makers to create the social problems formula stories that generate awareness and bring problems into the public arena. Social problems are formulated into stories that are more compelling than the stories we tell about ourselves in daily life. "Good" social problems stories are favored by mass media and are compelling and entertaining (in a ghoulish way) (Loseke 2003). From these social problem formula stories, the public is given a way to evaluate the believability of claims-makers' charges and decide whether they are nested in a "true" social problem. Claims-makers construct motivational frames encouraging audience members to evaluate a condition as a social problem because it

violates cultural themes (Loseke 2003). Through this evaluation, new laws and social services can be enacted or old ones can be amended.

In order to gain support and attempt to bring about social reform, claims-makers must present, in a sense, a condition that violates cultural themes. The problem is most often portrayed as intolerable in an effort to motivate and gain popular support. Furthermore, strategies such as constructing popular worry are often used to persuade popular sentiment and gain favorable momentum. For example, meth articles may contain a theme of “endangered children” or refer to crime statistics in order to encourage the reader to think and relate to general fears. “We can be motivated to evaluate a condition as a social problem by our feelings of sympathy, compassion, or pity for victims. These humanitarian themes appeal to the noble side of people--our capacity to care for others” (Loseke 2003:77). “Unfortunately, the American strategy of drug control since the early 20th Century has emphasized an approach of prevention based on instilling fear about a substance through dramatized descriptions and images of the consequences of use coupled with a notion of treating people with harsh punishments out-of-step with the harm caused by the drug” (King 2006:10).

Claims-makers use images such as those portraying victims as helpless or people deserving sympathy. Claims-makers construct images of categories of people with special problems and needs requiring particular laws, physical environments, or services (Loseke 2003). Target populations are created in which characters in social problem formula stories are constructed around types of people deserving or needing help and types of people deserving punishment. Often, claims-makers are over zealous in their portrayals of the victims as being weak and helpless and the villains as being abnormally

deviant. “Claims dramatize how extreme conditions lead morally pure and innocent people to experience extreme harm. Left in the background is objective reality: Most conditions are more or less severe, more or less consequential” (Loseke 2003:93). Other ways that claims-makers further their respective agendas is to develop social problem ownership. Here, a certain credibility and ownership is staked out and various groups are seen as experts or their views are taken-for-granted and they become the accepted authorities on that problem. For example, law enforcement or social workers are continuously cited as defining the meth problem as a danger reaching catastrophic proportions. Their respective levels of expertise in dealing with drug induced problems and situations go unquestioned and the public rarely requires any type of verification as to the validity of their claims. Hence, the motivating factors behind many charges and statements are clouded by the public’s willingness to accept a problem and base decisions and attitudes solely on the claims made by others.

It is important to realize the motivating factors in the troubled persons industry. Loseke states that this industry generates a considerable amount of employment and is comprised of:

people whose work involves doing something with victims, potential victims, villains and potential villains include teachers, police officers, judges, prison guards, probation officers, psychiatrists, psychologist, counselors, social workers, workers in shelters (for homeless people, battered women, abused children), victim advocates, child advocates, child protective service workers, and support group leaders (2003:143).

It is because of this multitude of occupations found within the troubled persons industry

that a problem can be potentially exaggerated to a point where a need for social services is required or deemed as a must in order for society to function properly. “If the experienced trouble is not a successful social problem, there will not be services” (Loseke 2003:142). Hence, it is necessary for social scientists to reevaluate some of the claims made by certain groups or organizations in an effort to determine the motivating factors behind claim-makers.

Another problem in the framing of social problems is limited resources. As previously mentioned the troubled persons industry employs a significant portion of society and requires substantial funding. Often, various segments find themselves competing for financial resources that are limited. Hence, it is often to the advantage of claim-makers to overstate their respective problem in an effort to secure resources. For example, many states and law enforcement departments portray their respective regions as being the worst or having the greatest need for funding in an effort to secure funding or other needed resources. California, Tennessee, Idaho, and Iowa are only a few of the states that claim to have been hit hard by a meth epidemic and to have problems that exceed those of other states. “Bluntly stated, there is not enough sympathy, time, energy, or money to solve all social problems. There are competitions between social problems and everything else in life, and there are competitions among social problems themselves for scarce resources” (Loseke 2003:100).

METHAMPHETAMINE USE AND ABUSE

Meth: An Overview

What is methamphetamine? What costs does it pose to society? And, how has it been portrayed by various claims-makers?

It is a powerful central nervous system stimulant that is produced in the form of pills, powder, base or high-potency re-crystallized powder. When taken, meth is smoked, inhaled, injected, or swallowed and is classified as a Schedule II substance under the Controlled Substance Act. Furthermore, it is known on the street by various names such as “crank,” “tina,” “glass,” “speed,” “chalk,” “ice,” “poor man’s cocaine,” or “hillbilly cocaine.”

Methamphetamine is made in illegal laboratories found in and out of the United States. Its production poses unique problems due to the ease of production and the subsequent chemicals that are involved in the process. Although the main source of meth found in the United States is from Mexican drug trafficking organizations, many clandestine meth labs have popped up throughout the United States. Furthermore, it is these meth labs and their locality that seems to be the driving force behind the rising claims of a meth epidemic.

Methamphetamine can be produced with a variety of methods and ingredients. However, there are three popular methods, each of which use a combination of chemicals with ephedrine or pseudoephedrine. The first method is known as the “ephedrine/pseudoephedrine method” and requires the addition of red phosphorus and hydriodic acids; the process can render batches of meth by the pound. The “Nazi method”

is easier and requires the addition of anhydrous ammonia, but it only produces ounces of meth per batch. A third method, known as the “Red P method” does not need a heat source but requires the addition of red phosphorus and iodine to the production of ounces of meth.

Meth use and production potentially pose tremendous cost to society. Not only is the user affected, but also there is a substantial risk for his or her family and those living with the user. “Crystal meth addiction has many harrowing consequences. It destroys lives, can bring on psychosis, convulsions, blurred vision, even death. The collateral damage is as ugly – violent crime, devastated families, accidental lab explosions, toxic mess” (Kingston 2005:A16). Meth addicts reportedly interface with multiple public agencies at enormous public expense: criminal justice, human services, child protection, emergency medicine, environmental health and a host of other organizations at an escalating rate (Institute for Rural Journalism 2005). Many communities report that the collateral costs of meth are already staggering and are only expecting things to get worse. Meth is costly to society and most communities are ill prepared to take on the financial burdens associated with meth addiction (Rouse 2004). Consequently, it is argued, “communities need a plan for addressing the challenges faced by individuals who use methamphetamine that includes the mental health, social services, and law enforcement” (Rawson, Anglin and Walter 2002:11).

The spread of meth is sometimes characterized as creating a financial loss to businesses and communities, as well as a loss to humanity. “Meth is the most destructive, dangerous, terrible drug that’s come along in a long time.” According to Scott Burns, Deputy Director for State and Local Affairs, White House Office of

National Drug Control Policy (CBS 2005:1). “Meth has spread like wildfire across the United States. It has burned out communities, scorched childhoods, and charred once happy and productive lives beyond recognition” (Eggen 2005:B1). Dealing with meth can be a major financial headache for cash-strapped states and communities. Neither has money to pay for the dangerous and expensive cleanup of toxic residues created by the manufacture of meth, which typically occurs in a myriad of homes, trailers and even motel rooms rather than in a few hidden places (Combs 2005).

Meth burdens the taxpayers on multiple fronts, because of the money needed by society to help fight, prevent, and treat meth related circumstances. Meth it is argued has led to an increase in prison populations and stretched court dockets. “It’s destroying families; it’s destroying our schools; it’s destroying our budgets for corrections, justice systems, social service, health care . . . [w]e’re losing a generation of productive people. My God, at the rate we’re going, we’re going to have more people in jail than out of jail in 20 years” (Zernike 2006b:A1). ““On top of the direct costs, the drug poisons everything it touches. Meth cooks frequently burn themselves and torch their homes. The toxic chemicals they wash away can contaminate whole neighborhoods,’ stated Sheriff Burgess of Crossville Tennessee, when asked about meth” (Wells 2005:2).

Some argue meth is unparalleled in its consequences, “It’s a phenomenon rare in American history” (Combs 2005:B8). Allegedly, the cost of meth to the environment has separated meth from other drugs. “There is no drug that has more consequences than meth – for the abuser, for the trafficker, for the environment, for communities and for innocent children who live in filth and neglect,” according to DEA Administrator Karen P. Tandy (Seper 2005:B1).

Meth Costs to Families

Families have been devastated because of drugs; meth is no exception. Dealing with an addicted family member or members can be taxing on a household. What is more, families may break up because they have been unable to withstand the negative impacts associated with drug use. Whether it is through divorce, incarceration, or separation, the strain imposed by an addict's need to feed his/her craving places undue burdens on the American family, and thus on the very foundation of society.

Furthermore, meth can pose tremendous risks for those living with a user. Recently, an increasing number of reports have identified meth as a contributing factor in cases of domestic violence, child neglect and child abuse. "When parents are making and taking meth, they often forget to feed or care for their own," stated Denise Melton, who coordinates the volunteers at the House of Hope in Crossville Tennessee, when asked about how meth parents treat their children (Wells 2005:3).

Meth Costs to Healthcare Systems

Hospital and ambulatory care costs have continuously increased, partly it is argued because of the costs associated with meth use. Health care for addicts and addicts' children is only one of the many factors to consider. The November Coalition reported that there has been "a sharp increase in the number of people arriving in emergency rooms with methamphetamine-related problems is straining local hospitals" (The November Coalition 2002:2). "Other health services needs that are required to successfully address the needs of methamphetamine users include professionals who are trained in the medical problems associated with acute and chronic use, such as

cardiovascular problems (e.g., cardiac arrhythmia, myocardial infarction), respiratory disorders and liver and kidney dysfunction” (Rawson et al. 2002:11).

Ancillary problems such as drug-exposed infants, crime victims’ health care, and dental care are among a multitude of costs that are a byproduct of drug addiction. Meth production and abuse are associated with particular problems with which the healthcare system has been burdened. For example, the dangers and treatment costs caused by exposure to the chemicals used in meth production, as well as the costs for treatment and exploratory research for the spread of communicable diseases such as HIV/AIDS, Hepatitis B, Hepatitis C, and various other sexually transmitted diseases.

Extensive evidence indicates that in many western US cities, methamphetamine is used extensively by gay males and is frequently associated with high-risk sexual behavior, a major factor in the transmission of HIV. Within this particular group, treatment for methamphetamine dependence may be one of the most important strategies in reducing the spread of HIV and other associated communicable diseases (Rawson et al. 2002:11).

Many young lesbian/gay/bisexual organizations may not comprehend the link between meth abuse and HIV/AIDS. “They must learn that sex under the influence increases their risk of rape and sexual assault, unsafe sex and possibly the transmission of STD's, including HIV/AIDS, and negative impact of these drugs on the immune system” (California Department of Justice 1996:1). In turn, this ignorance about the dangers associated with meth use and unsafe sex has taxed society with financial costs, accompanied by immeasurable loss through illness and death. “The bottom line is that crystal meth is a dangerous drug. It also increases HIV risk, and we’re seeing it

increasingly in New York” (MSNBC 2004:2). This increased in risk has carried over from the gay/lesbian communities in part because many members also engage in heterosexual relationships.

METH: AN ADDICTION

Why don’t addicts just quit? If people are made aware of the problems they and others will experience with continued drug use, it cannot be assumed that they will quit using. “People use drugs even under dire circumstances in order to avoid withdrawal, the intense distress—nausea, vomiting, aches and pains, nervousness, anxiety, and depression—they feel when they abstain from the drug” (Henslin 2004:91). Furthermore, a psychological dependence may exist, even after the physical addiction or cravings have been broken. These psychological and physiological factors combined with the often expensive and scarce treatment programs effectively deter meth addicts from seeking and receiving help.

Treatment costs for drug dependency can be overwhelming for an individual and the community. For many rural communities, there are little if any resources allocated for drug abuse and treatment. “In many of these communities, the mental health clinic or even individual clinicians are the only service resource for mental health and substance abuse patients. However, the severe psychotic and paranoid behavior demonstrated by methamphetamine users is frequently beyond the resources of individual clinicians” (Rawson et. al 2002:11).

Furthermore, meth addiction has been reported as being hard to treat, using up limited communal resources only to have the addict relapse. “One common deterrent to

successful treatment efforts with methamphetamine users is their inability /unwillingness to recognize the problematic nature of their drug use. However one conceptualizes this problem, as “denial,” “ambivalence,” or “pre-contemplation stage of change,” many methamphetamine users allegedly are reluctant to enter treatment and once in treatment have an unacceptably high early drop out rate (Rawson et al. 2002:17). Furthermore, the combined burdens of work, home health 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 a way to acquire sufficient energy to accomplish all of the responsibilities (Rawson et al. 2002).

Other Meth Costs to Taxpayers

It is hard to put an actual dollar amount on the cost that is incurred by the taxpayer because of drugs. Costs to the taxpayers include such things as the financial resources associated with training and equipping the police, fire, EMT department, treatment centers, etc. Court related costs, such as those of paying for public defenders, and the cost of maintaining jails/prisons must also be considered along with previously mentioned health related expenses caused by meth use.

There is need for specialized equipment and training unique to the meth problem. Hazmat suits, disposable gloves, fume detectors, are only a few of the items needed to clean up the clandestine meth laboratories. Costs to clean up labs can cost up to \$20,000, because of the need to remove all corrosive and harmful chemicals. Furthermore, toxic waste is often dumped down drains, in storm sewers, in dumpsters, on the ground or along roadsides, facing communities with expensive or drastic solutions, such as

removing top soil or quarantining sewer utility lines, to correct problems incurred because of meth. Many communities are forced to turn to tax revenues in order to correct problems that have been created.

Meth Costs to Businesses

The costs caused by meth and other drugs to businesses can be staggering. Items such as the following have to be considered: inventory loss, industrial theft, increased insurance, security and increased workers' compensation costs and claims, lower productivity of employees, drug abuse related illnesses, premature death of worker (addict), productivity loss of victims of addict's crimes, shoplifting or theft -- especially of the key ingredients of meth. Often, these costs become absorbed into the cost of running a business and the expense is then carried on to the consumer. In essence, meth and other drugs cost members of the public through taxes for social services through higher prices in the marketplace.

Meth Costs to Communities

Communities have reported increases in crime directly attributable to the use of meth: theft to obtain money for meth, property damage, motor vehicle accidents and assaults. Often, "'The property owner is tasked with the cleanup,' Sgt. Simpson of the Chattanooga police department" (Combs 2005:B8). There are a variety of costs that become landlords'/home owners' responsibility to clean after a lab bust, from simple ones like replacing carpets, painting or replacing drywall, cleaning or replacing appliances, to more expensive ones such as replacing piping or repairing fire damage.

The community is left with the costs of trying and housing offenders and dealing with their medical and dental problems.

Small meth labs in residences all too often expose children to the toxic effects of the chemicals. The consequences of that exposure will only be known as those children mature. Increased pressure immediately occurs on local social service agencies that protect the children, including in-home or therapeutic foster care placement for children taken from meth homes/labs.

BRIEF HISTORY

Despite the recent spike in media coverage, methamphetamine has a long history. First synthesized in 1887 in Germany by chemist L. Edeleano, the stimulant amphetamine was tested as a possible treatment for everything from decongestion to depression. Its use became popular in the United States in the 1920s, primarily prescribed by physicians as a stimulant for the central nervous system or to enlarge nasal passages.

About the same time (1919), a more potent form of amphetamine, methamphetamine, was created in Japan. The drug was classified as a stimulant recognized for its ability to alleviate fatigue and produce a feeling of well-being. Methamphetamine was easier to make than other forms of amphetamines and it was water soluble, making it available for use by injection. By 1927, British scientists began experimental studies with meth in an effort to relate the effects of the drug with the body's natural adrenaline rush, the 'fight or flight' response (O'Keefe 2005). Various uses of the drug and possible abuse were recognized during the 1930s. Amphetamine was marketed under the name Benzedrine. It was sold in over-the-counter inhalers to relieve nasal congestion for asthmatics, as well as

cold and hay fever sufferers. Also, physicians used the drug to treat narcolepsy and symptoms like those of ADHD (attention deficit hyperactivity disorder). By 1937 amphetamine was available by prescription in tablet form. With greater availability, signs that the drug was being used for non-medical reasons began to appear.

During World War II, amphetamine use and possibly abuse spread, as various countries not only allowed but also encouraged (even forced) their respective soldiers to use the substance. Amphetamines were distributed to soldiers to combat fatigue and improve both mood and endurance. All branches of the military used both tablets and intravenous methamphetamines in an effort to gain an advantage over opposing forces. For example, bomber pilots were given amphetamines before long flights or those at extreme altitudes. The Japanese government also gave amphetamines to civilian workers in an effort to increase production. In turn, estimates are that 2% of the adult population in post WWII Japan developed an addiction to amphetamines (O’Keefe 2005).

Following the war, opportunities for civilian use and abuse increased as stockpiles of the drug previously reserved for military use became available to the public. A black market developed to distribute the drug. A “meth epidemic” appeared in Japan and then Guam, the U.S. Marshal Islands and the U.S. West Coast. At the same time legal use of amphetamines increased, as physicians prescribed the drug to fight depression (Jefferson 2005).

By the 1950s, legally manufactured tablets were readily available. Both methamphetamine (Methedrine) and dextroamphetamine (Dexedrine) were used for multiple non-medical purposes and amphetamines became cure-alls for weight control and mild depression. Amphetamine abusers included truck drivers on long hauls, students

cramming, harried homemakers, and athletes seeking performance enhancement. As abuse spread, drug tablets were referred to as "pep pills" or "bennies." Their use was not treated as particularly deviant.

The practice of injecting amphetamines (particularly methamphetamine) increased in the 1960s, due primarily to an increase in the availability of injectable methamphetamine and the practice of physicians prescribing the drug to treat heroin addiction. Injecting methamphetamine was labeled "mainlining" and by 1962 national attention was drawn to this problem. San Francisco led the public response by outlawing the sale of injectable amphetamines in pharmacies. In 1970 Congress passed the U.S. Drug Abuse Regulation and Controlled Substance Act that severely restricted the legal production of injectable methamphetamine. With restrictions on legal production, underground production facilities referred to as "speed labs" emerged. These labs were primarily located on the West Coast and were small "mom and pop" operations. The amphetamine trade became stereotypically linked to outlaw motorcycle gangs (Robinson 2001).

