

An Introduction to Darkness

At twenty-two years old, Evan found himself addicted to methamphetamine and the lifestyle associated with manufacturing. Even as he sat across from me and talked about his journey into this dark world and back, he struggled to make sense of it and resist the elusive hold it seemed to have on him. As he spoke, I wondered if remembering his journey would lure him back. He didn't just talk about shooting up. He opened sugar packets in the restaurant and put them in a spoon. He didn't just describe preparing the right amount of meth. He poured sugar on the table, slicing the powder into thin, equally sized lines.

Evan: I was involved, but it was a lie, you know. I thought it was . . . I thought I was a big man when I was selling it and usin' it and stuff.

Q: Was it like an illusion?

Evan: Yeah. It was . . . What can I compare it to? I don't know. It's incomparable. Just like if someone handed you a stack of a bundle of hundred dollar bills or something, and you thought, "Wow, thanks, ten thousand dollars," and then you looked, and only the top one was real . . . All the money, all the, feeling important about having it, all the money that you get from it, it all goes right back into it, so you don't actually get anything out, all that power, is just people wantin' what you have and it's dangerous, you know. At first, I could only remember the good times I had on it, but I've started being able to see it all now and think, "No," I think, "Well, was that good times?" But that wasn't good times at all. That was probably the lowest part of my life. That wasn't the fun times. I don't want to live that again.

During the course of the interview, I asked Evan multiple times if this was too much. If remembering and recalling the life he had once lived was somehow too powerful and seductive, strong enough to entice him back to the life he

had escaped—and to using meth. I never anticipated the issue prior to this moment. There seemed to be a danger in remembering, in reliving the experience, in talking about what he gave up. The methamphetamine. The manufacturing. The money. The sex. The addiction. The power.

Toward the end of the interview Evan pulled off his ball cap, and I saw the misshapen part of his left temple. I didn't quite understand until he said:

Evan: Yes, it was killing me. It was, it was killing me. I couldn't stop doing it. I got so addicted to it that it just took over everything else. I don't feel like I'm a liar, or a thief, or violent, or untrustworthy or dishonest, but I was then . . . it's really strong, it, it took my whole life over, and it took anything that mattered to me, [everything] took a back seat to it. That was it. It was anything I could do, whatever I had to do to get it, I would do it. I couldn't stop doing it. I could not stop doing it, and I got really depressed. I couldn't see the good anymore. I just couldn't see. I had a gun, a pistol, because I didn't want anybody tryin' to rob me or come in my home and hurt me or my family, and I started having thoughts of suicide. And, I mentioned to my wife, and she kinda just acted like I was just tryin' to get some attention or anything. "Oh shut up about that." I was serious. I didn't know what else to do. I didn't feel like I could talk to anybody about it and, I didn't feel like I had any friends anymore, only customers. And I . . .

Q: This was when you were heavy into meth?

Evan: Oh, yeah. I couldn't stop doing it. I was more addicted than anybody I knew. There were some friends of mine that would not come around me because I was too gone. And, on March the eleventh of 1997,¹ I took the nine millimeter and put it in my mouth and fired it. And I shot the top of my head off. [He points to the places where plates are.] And this is a metal plate, this is a metal plate, this is a metal plate, and so is this, and this is where they don't come together, and if you'll look at the roof of my mouth, there's a very small hole from the bullet. [He opens his mouth and shows me the hole.] And they had to remove a third, that's what happened to my teeth, the recoil when it went into my mouth. They had to remove a third of my brain from bone splinters. And I was in the hospital for almost six months, and I wasn't supposed to live. And I, I lived. And I stopped using methamphetamine.

He stopped for a period of time. However, shooting himself in the head wasn't enough to stop completely. It wasn't enough to escape the grip meth had on him. He got back into the lifestyle and started using again, only later finding his way back out once more. And here he sat before me—clean for five years, clean for now.

The illusion of methamphetamine is that it gives you everything you've ever wanted. The truth of the tragedy is that it takes everything you have. It destroys lives.

There is darkness in the deepest depths of the world of methamphetamine. There is no light in the pits of despair that overtake those who become seduced by meth and all it seems to offer. In these corners of reality, those who find

themselves immersed beyond control come face to face with the darkness that permeates this world. It is blackness at its very core; something not comprehensible to those who have never known it. It is here, in the deepest levels of the world, that the tragic power of methamphetamine lies. It is the point at which all bets are off. Where there is no turning back—no resetting of the clock, no erasing of time. It is the point at which they cease to be who they always were and truly are. For some, it is a point of no return.

