

TUNE IN TO THE
SOUND OF DEMOCRACY

Justice Talking Radio Transcript

Is Crystal Meth the New Crack?—Air Date: 11/20/06

Crystal methamphetamine has been getting a lot of media and political attention in the last few years, with the Combat Meth Act signed by President Bush in March 2006 adding to the focus. This new federal law requires cold medicines containing pseudoephedrine be put behind the pharmacy counter because those medications can be turned into meth. States are using creative tools like building meth prisons while others are waging shock-and-awe prevention campaigns. But is meth a national epidemic or a regional problem? Join us on this edition of Justice Talking as we look at how the justice system is responding crystal meth.

This transcript is being provided free of charge for educational purposes. The views expressed herein are those solely of the guests and do not reflect those of the Annenberg Public Policy Center or NPR. Although every effort is made to make a verbatim rendering of the program, this transcript may vary slightly from the audio version and may contain minor grammatical or spelling errors. For permission to reprint, please contact Laura Sider at the University of Pennsylvania's Annenberg Public Policy Center, (215) 573-8919.

MARGOT ADLER: This is Justice Talking. I'm Margot Adler. The illegal drug methamphetamine has been around for decades, but in recent years it's had a drastic effect on some communities. In West Coast cities like San Jose, Phoenix and Portland, there have been a growing number of arrestees who have tested positive for meth. In Oregon, meth abuse is particularly acute. Police estimate that 85 percent of that state's property crimes and identity theft are tied to meth use. One television station in Portland, Fox 12, even created a recurring segment on its nightly news called "Meth Watch," to highlight meth-related stories, and aired this commercial-free special in August 2005.

UNIDENTIFIED MALE: Meth Watch: protecting you and your family is a Fox 12 special report.

UNIDENTIFIED FEMALE: Methamphetamine--it's invading our lives, affecting every single one of us.

UNIDENTIFIED MALE: Criminals high on the drug are in need of their next hit...

MARGOT ADLER: So we thought we'd start in Portland and hear from some recovering addicts themselves. We asked: How did meth abuse change your life? What made you begin to use the drug?

UNIDENTIFIED MALE: When I first started I used it for work, and that's how I justified it, because I could work longer hours and make more money. Then it became addiction. Addiction actually set in. You know, the fun, I kind of started to grow out of it, but I found myself actually addicted to it.

UNIDENTIFIED FEMALE: You have this, abounding energy, you know, like, you can, I originally I think used to accomplish a lot, you know. As far as like work, I did art and so I would, you know, stay up and do art all night, and that was my business and that was my soul, so to speak. You know? And then it just got...it was worse. You know? I couldn't even function.

UNIDENTIFIED MALE: You could drink longer, because it counter-acted the effects of the alcohol. So you could socialize and drink longer. Then comes a point where you use it frequently enough that pretty soon that becomes your primary drug, your primary escape from reality.

UNIDENTIFIED MALE: Um, yeah, I was married. I have three kids, an ex-wife. I lived in a suburb of Portland. I was raised by two parents that were married. The belief that my mom had--we had no medicine at all in our house. She was a Christian Scientist, so we didn't have any alcohol. We had no--not even any aspirin in my house. My parents were married for 40 years. Why would I become addicted?

UNIDENTIFIED FEMALE: I grew up in a good home. I had--I wasn't abused. I went to school. I was just a regular kid. I started using in, you know, junior high, socially, and it just progressed and progressed and progressed. And I had a 22-year-long meth addiction.

UNIDENTIFIED MALE: The thing with meth is it doesn't take you down right away. That's the thing, it's a prolonged--it took me a long time to get where I'm at, which was bottom.

UNIDENTIFIED FEMALE: I know that after many years of my addiction I eventually got into heavy crime. You know, things I would not have done had I not been high on that drug.

UNIDENTIFIED MALE: A lot of people don't keep jobs and pay for their habit. They have to find other means to support that habit, whether it be stealing, selling themselves, um, dealing, manufacturing. Whatever choices that they make to do that, they have to find ways to get that drug. You're compelled to do that. In my whole life I've never met a person that said that they wanted to go out and become an addict. Those certainly weren't my dreams when I was a child, when I was growing up, becoming a young man. Those were not my dreams at all.

MARGOT ADLER: That was Randy, Denay, and Philip, from Portland, Oregon. They are all recovering meth addicts.

MARGOT ADLER: In 2004, Steve Suo, a reporter for The Oregonian, co-wrote a series on meth called "Unnecessary Epidemic." Welcome to Justice Talking Steve.

STEVE SUO: Thank you. It's good to be here.

MARGOT ADLER: You spent two years investigating for this series. What made you take on this project?

STEVE SUO: Well first of all, because it is such a massive problem for Oregon. Oregon leads the country in the number of people in treatment for meth abuse, per capita, so we certainly knew it was a massive problem for people in Oregon, but nobody had ever really looked at the causes. And much less the potential solutions.