Legal use of meth declined in the 1970s in the U.S. because of the new FDA classification of the drug and a media campaign to inform the public of the dangers associated with use of the drug. Yet, during the Viet Nam War, which lasted until the mid 70s, the drug was being used and abused by thousands of American soldiers. Some speculate that during the Viet Nam War, American soldiers used more amphetamines than the rest of the world did during World War II (Narconon Southern California Incorporated 2005).

By the 1980s, Mexican drug producers began to produce meth in mass quantities. Mexican drug cartels brought meth north of the border and began to introduce versions of

the drug that were four to six times stronger than previous ones. In turn, an abundance of black-market meth caused existing markets for the drug to extend throughout the United States.

During the 1990s, the popularity of crystal methamphetamine or “ice,” a form of methamphetamine that can be smoked, was reported in the United States, especially in the Southwest and West. By 1995, Mexico-based trafficking groups were depicted as dominating the drug trade and meth use was reportedly spreading to the Midwest. Some migrant farm laborers working for drug dealers were suspected of bringing the drug into rural areas never hit by a drug epidemic before (Spokesman Review 2001).

By the late 1990s, clandestine “mom and pop” labs reportedly had sprung up throughout the Midwestern United States. Congress reacted by passing the Comprehensive Methamphetamine Control Act in 1996 aimed at regulating mail order chemical companies selling precursor chemicals used in meth production. The law allowed law enforcement agencies to track large mail order purchases of compounds such as red phosphorous, hydrochloric gas, iodine, or pseudoephedrine. In addition, the law made chemical supply companies liable, if they were caught selling precursors to meth manufacturers (Jefferson 2005).

By 2000, multiple law enforcement agencies and media outlets began to report that meth abuse was reaching epidemic levels. For example, meth was reported as the new drug of choice surpassing crack, cocaine, and heroin in popularity. A Unit Sergeant of California’s Special Investigations was quoted as saying, “I think it’s the drug of choice because it’s cheap, easy to come by, and pretty easy to make. People can make their own and sell it and that’s why it’s so prevalent” (Guyon 2005:2). Likewise, when interviewed

on 60 Minutes Wednesday, Detective Cpl. Jake Grellner of Franklin County, Missouri, Drug Task Force, stated: “There’s no time to do marijuana. There’s no time to do cocaine, heroin, all those other drugs. Methamphetamine is so prevalent that you’re more likely to find methamphetamine in someone’s pocket than chewing gum” (CBS 2005a). In 2005, the National Institute of Drug Abuse reported that meth has been tried by more than 12 million Americans and that its presence in the workplace has soared (Armour 2005). “Methamphetamines have become the drug of choice across the nation and the ‘one hit and you’re hooked’ drug is one of the hardest for health officials to treat and users to kick” (Hill 2006:1).

Long-term effects of meth use are damage to dopamine cells, which are part of the brain needed for motivation (Kramin 2004). This damage creates severe depression and creates symptoms like those of Parkinson’s disease, a severe movement disorder. Dr. Michael Abrams of Broadlawn Medical Center in Des Moines found that methamphetamine causes psychotic and violent reactions because the drug throws out of control the production of the brain chemical dopamine, which plays an important part in movement, thought and emotion, as is the case with schizophrenia. “‘A person addicted to this stuff looks and acts exactly like a paranoid schizophrenic,’ Abrams said. ‘You cannot tell any difference’” (Johnson 1996A:11). Also, continued meth use has been linked to a reduction in serotonin, another neurotransmitter.

Today’s media commonly report that meth abuse is linked to distinctive health problems, such as “meth mouth.” Poor hygiene and general self-care become issues with prolonged meth use, often leading to dental complications. Poor hydration and dental hygiene increase the risks of damage to teeth from smoking or snorting resulting in “meth

mouth,” while infrequent bathing increases the chance that minor skin rashes will progress into complications (Wikipedia 2006). The Albuquerque Journal reported that “meth use is an emerging epidemic. ... It explodes people's teeth. It's like ice crystals forming in the crevices of rock, fracturing the teeth" (ABQJournal 2005). Likewise, The Kansas City Star reported: "What causes the problems is the acid content in some of the ingredients used to make methamphetamine, including anhydrous ammonia, ether and lithium. The acid can decrease the strength of the enamel on the teeth" (Shafer 2005:1).

In sum, in the United States meth did not emerge in the 1990s, rather three distinct methamphetamine “epidemics” appeared: one in the 1950s, a second in the late 1960s, and the third and current one that began in the mid-1990s. In each case there was a different “typical” user and calls for legal action. Furthermore, it is the latest of the epidemics where claims-makers presented an image of a typical meth user as a “toothless, white-trash speed freak,” endangering children by exposing them to toxic chemicals or other inhuman environmental conditions. In contrast, the depiction of a third epidemic initially focused on gays, but subsequently shifted.

A Formulaic Story that Failed: Gays

In different time periods what groups are depicted as meth abusers varies. While media attention earlier was on soldiers and outlaw biker gangs, in the 1980s abuse of the drug was linked to the gay community. The claims-makers portrayed the stereotypical meth user as a gay man using the drug to lower his inhibitions toward his sexual endeavors. For example, Lt. Michael Jackson of the Cuyahoga County Ohio Sheriff's Office stated, “methamphetamine use is also rising in Cleveland and its suburbs, where

the drug has been confined mostly to gay bars, bath houses and strip clubs” (Gillispie 2005:A1).

Meth has been linked to gay men, especially in urban areas. One of the chief motivations for drug use among gay men was to reduce sexual inhibition and increase sexual performance; cocaine and methamphetamine promote a sense of self-confidence, well being, and diminished feelings of self-consciousness or awkwardness (Green 2003).

The national attention given to meth includes allusions to the euphoric feeling associated with its use, as well as the lowering of inhibition and heightening of sexual experiences, and to how meth has become more prevalent in social scenes, such as clubs and raves. "With the best intentions, the media and those of us trying to prevent drug abuse, may have helped promote new substance abuse trends to audiences who might not have been attracted to them without the attention we generated” (California Department of Justice 1996:1-2).

Specific examples of stories of meth use and abuse linked to the stereotypical social milieu of urban gay men tend to take the following form.

Health experts estimate that up to 40 percent of gay men in San Francisco have tried crystal meth, a powerful form of what's commonly known as ‘speed’. Even more alarming, a Health Department study last year found that at one high-risk clinic, 25 percent to 30 percent of those with new HIV infections reported crystal meth use in the previous six months (Heredia 2004:A1).

Use of club drugs within large urban gay communities is a social practice that has been linked to increased sexual pleasure, but also unsafe sexual practices, negative interactions with antiretroviral drugs, and drug-related deaths (Green 2003; Halkitis et

al.2001; Mckirnan et al. 1996; Van de Ven et al. 1997). The powerful 'speed'-induced urge for sex frequently leads to multiple partners, together or serially, often with paid sex workers. (Besides the practice of addicts offering sex for drugs or money to buy them, some sex workers are said to push meth, since the drug creates a demand for their services.) Various alarms were chimed; for example, past meth users echoing a 1993 report argued that the reduction of inhibition led gay meth users to ignore the risks associated with unprotected sex (California Department of Justice 1996). In 2005, The National Institute of Drug Abuse (NIDA) released a bulletin stating “use is increasing among men who have sex with men and use other drugs, making the population more vulnerable to contracting and spreading sexually transmitted diseases, especially HIV/AIDS” (National Institute on Drug Abuse 1998:1).

In urban areas with gay bars, dance clubs, and bath houses, gay men encounter prominent modes of social interaction that hinge upon an erotic-centered sociality and promote commercialized and impersonal sex, bachelorhood, sexual competition, and fleeting social ties (Adam 1987; Levine 1998; Tewksbury 1995; Warner 1997). Some speculate that “circuit parties” extend the linkage of drugs and casual sex in cities throughout the United States (Green 2003; Mattison et al. 2001). In the context of commercial gay sociality, club drugs such as meth lubricate interactional patterns that might otherwise be too awkward or too alienating on a regular basis (Green 2003).

Bathhouses, popular venues for some gay men seeking no-strings-attached sex, were identified as central to the problem. Drug use in these venues, though prohibited, is widespread and some patrons reportedly would remain high for an entire weekend binge, engaging in sex with dozens of partners (MSNBC 2004). In August 2005, the San

Francisco Chronicle reported, people who use meth drop their inhibitions and are more likely to engage in risky behaviors, such as unprotected sex with multiple partners, and are three times more likely to be infected with HIV than those that do not use the drug (Gordon 2005). Furthermore, Isabelle A. Krishner, an attorney at the law firm Claman and Rosenberg in New York City, reported that the reason meth has swept the gay community is because “crystal meth happens to be one of the drugs where users inevitably become dealers,” leading to a vast quantities being readily available in places frequented by homosexuals (Osborne 2004).

Despite the coverage in the gay community and to some extent in the national media, the abuse in the gay community did not arouse general public fear. However, what did lead to legislative action was small-scale production of methamphetamine.

Laws Enacted to Prevent Meth Production

In the recent wave of concern about meth, focus has been on small-scale production. Of the many common ingredients employed to produce meth, pseudoephedrine--a common ingredient in many cold medicines--readily available in drug stores and grocery stores--was targeted as a substance requiring control. The argument was that people would buy quantities of one particular cold medicine, Sudafed, far in excess of what might be needed to treat colds. Legislators in Tennessee and other states passed “Sudafed laws” requiring that access to such cold medicine be restricted. In the states passing such laws, typically the product was moved behind the counter requiring that the customer request it. States such as Arkansas, California and Missouri further require pharmacists to limit transactions and obtain photo identification so that records can be kept for each

transaction.

The public discourse focused on preventing production by limiting access to an ingredient. Some states with “Sudafed laws” began reporting significant declines in meth lab seizures. For example, Oklahoma reported a 60 percent decrease in meth lab seizures in the first three months after the law was enacted (Institute of Rural for Journalism 2005). While much of the public discussion focused on reducing ingredient availability, these laws also provided law enforcement officials with the means to track potential producers.

The general public was probably more aware of the “Sudafed laws” than those targeting the sale and storage of anhydrous ammonia, a meth ingredient regularly used by farmers. Typically, such state laws require farm supply stores to keep detailed records about the sale of anhydrous ammonia. These records provide law enforcement officials with information about how often and how much of the substance is being purchased. As large quantities of the substance were reportedly being stolen, as well as purchased, the laws also required farmers to keep the product in secure locations. Farmers had had no reason to expend resources securing their stores of the product.

Claims-makers’ Efforts: Eliminating A Social Problem?

Laws can reduce the legal availability of ingredients in a state. However, producers can acquire the products illegally or by going out of state. States without either or both types of laws reported increases in sales apparently due to the fact that the laws are not national and there are no registries that share information among stores. Dr. Fettman of Davies Pharmacy noted that people could still travel from store to store or out of state in

an effort to bypass legislation. He stated, “If somebody wants it bad enough, they’re going to find it...In theory, what they’re trying to do is good. ... In reality, this is kind of one of those Band-Aid type things” (Wang 2006:15).

One unintended consequence of the publicity about Sudafed has been the company’s creation of an alternative product. Having one of its products associated with drug abuse is not the image any company wants to project. And, restricting access is a certain way to reduce sales of a non-prescription cold reliever when other products are readily available.

Reports of decreases in the number of meth lab arrests are often identified as an outcome of such laws. What does this mean? When products were readily available, law enforcement officials could monitor purchases and track down producers. Limiting legal access to these products shuts off one means to track possible producers to their labs. A decrease in meth lab busts may occur without a decrease in meth production and particularly without a decrease in meth abuse.

Although professional publications long recognized that the majority of meth consumed in the United States in recent decades came from super labs in Mexico (often passing through California) and to a lesser extent Canada, not much has been effectively done to discourage the flow of meth into the United States, instead recent efforts seem to be aimed at stopping the ‘mom and pop’ operations. In May 2006, CBS News reported, “By some estimates, as much as 80 percent of the meth on U.S. streets comes from Mexico. Agents see more of it at the border. Meth seizures are up 106 percent in a year at the border crossing near San Diego” (CBS Evening News 2006). Furthermore, PBS reported,

According to the U.S. Drug Enforcement Administration, 65 percent of all meth

consumed in the United States now comes from Mexican drug cartels: 53 percent from super labs in Mexico itself, and 12 percent from Mexican-run super labs within the U.S. The cartels who so efficiently established super labs in the West Coast in the mid-90s are now moving operations to Mexico, where restrictions on the precursor chemical, pseudoephedrine, have, until very recently, been nonexistent. In 2004, Mexico imported 224 tons of pseudoephedrine, a figure estimated to be double the national demand for cold medicine, and quadruple the 66 tons imported in 2000. To supply their super labs, the cartels are obtaining the chemical in mass quantities, either in bulk directly from overseas suppliers, or from local pharmaceutical companies making legitimate cold pills, or via bogus pharmacy fronts (Suo 2005).

The discourse associated with the enactment of state laws did not address the distribution networks spreading meth to rural, urban and suburban locations. The discourse and the laws focused on small time rural labs. In recent years comments from law enforcement officials are publicly acknowledging that the laws are not addressing the level of meth use in our society. Lt. Brian Quinn, supervisor of the narcotics unit at the Bradley County Sheriff's office in Tennessee, said that he anticipated the decrease following passage of a "Sudafed law" in Tennessee and then went on to argue "people have not quit using meth, they've just found new sources to get it (Cook 2005:B1). Furthermore, Mr. Van Haaften, Iowa state's drug policy director, like officials in other states with similar restrictions, stated that he is now worried about a new problem: the drop in home-cooked methamphetamine has been followed by a new flood of crystal methamphetamine coming largely from Mexico (Zernike 2006).

"As we have controlled our domestic problem, our importation problem has increased exponentially," said Washington State Patrol Detective Sgt. Gary Gasseling, who works with the state's Meth Initiative, a coalition of treatment, prevention and enforcement agencies. "These people are very, very well-organized, very well-connected and they know what they're doing. This is big business for them "(La Corte 2006:B1).

Claims-makers: Punish the Villains

In recognition of the perceived "meth epidemic" states are enacting laws assigning more severe punishments. "Political judgment and values have been paramount in the establishment of national drug policies . . . considerable political acumen is required to modify prevailing fear and anger into constructive programs" (Musto 1999:298-299). For example, North Carolina raised the penalties for manufacturing meth from a Class H felony to a Class C felony to discourage the spread of meth labs. Furthermore, penalties for possessing precursor ingredients needed to "cook" the drug have also increased from a Class H felony to a Class F felony and the new laws enhance the criminal penalty when a child is present at a meth lab or is endangered by meth (North Carolina Department of Justice 2004). Hence, the penalties for being caught producing methamphetamine are a product of claims-makers depicting local meth producers as evil doers whose actions harm their innocent children and those who might encounter the chemical residue associated with their activity.

National News Media: Secondary Claims-makers

In a world of 24 hours news programs, the media are continually searching for new stories. The “latest” drug menace is soon supplanted by a new drug threat. To be newsworthy the new drug should stand out—have worse consequences or be more addictive than the last one in the media spotlight, whether it is crack, oxycontin or meth. However, much of that which is reported in drug stories is formulaic, that is, structured around certain viewpoints. There are various groups each with an agenda: drug “warriors” want political support and funds for desired policies; treatment providers want to make sure their programs look good; government officials want to keep their jobs; self-help group members want their message to be heard; and the media do not look too far beyond the press releases from these various sources (Szalavitz 2004a). Power holders create a ‘moral panic’ and the mass media love a good moral panic because when people are fearful, they read more news and news makers are able to increase their profits and advertisers, too (The November Coalition 2006).

The public tends to accept whatever is continuously repeated in the news outlets. Because of this, claims-makers can gain support for their causes even if their respective claims lack empirical support. As with various drugs before meth, media outlets have hyped up meth by reporting exaggerated claims and half-truths. “Historically, the domestic response to drug use has been to demonize the drug and the people who use it while exaggerating the impact of its use (‘You’ll be hooked the first time you try it’)” (King 2006:1). But, in the case of meth, the drug czar’s office seems reluctant to play along with the meth hype created by the media frenzy; rather than leading the charge against the new “menace,” the drug czar’s spokesman told Newsweek magazine, “I’m

afraid there's an element of people 'crying meth' because it's the hot new drug (Szalavitz 2005b). Due to this, it has become hard to determine the real affects that meth is having on society and whether or not it has truly become the crippling epidemic as it is often reported to be by claims-makers.

An Assessment

So, what is the real story about methamphetamine and is it really the demon that is reportedly destroying the fabric of society? Various media stories have claimed that meth is the most dangerous and addictive drug – and that recovery from it is more difficult than from other drugs (Szalavitz 2004a). For example, Newsweek headlined a recent article about meth, “America’s Most Dangerous Drug” and the subheading from a Rolling Stone article, “Plague in the Heartland” (January 23, 2003), about meth read, “Cheap, Easy to Make and Instantly Addictive.” However, by mischaracterizing the impact of methamphetamine by means of exaggerating its prevalence and consequences while downplaying its receptivity to treatment succeeds neither as a tool of prevention nor a vehicle of education (King 2006:3).

First, no drug is instantly addictive and most people who try it do not become regular users, let alone addicts (Sullivan 2003). Only 5 percent of the population report even trying methamphetamine and just .3 percent report using it last month, so for the latest “most addictive drug ever,” this means that just 6 percent of those who have tried it are still using it (Szalavitz 2005b). Nonetheless, just as with crack cocaine in the 1980s, the media report the drug is instantaneously addictive.