Those who become enthralled are forced to confront a hard-core reality: there is only one way to survive this murky and dangerous world—by meeting darkness with darkness. It is the reality lived by those who told me their stories; they were among those who survived—the few who escaped. They lived to tell about it. But it was not by chance.

They survived because they did what they had to do, no matter how damaging and destructive. They visited edges and corners of reality where few ever go. It is a place from which some never return and even fewer ever admit to. They shared what they had seen, experienced, and participated in, so that we would know. They shared it so that you would know. It is by every measure the essence of the truth of the tragedy that is methamphetamine.

In lieu of judgment, I challenge you to appreciate the opportunity provided to see what goes on in the deepest corners of the world of methamphetamine. I challenge you to respect their honesty and appreciate their willingness to share some of the most tragic and soul-crushing experiences of their lives. It is critical that we see things as they really are. The fact that they were willing to admit to some of the most ominous truths about their lives and the things they had done so that we could understand and learn is as inspiring as it is heartbreaking.

WHY IS THIS IMPORTANT?

Methamphetamine has been around in various licit and illicit forms for decades. It is a derivative of amphetamines. Methamphetamine² is ingested, smoked, injected, snorted, or inserted.³ The drug is known by various street names including crank, ice, crystal, chalk, and speed.⁴

Its effects are long lasting; the high can last for hours. Users may stay awake for several days on drug-fueled binges. The powerful effects of this synthetic drug, combined with the lack of sleep that accompanies extended use, result in serious behavioral and mental consequences. Users may experience meth

psychosis, which can cause extreme paranoia, hallucinations, and delusions,⁵ leading them to sometimes be referred to as *tweakers*.⁶

The *Faces of Meth* campaign was one of the first means by which people came to learn about methamphetamine. Post-arrest images illustrated physical effects of methamphetamine over time. These were among the first images to provide undeniable, visual evidence of the extreme deterioration that can accompany addiction to the drug. The persons in the “after meth” versions of these pictures appear dangerous and scary. While such images provide visual validation of the external deterioration that can accompany methamphetamine abuse, self-neglect, and involvement in the lifestyle, the message conveyed is incomplete. The photos seemingly suggest that users can be identified on the basis of physical characteristics related to their consumption of the drug.⁷ These depictions, however, fail to account for the reality that not everyone who uses meth ends up looking like the images portrayed. They add an additional layer of stigma.

News stories represent another important source of information. Local and national headlines include the following: *Police: Meth addiction led Utah mom to kill 6 newborns*,⁸ *Boy riding on father’s bicycle handlebars burned when “shake-and-bake” meth lab explodes*,⁹ *Porta-potty meth lab found on golf course*,¹⁰ *Meth lab found under toddler’s mattress*,¹¹ *My home was a former meth lab*,¹² *Bloomfield man found with needle stuck in his arm*,¹³ *13-Person meth case ends with sentencing*,¹⁴ *Two charged for making meth in front of a child*,¹⁵ *Mexico seizes record amount of methamphetamine*,¹⁶ and *Australian police make record meth seizure*.¹⁷ The headlines serve as reminders of the need for more effective responses and solutions.

The problem is composed of three distinct but highly interrelated facets: use, trafficking, and clandestine manufacturing. The drug is supplied to local communities via traditional sources of drug distribution as well as local production in clandestine laboratories. Changes or shifts in one method of supply influence the other. As local production increases, the demand for trafficked methamphetamine declines, and vice versa.¹⁸ While manufacturing is a serious problem in specific regions, the problem is not limited to the United States.¹⁹

Three main types of laboratories exist. Super labs, originally found in California, produce the largest quantities of finished product (e.g., ten or more pounds).²⁰ Today, the largest super labs operate out of Mexico. Mom-and-pop laboratories, also known as small toxic laboratories (STLs), are medium sized and produce enough to supply small networks of users (e.g., one to four

ounces). Shake-and-bake laboratories, also known as the one-pot method, represent the smallest and newest type of laboratory.²¹ Shake-and-bake laboratories produce small quantities of the drug, generally only enough for individual consumption.²² Different manufacturing processes can be utilized within a single type of laboratory.²³

Many of the ingredients used to manufacture the drug are legally available, because they have legitimate household, commercial, and industrial uses. For example, red phosphorus can be used as a fertilizer, pesticide, and in the manufacturing of pyrotechnics.²⁴ Anhydrous ammonia, a common farm fertilizer, is stolen from tanks in farming communities or obtained from over-the-counter cold packs.²⁵ Other commonly used ingredients include drain cleaner, muriatic acid, and lithium batteries, all of which can be purchased at regular stores. Key precursor chemicals used to make meth include ephedrine, pseudoephedrine and phenylpropanolamine. While the former are found in cold and allergy products, phenylpropanolamine is only available by prescription for animal use. The chemicals can be extracted from products that contain them.²⁶