MARGOT ADLER: What did you find?

STEVE SUO: What we found was that contrary to conventional wisdom, there really were some things that could be done, that had been done in the past that had had an impact on the level of meth abuse. Namely, controlling access to the chemical ingredients in methamphetamine, on previous occasions, had really reduced production of methamphetamine and reduced the abuse of methamphetamine. Nobody had bothered really to analyze this in the past and therefore those types of policies had not gotten the attention that they really probably deserve.

MARGOT ADLER: And is that why you called the series "Unnecessary Epidemic?"

STEVE SUO: Exactly. It was a preventable epidemic in the sense that the federal government had fairly low-cost measures at its fingertips that it could've applied to really combat the production of methamphetamine in the early stages, back when this was a much smaller problem confined to the Pacific Northwest.

MARGOT ADLER: Now, let's back up and cover some of the basics. When did methamphetamine show up in the United States, and who was using it?

STEVE SUO: Well, methamphetamine was initially produced by biker gangs on the West Coast, back in the '60s and '70s. They pioneered the synthetic production of methamphetamine in the United States. But that was a different kind of methamphetamine. It wasn't until the mid-1980s that somebody stumbled upon this whole new recipe for making meth, using ephedrine. And using that ingredient doubled the potency of the methamphetamine. It was a whole different molecule and much more potent. And that's when you started to see the abuse start to take off. The other major factor in the late 1980s was the arrival of Mexican drug cartels, which really took production of methamphetamine to a whole other level. They pioneered the mass production of methamphetamine and really brought it to a national market.

MARGOT ADLER: I'm wondering what makes meth different from other drugs, from cocaine, from heroin? What makes it really a different situation? Is it that, you know, we have all these

home labs, for example, and communities that have toxic drug labs... I mean, what is it that makes meth so different?

STEVE SUO: I don't think meth is as different from other drugs as some people have made it out. It's extremely--it causes many, many problems for our communities. For instance, in terms of treatment, statistics would indicate that success rates are comparable for meth as for cocaine and heroin. I think you know, in terms of the social impact, certainly, small home labs create problems that other drugs do not. I think that the real difference that we found for meth is that there are policies that work at reducing supply. We haven't seen great reductions in the supply of cocaine, despite the \$700,000,000-a-year that the federal government has spent on eradicating crops in Latin America. We have seen significant disruptions in the meth supply through simple regulation of ephedrine and pseudoephedrine, the main ingredients.

MARGOT ADLER: In 2004, states began to pass laws restricting the sale of cold medicines containing pseudoephedrine, which can be made into meth. Now we have a national law requiring these medications be moved behind the counter, limiting the amount someone can buy. What effect have these laws had?

STEVE SUO: These laws have dramatically reduced the number of methamphetamine labs found in states that have implemented them. At least initially, it looked like the elimination of these small labs was going to be completely offset by the influx of meth produced by Mexican drug traffickers in large-scale superlabs that are unaffected by these over-the-counter restrictions. But, very recently, within the past year, we actually have begun to see the first real reductions in the purity of meth and increases in the price of meth, suggesting that everybody is feeling the squeeze now, and having trouble with manufacturing methamphetamine.

MARGOT ADLER: Now, you've written a lot about how hard the pharmaceutical industry fought these restrictions. Tell us a little about that.

STEVE SUO: Well, from the very beginning, starting in 1986 when the DEA recognized that methamphetamine might be a problem, and that there was potential for averting this problem by controlling the chemical ingredients, the pharmaceutical industry pushed back. Their ultimate concern was that someday pseudoephedrine--this ingredient in cold medicine--might be banned. Because of that they opposed even limited regulation of products containing pseudoephedrine. And the DEA was forced to compromise and to provide exemptions for their products.

MARGOT ADLER: How much meth is made domestically and how much is made in Mexico at this point?

STEVE SUO: It's never been a number that could absolutely be determined, simply because it's an illegal activity that's not reported to government officials. But the DEA believes that 80 percent of the methamphetamine in the United States is produced in large-scale superlabs which are almost entirely controlled by Mexican drug traffickers. Now, the breakdown of where these superlabs are located between the U.S. and Mexico is hard to establish, but at least based on reports of drug seizures coming across the border, and based on the decline of superlabs within

the United States, it would appear that the preponderance of meth production is currently Mexico.

MARGOT ADLER: And how much meth abuse is happening internationally?

STEVE SUO: Meth is currently the most widely-abused drug in the world, next to marijuana. The numbers are roughly around 25 million worldwide, which exceeds the number for cocaine and heroin combined. Predominately those 25 million people are in Asia. I recently made a trip to the Philippines and to Thailand, and the problem is extraordinarily widespread there. In the Philippines, something like 10 percent of the adult population is currently using methamphetamine, according to a survey that was taken last year. And that far exceeds anything that you'd see in the United States.