Second, common misinformation is provided about the likelihood of meth addicts

recovering from treatment. Media reports suggest that meth addicts are more likely to drop out of treatment and less likely to recover than addicts being treated for other drugs. "Meth makes crack look like child's play, both in terms of what it does to the body and how hard it is to get off," said Capt. Richard P. Nuzzo of the New York State Police. Nuzzo is a member of the New York State Contaminated Crime Scene Emergency Response Team, which deals with methamphetamine (Butterfield 2004:A1). Furthermore, various articles state that treatment times for meth addiction are longer and retention is much lower. For example, James Hall, Ph.D., UI associate professor of pediatrics, stated "it takes much longer to treat a person with a meth addiction than it does to treat someone with a cocaine or heroin problem. This time factor is also one reason why so many meth treatments currently fail" (Buddy 2006). Also, Old Holy Cross Hospital found that "methamphetamine users are considered the hardest type of addicts to treat" (Street Level Consulting 2006).

However, according to a letter signed by 93 medical doctors, scientists, researchers in psychology and treatment specialists:

[C]laims that methamphetamine users are virtually untreatable with smaller recovery rates lack foundation in medical research. Analysis of dropout, retention in treatment and re-incarceration and other measures of outcome, in several recent studies indicate that methamphetamine users respond in an equivalent manner as individuals admitted for other drug problems. Researchers also suggest the need to improve and expand treatment offered for methamphetamine users" (National Coalition for Child Protection Reform 2005:2).

Furthermore, studies in 15 states have demonstrated significant effects of treatment in

areas of abstention, reduced arrests, employment, and other areas and it has been found that methamphetamine abuse has generally been shown to be as receptive to treatment as other addictive drugs (King 2006:3).

A third misconception about meth is the supposed crime wave that has been linked to meth. While many law enforcement agencies report that meth has caused an increase in crime rates, the overall national trend in crime is declining, so they are not reporting a general increase in crime. “Only 5% of adult male arrestees tested positive for methamphetamine, compared with 30% for cocaine and 44% for marijuana” (King 2006:3). Furthermore, property crimes, which are often linked to drug addiction, have also decreased from their levels during the “crack years” (Szalavitz 2005b). (It should be noted that it is hard to establish causation in any crime trend study because of the multitude of variables involved.) But, “both national use rates as well as criminal justice data belie the emergence of a methamphetamine epidemic” (King 2006:4).

A fourth claim is an increase in drug use, creating a misconception that an epidemic is sweeping the land with a host of new drug addicts. For instance, the Sun Media reported, “Meth has seeped out of the biker bars and infiltrated the PTA, corporate offices and high schools. With mom and pop labs sprouting up throughout the U.S. since the early '90s, law enforcement is struggling to keep up.” (Lislie 2005:43). However, multiple federal agencies refute the validity of these claims, many of which have reported that meth use in the United States is either stagnant or decreasing. For example,

The SAMSHA data suggests that some of the rhetoric surrounding the "epidemic" of methamphetamine use is overblown. An epidemic where the numbers affected do not increase from year to year is not much of an epidemic. Nor does the much-

vaunted addictiveness of methamphetamine seem to stand up to the numbers.

With 12 million lifetime users and 1.2 million users in the last year, only about 25% of last year users meet the SAMSHA's criteria for dependency or abuse and only 2.5% of lifetime users meet that criteria (Szalavitz 2005a:1).

Media outlets and policy makers heighten attention to their cause by creating images that support the claims that they are making. Images about the user and the communities affected are commonly linked to drug information by claims-makers. For example, various articles report how meth is a rural problem that is spreading to the suburbs at an alarming rate. Another set of articles report that “Rural America” is being invaded by this new drug wave. Both claims as to where meth comes from and how it is now invading new territory cannot be true for the same time period, but depending on the type of community you are in, it may be advantageous (e.g., to obtain external funds) to claim you have the most serious problem.

To find balanced information about the nature and effect of meth and other drugs, people would have to search for information in medical journals or on government web sites and not base their assessments solely on what is reported by the mass media. In any report with anecdotes from “experts” like treatment center owners and police officers, the benefits for them of constructing a meth epidemic should be considered (Szalavitz 2004b). The “specialists” often quoted by local media are generally community-based providers, mostly not engaged in research and who will gain or lose funding depending on whether drug use is perceived as a serious problem (Rawson 2004). Furthermore, media accounts are often anecdotal, unsupported by facts, and at odds with existing data, often leading to exaggerated accounts of the prevalence, addictiveness, and consequences

of methamphetamine abuse that not only misinform the public, but also may result in a “boomerang effect” in which use and perception are negatively affected. This combination of rhetoric and misinformation about the state of methamphetamine abuse is costly and threatening to the national drug abuse response because it results in misallocation of resources (King 2006). The recent focus on rural America may be such a misrepresentation.

The Scene of the New Meth Story: Rural America

Several characteristics of rural areas lead to the perception that they are more susceptible to methamphetamine production than urban locations. The number of secluded and abandoned buildings offers many virtually undetectable places in which meth labs can operate. Further, anhydrous ammonia, a key ingredient in meth production, is readily available in rural areas because farmers use this chemical for fertilization. Also, law enforcement personnel cover large areas in much of rural America, making it easier for labs to be established with low risk of detection.

Almost by definition rural areas have a multitude of isolated places. Unused farm buildings and derelict housing structures (homes and trailers) can be broken into, bought or converted to the production of methamphetamine. In rural areas the likelihood that neighbors will see or report suspicious activities is lower than in urban areas. The distance between neighbors reduces the likelihood that the pungent odors emitted while meth is being cooked are likely to be detected.

The ease with which ingredients may be obtained in rural areas may be enticing to meth producers. Local stores carry many of the components needed to cook batches of

meth. Also, farmers often have an abundance of necessary ingredients that can be easily stolen. Often, ingredients such as ammonia are left unattended and with minimum protective measures against theft (Kramin 2004).

Local communities often have police departments that employ fewer than ten officers (Kramin 2004). These officers are expected to patrol a vast area in which many locations are isolated and hard to reach. Furthermore, these officers often lack the training and financial resources to effectively detect or deter meth production and use. Even when law enforcement officers suspect individuals are engaged in drug trading or production, they simply lack the skills and resources necessary to deter or monitor possible producers.

Unlike in urban areas (at least in more affluent communities), rural areas often lack services including trained professionals to deal with drug addicts. Treatment options and centers are limited; creating a burden that impedes local communities from treating the psychological and medical needs that often arise from drug use. And, just as drug production may be easy to conceal, drug addicts may be less exposed (have more limited social exposure) in rural areas. Hence, addicts may continue their substance abuse because rural communities lack the resources needed to properly address concerns.

Allocation of Resources to Fight the Meth Problem

In 2002, the Mid-western Governors' Conference held a summit on meth, addressing the strain on local and state governments and the cost to taxpayers (Kramin 2004). Recognizing the need to partner local law enforcement and communities with federal resources became apparent if local governments wanted to stop the spread of meth use

and production.

Office of Community Oriented Policing Services (COPS) is a program that encourages the forging of partnerships between local government and communities. Grant recipients are encouraged to train local officers to become certified to uncover meth labs and dispose of them safely. The program provided more than \$100 million in grants between 1998 and 2002 to help stop the production and abuse of methamphetamine. Much of the “success” of COPS has come from the union of departments at the local, state, and federal level in an effort to combine resources and maximize reductions in the spread of meth.

The Mobile Enforcement Team Program (MET) is supported by the DEA. It targets rural law enforcement agencies that lack the resources necessary to combat meth use and production. The MET program helps local law enforcement agencies attack the violent drug organizations in their neighborhoods and restores a safer environment for the residents of these communities.

The DEA reports that MET Agents assist local law enforcement officers in the following ways:

- Identifying major drug traffickers and organizations that commit homicide and other violent crimes.
- Collecting, analyzing, and sharing intelligence with state and local counterparts.
- Cultivating investigations against violent drug offenders and gangs.
- Arresting drug traffickers and assisting in the arrests of violent offenders and gangs.
- Seizing the assets of violent drug offenders and gangs.

- Providing support to federal, state, and local prosecutors (U.S. Drug Enforcement Agency 2006).

Furthermore, areas that participated in the program reported a decrease in activities associated with meth. For example, as of April 2002, areas receiving these services had an average of 15 percent fewer assaults, 14 percent fewer homicides and 16 percent fewer robberies (DEA 2006).

The Executive Office for Weed and Seed uses partnerships with multiple agencies and communities to “weed out” drug abuse and “seed” healing by providing the community with public and private sector services focused on prevention and treatment (Kramin 2004). It calls for an aggressive law enforcement approach that encourages community policing. Further, the program emphasizes neighborhood restoration and prevention and treatment services. As of 2003, more than 300 communities used the Weed and Seed funds, resulting in the respective communities reporting seeing an increase in quality of life, safety, and meth reduction (United States Department of Justice 2003).

Channeling Public Fear

From a law enforcement perspective training citizens to identify indicators of meth production is critical in deterring and stopping meth manufacture. Citizen awareness can aid law enforcement departments by increasing the probability that meth producers will be noticed as they engage in illegal activity. Citizens are not asked to look for producers as their public duty. Rather, the toxicity of meth production byproducts is emphasized. Community involvement is essential in order to safeguard against unnecessary exposure to harmful and deadly substances.

Many states have initiated media campaigns to educate citizens about meth production. Television and radio ads are aimed at informing citizens how to safeguard their respective communities. The ads not only educate the community about warning signs of possible producers or lab locations, but also they show how many states have strengthened the penalties associated with meth use and production. These ads target local meth producers and serve as a scare tactic to deter others from getting involved in any illegal activity associated with methamphetamine.

Ads identify various signs for citizens to look for to deter meth production. Citizens are told to look for older model vehicles, usually pickup trucks, vans and rental/moving vans. As such vehicles are not uncommon in those areas, citizens are encouraged to notice when items inside a vehicle are covered up, but chemical odors still come from the vehicle. Also, citizens are advised to be aware of boxes or drums with corrosive, flammable, or poison placards (rhs). Citizens are advised to notify law enforcement immediately if they discover chemical odors coming from a field, shed, or other structure. Through community education and resultant increased awareness authorities believe that reasonable obstacles can be constructed to stop the production, if not the use of methamphetamine.

Construction of Victims

Meth users do not arouse public sympathy. Much of the ad campaign against meth use and production is built around the claims of child endangerment and abuse. They allude to the children being placed in an unsafe environment due to the chemicals involved and the inability of meth-dependent and meth-manufacturing parents to function as proper

caregivers. Various ads include a visual barrage that includes baby bottles being stored with corrosive chemicals, children playing around drug paraphernalia, and children growing up under unhygienic conditions. This focus is reminiscent of the portrayal of “crack babies” as the victims of crack cocaine use that was the hysteria in the eighties (Szalavitz 2005c). Furthermore, many media outlets are guilty of distorting methamphetamine use trends, often using a single case to illustrate an emerging “pattern” posited in the article and their coverage has relied almost exclusively upon anecdotal stories and uncorroborated opinions from individuals as means of illustrating the threat posed by the drug (King 2006).

Many of the stories are alarming because they deal with the dangers associated with the manufacture of meth. The chemicals involved in meth production and the toxic compounds and byproducts resulting from its manufacture produce toxic fumes, vapors, and spills, so that even low-level exposure can produce harmful effects. Symptoms such as headaches, nausea, fatigue, tissue irritation, and chemical burns are only a few of the problems that can be linked to the exposure to a meth lab or its byproducts. Often, normal cleaning will not remove the corrosive substances causing prolonged exposure to people and the environment.

Meth labs are discovered as a result of fire or explosion, which may harm children and innocent bystanders. Meth producers are often careless in handling chemicals. Chemicals and meth production byproducts are left unlabeled and stored improperly, increasing the risk of danger to the surrounding environment and community. Hydrogenerators used in illegal drug production are like bombs waiting to be ignited by a careless person and the safety equipment is typically nonexistent or inadequate.

Representing the Rates of Meth Use

Claims-makers seek political support and funding for their agendas. At the federal level, the spread and use of meth is reported to be flat. While meth use, production, and addiction clearly produce problems, most federal agencies refer to studies and statistics that are in conflict with the “meth epidemic” reported by the media. For example, the Substance Abuse and Mental Health Association, which conducts the National Survey on Drug Use and Health (NSDUH), reported that use of methamphetamine has been steady over the past five years and in 2004, 0.2 percent (583,000) of Americans over the age of 12 were regular users of methamphetamine (Office of Applied Studies 2005). Furthermore, between 1999 and 2004, the portion of all methamphetamine users increased only slightly, from 4.6 percent to 5 percent. Figure 2.1 below shows the prevalence of drug use rates in 2004 and Table 2.1 shows the almost stagnant methamphetamine use rates between 1999 and 2004. However, in an effort to establish a local methamphetamine problem, media and local law enforcement agencies often rely on tenuous, and sometimes implausible, sources of evidence (King 2006). Often, decisions and resources are misdirected or improperly utilized due to incomplete information.

Why would the federal government downplay the issues associated with use and spread of meth? In part, it comes down to money. “The federal grant system creates an incentive for law enforcement agencies to increase their efforts targeting methamphetamine, which manufactures the artifice of a problem. The increased arrests or seizures, the result of aggressive enforcement rather than substantiated use patterns, reinforce the perception of widespread methamphetamine use” (King 2006:15).

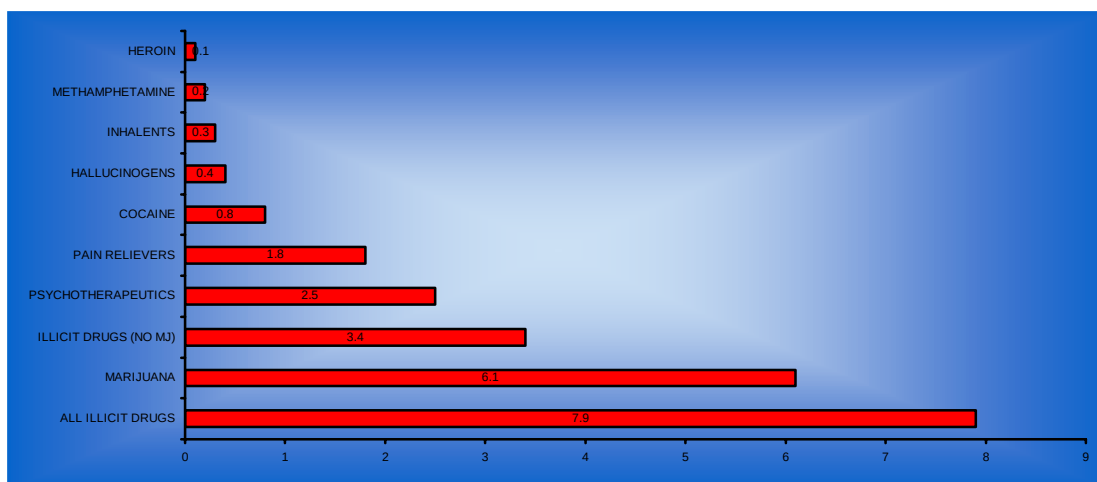


Figure 2.1. Drug Use Rates by Persons 12 and Over Past Month, 2004 (%)

Adapted From Office of Applied Studies, 2005, Table 1.1B

Table 2.1. Monthly Methamphetamine Use Rate by Persons 12 and Over, 1999-2004

Adapted from National Survey on Drug Use and Health Detailed Table Reports,

Accessed July 20, 2006. Table 1.1b.

YEAR	% USE
1999	.2
2000	.2
2001	.3
2002	.3
2003	.3
2004	.2

Budget constraints leave multiple agencies vying for a piece of the pie. In turn, this forces hard decisions to be made as to which and how much funding is given to various agencies and state governments. "Officials across America who had not even heard of meth five years ago are being forced to shift budget priorities to pay for everything from dental care for meth-addicted jail inmates to foster care for children whose parents have been arrested for running a meth lab" (Gannett News Services 2005). Federal policy makers may resist claims that require additional funds, and focus on reports that will justify more limited allocation of funds.

In recent years, the Bush administration has called for a reduction in the funding that is currently being given to states. Resistance has come from state governments that depend on federal funding to keep many of their internal agencies, including those directly dealing with the fallout caused by meth and other drugs, up and running. Officials from states such as Oklahoma and Washington have expressed concern that the federal government is "out of touch" with the costs associated with the meth epidemic, and claim that local officials have a more accurate assessment of what meth use and production has cost communities. "The Bush administration, which has recommended cutting money for local anti-meth programs, does not have national figures on the drug's economic toll" (Gannett News Services 2005).

Specifically, the Bush administration has proposed the elimination of the \$634 million allocated from the Edward Byrne Justice Assistance Grant in 2006, money used to help law enforcement officials track, shut down and cleanup meth labs (Satel 2005). This proposed cut encountered strong opposition from states and agencies that depended on this money for operation. This disagreement over fund allocations puts in relief

conflicting claims over whether there is truly a meth epidemic. Federal claims-makers are reporting a downward trend in domestic drug issues and are slow to accept any claims or studies that allude to a problem or epidemic developing concerning methamphetamine.

Further, local and state level claims-makers have a vested interest in playing up the high costs associated with the fight against drugs. Alison Colker, a health policy analyst for the National Conference of State Legislators, states: “It’s a high cost for the states, it’s a growing problem and is the No. 1 issues for the states in terms of substance abuse” (Gannett News Services 2005).

Law enforcement agencies at the federal, state, and local level each compete for a portion of the budget allocated to “fight the war on drugs.” Other agencies, such as the child welfare system or prisons, also have competing interests. These agencies have their own agendas, therefore, it behooves them to support claims-makers that will further their cause and increase their resources. This temptation is often exacerbated when millions of federal dollars are offered to local entities engaged in detection and enforcement of certain crime types. For example, the Drug Enforcement Administration’s National Clandestine Laboratory Seizure Database found that between 1998 and 2004, the number of methamphetamine labs seized nationally increased 422% from 3,441 to 17,956 (United States Department of Justice 2006). This increase coincided with the implementation of the Meth Initiative, or “Meth/Drug Hot Spots” Program, which offered \$385.6 million in federal dollars to state and local agencies for the detection and eradication of methamphetamine laboratories. This rapid growth in laboratory seizures is not paralleled by any of the drug use data. In actuality, there is no evidence available suggesting that this increase in lab seizures was the product of expanded law enforcement efforts

targeting methamphetamine production facilities in response to financial incentives (King 2006).