In the United States, responding to the clandestine manufacturing component of the problem took priority due to the imminent dangers posed by lab-related fires, explosions, and contamination. Highly specialized skills, expertise, special equipment, and mechanisms for safe disposal²⁷ are required for proper response. The costs of cleaning up a contaminated laboratory site can be thousands of dollars depending on size and the extent of contamination that has occurred. In recent years, the burdens of remediation have shifted from the federal level to the local and state levels.^{28,29}

Federally, legislation aimed at stopping clandestine manufacturing was enacted in each of the last three decades.³⁰ The most significant of these was the Combat Methamphetamine Epidemic Act (CMEA) of 2005,³¹ which enhanced controls on access to products containing key precursor chemicals. Today, purchasable quantities of pseudoephedrine are limited to 3.6 grams per day and 7.5 grams in any thirty-day period without a prescription.³² At the state levels, legislative initiatives vary widely³³ and include the reclassification of pseudoephedrine as a controlled substance available only by prescription.³⁴ Evaluations of effectiveness have documented short-term and limited victories at best.³⁵

The costs of this problem are both direct and indirect. Direct costs include expenditures for law enforcement personnel time, equipment, and biohazard suits, and risks related to the disposal of contaminated chemicals and other

leftover materials. Indirect costs include those related to environmental contamination, property damage, medical care, child social services, and the criminal justice system.³⁶

The misconception is that methamphetamine “happens somewhere else” or is a concern only for those directly affected. The truth is that the two worlds—the one of methamphetamine and the one we live in—are inextricably interconnected. While the world of methamphetamine may seem far from the reality you and I live in, it has the potential to exist next door. Six main public health issues often overlooked in responses to the drug problem include: child endangerment, abuse, and neglect; toxic places; intravenous drug use; risky sex; risky drug use; and drug-related violence.

Child Endangerment, Abuse, and Neglect: To the extent that drug-related activities take place in the home, children may be forced to come into contact with those engaged in the drug lifestyle, placing them at risk for exposure to drugs and criminal activity. Preoccupied parents and caregivers may place children’s well-being second to the drug. Children are at risk of physical, psychological, and emotional neglect and abuse. The perils for children are even greater when methamphetamine is manufactured in the home. In addition to harms from exposure to toxic fumes and chemicals, children may be harmed by injuries resulting from fires, explosions, and burns.

Toxic Places: Manufacturing is volatile, toxic, and dangerous. Production processes require the use of hazardous and poisonous chemicals. Noxious gases are released during the production process and contaminated waste materials remain following the completion of a cook (i.e., manufacturing session). The locations and sites where production occurs as well as disposal sites for residual chemicals and supplies result in environmental contamination. Because those engaged in manufacturing often go to great lengths to evade detection, manufacturing-related activities place themselves, those around them, and first responders at risk.

Intravenous Drug Use: People continue to use drugs intravenously in spite of few sources of legal access to needles. In the face of limited legitimate options, injecting drug users often obtain needles from illicit sources, share needles to inject drugs, and dispose of needles in an unsafe manner. Risky injection practices include the sharing of syringes, which increases the likelihood of the transmission of blood-borne diseases, such as hepatitis B and C³⁷ as well as HIV.

Risky Sex: In the underground world, sexual activities are often exchanged for drugs or the money to purchase them. Risky sex includes having multiple

sex partners and engaging in sexual activities in particularly risky ways (e.g., without condoms, with prostitutes, or with known intravenous drug users).³⁸ In addition, the enhanced sexuality and loss of inhibition that accompanies use has the potential to contribute to drug-facilitated sexual assaults.³⁹ Heightened sexuality, one of the side-effects of methamphetamine, may be a contributory factor for the sexual abuse of children among those who use drugs. It is not uncommon for those on the front lines to find pornography, including child pornography, in methamphetamine homes.