MARGOT ADLER: Steve Suo is a reporter for The Oregonian. Coming up: more of my conversation with Steve. He'll tell us how the U.S. government's restrictions on the sale of pseudoephedrine have drastically changed the worldwide manufacturing of the drug needed to make meth. Also, a little later in the program: Is meth a national epidemic, or a regional problem?

UNIDENTIFIED MALE: It's all over. There's a meth problem in Fairfax County, Virginia, out here where more recently it's been thought of as a Western or Mid-western problem. It's coming out to the East Coast--for example, Georgia. In Fulton County, Georgia, they've had the largest meth busts in history. So, it's a problem nationwide and it's one that needs a comprehensive approach.

UNIDENTIFIED MALE: My concern is that perpetuating this mythology of methamphetamine that is simply not grounded in facts or evidence is not going to achieve that goal, but instead is going to lead to a likely misallocation of resources and it's going to skew our national drug abuse strategy to go after a problem that simply does not exist.

MARGOT ADLER: Don't go away.

MARGOT ADLER: This is Justice Talking. I'm Margot Adler. On today's show we're talking about crystal methamphetamine. Here's more of my conversation with Steve Suo, a reporter for The Oregonian.

MARGOT ADLER: You're still following this story, I gather, and not long ago you returned from Mexico. What did you find when you went down there?

STEVE SUO: What I found was that the Mexican traffickers are actually struggling. The Mexican government within the past two years has enacted its own restrictions--in fact, even more severe restrictions than the United States government has on the importation of pseudoephedrine--largely because Mexico, up until 2004, was importing about twice as much pseudoephedrine as it actually needed for cold medicine. The Mexican government responded

by imposing import quotas, which has drastically reduced the importation of pseudoephedrine, and at this point Mexican traffickers are having trouble manufacturing meth, because they can't get the ingredients. The strongest evidence of this was this past summer when there was an extremely violent robbery in Mexico City. Thieves made off with about one metric ton of pseudoephedrine from a pharmaceutical company, and in the process they left four security guards bound, gagged and stabbed to death. This is an unprecedented level of violence to be associated with a pseudoephedrine robbery, and the Mexican authorities believes this speaks to a crisis for the traffickers and their attempts to acquire their necessary ingredients. And that's reflected in the reduction of purity of meth in the United States, and the increase in price.

MARGOT ADLER: I gather that there are only nine factories in the world that make pseudoephedrine. What's happened to them and what's happened to worldwide demand?

STEVE SUO: The restrictions on importation of pseudoephedrine in Mexico and the United States had a dramatic impact on the global marketplace for ephedrine and pseudoephedrine. North America comprised more than half of world demand for these chemicals prior to the restrictions. And there's been a 75 percent reduction in imports of ephedrine and pseudoephedrine over the past two years, so that has a ripple effect. The largest pseudoephedrine factory in the world in Germany, run by BASF, has downsized by about 50 percent of its workforce. Some of the producers in India are reporting 90 percent declines in sales and are suffering financial losses. So we are reaching a point where demand for pseudoephedrine worldwide, legitimate demand for it, is very much going away. The illegitimate demand remains, so I think increasingly you're going to see pressure on producers to potentially sell to the bad guys. So the importance of monitoring at the factory level has only increased with these new controls.

MARGOT ADLER: Meth use has gone up and down over the last couple of decades. At the moment, the demand seems to be declining. But what do you think we're going to see in the coming years? Are drug traffickers going to find new loopholes?

STEVE SUO: Well they're definitely already looking. There've been attempts by traffickers to route their chemicals through Africa. If the Mexican cartels fail in this endeavor and decide to go back to strictly moving cocaine and heroin and marijuana, then there exists this capacity in Asia potentially to supply the United States. These organizations in Asia which continue to have access to ephedrine and pseudoephedrine coming out of China and India could pose a real threat someday, according to some of the officials I've interviewed.

MARGOT ADLER: Steve Suo is a reporter for The Oregonian. He co-wrote a series for that newspaper about methamphetamine called "Unnecessary Epidemic." We have a link to that series on our website, justicetalking.org. Thank you for talking with me Steve.

STEVE SUO: Okay, thank you very much.

MARGOT ADLER: In association with The Oregonian, PBS's Frontline aired a program in February 2006 called "The Meth Epidemic." This is how it began.

UNIDENTIFIED MALE: This is the story of a disease that is sweeping across America. It begins here in Portland, Oregon, where an epidemic is raging, an epidemic of methamphetamine abuse.

MARGOT ADLER: And Newsweek declared meth America's most dangerous drug in a 2005 cover story. But is the meth epidemic specific to certain regions of the country, including Oregon? Or is it a national crisis? To talk with me about this question are Joe Dunn and Ryan King. Joe Dunn is the associate legislative director of the National Association of Counties. NACO is the only national organization that represents county governments in the United States. Ryan King is a policy analyst for the Sentencing Project, a national organization that works to reform sentencing laws and promotes alternatives to incarceration. He authored the recent report "The Next Big Thing: Methamphetamine in the United States." Welcome to both of you.