Competing for Resources: Child Welfare System

Often, funds for child welfare are allocated on an as needed basis, which can create a conflict of interest. More money is allocated to the child welfare system based primarily upon how many children become wards of the state. In essence, the child welfare system is dependent upon families being in turmoil for its funding. Therefore, claims-makers supporting the agenda of the child welfare faction have a good reason to play up the problems associated with issues like meth that can have a direct effect on a family. In a speech to district attorneys, U.S. Attorney General Alberto Gonzalez stated, “In terms of damage to children and to our society, meth is now the most dangerous drug in America” (Jefferson 2005:3).

Each of these respective agencies has their own agendas, therefore, it behooves them to support claims-makers that will further their cause and increase their resources through federal funding.

But there’s a money issue underneath it all: Counties are fighting a federal budget cut that would take \$634 million from local law enforcement for anti-drug task forces. Is it any wonder the feds want to play down meth, while the counties hype it up? Of course, a budget battle- between two law enforcement agencies that haven’t given us a drug-free America yet and don’t seem likely to do so – is a far less seen story than “mom’s on meth...” And, so, meth madness continues, without giving us greater

understanding of either methamphetamine or the people whose lives are genuinely ravaged by addiction (NCCPR 2005:2).

In essence, the child welfare system is dependent upon families being in turmoil for funding. “Hysteria over drugs has always been fueled by those with vested interest in taking away children, and the current wave of meth stories is no exception” (NCCPR 2005:3-4). The more reported problems with families in a community, the more funding that is allotted for the local agency. Therefore, claims-makers supporting the agenda of the child welfare faction have a good reason to play up any negative problems associated with issues such as the impact of meth on a family. The following is an example of how situations are represented in an alarmist tone to serve a certain agenda, in this case the woes of the child welfare system: “It has become harder to attract and keep foster parents because the children of methamphetamine arrive 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” (Zernike 2005:L1).

Clearly, one must put reports into perspective and not assume that situations portrayed by claim-makers and the media are the norm. “The child welfare establishment wants us to believe that methamphetamine is virtually untreatable because they want us to believe the only option for the children is foster care. They want us to believe the only option is foster care in order to justify their demand for billions of dollars be reserved for foster care, and nothing else” (NCCPR 2005:4).

Child endangerment stories may be played up because they can gain the most support and bring about a greater amount of attention, even if the events depicted are rare in

occurrence.

"This is the beginning of a classic scare where you have horrible anecdotes substituted for epidemiological evidence and the media going with those easy stories," Sociologist Craig Reinerman explained. "Story-based coverage can be very unrepresentative. They select the most dramatic story with the eye-catching headlines, but those sorts of stories distort the real picture. You don't want to mistake worst-case scenarios for the norm, but that is what happens, and it's true of every drug scare. Instead of solid epidemiological evidence that can be tiresome and boring, you get these dramatic anecdotes" (Szalavitz 2004b:7).

The National Coalition for Child Protection Reform has reported that much of the hype behind the "meth epidemic" has led to children being taken out of their homes and families being unnecessarily broken up. In an effort to counter some distorted information that has been released about meth, the NCCPR released the following statement on August 21, 2005:

Indeed, the campaign against making foster care funding flexible has been led by the Child Welfare League of America, the trade association for public and private agencies. Most private agencies are paid for each day they hold a child in foster care. Anything that threatens to close the "open spigot" of federal foster care aid threatens the ability of states to keep doling out per diem payments to private agencies for endless foster care. That threatens the private agencies' existence. And that's why the biggest addiction problem in child welfare is neither meth nor crack nor any other

drug. The biggest addiction problem in child welfare is great big, prestigious, mainstream private child welfare agencies with blue-chip boards of directors that are addicted to their per diem payments for holding children in foster care. And they're putting their addiction ahead of the children.

The Child Neglect Theme

The National Association of Counties (NACo) reported, "Many children are being grossly neglected by their addicted parents, and these same children are being exposed to the harmful side effects of the production of the drug, if they live in close proximity to a lab" (Shirk 2005:2). Reports such as these have fueled more meth debates. "The federal government wants to allow states to use billions of dollars now reserved for foster care for various prevention programs, including drug treatment. But the child welfare establishment wants to hoard the money for foster care" (NCCPR 2005:4).

The media generally portray abuse of a child as one of the worst criminal acts that a person can commit. Whether mistreatment is physical, mental or sexual in nature, those who commit or permit such acts are harshly judged by society. The coverage surrounding meth has brought up parents negligently exposing their children to the toxic chemicals of a clandestine meth lab. In a speech to district attorneys, Attorney General Alberto Gonzalez stated, "In terms of damage to children and to our society, meth is now the most dangerous drug in America" (Jefferson 2005:A1). Reports such as this have been played up by the media, allowing for society to socially construct an image of meth users and producers as heartless, child-abusing, and inhumane people that will do anything and

stop at nothing in order to feed their uncontrollable addiction.

“Methamphetamine suddenly becomes this thing in their life that they can’t do without,” said Detective Cpl Jake Grellner Franklin County, Missouri. “They can do without the hamster and the dog and the cat and the kids and the wife and the house and the job. But they can’t do without the meth, and they live each day to get enough stuff, to manufacture the next batch, so they can get high again. Its that addictive, that bad” (CBS 2005:1).

A child living at a meth lab may inhale or swallow toxic substances or inhale the secondhand smoke of adults who are using meth; receive an injection or an accidental skin prick from discarded needles or other drug paraphernalia; absorb methamphetamine and other toxic substances through the skin following contact with contaminated surfaces, clothing, or food; or become ill after directly ingesting chemicals or an intermediate product (USDOJ 2005:1).

The great majority of methamphetamine users are not operators of clandestine meth laboratories and are not the symbolic “white-trash”, child-abusing individuals that have been built up by the media and claims-makers. Their emphasis is on children being endangered by being around methamphetamine labs and exposed to toxic chemicals that can present health risks. They argue about 30-35% of methamphetamine labs seized are in residences where children live, putting those children at risk of physiological and psychological damage (Meth Awareness Prevention Project 2005). However, it is important to note the political agenda behind various reports and to remember that the norm or the symbolic user that has been built up by claims-makers quite often contradicts

reality. Furthermore, the white, trailer trash guy with tattoos and a t-shirt, drinking beer, chain-smoking and shooting speed with dirty kids crawling around being neglected has become the poster child, but there are a lot of different use patterns out there. There is the middle or upper class white woman who gets it from a psychiatrist's prescription, there are people who binge as a couple every few months, and there are students who use it to study. What percentage of meth abusers fit the stereotype of the speed freak is unknown (Drug Reform Coordination Network2005:1).

Framing the Problem

A multitude of media and government agencies have been churning out articles and statistics supporting an emerging “meth epidemic” in America. Likened to the destruction and swiftness of Hurricane Katrina, meth use has been portrayed in alarming terms sure to scare anyone. Furthermore, there is a tendency for claims-makers to pay far more attention to constructing images of victims than villains (Loseke and Best 2003). For example, “In a story with a headline that could have been pulled from the 1980s crack scare, “A Drug Scourge Creates its Own Form of Orphan” (July 11, 2005), Kate Zernike of The New York Times reported that 40 percent of child welfare officials say that methamphetamine has caused a rise in the number of kids taken into foster care; but the national numbers for those in foster care (which go un-cited in the Times article) have declined from 570,000 in 1999 to 523,000 in 2003—a period during which methamphetamine use was supposedly rising” (Szalavitz 2005b:2). Hence, it is by constructing diagnostic frames around an appeal to society’s emotions that claims-makers are able to encourage fear and construct images of people that go beyond demographic

descriptions.

One does not have to dig too deep to realize that misleading propaganda has fueled much of the “meth scare.” Furthermore, consideration has to be given to whether media coverage of a social problem is serving society or merely creating more obstacles hindering society. For example, “It is certainly true that active stimulant addicts can be highly abusive and neglectful towards their children—and there are absolutely some cases where this should lead to custody termination. But because intervention like foster care can sometimes do harm, the media needs to be especially cautious when demonizing a drug to advocate them – or else reporters risk hunting victims they are supposedly trying to help” (Szalavitz 2005b:3). “Given that media coverage drives foster care trends, it behooves editors and reporters to consider explicitly in their coverage whether foster care could do more harm than methamphetamine. It’s especially important in this context to stop promoting the idea that meth addiction is harder to treat than other drug problems” (Szalavitz 2005b:3).

Drug use is a long-standing problem. The use of drugs, often accompanied by drug abuse, can be traced back through history. Over 4,000 years ago, a Chinese emperor recommended marijuana for “female weakness, gout, rheumatism, malaria, beriberi, constipation and absentmindedness” (Yudko, McPherson, Hall, Yudko 2003:3). About 2,500 years ago, the famous Hippocrates recommended mandrake, taken with a little wine, to relieve depression and anxiety (Blum 1969). And about 500 years ago, when the Spanish Conquistadors landed in South America, they discovered that the natives chewed coca leaves for the stimulating effects of cocaine (Henslin 2006).

As indicated earlier, meth is not new to the drug scene; its existence has emerged over

the past hundred years. First synthesized in China in the late eighteenth century, methamphetamine has been used by the private and public sectors over the years. Used to fight narcolepsy or weight gain, meth use is not new to the world or the American society. Allied and Axis forces were given meth during World War II in order to maintain alertness and fight sleep deprivation. Furthermore, the sixties and seventies saw a drastic increase in meth use as middle class America sought ways to lose weight or fight fatigue.

Before believing that postmodern America is under siege and being ravaged by this deadly epidemic, one must consider just where and why these claims of widespread meth use have recently surfaced. The perception of meth use and its representation by various claims-makers is not spurious, but meth use has been a latent social problem.

Motivational Framework

So, why now and just under what type of motivational framework is the problem being presented?

One motivating factor is:

a financial battle in the child welfare agencies relationship to methamphetamine that should have been covered in reporting on it. Federal budget efforts are underway to make foster care funding more flexible—to allow some of it, for example, to be used to treat addicted parents rather than place kids in care. This, of course, would shift funds away from these agencies and towards drug treatment providers. Flexible funding wouldn't gain much support, of course, if "meth monsters" are untreatable" (Szalavitz 2005b:3).

Sociologist Craig Reinerman says the answer lies in the social purpose served as a result of the myth created by claims-makers. For example, by creating an image, such as an addict and her baby, you have “both a perfect victim and a perfect villain. Who is more innocent than an unborn or a newly born child? It is the ultimate angelic victim. On the other hand, who could be a more demonic villain than a woman who would put this child at risk for something as awful and selfish as her own pleasure? Central casting couldn’t do better” (Szalavitz 2004b:7).

Designed in part to further certain needs or perspectives, meth propaganda, whether in part or whole, has misled and scared the public. Misleading statistics and stereotypes created an image in which rural Americans have openly grasped meth production as the new cash crop.

Without downplaying the seriousness of meth use and production, the facts have not been correctly represented. “Toothless, white trash” meth users do not dominate. There is no evidence that rural America is overwhelmed with meth labs or drug addicted mothers. Furthermore, these stereotypes and labels may be financially motivated and contribute more harm than good, paralleling the depiction of crack in the 1980s.

The use of terms, such as “ice babies” and “meth babies”, stigmatizes children. Experience with similar labels applied to children exposed to cocaine demonstrates that such labels harm the children to which they are applied, lowering expectations for their academic and life achievements, discouraging investigation into other causes for physical and social problems the child might encounter, and leading to politics that ignore factors, including poverty, that may play a much more significant role in their lives. The suggestion that treatment will not work for people dependant upon methamphetamines,

particularly mothers, also lacks scientific basis (Millar 2005:9).

This study investigates how selected Tennessee newspapers have represented the meth “story” through the use of content analysis. My general research question is whether the extensiveness of newspaper coverage shifted over time in tandem with changes in the number of meth arrests and meth lab seizures. Other questions revolve around when and to what extent various themes appeared in that coverage in each paper.

CHAPTER 3

RESEARCH METHODS

To address my research question I drew on statistical data from official sources to depict the changes in arrests for meth use over time and content analysis to examine the nature and extent of coverage of meth beginning in 1990.

Law enforcement data are limited in that they cannot present overall incidence information. They reflect policies that are a product of political processes. So, I could identify the impact of additional resources and funds being made available to combat meth, as well as actual increase in the incidence of meth related crimes. In addition, I present some information from law enforcement officials asked to estimate relative incidence of use of various drugs in their area.

My primary focus was newspaper reports that were analyzed using content analysis (Neuendorf 2002; Weber 1985). Some aspects of newspaper stories readily lend themselves to quantitative analysis (number of stories, number of words). Altheide (2002:102) notes “newspapers deal with print (linear) representations in space, for example column inches.” As stories do not appear in column format in databases, a word count is an appropriate alternative measure. Rather than selecting subjective measures of content (focus of headline, nature of story content), the presence of key words associated with arguments is used as an indicator of whether themes may be present in the articles found in the respective newspapers.

SAMPLES

My first step was to see which newspapers from major cities in Tennessee could be searched electronically and for what years. I established 1990 as a base year for my analysis of the third meth epidemic so that I would be able to establish whether and when there was a substantial increase in the number of newspaper articles and a focus on problems in rural areas. The University of Tennessee provides electronic search capacity for the following newspapers:

Memphis' <i>The Commercial Appeal</i>	1990
Knoxville's <i>The Knoxville News-Sentinel</i>	1990
Nashville's <i>The Tennessean</i>	2000
Chattanooga's <i>The Chattanooga Times</i>	2000
<i>Free Press</i>	
Clarksville's <i>The Leaf-Chronicle</i>	2000

The article is my unit of analysis. "Letters to the Editor" are not included. Articles that mentioned "methamphetamine" or "meth" from the first available year through 2005 were included in the sample.

The impact of newspapers extends beyond the cities in which they are located. Table 3.1 indicates the size of the Metropolitan Statistical Areas in 2000 associated with each city and the Sunday circulation data for each newspaper.

Table 3.1: Size of the Metropolitan Statistical Area and Newspaper's Circulation

City/ Newspaper	Metro (2000)*	Sunday Newspaper Circulation **
Memphis/ <i>The Commercial Appeal</i>	1,205,204	204,278
Nashville/ <i>The Tennessean</i>	1,311,789	235,257
Knoxville/ <i>The News Sentinel</i>	616,079	147,277
Chattanooga/ <i>Chattanooga Times Press</i>	476,531	95,399
Clarksville/ <i>The Leaf-Chronicle</i>	232,000	26,327

Source: *U.S. Census Bureau. Population in Metropolitan Statistical Areas Ranked by
2000 Population for the United States and Puerto Rico

**Audit Bureau of Circulations Reader Profile Top 150 Newspaper- retrieved
03/18/2007

DATA ANALYSIS

I first reviewed all articles that mentioned meth that appeared in *The Knoxville News-Sentinel* and *The Commercial Appeal*—both of these papers cover their urban area and surrounding rural areas. Memphis being located on the western border of the state provides coverage of rural areas in nearby states (e.g., Arkansas), as well as Tennessee. These two papers had the longest available electronic records. Yet, in the process of collecting materials I realized that it would be desirable to include two other major city newspapers, *The Chattanooga Times Free Press*, because the South/East Methamphetamine Task Force is headquartered there, and Nashville's *The Tennessean* as the newspaper in the state capitol. I decided to include them after perusing the data from the first two papers and seeing that some of the most substantial increase in coverage occurred from 2000 on, so the more limited number of years they were accessible did not preclude their inclusion.

I reviewed the articles to eliminate duplicates. Also, the term “meth” was sometimes used as an abbreviation for Methodist; such articles appeared in various newspaper sections (e.g., sports, obituaries), methodology or a person's name.

I analyzed trends—when did the reported incidence of meth problems significantly increase both in data provided by law enforcement and in newspaper coverage. In addition to reporting yearly increases (or decreases) in the numbers of articles containing the words meth or methamphetamine, as well as the mean yearly word count for those articles for each newspaper, I specifically examined the articles to see if they reflected the themes reported in my literature review, specifically, whether “meth” use is associated with a variety of topics: types of villains (gays, rural) and types of victims (children,

environment). The articles were searched for keywords: epidemic, gay, child/children, rural/local, lab/laboratory, and Mexican. And, the number of “meth” article headlines that included either the word meth or methamphetamine as reported.

CHAPTER 4

FINDINGS

In the first part of this chapter secondary data about the extent of the meth problem in Tennessee are presented. This information provides a backdrop for the presentation of information about the level of newspaper coverage of meth in the state of Tennessee. Claims-makers in law enforcement and various social service agencies have declared Tennessee has special needs. For example, Betsy Dunn, Department of Children Services in Tennessee, stated, “I am here to tell you about the worst form of child endangerment that I have ever seen. It’s what happens when methamphetamine takes over a family’s life and threatens to destroy everything – especially the children who have the misfortune of living beneath the same roof as their drug-addicted parent” (Combs 2005:B8).

None of the sources consulted disagreed with the assertion that much of the meth consumed in Tennessee and the United States is transported from the Southwest border and Mexico. In fact, due to the clamp down on local producers, the DEA reported that in 2005 it is seeing more Mexican meth coming into the Southeast region (Finn and Cook 2005). However, there is evidence that Tennessee experienced an increase in clandestine methamphetamine labs throughout the state. The labs are unsophisticated in nature and are generally characterized as small and crude. The threat that these labs pose is portrayed as significant in that they are frequented and maintained by armed personnel and they have little if any precautions taken for the potentially deadly and hazardous materials required in the production of meth.

It is generally argued that a significant level of illegal meth was first introduced in Tennessee in 1978. A Tennessee native, who had been imprisoned in California, brought the knowledge and production methods back to Tennessee after his release (Bell 2005). From this point, he shared his knowledge on cooking meth with a multitude, causing a “snowball effect” with meth production. By the early 1990s, parts of Tennessee began to see the impact associated with meth production and use.

In the past 10 years, meth production apparently has flourished in small labs, generally placed in rural communities where detection is difficult. The labs used to make meth are easily created and often times they are portable, making detection highly improbable. According to the U.S. Drug Enforcement Agency (DEA), the number of labs seized in the Southeast grew from 135 labs in 1999 to 499 labs in 2003. Furthermore, the DEA reported that the seized labs in Tennessee comprised 75% of all lab seizures in the Southeast. In 2004, the National Clandestine Laboratory Database reported that Tennessee was third highest in the nation with 1,259 lab seizures (National Institute on Drug Abuse 2005).