Risky Drug Use and the Ongoing Search for Highs: Risky drug use and related behaviors continue to evolve and adapt with increasingly negative and serious costs. The consequences of detection encourage people to keep their activities underground and to avoid getting caught. This may be one of the contributory factors behind the increase in use of newer types of drugs about which little is known, including: synthetic marijuana, spice, K2, bath salts,⁴⁰ krokodil,⁴¹ and flakka.⁴² Some youths participate in other dangerous behaviors (e.g., the choking game) in the ongoing search for new highs. Such behaviors may be lethal.⁴³ Risks also accompany the black market. Drugs can be adulterated, or “cut,” by dealers to increase quantities and profits. However, risk is not restricted to illegal drugs. Prescription drug abuse is one of the most serious problems in the United States. Overdose-related deaths have tripled since 1990.⁴⁴ An estimated 113 people die from drug overdoses each day, making it a leading cause of injury in the U.S.⁴⁵

Drug-Related Violence: Drug-related violence is not solely carried out by transnational offenders. Rather, it is a real aspect of the underground market. The problem plagues cities across the United States. The willingness of drug traffickers to engage in increasingly violent acts to retain territory and maintain profits continues. For example, drug-related violence in Mexico is rising, as local cartels produce and supply large quantities of illicit drugs for the U.S. market.⁴⁶ This evolution has resulted in the creation of new terminology to define the brutal types of drug-related violence discovered. Rochkind explains:

Our language adapted just as fast as these horrific actions took place, and became filled with new words fit for a dictionary of horrors. We came up with words like *encajuelado* (a person who winds up dead in a trunk), *ejecutado* (murdered by rapid gunfire), *levantado* (forced into a car and disappeared forever), *desintegrado* (a body dissolved in some kind of substance) and *encobijado* (a dead body wrapped in a blanket like a taco). The verb *sicarear* (to kill for money) quickly became a profession.⁴⁷

It may only be a matter of time before such violent acts cross the U.S. border.

Methamphetamine is becoming one of the most serious illicit drug problems, not only within the United States but also internationally. It is the second most commonly used illicit drug⁴⁸ and the most commonly manufactured amphetamine-type stimulant (ATS) in the world today.⁴⁹ While clandestine laboratories initially declined following the implementation of precursor controls, labs have reemerged in recent years.⁵⁰ The potential for the problem to expand should not be underestimated. With lower prices and higher purity levels,⁵¹ the potential for increases in the numbers of persons addicted to the drug is real. To mask the destruction occurring at the ground level of this problem is a disservice at best, and negligence at worst.

Communities plagued by high levels of abuse have confronted situations where nonusers purchase and sell restricted precursor chemicals, such as pseudoephedrine, to those involved with meth (i.e., smurfing).⁵² Restrictions on purchasable quantities and the accompanying identification and approval requirements for pseudoephedrine products have resulted in the expansion of the number of people participating in manufacturing the drug, in one way or another. Pseudoephedrine-containing products and other controlled substances are bought and sold in the black market. The profit margins can be high, high enough to motivate even those who might never consider manufacturing to participate. For those with little disposable income, the possibility of earning fifty or a hundred dollars in minutes can be very attractive and difficult to pass up.

The methamphetamine problem has existed for decades. According to the federal Drug Enforcement Administration (DEA), between 2004 and 2012 there were 118,940 clandestine laboratory incidents in the United States.⁵³ The challenges inherent in stopping the supply of a drug that is highly addictive and profitable have been recognized for decades. As far back as 1996, a DEA report noted:

Drug law enforcement efforts against clandestine methamphetamine producers constitute a “cat and mouse” game between efforts to cut off chemical supplies and efforts to obtain them from non-regulated sources. Past experience has demonstrated that methamphetamine traffickers are relentless, flexible, and creative in finding new ways to obtain chemicals by evading the network of international controls that has been established.⁵⁴

We simultaneously know a lot about these problems and yet not nearly enough. Numerous questions remain unanswered, including the true number of laboratories, the broader societal impact, and the overall costs of metham-

phetamine. Even those who have dedicated years of their lives to dealing with and responding to the methamphetamine problem still have more questions than answers. Further, there is very little understanding of the problem from an insider's perspective. How can we ever hope to address the problem if we fail to examine it from the insider's perspective? How can we really know what to do about a problem, how to respond, and more importantly, why responses may or may not work, if we don't truly understand the problem itself? It is evident that while there are many *knowns*⁵⁵ and *known unknowns* with regard to methamphetamine, the number of *unknown unknowns* is uncountable. We simply do not know enough to understand the limitations of current knowledge about the problem. The dire need for the discovery of both questions and answers is undeniable.

While our criminological theories and images of crime are largely urban,⁵⁶ this problem is in many ways rural and nonmetropolitan. In places where there is little to do and limited ways to earn money legitimately, meth fills a void and serves multiple functions. It provides something "fun" to do and a sense of self-worth for people who need it. It provides those who work multiple jobs or long hours in difficult positions with the energy they need to keep going. It allows those who produce it to have methamphetamine and money.