JOE DUNN: Thank you.

RYAN KING: Thank you.

MARGOT ADLER: Joe, Ryan, let's get to the heart of this debate right at the top. Would you characterize the meth problem in this country as an epidemic? Joe, you first.

JOE DUNN: I would very much so characterize the meth problem in this country as an epidemic. And the reason why is because we have done five national surveys of our members, county elected officials and other county officials on the local level, who have found that methamphetamine is the top drug facing law enforcement officials, and that it's also a leading cause of child out-of-home placement or foster care.

MARGOT ADLER: And Ryan, why would you say it's not?

RYAN KING: Well, I would argue that methamphetamine is really a highly localized problem. There are certain communities in this country where there are indeed significant impacts of methamphetamine abuse. And the sort of issues that Joe raises are certainly present there. However, what I think the problem is and what we discussed in the report is really the portrayal of this as a national epidemic. And I think that's had real consequences for policy, for our national drug abuse prevention strategy, and for state efforts to address drug abuse widely, as well as methamphetamine specifically.

MARGOT ADLER: Joe, your organization, the National Association of Counties, has conducted several studies surveying counties about how they've been dealing with meth abuse. One you did earlier this year focused on hospital emergency rooms. What did you find?

JOE DUNN: Yes. We found that methamphetamine was a top drug bringing individuals to county public emergency rooms and that it was a growing concern and a rising cost for county governments. And that's really why we did all of our surveys, to really focus in on the cost and

how the meth problem across the country is affecting local governments. And what we're trying to do with these surveys is to raise awareness with the administration and Congress, to control and reduce the production, distribution and abuse of meth, including assisting counties in responding to the problem locally.

MARGOT ADLER: And I know you also surveyed county sheriffs, and what did they say to you?

JOE DUNN: They said, similar to a report we did in July of 2005--we updated it in July 2006, another random sample--that it was the top drug facing county sheriffs, and it was the top drug far surpassing cocaine, heroin, and marijuana combined. So it really showed that methamphetamine is the top drug, and it's leading to a number of other crimes associated with meth--burglary, for example, identity theft, domestic violence. And it's a major drain on local governments.

MARGOT ADLER: Now Ryan, in your report, "The Next Big Thing," you say that you have some problems with these surveys. What were they?

RYAN KING: Well I think in both of those cases, NACO's research really reflects exactly the argument that we're making in our report. In both of those cases, the survey methodology was extremely narrow. Of the hospitals--they surveyed only 200 hospitals. There are more than 4,000 in the country. And the majority of these were in rural areas, about 160 out of 200 of them, so we're not getting a really reflective sample. In the county situation as well many of the sheriffs--it was just a small fraction of the sheriffs that were being surveyed. And when you look at the national numbers out there, the fact of the matter is that the conclusions of the NACO studies are not reflective of what we know nationally. Both drug use--regular drug use amongst all Americans for methamphetamine has remained stable. Only 2 percent are regular users. That's been stable for a number of years. We're actually seeing a decline in some of the populations such as high school students. And so I think realistically when we look at certain communities, there are problems with methamphetamine. But again I think the problem that we're facing is this portrayal by certain organizations and people out there as this being a national epidemic.

MARGOT ADLER: But Ryan, even if meth is not an epidemic, isn't there value in the attention of lawmakers and the media to this drug problem?

RYAN KING: Well there's certainly value in the attention of lawmakers to drug abuse problems in this country. They're necessary for really crafting a comprehensive drug abuse strategy. The problem is that when misleading information is given out, the policymakers essentially will respond to problems ineffectively and this leads to misallocation of resources. I can use the perfect example: In the November 2006 election, Arizona voters passed Proposition 301. What Proposition 301 does is exempt first and second time low-level methamphetamine possession offences from participating in their diversion program. That's a direct response to this perception of this methamphetamine epidemic and this mythology that's spread around that methamphetamine does not respond to treatment, and therefore the only real response we can have is to just lock these people up and keep them out of the community. Now lawmakers have

responded with a very regressive policy, and essentially the very population that we should be targeting with treatment has now had that option taken away from them. That's just, I think, the first example of the concern that we have about pushing this methamphetamine epidemic mythology on policy.

MARGOT ADLER: Joe, when you hear Ryan's description of your surveys, how do you respond?

JOE DUNN: Well I would just say that we are advocating a comprehensive strategy. And one of the things that we do agree with the Sentencing Project on is the need for funding for meth treatment. Treatment is shown to be effective and produces results. And right now we need to get rid of that myth that treatment does not work. And we think really that the meth problem is an epidemic because of what we're hearing on the local level. And this is not just from rural areas or suburban areas, but it's from all over. There's a meth problem in Fairfax County, Virginia, out here where more recently it's been thought of as a Western or Mid-western problem. It's coming out to the East Coast--for example Georgia. In Fulton County, Georgia, they've had the largest meth bust in history, so it's a problem nationwide and it's one that needs a comprehensive approach.