The protocols that are used to guide assessment and remediation of clandestine methamphetamine labs are found in Tennessee Code Annotated, Title 68, as amended by Public Acts 2004, Chapter 855, "Inspection, Testing and Quarantine of Property Where Methamphetamine was Manufactured," and by "Emergency Rules of the Department of Environment and Conservation-Standards for Testing and Cleaning Clandestine Drug Manufacturing Sites" (Chapter 1200, 1-19). Also relevant is Tennessee Department of Environment and Conservation Interim Guidance, February 22, 2005, Reasonable, Appropriate, Protective Cleanup Responses and Documentation Guidance for Properties

Quarantined due to Clandestine Methamphetamine Laboratory (CML) Activities

Pursuant to TCA 68-212 Part 5.

Figure 4.1 shows a decrease in lab seizures from 2004 to 2005. A clear increase from 1999 to 2005 is also established. Furthermore, a significant decrease in lab seizures can be seen between 2004 and 2005.

SOUTH/EAST METHAMPHETAMINE DRUG TASK FORCE, TBI, AND OTHER STATE AGENCIES

Based in Chattanooga, the South/East Methamphetamine Drug Task Force has been operating since the late 1990s. The Task Force combines resources of several agencies to

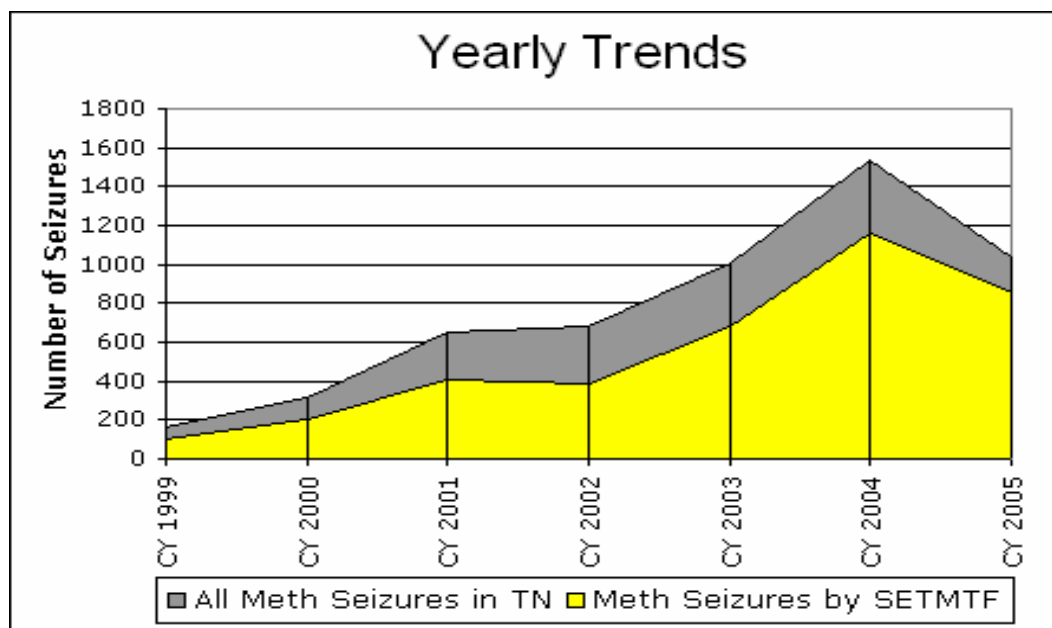


Figure 4.1. Number of All Meth Seizures and SETMTF Seizures 1999-2005

Source: South/East Methamphetamine Drug Task Force

provide service personnel, support, and expertise to state and local law enforcement departments.

The Tennessee Bureau of Investigation (TBI) is responsible for investigating all drug offenses within Tennessee. Its role has greatly increased in the past decade, due in large part to the increase in meth production and use. The department has trained officers to combat the increase in meth. Four highly specialized meth response trucks have been developed and can be dispatched to meth labs across the state of Tennessee.

Local authorities are generally the first notified and first on the scene to potential meth lab sites. Although guidelines are still loose, broad efforts have been attempted in order to establish guidelines for state and local agencies to follow when dealing with a suspected meth lab site. Only individuals who are “Clandestine Lab Certified” may enter the residence or clandestine lab. Agents from the Drug Task Force, Drug Enforcement Agency, or the Tennessee Bureau of Investigation may supplement them in an effort to combine resources and knowledge. This effort to combine resources is done in the hopes of lowering the risk associated with meth lab sites.

Tennessee experienced an apparent decrease in methamphetamine lab seizures between 2004 and 2005. Figure 4.2 illustrates the downward trend, which in turn has led to some claims that newly implemented laws have been effective.

Figure 4.3 shows a decline in meth lab seizures by the South/East Methamphetamine Drug Task Force through October 2005. However, this downward trend in lab seizures probably does not translate into a decline in meth use, for little if anything to stop the flow of meth in rural and urban communities, as it does not address the external sources of meth.

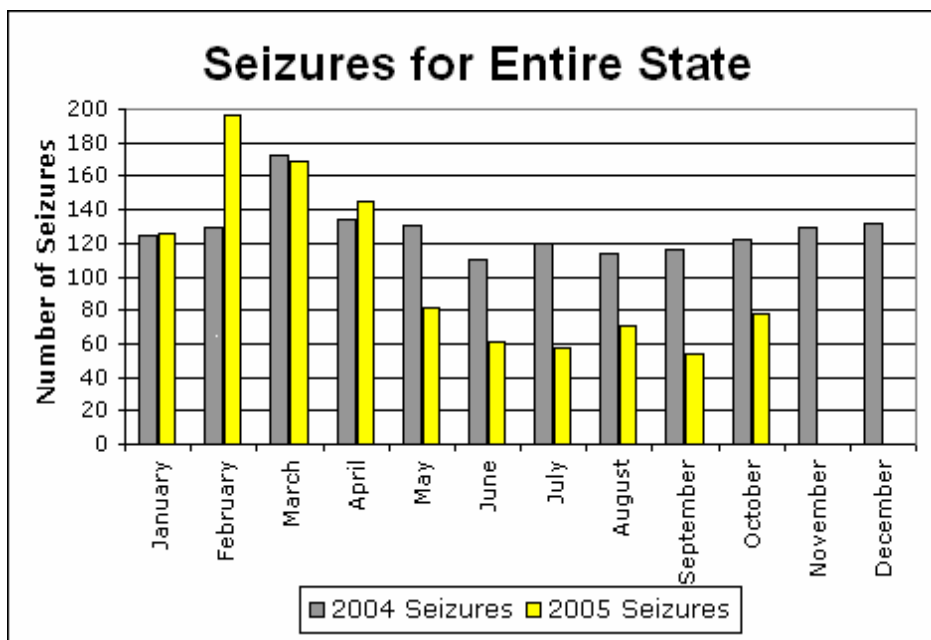


Figure 4.2. Number of Lab Seizures in Tennessee by Month, 2004 and 2005

Source: South/East Methamphetamine Drug Task Force

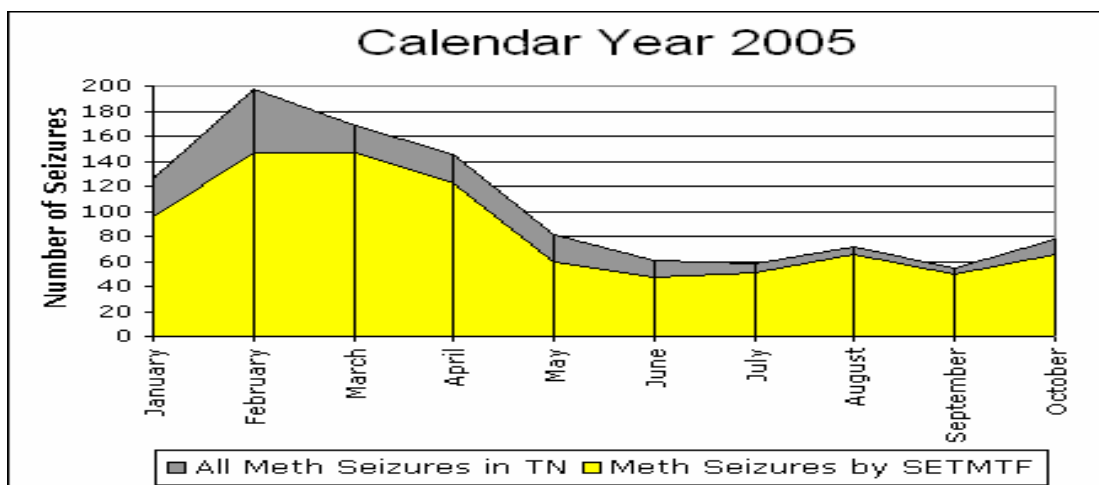


Figure 4.3. Task Force Lab Seizures in Tennessee by Month, January to October 2005

Source: South/East Methamphetamine Task Force

Tennessee's location and geography pose problems not experienced by other states. Bordered by eight states and crisscrossed with interstate and state highways, Tennessee experiences a high volume of inter and intrastate traffic that affords drug traffickers the ability to blend. Hence, Tennessee has seen a steady increase in drug traffic to and from the state. Yet, local production also poses problems.

With a cost between \$5,000 and \$20,000 for the removal and handling of the hazardous waste from meth sites, Tennessee's budget has been strained by increased methamphetamine production. It is estimated that more than 700 children will be taken into state custody in 2005, at a cost of \$4 million to the state. Also, restoration costs for making sites where labs have been discovered safe and habitable carry an additional price tag. Furthermore, Tennessee has experienced an increase in costs associated with health care coverage, lost time at work, workplace injuries, and theft (Bell 2005). Problems with meth and its associated costs been seen in every major metropolitan area throughout the state. In addition, rural towns and counties have also been strained by the increase in meth production.

NEWSPAPER COVERAGE

The simplest indicator of media representation of an issue is how many articles fully or in part address it. For this project all articles that referred to meth as a drug were counted from 1990 to 2005 (or the first date the paper was available on an electronic database) (Table 4.1) The four major city newspapers show upward trends from the earliest dates to the latest. The Clarksville paper did not. Table 4.2 shows for each newspaper variations in the length of articles about meth for the five newspapers. The largest city in the state

Table 4.1. Number of Articles Referring to Meth in Newspapers in Five Tennessee Cities from 1990 or 2000 to 2000

YEARS	MEMPHIS	KNOXVILLE	NASHVILLE	CHATTANOOGA	CLARKSVILLE
1990	6	3			
1991	2	4			
1992	4	1			
1993	8	0			
1994	7	6			
1995	23	9			
1996	25	1			
1997	38	5			
1998	30	7			
1999	43	11			
2000	59	23	14	75	8
2001	61	33	29	119	9
2002	65	22	39	129	33
2003	64	81	35	178	32
2004	87	107	87	274	18
2005	119	118	92	370	17

Table 4.2. “Meth” Newspaper Articles’ Word Length Range by Year and City

Year	Memphis	Knoxville	Nashville	Chattanooga	Clarksville
1990	104-1400	202-475			
1991	237-386	130-264			
1992	133-1741	505			
1993	151-1051	0			
1994	172-496	139-1977			
1995	129-2085	157-958			
1996	107-1009	235			
1997	136-1082	333-549			
1998	103-1996	412-1429			
1999	115-1452	198-986			
2000	34-2891	449-1188	302-1676	70-6036	301-1649
2001	130-2402	128-1197	188-3366	78-1493	358-758
2002	147-2402	253-865	269-1778	105-1433	388-1388
2003	158-1777	293-3085	294-1932	47-1693	255-1747
2004	81-1650	208-4311	270-3107	67-4468	298-2122
2005	39-1811	173-4557	102-2933	78-1871	285-1548

has a lower size range in recent years compared to the Knoxville and Chattanooga newspapers. Furthermore, some of the Memphis stories were in fact brief accounts of events in the surrounding area (e.g., Arkansas). In contrast, the Clarksville newspaper did not have such brief stories.

Figure 4.3b shows the linear progression for each newspaper for the time frame studied. The figure clearly shows Chattanooga as having the greatest frequency of stories about meth. Furthermore, Figure 4.4 shows that the mean length of Chattanooga articles was longer than the means for the other four cities. Also, Clarksville shows a dramatic increase in the general length of articles about meth, while Memphis and Knoxville papers produced more articles but remained relatively stable in mean article length.

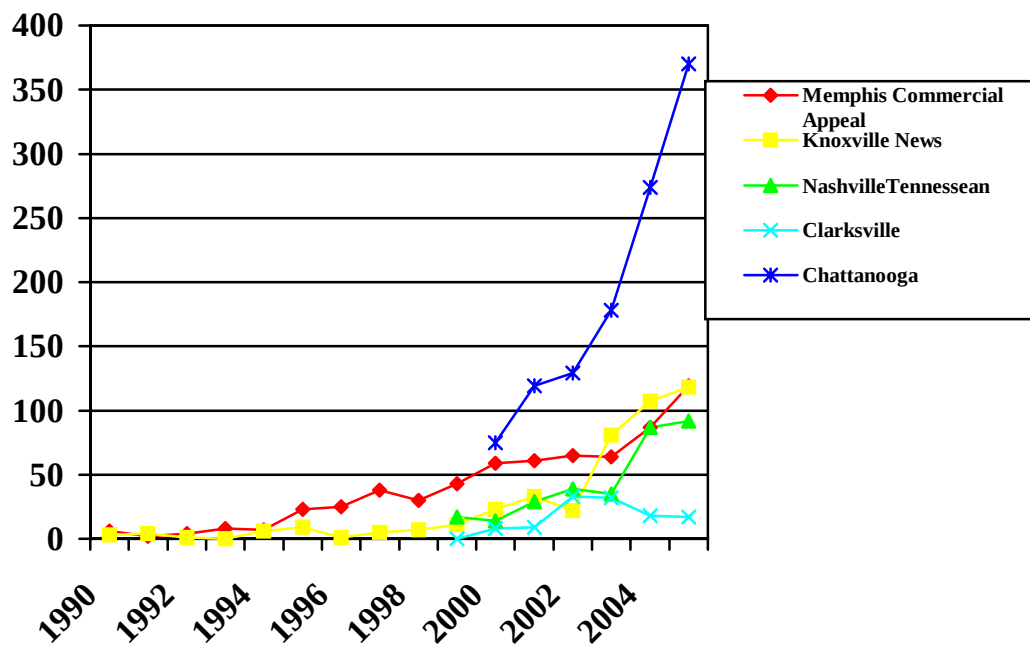


Figure 4.3b. Number of Articles Referring to Meth in Five Cities from 1990 or 2000 to 2005

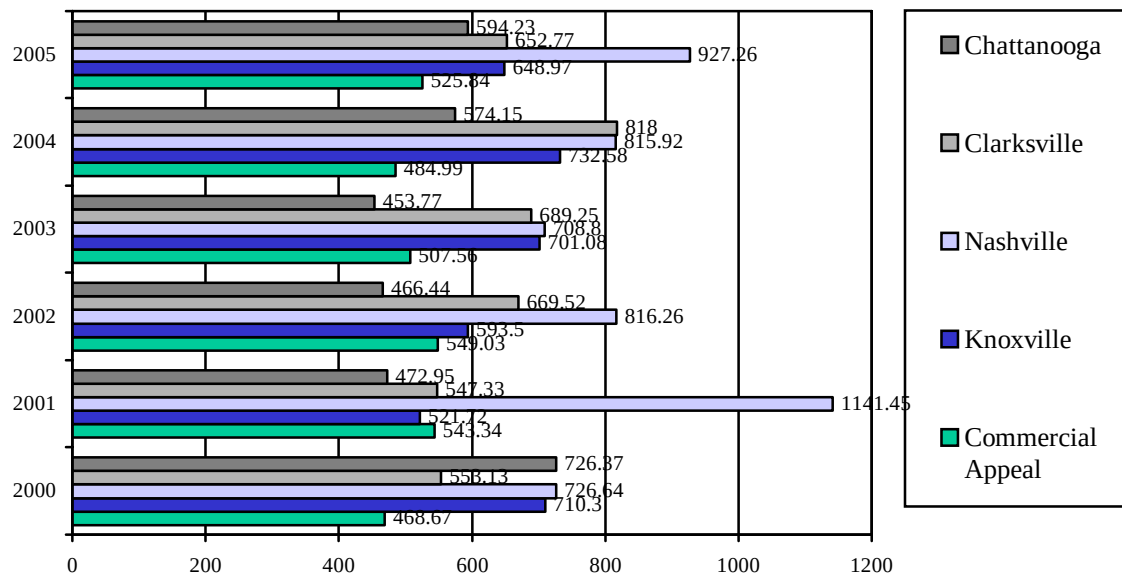


Figure 4.4. Mean Total Words Per Article in Five Tennessee Newspapers

The number of articles that referred to methamphetamine or meth varied in part due to the size of each newspaper; so each newspaper must be considered separately. In Memphis very few articles appeared in the early 1990s, after which there was a generally linear increase in the number of such articles peaking in 2005 (Figure 4.5). Furthermore, over the five-year span between 2000-2005 the numbers of articles that appeared doubled in frequency.

In the Knoxville newspaper the frequency of articles remained low throughout most of the 1990s after which it increased. Figure 4.6 shows how the frequency of meth articles increased approximately 400 percent from 23 articles in 2000 to 118 articles in 2005. A dramatic increase was apparent beginning in 2003.