There is no single type of user. Some use functionally and experience limited or no physical, social, or psychological dysfunctions,⁵⁷ while others progress to dysfunctional use and report significant and sometimes long-lasting effects.⁵⁸ Commonly, individuals are introduced to meth during interactions with peers or social acquaintances;⁵⁹ however, meth is not likely to be the first drug experienced.⁶⁰ Though long-term abuse increases risks for aggression and psychosis, violence is far from an inevitable outcome.⁶¹ While similar patterns exist for male and female dealers, distinctions regarding motivations, business models, and profits earned are apparent.⁶² Individuals generally learn how to "cook" the drug from friends or family members, and hierarchies have been found to exist within methamphetamine-producing groups.⁶³

WHAT THIS BOOK IS ABOUT

This is a story about the lived experiences of those in the world of methamphetamine. It is an underground world hidden from view. It is a world where methamphetamine is everything, and manufacturing becomes a way to get all

that you desire. Few understand. To comprehend this means knowing the dark and destructive seduction of meth. It is a life many never escape.

The journeys of the adults who participated in this study occurred in a broader context of social relationships and an external environment within which methamphetamine already existed. They did what they did because they wanted to and they could. Their journeys were not solitary ones. There were always others around similarly engaged in these behaviors. The people, their activities, and the broader environment all contribute to explaining what happened and why.

These adults were, for the most part, heavily engaged with methamphetamine, some for years and others for decades. For them, meth was not simply a drug they used, it became their life. They understand all too well how easy it is to become immersed, the lure of methamphetamine, and the high price it exacts. What starts out as just having fun ends as a life-and-death battle. They intimately understand what it's like to straddle two acutely incompatible worlds; each with very different things to offer. They know, better than anyone, the intense and ongoing struggles of getting out and staying out.

Each individual, at the time of the interview, had successfully navigated his or her way out. Their stories put a face to the problem and serve as a testament to the fact that people can and do break free. Even those most heavily engaged in a lifestyle that revolves around the consumption, distribution, and manufacture of meth can escape.

To understand the lived experience of methamphetamine you cannot think the same way that you do when the drug is not a factor. Its powerful effects and the lifestyle that develops around it distort individual thought processes and perceptions of costs, benefits, and risks. It is an altered reality. In this world, everything comes second to the drug. Using the drug and maintaining the life become more important than anything else, including children, family, and even oneself. While some call this addiction, it seems to be more than that. It is more than just a physical addiction to the stimulant drug. Those who become entrapped in this world risk anything and everything for methamphetamine, putting their own lives and those of their loved ones in peril over and over again.

To enter this world is to enter a danger zone, a zone of illusion. It is an altered reality where everything seems perfect, but where nothing is what it seems. It is a reality in which cooking meth under the bed where a young child sleeps seems alright. It is a reality where spending the entire day making the

drug or being high while your children go unfed and neglected seems like the right thing to do. It is a zone where doing anything for meth becomes normal.

This book describes the world of methamphetamine from an insider's perspective. It is for anyone who wants to understand. The journey into a life that revolves around methamphetamine and the soul-wrenching reality of what it means to be in this world will be shown for all that it is, good and bad.

The stories presented here will illuminate this dark world. The journeys and experiences exposed will elucidate what drives people into this world and what pulls them back out. As their experiences will reveal, getting out is only the beginning of the challenges that lie ahead for each of them.

The in-depth descriptions of the lived experience will reveal why acknowledging the attractions of the drug and associated lifestyle is crucial for understanding the challenges inherent in responding to the problem. Through these stories you will come to better understand why those immersed in methamphetamine do some of the things they do, much to the horror of everyone else.

The story is one of illusion. The illusion of having everything you ever wanted right in front of you—the power that comes from having lots of money, the seduction of being able to create the one thing you desire most in the world, the control that comes with having something that everyone around you desperately wants and will do anything to get.

The path that leads to a methamphetamine-immersed life is a slippery slope that is much easier to travel than the one that leads out of it. The decisions and behaviors sprinkled along the path leading in, at least in retrospect, are less thought through than the ones associated with getting out. It is an understatement to say that for those most heavily engaged, having the desire to exit the life is crucial, if not essential, for any chance of escape to exist. The journey out is difficult, challenging, and arduous. Getting out and getting clean are only the first steps to successful reentrance into the conventional world. Like a slide that is easy and fun to go down, but difficult to run up, or like a hole that is easy to fall into but hard to get out of, so too is the journey through the world of methamphetamine.

These adults vividly described the all-encompassing world that had once captivated them. It is a world they understand better than any of us who attempt to do so from the outside. They spoke of their experiences using, dealing, and manufacturing. They told their stories so that others might be able to comprehend without having to personally “live it” themselves. It was essential to them that their experiences and journeys be shared, that lessons

learned and challenges overcome be documented, and most importantly, that the truth be told. It was with this understanding that each of them came to be interviewed. It is with this understanding and commitment that I tell their stories.