MARGOT ADLER: Joe Dunn is with the National Association of Counties, and Ryan King is with the Sentencing Project, and we're talking about meth. Ryan, you argue that meth is a localized issue, and I guess you disagree with this notion that meth is sort of advancing across the country. You also argue that the attention from the media and from lawmakers is disproportionate to the actual problem. Explain.

RYAN KING: Well I think what piqued our interest about this coverage of methamphetamine was to look back twenty years ago to the coverage of the crack cocaine epidemic. And in that what we saw was essentially a similar pattern, similar language, similar concerns. Crack cocaine was taking over the country. There was going to be a future generation of what was referred to as crack babies, and warnings about crack having increased proclivity to violence. All those cases...

MARGOT ADLER: Well there were crack babies, weren't there?

RYAN KING: No, there weren't. And that was a myth that was used quite frequently and led, naturally, as you can understand, to lawmakers being concerned. But in fact all of those sort of warnings about the pharmacological impact, long-term, untreatable consequences of crack cocaine use, simply turned out to be false. But it's important to note that twenty years ago, in October, we saw the passage of the Anti-Drug Abuse Act of 1986, adding very, very harsh mandatory minimum sentencing particularly targeting crack cocaine offenses, which was in direct response to this coverage of the crack cocaine epidemic. Everybody from policymakers to practitioners realizes that was a mistake, but it has taken us 20 years, and we still cannot get that law reformed. We don't want to make the same mistake with methamphetamine. I agree that we need to have a comprehensive strategy, but we need to have a base in evidence and not myth.

MARGOT ADLER: Joe Dunn is with the National Association of Counties. Ryan King is with the Sentencing Project, and we are debating on Justice Talking whether meth is an epidemic. I'd like to ask both of you: There are critics who argue that meth abuse has gotten more attention than other drugs because the people who've been predominantly affected are white. Do you think that's true? I'll start with you, Ryan.

RYAN KING: I really think that when you look at the facts it's hard to find any other rationale why. Again, if you look at the developments 20 years ago with crack cocaine, and to the modern day now with methamphetamine, the pattern is almost identical up to a certain point. And that point is the very harsh and primitive sentencing response. I think the fact of the matter is you can't deny the image of the crack cocaine user that pops into most Americans' heads and that is an African-American male, versus the methamphetamine user, which is a white male, or in many cases now actually a white female. And so I think if both drugs are treated the same in the media--they're perceived as such a scourge to society, yet one has received some of the absolute toughest federal sentencing laws and punishments, and one has not received that same level of treatment, then I would argue that you certainly have to point to this population of people that are impacted.

MARGOT ADLER: Joe?

JOE DUNN: I would say that since there is no stereotypical user, you couldn't say that there's an image that one person would think of when using methamphetamine. And really, I believe that the reason why the visibility and awareness is so strong is because the local levels of government are really bringing this issue to the forefront. It's ripping a hole in county budgets. It's ripping a hole in their budgets because of overcrowded jails, increased healthcare costs, uninsured meth users, children in foster care systems. So, to think that it's a racial disparity--I think it's more that individuals are looking at and paying attention to the unique problems and challenges of methamphetamine.

MARGOT ADLER: Joe, from your perspective, this is a national epidemic. How should our government respond?

JOE DUNN: We need a real comprehensive approach, as I mentioned, that would include law enforcement funding, or pushing for increased funding for the Justice Systems Grant Program. This is a program that helps local law enforcement, specifically on using multi-jurisdictional or regional drug task forces. We need additional resources for prevention, treatment, clean up. Right now we don't have any treatment guidelines for the federal government. And individuals and property owners are really at a loss in terms of what they need to do to clean up a former meth lab. So all of these different issues need to be put together and passed as a comprehensive strategy.

MARGOT ADLER: Ryan, why shouldn't we have a national strategy to combat meth? If this is not a national epidemic, isn't there still a role for the federal government?

RYAN KING: I absolutely agree there's a role for the federal government. I think there should be a national strategy to combat methamphetamine as well as to combat all other drugs. And the

fact of the matter is that we believe that should be treatment and prevention-oriented rather than simply law enforcement. I think the difference between Joe and I here is it's not an ends, it's a means issue. I think we both want the same thing. We both want there to be federal dollars that are put in the communities to address the problems there. My concern is that perpetuating this mythology of methamphetamine that is simply not grounded in facts or evidence is not going to achieve that goal, but instead it's going to lead to a likely misallocation of resources. And it's going to skew our national drug abuse strategy to go after a problem that simply does not exist.

MARGOT ADLER: Ryan King is a policy analyst for the Sentencing Project, a national organization that works to reform sentencing laws and promotes alternatives to incarceration. He authored the recent report "The Next Big Thing: Methamphetamine in the United States." Joe Dunn is the associate legislative director of the National Association of Counties. NACO is the only national organization that represents county governments in the United States. Thank you both for joining me on Justice Talking.