The 1990s could not be analyzed for the Nashville newspaper. Beginning in 1999

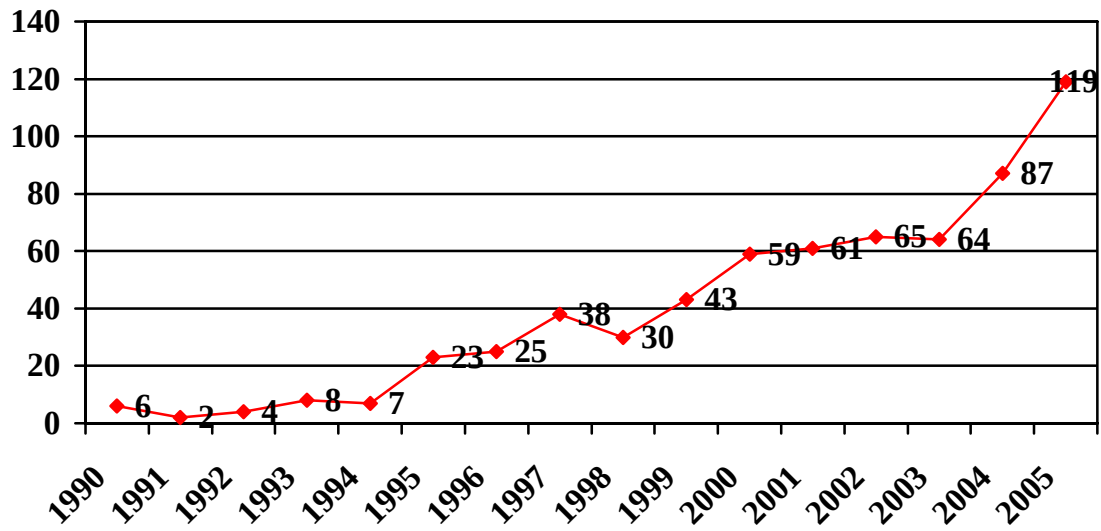


Figure 4.5. Number of Articles Referring to Meth in Memphis' *The Commercial Appeal* from 1990 to 2005

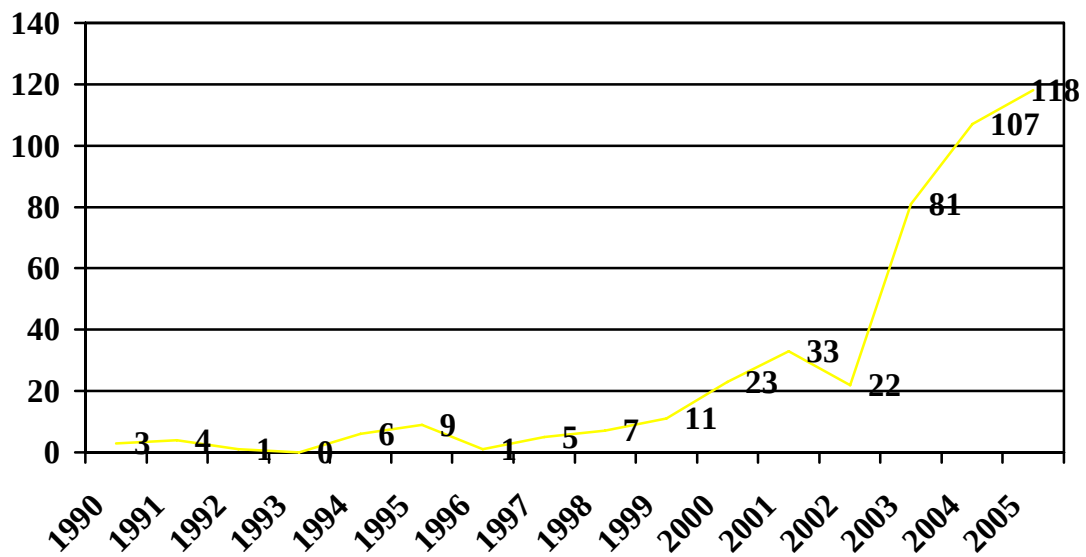


Figure 4.6. Number of Articles Referring to Meth in *The Knoxville News Sentinel* 1990 to 2005

there was a modest level of coverage that generally followed an upward trend substantially increasing in 2004 and remaining at a high level in 2005. Figure 4.7 shows an increase of approximately 500 percent from 14 articles (2000) to 92 articles (2005). The biggest spike in coverage is seen from 2003 (35 articles) to 2004 (87 articles).

Data were available for analysis from 2000 to 2005 for the Chattanooga newspaper. There was a general linear increase in the number of articles over those years with the peak number of articles of 370 in 2005 (Figure 4.8). Chattanooga exhibits the highest frequency in newspaper articles about methamphetamine. Figure 4.8 shows a 400 percent increase in coverage from 75 articles (2000) to 370 articles (2005). Also, a steady increase of articles is seen from 2000-2005. From 2003-2004 and 2004-2005, the increase in coverage doubles to 100 new articles annually.

Data were available for 1999 to 2005 for the Clarksville newspaper. Figure 4.9 showed a 300 percent increase from 9 meth stories to 33 meth stories from 2001 to 2002. Furthermore, the pattern for this newspaper appears different from those found for the papers from Tennessee's largest cities. The number of stories peaked in the year 2002 and remained at about the same level in 2003, but unlike the other papers there is a substantial drop in coverage for 2004 and 2005.

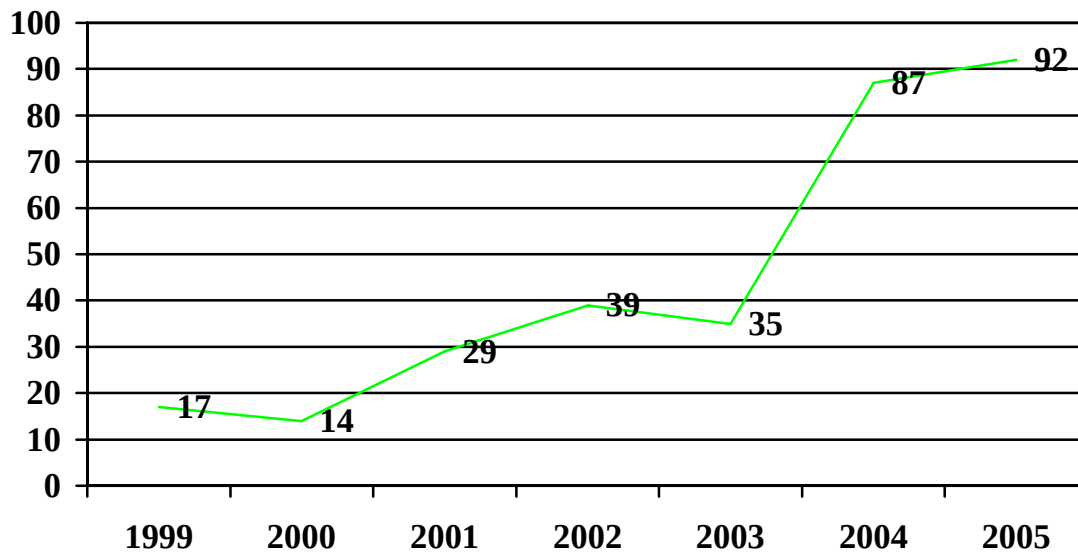


Figure 4.7. Number of Articles Referring to Meth in Nashville's *The Tennessean* from 2000 to 2005

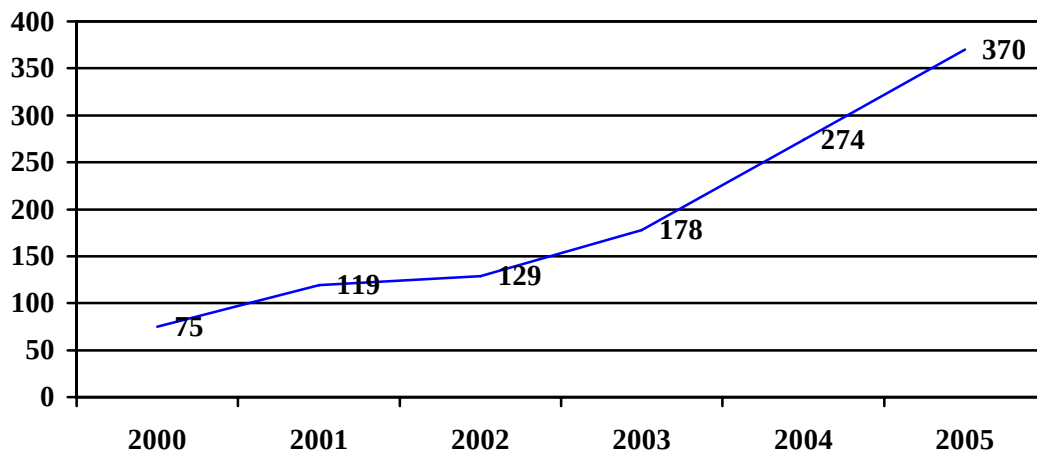


Figure 4.8. Number of Articles Referring to Meth in *The Chattanooga Times Free Press* from 2000 to 2005

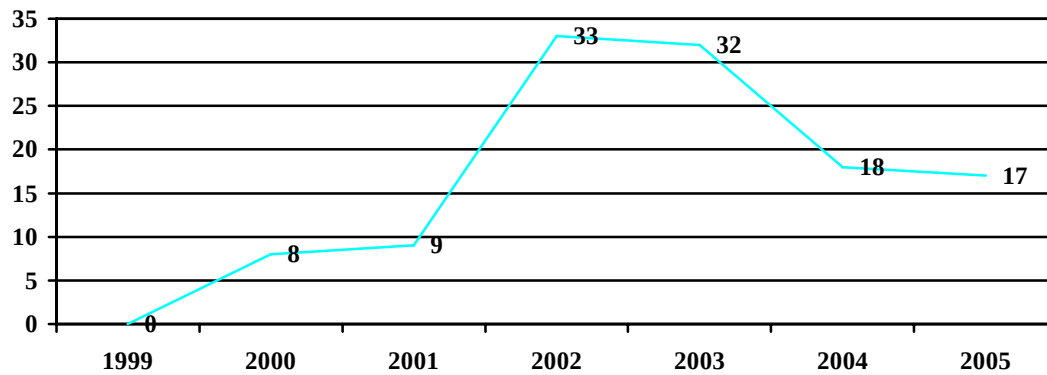


Figure 4.9. Number of Articles Referring to Meth in Clarksville's *The Leaf-Chronicle* from 2000 to 2005

Newspaper articles vary widely in length, so the number of words in articles that mentioned methamphetamine or meth provides another indirect measure of the attention being given to the drug. The mean number of words in such articles varied considerably in the early years of the study period and then stabilized at various levels for some papers.

Figure 4.10 shows widely fluctuating yearly means for meth articles in the first half of the 1990s for Memphis' *The Commercial Appeal*. However, as the number of articles increased, the mean length of the articles stabilized between 2000 and 2005. Also, it centered around 500 words per article, fluctuating between a mean lower band of 468 words per article to an upper band of 549 words per article.

For *The Knoxville News Sentinel*, during the 1990s there is considerable variation in the average number of words per story. The mean number of words did not subsequently stabilize as clearly as it did for the Memphis newspaper in the later years. Figure 4.11 shows how from 2000 to 2005 the mean article length fluctuates between a lower band of

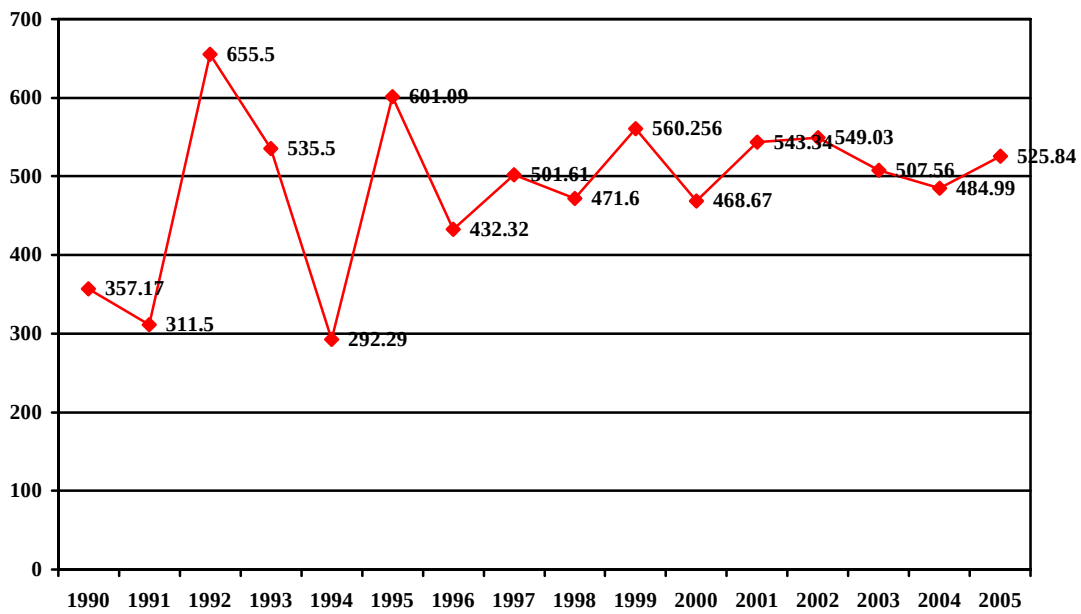


Figure 4.10. Yearly Mean Total of Words Per Article, Memphis' *The Commercial Appeal*, 1990 to 2005

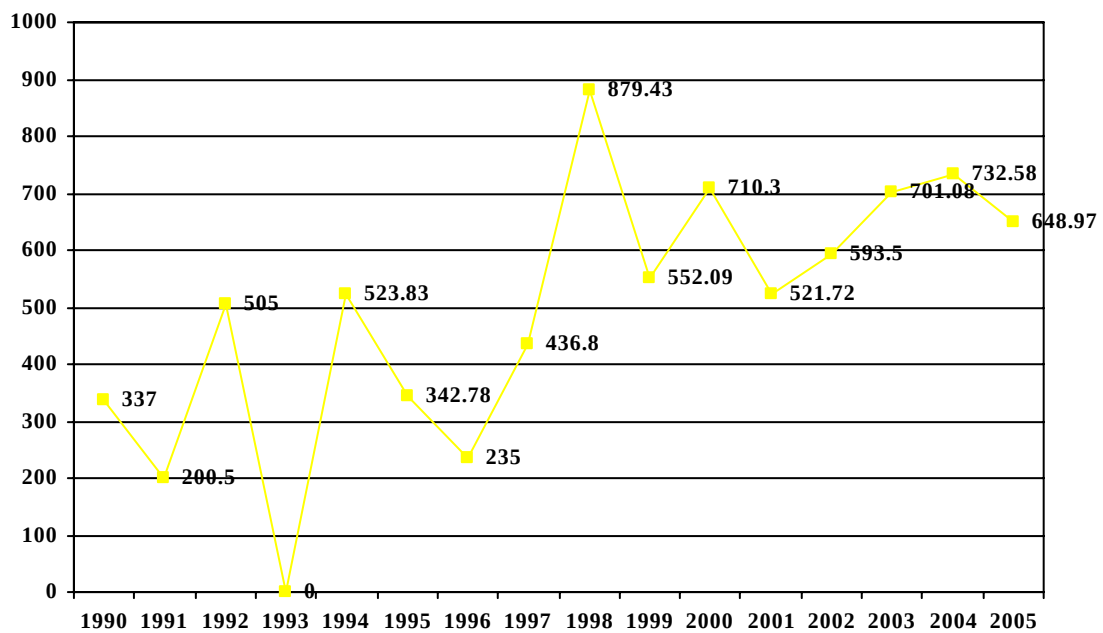


Figure 4.11. Yearly Mean Total of Meth Articles for *The Knoxville News-Sentinel*, 1990-2005

521 words per article to an upper band of 732 words per article. The annual mean word total shows a distinct spike in 1998 along with an upper trend from 2001 to 2004.

Figure 4.12 shows that for Nashville's *The Tennessean* the mean number of words per article peaks in 2001 with a mean of 1141 words per article. The mean lower band is 708 words per article (2003) after which the yearly means rise again but never to the level reached in 2001. Also, a steady increase is seen between 2003 to 2005 of approximately 110 more words per article which is when the frequency of articles spikes as shown in Figure 4.7.

Figure 4.13 shows the yearly mean total of words per article for *The Chattanooga Times Free Press* from 2000 to 2005. The mean upper band is 726 words per article (2000) and the mean lower band is 453 words per article (2003). Although the lower band is slightly below those of Memphis, Nashville, and Knoxville, this is likely due to the fact that the frequency of articles about meth is two to three times higher in Chattanooga than for the other major Tennessee cities, as previously shown in Figure 4.8.

(Figure 4.14) Clarksville's *The Leaf-Chronicle*, the yearly mean of words per article fluctuates between a low end of 547 words per article (2001) and a peak of 818 words per article (2004). A spike of approximately 120 additional words is seen in the mean from 2001 to 2002; the same time frame when a spike is seen in frequency of meth articles as previously shown in Figure 4.9.