They shared their stories because they had made it. They struggled. Some are still struggling. They had lived an existence where all control was lost to methamphetamine. Some of them came closer to the edge than others. Some of them went to darker corners of reality than others. Some came within minutes or days of the end of their lives. And yet they came to be interviewed. They came to tell their tales so that we could learn from their mistakes. Their stories serve as a warning of the dangers that lurk in the darkness of methamphetamine. They came to inform those who seek to solve the problem without understanding it of why their efforts are destined to fail. They came to explain what it was like to live a life that revolves around the drug and the challenges of getting out to anyone who may listen—including those who try to help, those who know someone involved, and those who need a reminder that there is a way out.

The stories of those who escape, especially those once most heavily captivated by meth, rarely get told. The seriousness and intensity with which my participants approached their interviews was unexpected. Some arrived with artifacts. One individual brought a copy of his court records as proof of the high quantities of meth he manufactured. A few carried pictures of what they looked like at the height of their addiction, or photos of family members so that I could see the people they love and now live for. I was reminded over and over again that although most of these people had been methamphetamine cooks, they were first and foremost just people, like you and me. They were parents. They were siblings. They were sons and daughters. They were people now struggling to regain a steady foothold in the conventional life they once exchanged for the drug. It was a life they now desperately craved.

Each story was unique and contributed to my understanding of what it is like to be in a world that revolves around the drug. Stories of loss and destruction were repeated time and time again. These different stories merged into an overarching descriptive narrative of journeys into this lifestyle and back out. The most intense interviews were with those who had been most heavily addicted and immersed. Like someone who has lived to tell a story that no one else knows, they spoke with the urgency of life or death, as though people's lives might depend on the accurate recording of what they had to say. They

had seen things and experienced what few others ever had or ever would. They lived to tell a dark tale from the perspective of one who had been to the blackest corners of reality and back. They knew, perhaps more than anyone else, that this can be, and for some is, a life-and-death struggle. Methamphetamine leaves death and destruction in its path. People die. People know people who have died. There is a reason it has been referred to as “the most dangerous drug.”^{64,65}

These adults did not set out as young children with aspirations of becoming users, dealers, or manufacturers. Rather, as their experiences and journeys demonstrate, entanglement occurred progressively over time. So the question becomes: how and why does this happen? What can the experiences of those who walked this path, who lived this life, and who found their ways out tell us about the problem? What can they tell us about the experience of living in the methamphetamine world that will help us understand the seduction of it and the difficulties of getting out? What can their personal journeys tell us about the challenges of responding to this problem and the types of solutions that may be needed?

THE STUDY

Methamphetamine manufacturers don't just knock on your door ready to participate in an interview once research begins. The processes behind obtaining approval, locating participants, and gathering data were challenging, to say the least.⁶⁶ It was an experiment in and of itself. There was no way at the outset to know with any certainty whether anyone would respond or participate. The call for participants was aimed at anyone interested in taking part in a study about methamphetamine. Emphasis was always placed on manufacturing.

Manufacturing represents the deepest level of immersion. Users are easier to find. Dealers may be more difficult, as they are one step further in the illicit life. But manufacturing is different. It is a distinct level. These individuals are not just using meth. They are not just selling it in exchange for drugs or money. They are making it. They are creating the one thing that users want. They are creating the very thing that destroys the lives of those who fall prey to addiction.

It took four years to locate and interview the thirty-three people who participated in this study. Only six people were interviewed during the first year. I never knew whether the phone would ring. I jumped with anticipation and

excitement each time it did. Sometimes the call resulted in an interview, other times it was simply a wrong number. The phone rarely rang. Locating subjects always seemed like something just beyond reach.

To truly appreciate the process behind this study, one has to comprehend what it's like to talk to a stranger on the phone, trying to find out if they ever manufactured methamphetamine. The delicate process involved unobtrusively asking callers if they had ever dealt or manufactured, without sounding like an undercover police officer or a complete idiot. It is difficult to describe; both parties in the conversations were equally nervous and uncertain. Although my questions were scripted, they were at times reminiscent of an illegal drug deal. Though no drugs were ever going to be exchanged, something just as valuable—or even more so—was. Information about drugs. Information about methamphetamine.

Interviews were scheduled with expediency to avoid any chance that callers might change their mind. Legitimate calls evolved into face-to-face meetings. Callers were required to provide a pseudonym in lieu of their real names. Some understood this and others did not. Some of those who had exited completely no longer had anything to hide.