JOE DUNN: Thank you.

RYAN KING: Thank you.

MARGOT ADLER: Coming up on Justice Talking: Communities around the country have been coping with the effects of meth in their own ways. In Montana, a massive media campaign is blanketing TV, radio, the internet and billboards in an effort to keep people from ever trying the drug in the first place.

UNIDENTIFIED MALE: Look, I'm only going to smoke meth once. I'm not going to be like that guy. Look, I'm just going to shoot up just, just once. Alright? I'm not going to be like that guy!

UNIDENTIFIED FEMALE: The ads sort of set the stage and then we can have conversation with kids.

MARGOT ADLER: A look at the Montana meth project--stay with us.

MARGOT ADLER: This is Justice Talking. I'm Margot Adler. Today we're discussing the effects of methamphetamine abuse, and the efforts of communities to halt the spread of this highly addictive drug. If you live in the state of Montana, you may have seen this TV commercial. It depicts a teenage girl who becomes increasingly addicted to meth. By the end, her younger sister also decides to give it a try.

UNIDENTIFIED FEMALE: I'm going to try meth just once. I'm going to smoke this just once. I'm going to steal just once. I'm going to sleep with him for meth just once.

UNIDENTIFIED FEMALE: I'm going to try meth just once.

MARGOT ADLER: This is one of several television ads that began airing in 2005 throughout Montana. They were produced by the Montana Meth Project, a privately-funded prevention effort aimed to reduce meth use in Montana. It's part of their "Not Even Once" campaign. Peg Shea is the project's executive director. Welcome to Justice Talking.

PEG SHEA: Well, thank you.

MARGOT ADLER: Tell me what message you're trying to send with these commercials.

PEG SHEA: Well, the message is "not even once," which means we understand that all kids make mistakes. Adults make mistakes. And that we're asking kids not to make this mistake. And this mistake would be don't use methamphetamine. Not even once. That's our message.

MARGOT ADLER: Now the television ads are scary. They're very graphic in nature. Why take the scare tactic approach?

PEG SHEA: Well, we did a fair amount of market research before we developed a campaign. And in that process of researching, we talked to a lot of teenagers in our state in varying locations, and they really told us three things. First, they do not want to have an adult lecturing them. Secondly, they wanted to hear from other kids. They wanted to see the impact meth had on kids, real live kids in Montana. And thirdly, almost in a daring way, they said that in order to break through the clutter on television and in our media world, we're going to have to get their attention.

MARGOT ADLER: Let's play another ad. Your TV commercials are dramatizations. Your radio ads used real meth users. So let's hear one. This is the story of a young woman named Cindy.

CINDY: When I started getting on it, I'd sit in the mirror and like pick and pick and pick at my face. My back teeth, they were really worn down. My gums were getting all brown and ugly and gross. My hair was falling out, like, really... I had big bags. Hi, my name is Cindy. I'm 15 years old. I'm from Browning, Montana. And I started doing meth when I was 12. I never thought that it, you know--I thought that it was going to be a one-time thing. I didn't ever think that it was going to get me by the throat and strangle me until I was, you know, stomped into the ground.

MARGOT ADLER: That's pretty powerful.

PEG SHEA: It is powerful. It's amazing when I present our campaign to whomever and we then finally see a dark screen but we listen and hear the true stories of kids in Montana. People are really moved by them. They're very, really powerful.

MARGOT ADLER: And what have you been able to gauge about the effectiveness of the campaign? I did see a survey that you conducted after the ads started to run, and there was an

increase in the number of teens who said they saw no risk in trying meth once or twice. So, I'm wondering if you could talk about that and what you've found.

PEG SHEA: Yeah, we actually found that in the very--again, we did a baseline survey and then another tracking survey six months later. And this was an online survey. And the concept, of course, was to measure "are we moving the needle?" And we were moving the needle in some ways, in some areas. And we can talk about that. And we weren't moving the needle in other areas. Um, so for instance, we saw just under 5 percent, which is, by the way, our margin of error. The kids the second time did--that needle moved, if you will, in the wrong way. They didn't see any harm in using meth once or twice. But in other areas that we questioned, we saw great changes in their perception of harm. For instance, up to almost a 30 percent increase, kids in the second survey after running our ads, for instance, believe that methamphetamine actually might put you in a position of stealing. We had another pretty big jump in the process "does methamphetamine make you popular?" And the majority of kids the second time said no, it doesn't make you popular.

MARGOT ADLER: And meth use among high school students, according to one survey I remember seeing, a national survey, it has been on the decline for several years.

PEG SHEA: It has been. And it actually has been also in the state of Montana. I believe it was 1997 that we were looking at a rate of just about 13 percent of high schoolers, and that's slowly been dropping, and it's been a slow drop to just under 10 percent. But, 10 percent is too high. So it has been moving; we're pleased at that movement. We want to see it continue to move, but in quicker and more significant leaps and bounds.