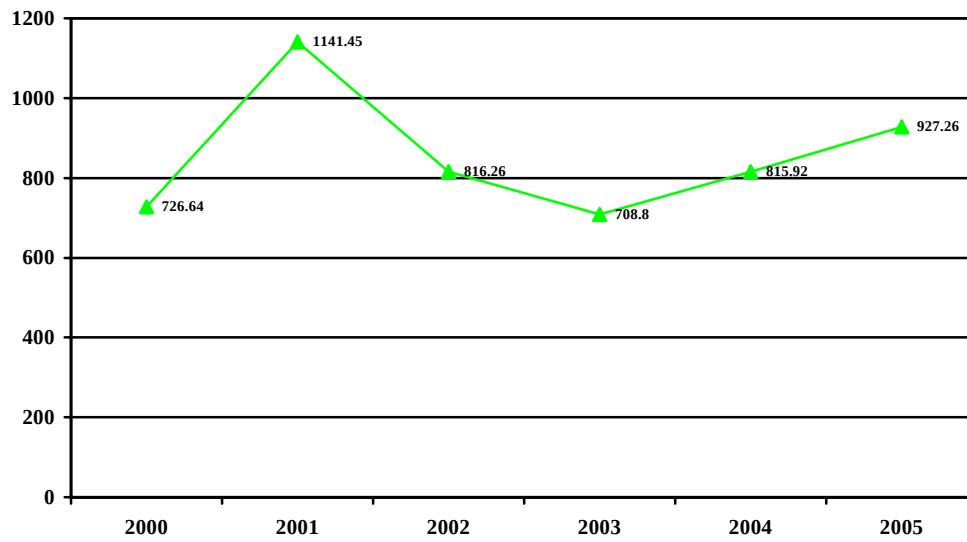


Figure 4.12. Yearly Mean of Words Per Article, Nashville's *The Tennessean*, 2000 to 2005

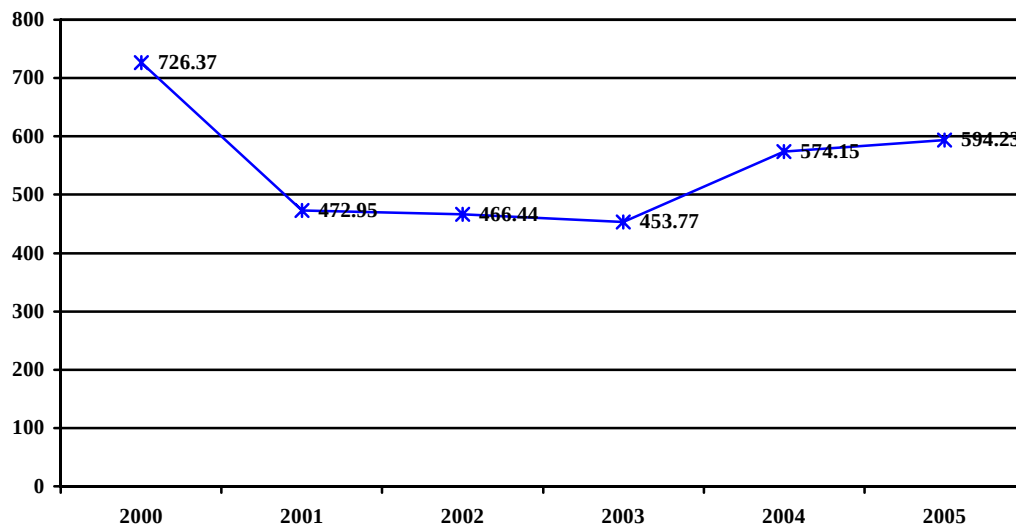


Figure 4.13. Yearly Mean of Words Per Article, *The Chattanooga Times Free Press*, 2000 to 2005

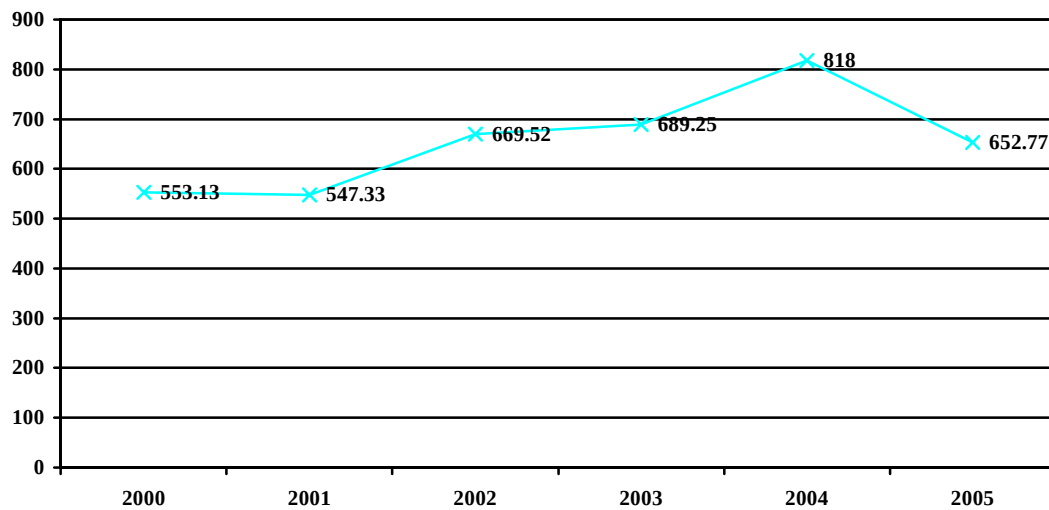


Figure 4.14. Yearly Mean of Words Per Article, Clarksville's *The Leaf-Chronicle*, 2000-2005

HEADLINES AND TOPICAL COVERAGE

For each newspaper I recorded the number of meth related articles that used the term methamphetamine or meth in the title. The goal was to see the degree of attention being directed to meth. In addition, I also recorded the number of articles in each paper each study year that mentioned one of the themes that appeared in my review of the literature on meth: lab/laboratory, gay/homosexual, child/children, epidemic, Mexican or rural/local. To facilitate comparisons among years and newspapers, these were then converted to proportions of the total number of meth articles for each paper annually.

Table 4.3 shows the percentages of meth articles per year that contained 'meth' or 'methamphetamine' in their headlines for each of the five newspapers studied. For the period of 2000 to 2005, the averages were computed (Memphis 31.17%; Knoxville 23.51%; Nashville 25.33%; Chattanooga 23.33%; Clarksville 25.67%).

TABLE 4.3. Total Frequency Meth or Methamphetamine in Headlines by City

YEARS	Memphis	KNOXVILLE	NASHVILLE	CHATTANOOGA	CLARKSVILLE
1990	0	0			
1991	0	0			
1992	0	0			
1993	0	0			
1994	0	50			
1995	9	0			
1996	24	0			
1997	5	20			
1998	13	14			
1999	18	0			
2000	37	4	7	13	50
2001	21	15	41	24	11
2002	31	22	28	22	24
2003	39	32	31	15	28
2004	31	22	24	30	6
2005	28	46	21	36	35

Figure 4.15 shows an annual breakdown of the percentages of articles that contained “meth” or “methamphetamine” in their headlines between the years of 2000 to 2005 for each of the respective papers. For Memphis the peak occurs in 2003 (39%); Knoxville in 2005 (46%); Nashville in 2001 (41%); Chattanooga in 2005 (36%); and Clarksville in 2000 (50%).

Table 4.4 reveals the yearly percentages of articles about meth that referred to “rural” or “local” for each of the five newspapers. For the period of 2000 to 2005, the averages varied (Memphis 28.83%; Knoxville 58.5%; Nashville 77.77%; Chattanooga 53.17%; Clarksville 87.83%).

Figure 4.16 shows an annual breakdown of the percentages of meth articles that contained rural or local between the years 2000 and 2005 for each of the respective papers. For Memphis the peak occurs in 2000 (41%); Knoxville in 2003 (96%); Nashville in 2004 (90%); Chattanooga in 2005 (87%); and Clarksville in 2001 (100%). For four of the papers, at least 50 percent of the meth articles refer to “rural” or “local” in their subject matter, while for Memphis it is half that, approximately 25 percent.

Table 4.5 reveals the percentage of articles about meth that referred to lab or laboratory for each of the five newspapers. For the period 2000 and 2005, the averages are similar (Memphis 47.5%; Knoxville 54.83%; Nashville 51.17%; Chattanooga 53%; Clarksville 55.67%).

Figure 4.17 shows an annual breakdown of the percentages of meth articles that contained “lab” or “laboratory” in their content between the years 2000 and 2005 for each of the respective papers. For Memphis the peak occurs in 2000 (41%); Knoxville in 2003 (96%); Nashville in 2004 (90%); Chattanooga in 2005 (87%); and Clarksville in 2001

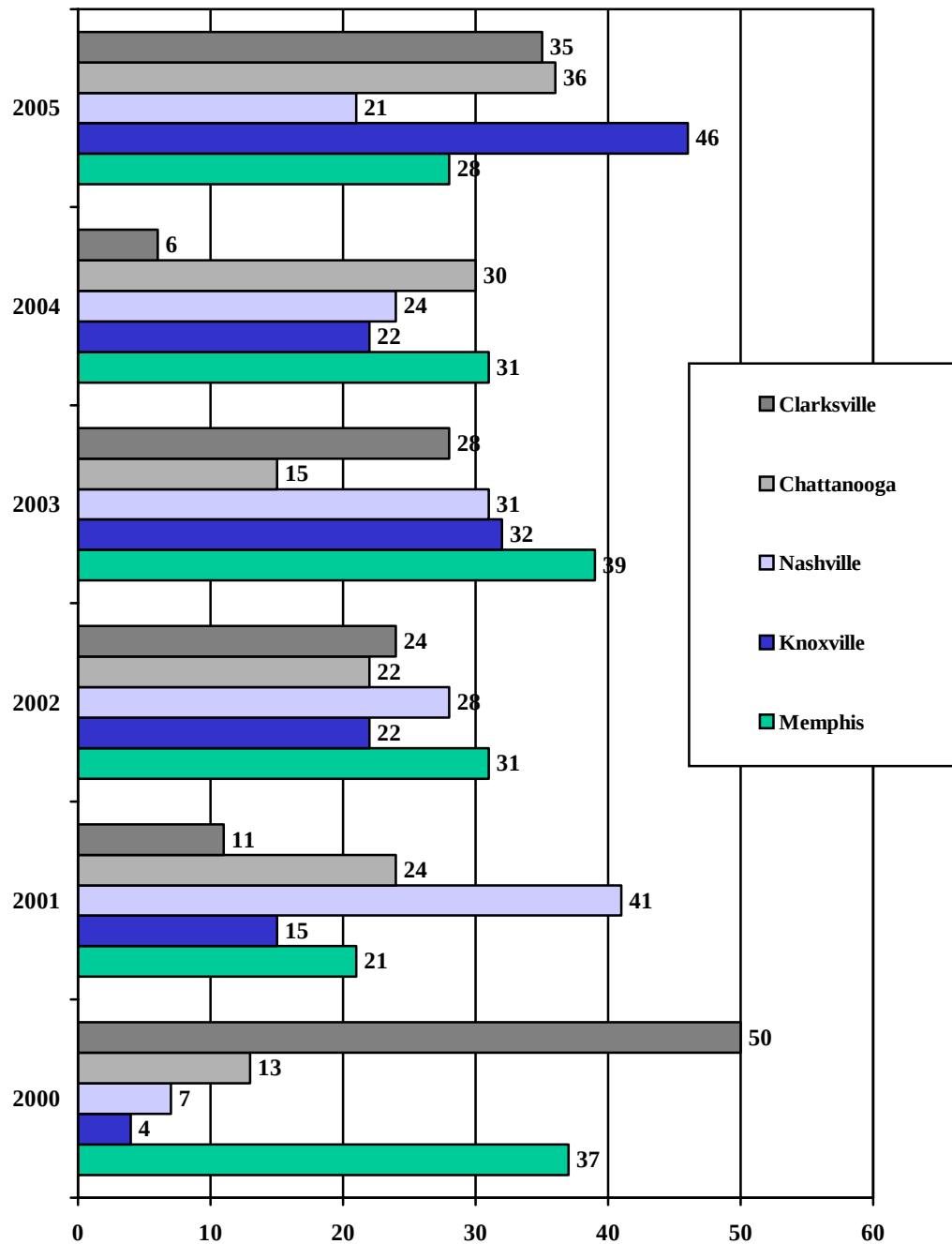


Figure 4.15. Frequency Percentage of Meth or Methamphetamine in Headlines by City

Table 4.4. Percentage of Meth Articles by City with Word Rural or Local

YEAR	MEMPHIS	KNOXVILLE	NASHVILLE	CHATTANOOGA	CLARKSVILLE
1990	0	0			
1991	0	25			
1992	0	100			
1993	0	0			
1994	42	17			
1995	17	0			
1996	20	100			
1997	13	20			
1998	23	43			
1999	28	82			
2000	41	17	71	37	88
2001	26	15	69	35	100
2002	29	56	87	36	79
2003	19	96	80	41	97
2004	32	81	90	83	78
2005	26	86	65	87	85

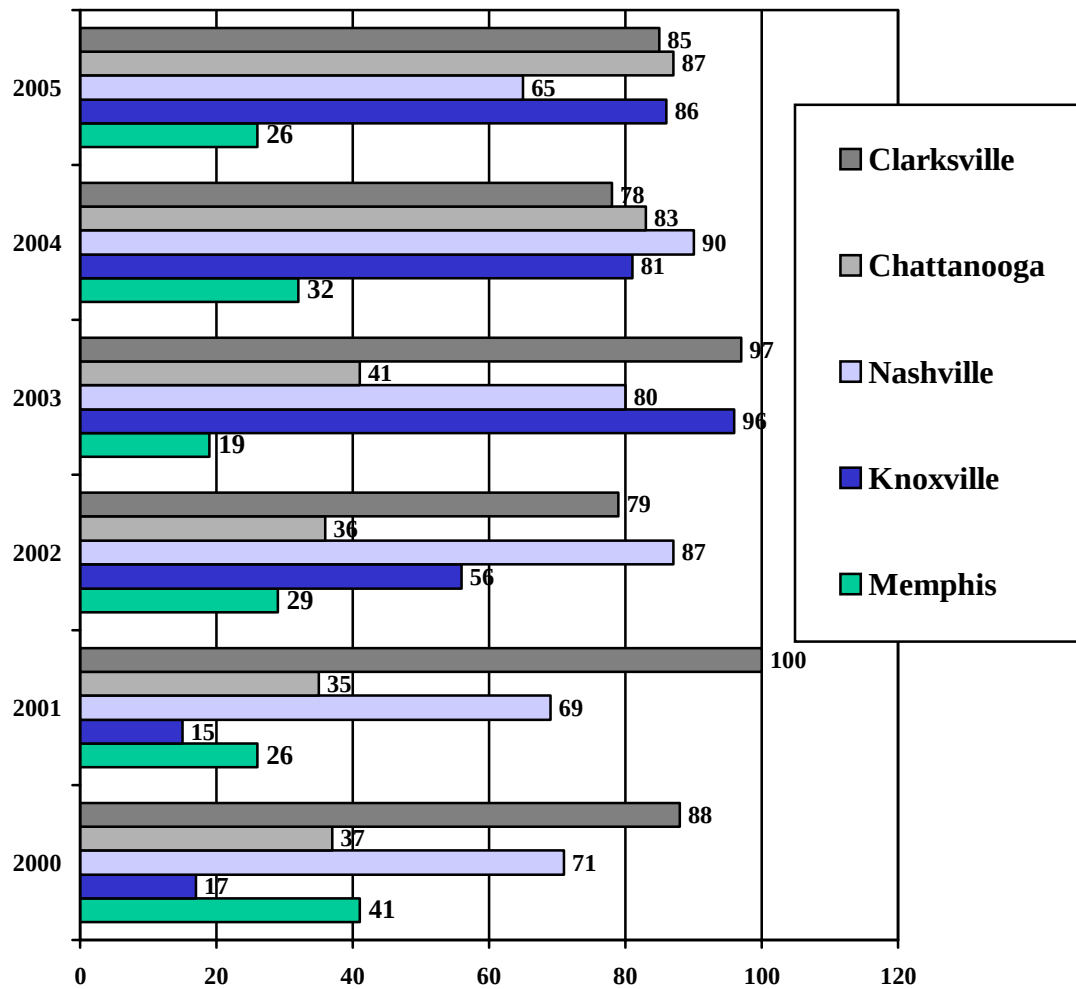


Figure 4.16. Percentage Meth or Methamphetamine Articles that Referred to Rural or Local in the Five Newspapers, 2000-2005

Table 4.5. Percentage of Meth Articles with Lab or Laboratory by City, 2000-2005

YEAR	MEMPHIS	KNOXVILLE	NASHVILLE	CHATTANOOGA	CLARKSVILLE
2000	59	44	43	45	100
2001	49	33	55	55	33
2002	38	85	59	47	58
2003	55	75	40	58	53
2004	48	46	52	62	39
2005	36	46	58	51	51

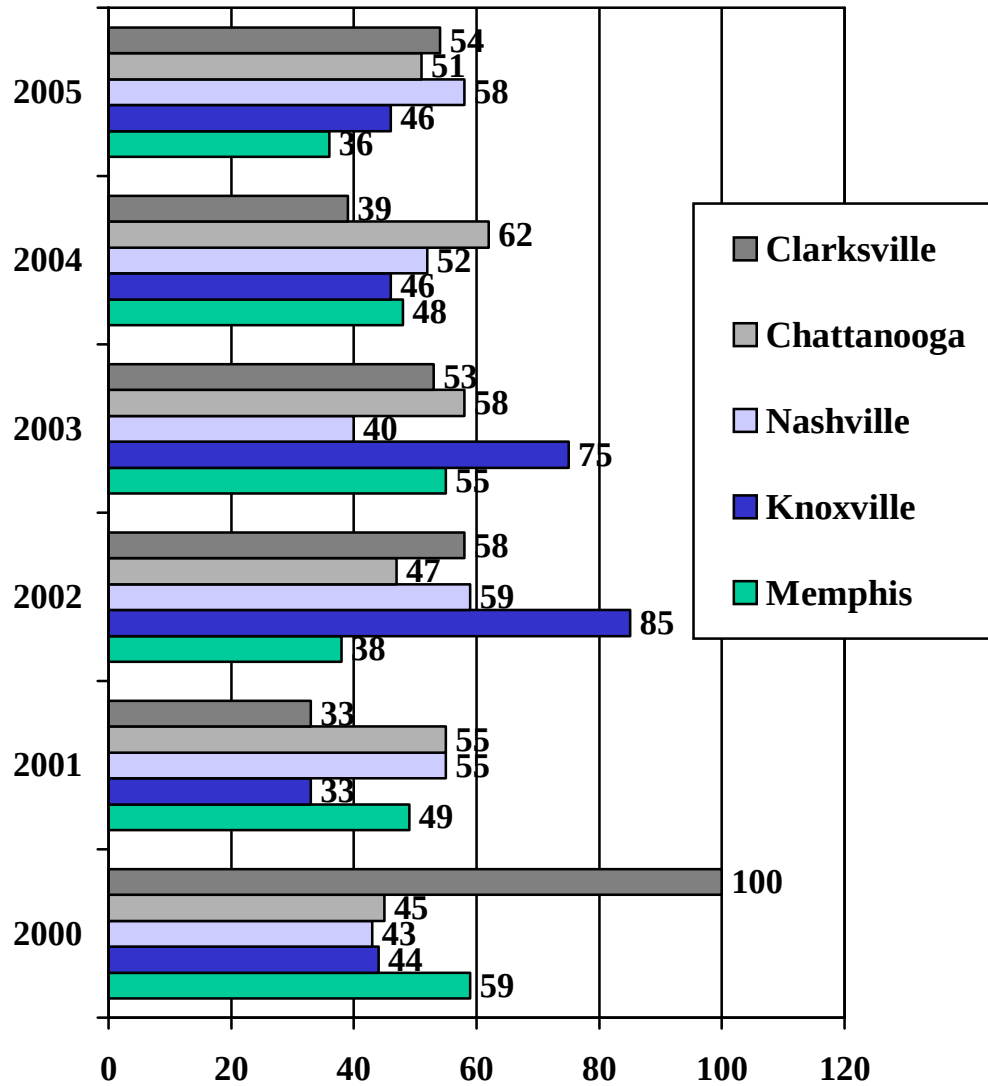


Figure 4.17. Percentage Meth or Methamphetamine Articles that Referred to Lab or Laboratory in the Five Newspapers, 2000-2005

(100%). For four of the papers, at least 50 percent of the meth articles pertain to “rural” or “local” in their subject matter while for Memphis it is half that, approximately 25 percent.