Interviews were conducted at various times—some in the morning and others at night, sometimes on weekends and other times on weekdays. I did my best to make myself available at their convenience, at times driving as far as one hundred miles for an interview. Though I never really knew what they would be like or the story they would tell, I trusted that it would be worth the effort, that those who agreed to participate would know at least some of the answers to questions being asked.

It was only after reviewing each word and disclaimer of the two-page consent form with potential interviewees that would I pull out the tape recorder. There was always an underlying concern that this might make them change their mind. They maintained the right to withdraw their consent at any time. They never did.

It will always amaze me that people would let a complete stranger record their stories of crime, drugs, and methamphetamine manufacturing. For this I will always be thankful. Though the interviews were scheduled to be two hours in length, some were more extensive. In one of the longer interviews, a male with an extensive history of manufacturing and distribution talked for forty-five minutes at the beginning of the interview without being asked a single question.

I arrived at each interview extremely nervous; I left with an overwhelming sense of excitement and exhilaration. There was not a single interview that did not teach me something new about methamphetamine, manufacturing, or the methods by which the validity of the stories being told could be assessed. The information and insights gleaned were invaluable.

THE PLACE

It is surprising that so few who live outside of Oklahoma know anything about it. It sits almost in the middle of the United States, at the crossroads of two of the largest highways that cross this country, I-35, which runs north and south, and I-40, which links east and west. The well-known Route 66 runs through the state. Located approximately 506 miles⁶⁷ from the Mexican border, one can drive there from Oklahoma in less than ten hours.

According to the United States Census Bureau, the population of Oklahoma is estimated to be 3.8 million.⁶⁸ Nearly 80 percent of the population is Caucasian. Most of the state's population lives in its two largest cities, Oklahoma City, the capitol, and Tulsa. Interestingly enough, Tulsa county has the highest number of labs of any county in the U.S., according to a CNN Money report and map of DEA seizures.⁶⁹

Oklahoma's largest cities are surrounded by smaller ones with populations ranging from forty thousand to one hundred thousand. However, most of its communities are small and rural. Those who drive through the state find mile after mile of sprawling fields of corn, wheat, and oilseed rape (i.e., canola); the few houses and barns that appear serve as reminders of the farming communities spread across the state. With a land area of more than sixty-eight thousand square miles, it is estimated that there are only 54.7 people per square mile.⁷⁰

Those who study crime and criminal justice know about Oklahoma because it has the highest incarceration rate of women per capita in the world. The state regularly ranks at the top of lists of negative social indicators such as teen pregnancy, divorce rates, and obesity, and at the bottom of those that count positive ones (e.g., percentage with healthcare coverage). Despite pockets of ethnic, political, and religious diversity, the state is primarily Caucasian and conservative. It is part of what is known as the Bible Belt.

Why does any of this matter? Because this is the context within which this study and the majority of lives described here occurred. All of the interviews

were conducted in Oklahoma, and all of the participants lived in the state at the time of the interviews.

THE PEOPLE

The diversity contained in the final sample was not planned. There is no way it could have been. This, however, is what makes the story that is presented reflective of reality. Some participants had traveled across different parts of the United States. A few moved to Oklahoma from another state. The final sample includes three truckers who spent decades of their lives living the high life of methamphetamine while driving cross-country time and time again.

Not surprisingly, most of the adults had encounters with the criminal justice system, including arrests ($n = 31$, 93.9 percent), convictions ($n = 28$, 85 percent), and even incarcerations ($n = 31$, 93.9 percent) in jail or prison; six had prior sentences from a drug court. Some had extensive criminal careers with upwards of fifteen or sometimes thirty arrests. A few were serving community sentences and were facing lengthy prison terms if they failed to successfully complete their probation.

Nearly two-thirds ($n = 20$) had some college education or were in college ($n = 12$) at the time of the interview. Eight had a high school diploma or general equivalency degree; five reported the highest level of education achieved as less than high school.

The majority ($n = 26$, 78.8 percent) were employed; some were full-time college students, and a few were on disability or were receiving veterans benefits. They worked in various types of jobs, including some in the area of heating and air-conditioning, and some in treatment and recovery. They were administrative assistants, painters, waitresses, and truck drivers. Thirteen were currently married,⁷¹ eleven were divorced, eight were single and had never been married, and one was widowed. They were mothers and fathers, sons and daughters, sisters and brothers. They had anywhere from zero to seven children, including natural children and stepchildren.

All of the adults had histories of methamphetamine use. They all had some history of involvement dealing and distributing meth, and sometimes other drugs. At the most basic level, this resulted from having to buy the drug for their own consumption. At higher levels, it involved trafficking ounces or pounds of the drug.