MARGOT ADLER: Peg Shea is the executive director of the Montana Meth Project. Thank you so much for joining me.

PEG SHEA: Okay, thank you.

MARGOT ADLER: Meth has been around for decades, but it's only really in the last few years that states have been using legislation to deal with meth specifically. Sherry Green of the National Alliance for Model State Drug Laws told me how states have been addressing the problem of meth.

SHERRY GREEN: There are five types of legislation that we're seeing states put into place in order to try to address the myriad of meth problems. Those fall in five areas. The first type of legislation is restrictions on over-the-counter purchases and sales of pseudoephedrine products. The second are drug-endangered children bills that facilitate provision of services to children found at these meth labs. The third type of law has to do with cleaning up of the meth labs. The fourth has to do with regulating anhydrous ammonia, which is a chemical that can be used to manufacture meth. And the fifth has to do with establishing registries of meth offenders.

MARGOT ADLER: Sherry Green has been working on drug policy issues for 15 years, so I asked her why meth has been singled out, since I don't remember this kind of legislative attention being given to heroin or crack.

SHERRY GREEN: Frankly, the changes in domestic production to smaller labs automatically increased the economic impact, frankly, to the state, to very huge numbers--the millions and millions of dollars that the labs were costing. And, as opposed to other types of substances, you saw these costs cropping up throughout all of the system: the treatment system, the child welfare system, the law enforcement system, the health and environmental systems where they're trying to address the leftover toxic residue. So you started to see simultaneous economic burdens in all the systems of the state. And frankly I think it is the drain on the resources of the state which cause what some people view as an epidemic. And I think that's why all of the sudden you started to see drastic measures or at least measures that certainly were far stricter than what had been imposed before.

MARGOT ADLER: She says states are beginning to look beyond the problems caused by meth labs, and focus more on treatment. Indiana is one of them. They are the first state in the country to set up prison-based meth treatment units.

I called J. David Donahue, the commissioner of the Indiana Department of Corrections to tell us about this new approach. Commissioner Donahue, how many inmates are involved?

DAVID DONAHUE: Well our current capacity for these four units is 542 beds. So we've maintained a 100 percent capacity in those units. Since we started the program back in April of 2005, on the adult side we've had 333 graduates. And of those that have completed the program, 288 have been released from the Department of Corrections. Now here's the exciting part: of those 288 adults that have been released from the system, men and women, we've only had six individuals fail and return to the Department of Corrections.

MARGOT ADLER: Now tell me about the daily life that prisoners have in this program and how different it is if they aren't in the program.

DAVID DONAHUE: Well, first off, it's a very long, structured day. We have about 16 hours a day that literally is available to intervention for the behavior that brought them to prison, the methamphetamine use or abuse. So that full day, that 16-hour program day, is literally built around everything to model and change behavior.

MARGOT ADLER: The name of your treatment program is Clean Lifestyle is Freedom Forever, or CLIFF. What's the philosophy behind CLIFF?

DAVID DONAHUE: Well interestingly enough, that name originally came from the original participants in the program. It's about changing, literally, the handcuffs that some people have emotionally with the abuse, such as substance abuse, and trying to empower them with the tools necessary to maintain sobriety. And so that Clean Lifestyle is Freedom Forever truly is a release for those individuals-- if they can maintain their emotional and physical controls over things like

methamphetamine, they really can have an opportunity. The rest of their life can be so much better than what was brought to bear before they chose to become sober.

MARGOT ADLER: J. David Donahue is the commissioner of the Indiana Department of Correction. Indiana opened three prison-based methamphetamine treatment units last year, the first of their kind in the country. Thank you so much for talking with me.

DAVID DONAHUE: Thank you very much, Margot.

MARGOT ADLER: Meth has hit Indian country hard in the last few years. By some estimates as many as one of every three young Native Americans has used methamphetamine. Eric Mack traveled to the Navajo Nation to see how the drug is affecting life on the reservation.

ERIC MACK: The two-lane road to Kayenta, Arizona runs roughly a hundred miles west from the Navajo reservation border through empty desert populated only by sage brush, dust, and huge sandstone formations that create an almost Martian landscape. Slowly a small cluster of neon lights appear in the distance. Crowded around the town's lone stoplight, a handful of gas stations and chain motels make up Kayenta's tiny commercial business area. About 5,000 people live here, including Andy De La Rosa, who teaches sixth grade. Her husband Shonie handles public relations for the local township. But away from their jobs, odds are they're working on their latest film about life here in the heart of the Navajo Nation. Andy says they completed their first feature-length project two years ago: a documentary about the impact of meth on the "res."