In Table 4.6, Memphis’ *The Commercial Appeal* gave scant attention to the use of meth among gays as the word “gay” or “homosexual” did not appear in any articles in twelve years and less than 6 percent of articles in other years. Similarly, Mexican sources of meth were apparently infrequently mentioned as “Mexican” appeared in less than 14 percent of articles in all of the years. “Child” or “children” appeared in approximately 21 percent of articles from 1990 to 2005 and its occurrence remained steady from 1999 to 2005. As already mentioned “rural” or “local” and “lab” or “laboratory” appeared relatively frequently from 2000 to 2005, while the term “epidemic” appeared with much less frequency.

In Table 4.7, as with the Memphis paper, *The Knoxville News Sentinel* gave scant attention to the use of meth among gays, as the word “gay” or “homosexual” did not appear in any articles from 1990 to 2003 and less than 4 percent from 2004 to 2005. Similarly, Mexican sources of meth were apparently infrequently mentioned as “Mexican” was absent for ten of the years and appeared in less than 13 percent of articles in the remaining years. “Child” or “children” was absent for six years but appeared an average of 30.56 percent over the remaining nine years. Also, a significant increase is seen in 1998 (from 0 to 43%). From there, the frequency of its appearance remains high and steady through 2005. As already mentioned “rural” or “local” and “lab” or “laboratory” occur frequently from 1997 to 2005. The number of articles that mention the term “epidemic” remains low and sporadic.

Table 4.6. Memphis' *The Commercial Appeal* Articles Key Word Analysis

YEARS	NUMBER ARTICLES	HEADLINE %	LAB %	GAY %	CHILD %	EPIDEMIC %	MEXICAN %	LOCAL/ RURAL
1990	6	0	67	0	0	0	0	0
1991	2	0	0	0	0	0	0	0
1992	4	0	0	0	75	0	0	0
1993	8	0	13	0	50	13	0	0
1994	7	0	14	0	14	0	0	42
1995	23	9	22	0	17	0	4	17
1996	25	24	16	0	12	4	4	2
1997	38	5	24	0	13	3	11	13
1998	30	13	40	0	13	7	3	23
1999	43	18	30	2	26	2	14	28
2000	59	37	59	0	22	1	2	41
2001	61	21	49	3	25	3	5	26
2002	65	31	38	0	20	3	2	29
2003	64	39	55	0	20	5	9	19
2004	87	31	48	1	33	6	9	32
2005	119	28	36	6	35	8	3	26

Table 4.7. *The Knoxville News Sentinel* Key Word Analysis, 1990-2005

YEAR	NUMBER ARTICLES	HEADLINE %	LAB %	GAY %	CHILD %	EPIDEMIC %	MEXICAN %	RURAL %
1990	3	0	0	0	0	0	0	0
1991	4	0	25	0	0	0	0	25
1992	1	0	100	0	0	0	0	100
1993	0	0	0	0	0	0	0	0
1994	6	50	50	0	17	0	0	17
1995	9	0	0	0	11	0	11	0
1996	1	0	0	0	0	0	0	100
1997	5	20	20	0	0	0	0	20
1998	7	14	29	0	43	0	0	43
1999	11	0	36	0	36	9	0	82
2000	23	4	44	0	17	4	13	17
2001	33	15	33	0	30	0	3	15
2002	27	22	85	0	44	11	0	56
2003	81	32	75	0	44	7	5	96
2004	107	22	46	4	33	6	3	81
2005	118	46	46	4	38	3	08	86

As with other Tennessee newspapers studied, Table 4.8 showed that Nashville's *The Tennessean* gave negligible attention to the use of meth among gays as the word "gay" or "homosexual" did not appear in any articles three of the years and in less than 9 percent in the other three years. Similarly, Mexican sources of meth were apparently infrequently mentioned as "Mexican" appeared in less than 9 percent of articles in all years. "Rural" or "local" appeared in 2/3 or more of the articles in each year, while the term with which they have been linked, "epidemic", appeared much less frequently. The next most frequent key word was "lab" or "laboratory" appearing around 50 percent of articles, followed by "child" or "children" at a frequency around 40 percent. As with the other newspapers, "epidemic" was infrequent.

In Table 4.9, *The Chattanooga Times Free Press* gave limited attention to the use of meth among gays as the word "gay" or "homosexual" did not appear in any articles two years and less than 5 percent in the remaining years. Similarly, Mexican sources of meth were apparently infrequently mentioned as "Mexican" appeared in less than 3 percent of articles in all years. "Rural" or "local" appeared in over 50 percent of the articles from 2000-2005. Furthermore, its frequency was 85 percent for the last two years, while the term with which it has been linked "epidemic" in many accounts appeared much less frequently. The next most frequent key word was "lab" or "laboratory" appearing with a frequency of 53 percent. Also, "child" or "children" appeared in 30 percent of the articles.

In Table 4.10, Clarksville's *The Leaf-Chronicle* gave zero attention to the use of meth among gays, as the word "gay" or "homosexual" did not appear in any articles for all six years. Similarly, Mexican sources of meth were absent in coverage because "Mexican"

Table 4.8. Nashville's *The Tennessean* Articles Key Word Analysis, 2000-2005

YEARS	NUMBER ARTICLES	HEADLINE METH %	GAY %	CHILD %	EPIDEMIC %	MEXICAN %	RURAL %	LAB %
2000	14	7	0	29	7	0	71	43
2001	29	41	0	45	21	3	69	55
2002	39	28	3	23	8	8	87	59
2003	35	31	0	43	11	3	80	40
2004	87	24	2	49	18	1	90	52
2005	92	21	9	59	11	9	65	58

Table 4.9. *The Chattanooga Times Free Press* Articles Key Word Analysis, 2000-2005

YEARS	NUMBER ARTICLES	HEADLINE Meth %	GAY %	CHILD %	EPIDEMIC %	MEXICAN %	RURAL %	LAB %	MEAN
2000	75	13	3	28	5	1	37	45	
2001	119	24	0	24	4	0	35	55	
2002	129	22	0	18	5	3	36	47	
2003	178	15	1	34	6	3	41	58	
2004	274	30	3	42	14	2	83	62	
2005	370	36	2	37	12	2	87	51	

Table 4.10. Clarksville's *The Leaf-Chronicle* Articles Key Word Analysis, 2000-2005

YEARS	NUMBER ARTICLES	HEADLINE Meth %	GAY %	CHILD %	EPIDEMIC %	MEXICAN %	RURAL %	LAB %
2000	8	5	0	0	0	0	88	100
2001	9	11	0	11	0	0	100	33
2002	33	24	0	12	0	0	79	58
2003	32	28	0	28	0	0	97	53
2004	18	6	0	22	0	0	78	39
2005	17	6	0	24	0	0	88	51

did not appear for any of the covered years. As previously mentioned, “rural” or “local” appeared with a frequency of 88 percent of the articles from 2000-2005. Furthermore, the term with which it has been linked “epidemic” in many accounts was absent for all six years. The next most frequent key word was “lab” or “laboratory” appearing with a frequency of 56 percent. Also, “child” or “children” was absent for one year and occurred with an average frequency of 19 percent for the remaining five years.

LOCATION IN THE NEWSPAPER

The section location of an article and its length indicate how much relative importance the newspaper assigns to a story and its presumed interest to its readers. The section information was not easily identified from some electronic databases, so I focused on the one newspaper on Lexis Nexis for which it was readily obtainable, *The Chattanooga Times Free Press*. The vast majority of articles consistently appeared in the B section of

the newspaper, which in Chattanooga as in other cities, focuses on local or metro news. Furthermore, almost all of the remaining stories appeared in other various local sections of the paper, such as NG (Northern Georgia) or SE (Southeast Tennessee). Table 4.11 showed that the vast majority of all methamphetamine articles were penned in a way that reflected a local and rural theme and overlooked interstate drug trafficking or other national concerns.

Table 4.11. *The Chattanooga Times Free Press* Percentage of Stories in Newspaper

Year	A	B	C	D	E	F	H	NG	SE
2000	11	87	0	0	1	1	0	0	0
2001	9	88	0	0	2	1	0	0	0
2002	9	81	0	1	3	0	0	6	0
2003	6	70	0	2	3	0	0	10	9
2004	6	72	3	0	3	2	0	9	7
2005	13	65	1	0	3	1	1	11	5

A=National News
B=Local Metro
C=Financial
D & E & H=Lifestyle
F=Perspectives
NG=Northern Georgia
SE=Southeastern Tennessee

CHAPTER 5

INTERPRETATION AND CONCLUSIONS

Whether a drug is classified as illegal or recognized as a social problem, various social actors have played a role in establishing the designation. Methamphetamine in various forms and under numerous names was available in the United States for much of the 20th century. The amount of attention it received from regulatory and law enforcement agencies, social welfare organizations, and the general public varied with changes in its use, its users, and its availability. During three periods (1950s, 1960s, and 1990s), it was thrust into the limelight as a problem. Review of the drug abuse literature indicates the most recent episode of increased attention beginning in the mid 1990s first focused on the use of meth by gays participating in the urban club scene and then shifted to the production of meth in rural areas.

In the 1990s information became readily available over the internet and via word of mouth about how meth could be produced with relatively easy to acquire ingredients. Primary claims-makers, law enforcement officials and social welfare agents, began to vocalize concern about small “labs,” that is, individuals setting up production in their homes or deserted buildings. Their claims (presented in official publications and before public officials) took the form of stories with victims and evildoers. As users can rarely be formulated as victims, those exposed to risks or costs as a result of meth production or use were cast in those roles (children and others exposed to toxic chemicals and

taxpayers). Legislators were pushed to pass laws monitoring or limiting access to ingredients and to fund new law enforcement initiatives (e.g., state and regional task forces). The social problems industry is a competitive one as claims-makers present cases for resources to be directed to different issues.

As claims-makers argued meth labs have been flourishing in recent years in rural southern areas (e.g., in Tennessee), research on whether secondary claims-makers' (specifically newspapers) coverage of meth paralleled the portrayals of primary claims-makers, reported levels of meth use, and incidence of meth lab seizures is essential. The stories in the newspapers in each of Tennessee's five largest cities were content analyzed from the first available date they were available through an electronic database. Based on examination of the one paper for which section information was available through the database, the meth stories most often appeared in the local or metro section. Stories located in such sections are less likely to portray a problem as a national or even statewide concern. In the Memphis newspaper some reports were in a section grouping news from the surrounding area. Thus, even though Memphis is a large urban area, the rural meth problem was presented in brief news notes, e.g., about a meth arrest in a rural Arkansas community.

INTERPRETATIONS

Based on the analysis of articles, claims-makers were successful in directing public concern to meth and issues related to its production. Variation in the numbers of articles and the length of articles in the different newspapers probably reflected local conditions: the location of the South/East Methamphetamine Task Force in Chattanooga; the

multitude of other “problems” competing for attention in Memphis; the governmental focus in the state capital, and the less metropolitan nature of Clarksville.

THEMES

To examine the presentation of social problem story themes, key words were identified from the review of literature. The key word data from all papers support the construction of meth as being rural and involving labs. What was somewhat unexpected was that “epidemic” did not appear more frequently as that word clearly communicates the fear or threat that claims-makers generally work to communicate. However, an alternative means to arouse emotions was to focus on harm to innocent victims, children. References to child/children were next in frequency after lab.

The representation of meth as associated with gays was virtually non-existent in the papers even during the 1980s when my source material suggested efforts were being made to “problematize” meth use in gay communities. Tennessee cities do not have the large activist gay communities that cities such as San Francisco, New York and Miami do, so the local angle was lacking.

The historical accounts of the current or third meth “epidemic” consistently describe the trafficking of meth from Mexico to California and then across the country. While this information is readily available to journalists, it does not have the local angle desired by claims-makers seeking more funds or local newspapers seeking more readers. Thus, the infrequent appearance of the word Mexican is indirect evidence of primary and secondary claims-makers’ agendas.

CONCLUSIONS

The social problems industry continually is attempting to create fear and concern about new threats--everything from hormones in meat to the diffusion of sexual offenders throughout the general population.

Recent coverage of methamphetamine in the press has followed a generally formulaic approach that may include: leading with anecdotal stories that distort national trends in methamphetamine use, mischaracterizing the consequences of use and receptivity to treatment, and warnings of an impending invasion of methamphetamine in jurisdictions in which current use is rare (King 2006:16).

Primary claims-makers often will garner additional resources for particular organizations or activities, if their social problem stories are accepted. Chapter Two reviewed efforts to frame meth use as a threat to innocent people (particularly children) and as an epidemic “invading” rural areas. The findings from the content analysis of newspapers showed the papers echoed the primary claims-makers concerns about the dangers of meth to children and the appearance of labs in rural areas. But, the news stories apparently did not endorse the crisis definition, as they made relatively infrequent use of the designation “epidemic.” As law enforcement agencies are reporting declines in the number of lab seizures, the rural lab epidemic story may receive less coverage. The drop off in the number of meth stories may continue, unless there is “new” news about the meth problem. The rural meth lab problem may become a closed chapter in an unending saga of illicit drug problems. By the end of the study period another new drug threat, fentanyl, was appearing in the media, as well as claims that heroin use was resurging. As reported levels of meth use are

considerably lower than those reported for other drugs, without some new angle it probably will be supplanted in the news in the near future.

In any case, based on my analysis of resources allocated, laws enacted, seizures made and media coverage, claims-makers were “successful” in reaping the benefits associated with successful application of the social problem label. Their accomplishment is more striking given the relatively low and stable reported levels of meth use (Chapter 2).

Yet, there are other measures of success for addressing social problems. By targeting local producers, agencies are doing little to stop the use of meth. Since law enforcement agencies argue the vast majority of meth comes from Mexico, current policies are in a sense simply aiding Mexican drug cartels by eliminating competition.

But, the current epidemic claims-makers formulated their social problem story not around the use of meth, but its production in small labs. Almost all efforts have been levied at curtailing clandestine labs. Anti-meth ads refer to the hazards associated with byproducts and the toxicity introduced during meth production, but very few ads address or efforts are made at stopping the use of meth. Even most educational efforts are aimed at teaching people how to spot local producers, rather than how to identify and treat abusers or report knowledge of other suppliers. Newly enacted laws and strategies are centered on the elimination of local production perhaps due to the enormity of the effort and jurisdictional challenges of addressing the drug trade from interstate sources. Thus, pseudoephedrine laws were passed in an effort to make it harder for local producers to find the ingredients required in meth production. The “victims” are addressed by a steady increase in “cleanup” resources. Little money has been budgeted for rehabilitation of the “bad guys,” the local meth producers and abusers.

The identification of a problem and the allocation of resources to addressing it is apparent in government data indicating 17,000 labs and meth sites were found in the U.S. in 2005 compared to 327 a decade before (Gillispie 2005). Such statistics focus on clandestine lab seizures and not the flow of meth. Hence, “with locals cooks being shut down, the state’s entrenched meth demand is now being met by Mexican narcotraficantes who have stepped up production, mostly south of the border, to supply a growing U.S. market” (Gillispie 2005:A1). From a policy perspective, officials proclaiming success by providing statistics about large numbers of and subsequent declines in lab seizures may lead other jurisdictions to direct resources to relatively minor local sources of drugs rather than to large scale providers and continuing high levels of substance abuse (King 2006). Local news media probably prefer stories with a local angle that are of relatively short duration, so that new attention grabbing stories can be presented.

LIMITATIONS

Rather than subjectively analyzing the themes in articles, this research project used an “objective” form of content analysis. Articles that included the terms methamphetamine or used the term meth to refer to the drug were included in the study. The number of such articles and the number of words in those articles were recorded. Examination revealed that some of the longest articles addressed meth along with other drug problems, so that the number of words cannot be used by itself as an indicator of the level of attention being given to meth. Presentation of the word range of meth articles partly addressed the problem. And, as the number of meth articles rose in the newspaper, the mean length of articles each year became a better measure. Also, two other “objective” measures, i.e.,

identification of the use of key words associated with claims-makers' arguments (e.g., rural, lab, epidemic) and use of meth or methamphetamine in the article headline, provided additional information about the level and nature of the focus on meth.

FUTURE RESEARCH

Major city newspapers provide an important record of what is considered news. They both reflect and shape public perceptions. While substantial segments of the population of any area do not regularly read newspapers (either in print or online), those who are making and shaping policy decisions may be much more likely to do so. In any case other media are also influential, so research that compares local television news coverage in each of the five cities would provide a more complete picture of how the threat of meth was represented. Comparison of Tennessee data with data from other states for which claims of a rural meth epidemic were also made would contribute to understanding of fluctuations in the nature and extent of coverage of the rural meth lab epidemic as a social problems story.

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Vita

Brian H. Langley was born in Memphis, Tennessee. He attended grade school and junior high in Collierville, TN. In 1988, he graduated from Collierville High School. He attended Vanderbilt University and then the University of Tennessee, Knoxville. He graduated from the University of Tennessee with degrees in Sociology, Psychology, and Economics. He entered the graduate program in Sociology in 2004 and focused on the study of criminology. He received his M.A. in Sociology May 2007. He plans to pursue a doctoral degree and currently is working with a federal agency in the field of law enforcement.