Twenty-three were former manufacturers in the most traditional sense of the word. This included seventeen males and six females. A few described the much-debated “burying of chemicals” (i.e., burying chemicals and materials underground) said to produce an amphetamine-type drug that is consumed and sold. Others assisted local manufacturers or facilitated, financed, and organized “cooks.” Some allowed methamphetamine to be manufactured in their own homes. Those on the periphery of manufacturing represent the networks involved in production and distribution of the drug.

Their histories of manufacturing span decades. Going back as early as 1984 and ending in 2010, they spoke of the various methods and processes by which methamphetamine is manufactured. Some talked about their lives as though the world in which they had used, dealt, and/or manufactured methamphetamine was different than the one they were sitting in—the one at a table, with a stranger, being recorded, and telling their tales of methamphetamine. On the basis of their own accounts, the person sitting in front of me was different from the one they spoke about. In reality they were one and the same; yet at the same time they were not. Two different people. Two different lives.

The interviews were some of the most enlightening and intellectually stimulating experiences I have ever had. They elicited a sense of excitement time and time again. Even those containing questionable substories or points, including things that could not be confirmed or ones that sounded more like fabrications or exaggerations, were revealing.

The intrinsic value of the insight provided became apparent the first time I truly understood the difference between a cold cook and a hot one. It was during my third interview, the first one with a “real” manufacturer in the most traditional sense of the word. The intensity with which Evan told his story and the danger he spoke about became real. It was as close as I would ever come to being in a room where methamphetamine is made. It was nothing short of good fortune that this experience was duplicated in other interviews.

While I never knew exactly what the end result of the project would be, I always knew, even from the very beginning, that this was a story that had to be told. The accounts that were shared and the insight provided were just too good; they illuminated a world few know much about. The story that follows is the one that was told to me. It is their story. It is the story of methamphetamine. At times the story seemed to write itself; it did not have to be forced or artificially created. They laid out the path very clearly for me to see. I just had to look at it and follow.⁷²

WHAT FOLLOWS

The narratives shared here will help outsiders understand why those on the extreme end of the continuum—those immersed in the methamphetamine lifestyle—progress from using to dealing to manufacturing. The seduction of each dimension will be revealed. Through the lived experiences of these adults, insight into how and why the lifestyle eventually becomes unsustainable will be shown. The importance of people, places, and things (e.g., activities) helps explain why and how this problem exists, and more importantly, why and how it changes over time. Despite diversity within each dimension, the overall trajectory that emerged sheds light on this hidden and precarious phenomenon.

This book presents an inside view into the underground world of use, distribution, and manufacturing. Each dimension will be described through stories provided by those with the most intimate knowledge and understanding of it. The pathways that lead to a life that revolves around methamphetamine will be discussed. The challenges and difficulties of getting out will be explored. This book will help those who seek to understand the problem as it exists.

These stories illuminate what it means to be immersed in a methamphetamine lifestyle. The strengths of understanding the problem through information from those most knowledgeable about the drug and associated lifestyle will be shown. Insight into the three dimensions of involvement and interrelationships between each facet will be described. The stories that follow fill a critical gap in understanding that remains. Brownstein et al.⁷³ explain:

What we've learned is that methamphetamine markets are different from other illicit drug markets, and that the organization of meth markets varies wildly. We found American towns and cities in which meth is produced and distributed in small "mom-and-pop" labs that cater to personal acquaintances, others in which meth is imported by large corporate-type organizations selling to users through locals they know and trust, and areas where both types of markets operate. Perhaps the most important thing we learned is that no matter how it is organized and operated, methamphetamine distribution is personal. To understand the dynamics of meth markets, we needed to work to understand the people who comprise them.

It is with the goal of describing the lived experiences of the methamphetamine lifestyle that this goes forward. I hope you value the journey. More importantly, I hope you begin to understand this problem and learn something new. If the research presented here provides any degree of insight into why

this problem exists and the ever-present challenges of responding to it, the promises made to the research participants will have been kept.

It is my hope that you understand the attraction of a life that revolves around methamphetamine and come to understand the high price it demands. That through this journey you will see why developing innovative responses is no longer a luxury and why believing current responses are sufficient is no longer acceptable. The problem and the accompanying destruction of lives described here flourished under the policies of prohibition and the war on drugs. This story aims to lay the foundation for understanding why this matters, not just for those directly involved with methamphetamine, but for anyone who is or may be impacted in one way or another by the problem. This includes the policymakers charged with developing responses and the treatment providers working on the front lines to assist those in need. Closer to home this includes the friends and family members of those struggling with methamphetamine, serving to remind them that there is a way out from even the most-immersed lifestyles.