ANDY DE LA ROSA: The reason I got interested in wanting to work on this film alongside my husband here is working in the school. You know, a lot of the kids were coming to school, talking a lot more as to what was happening in their home. Their parents were using meth, so it affects everybody in the community, the family, homes, all of it.

ERIC MACK: The couple interviewed recovering addicts, local law enforcement, politicians, and health professionals like Tom Drewhard, a surgeon at nearby Tuba City Indian Medical Center.

TOM DREWHARD: It seems to me that every other trauma, and every other stabbing, every other assault, is related to meth--either the victim being on it, or the assailant being on it. Barely a day goes by that we don't have at least one case related to meth in the hospital.

ERIC MACK: The documentary won an award from the American Indian Film Festival, and the couple was invited to speak with tribal leaders from all over North America at a meth summit in Idaho. Back at home, it played a role in changing Navajo law to officially make meth an illegal substance on the reservation in February of 2005. While the new law has provided another tool in fighting meth, Shonie says it hasn't really made a dent in the problem. He believes that just as banning alcohol on the reservation gave rise to bootlegging and continued alcohol abuse, outlawing meth also fails to deal with the root of the problem. In the film, officer Greg Adair addressed those issues.

GREG ADAIR: It's going to only get worse. Any time you bring youth, poverty, you know, nothing economic here, multiple families living in the same dwelling, you're just going to have a lot of problems. And you can treat different symptoms, but we need housing and jobs and things for youth to do in the summer.

ERIC MACK: According to a 2000 report, 56 percent of Navajo people live in poverty, and 43 percent are unemployed. The reservation's sprawling 27,000 square miles are also a challenge to police, and a lack of jail facilities can make it difficult to hold many offenders for long. Those sorts of challenges are not unique to the Navajo reservation. Dealing with meth is now a top priority for tribes across the country. Joe Garcia is now the president of the National Congress of American Indians, which adopted a major meth initiative earlier this year.

JOE GARCIA: It's not like long-term like alcoholism is long-term and you eventually are going to die if you don't take care of it--meth is even more crucial than that. You know, you use meth for a year or two years, and you're liable to die within two years.

ERIC MACK: Garcia says the new initiative includes pursuing partnerships with other agencies, like the Department of Justice and Homeland Security, to provide funding to fight meth on the reservations.

JOE GARCIA: The dealers are going to go wherever they can, and it doesn't matter if it's in Indian country or out of Indian country. But the feeling is that since there's less law enforcement on Indian lands, that's a prime place where they can go.

ERIC MACK: Garcia's own tribe, the Ohkay Owingeh Pueblo of New Mexico, has even considered more drastic means of dealing with offenders, like banishment.

JOE GARCIA: It doesn't necessarily mean disenroll them; it simply means banish them from the land base. But, really that's not the solution either, because if we banish them from here, they're going to go somewhere else.

ERIC MACK: He says many tribes have been able to secure more federal funding, both for prevention and to help local law enforcement battle the epidemic. Tribal leaders are currently setting an agenda for working with the new Congress to move their meth initiative forward. Back on the Navajo Nation, Shonie and Andy De La Rosa say the process of making their film and learning more about the meth problem was an eye-opening experience, but it also provided a very rude awakening for their family: they soon realized that one of their own daughters had begun to use meth.

ANDY DE LA ROSA: Well we had learned more from the people that we interviewed. And it was like, I just can't believe it: those are the signs that I've overlooked, and I don't understand how. You know, sometimes you feel like you've done everything right, and then somewhere one of them strays, and it's kind of been something that you are, you're fearful of.

ERIC MACK: It was a painful blow to the family, but Shonie says their daughter is now clean, after battling with meth off and on for a while. Still, he says, it was a jarring experience.

SHONIE DE LA ROSA: You know, it kind of felt like we were hypocrites. You know, here we are, we made this documentary about methamphetamine, and we'd hear some people say oh, they think they're all this and that. You know, they made this movie, but they can't even take care of it in their own family. So we just kind of lay off it for a while. This is the first time we're actually talking about this in long, long time.

ERIC MACK: But the couple says not talking about the topic of meth has allowed it to grow almost unchecked until now. They plan to keep working to raise awareness about the dangers of drugs like meth and alcohol, and they're now ready to tell their own story to help get that message out. For Justice Talking, I'm Eric Mack.

MARGOT ADLER: To learn more about Shonie and Andy De La Rosa's documentary "'G': Methamphetamine on the Navajo Nation," go to our website, justicetalking.org.

Also on our website you can hear my conversation with Dr. Robert Winn. He talks about how meth has shown up in the gay community, and tells us how he knows if his patients have been using meth.

ROBERT WINN: Their speech is very rapid. They often are not making a lot of sense. Everything is very hurried. And also their physical activities are very--a lot of motions, so they move their hands a lot, they talk very fast, they move their body around a lot.

MARGOT ADLER: Has meth had a big impact on your community? Tell us your story at justicetalking.org. Thanks for joining me. I hope you'll tune in next week. I'm Margot Adler.
