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**Methamphetamine in the United States:  
A Social Constructionist Perspective**

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Dr. Castellano  
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## **Introduction:**

Recently there has been a growing concern over the use of Methamphetamine in the United States. The government, with the help of the media, has constructed Methamphetamine into a national epidemic. One must examine many things to see if meth is truly an imminent danger to the American people, or if it has only been made to seem so.

Methamphetamine can be made very easily and by one or two people. The production of meth is fairly crude and is explained in great detail in the paper *From Moonshine to Meth: The Evolution of Hillbilly Deviance*:

The Birch reduction method, using pseudoephedrine or P2P, is simple enough to be performed in a motel room. The process begins by mixing over-the-counter cold tablets (pseudoephedrine) and denatured alcohol in proper proportions. The liquid is filtered out and heated. After the mixture is heated to dry and ether, salt and drain cleaner are blended to yield hydrogen chloride. The excess fluid is then eliminated through coffee filters and the pure meth is dried before it is packaged and distributed.... Methamphetamine can be produced in 2 1/2 - 3 hours. (1999:9)

Meth manufacturers can find the products quite easily and can therefore produce meth anywhere, anytime.

So why would someone want to put this into their system? The Office of National Drug Control Policy explains some facts about meth:

Methamphetamine is a highly addictive central nervous system stimulant that can be injected, snorted, smoked, or ingested orally. Methamphetamine users feel a short yet intense "rush" when the drug is initially administered. The effects of Methamphetamine include increased activity, decreased appetite, and a sense of well being that can last 6 to 8 hours. The drug has limited medical uses for the treatment of narcolepsy, attention deficit disorders, and obesity. (2001:1)

All of this information can cause concern, especially if it is the epidemic problem that it is being made out to be. The next section will explain how other drugs have been shown as problematic and why people wanted to put these drugs in the spot-light.

### **Theoretical Perspective:**

I am going to look at how the government of the United States has used the media to express their opinions on methamphetamine, and what the reasons may be behind its claims. It is also important to look at the intentions of the media. Below I have reviewed books that pertain to my research project. First I will explain the concepts behind social constructionist theory and how these theories can be used to look at politics and drugs. I will then go into the history of drugs in America and how drugs have been constructed in the past. Finally, I will examine some of the claims being made by the American government towards methamphetamine.

In the introduction to Images of Issues: Typifying Contemporary Social Problems by Joel Best, the definition of a social problem is given as, "a social condition that has been found to be harmful to individual and/or societal well-being" (1989:xv). On the other hand, we can look at social problems as Spector and Kitsuse do in a constructionist way where what society feels is a social problem is determined and constructed by "claim-makers" (1989:xv). These claim-makers can be in the form of activists and even politicians: "when legislators introduce bills to do something about the condition, they are constructing a social problem" (1989:xviii). These claims do not have to be legitimate to be taken seriously. It is important when looking at social issues to examine who is behind any rhetoric about the issue, and how they might benefit from making an issue

into a problem.

The claim-makers have the power to mold ones' views on a particular problem. They find a category and typify it. As Best explains, "Typification occurs when claims-makers characterize a problem's nature.... One of the most common forms is to give an orientation toward a problem.... (moral, medical, criminal, political, etc.).... Claims-makers who adopt a moral orientation typically advocate giving people guidance to discourage immorality and punishing those who violate moral standards" (1989:xx). With this typification the claim-makers use specific examples to support their cause, but ignore the opposing issues on the subject.

According to Best, claim-makers of modern times use the mass media to spread their message, "Claims-makers want to convince others that X is a social problem or that Y offers a solution. Claims-makers' success depends partly upon whether their claims persuade their audience" (1989:1). When the claim is made through the press a "grabber" is used to dramatize the problem and "grab" the viewer, who is then thrown statistics are best for their claims, but may be misleading. This topic is then run into the ground with large amounts of coverage until it is used up. Then the media move on to the next hot topic (1989:2).

In the article *The Crack Attack: Politics and Media in America's Latest Drug Scare*, Reinerman and Levine discuss drug scares in the United States. They define drug scares as, "periods when anti-drug crusades have achieved great prominence and legitimacy" (1989:115). These scares often blame minorities, lower-class, or youth for the epidemic. The latest drug scare of the 1980's is examined and it is found that statistics on crack are exaggerated, warped, and abused in the media to benefit politicians

(1989:115).

Reinarman and Levine state that there was no crisis when cocaine was used by the middle-class, and the fact that they had resources to get help, or easily conceal problems was ignored. Crack was smoked instead of being snorted which causes a stronger high. In the crack form, it was more addicting and less expensive, so it made its way to the streets and ghettos (1989:116-117). When two famous athletes died from "crack-related deaths" the media jumped on it and crack became a household name. With elections coming, the newspapers and politicians worked together to declare a war against crack. "Leading up to the November elections, a handful of national newspapers and magazines produced roughly 1000 stories discussing crack" (1989:117). Reinarman and Levine explain that with these reports came many claims which were backed by two main sources, both funded by National Institute on Drug Abuse (NIDA). These two sources are the Drug Abuse Warning Network (DAWN), which is a project that watches hospitals, crisis and treatment centers, and coroners offices. The other is a national household survey conducted by NIDA. These statistics are used for their number value--to shock the audience. The claims made using these statistics are rarely challenged (1989:119).

Throughout history, drugs have been put into the foreground as a social problem concerning minority groups, the poor, and the youth of America. It is shown by Reinarman and Levine that with the presidency of Ronald Reagan came "traditional family values" and conservative morals were imposed on everyone. To divert the many right wing agendas of President Reagan, the "war on drugs" grew and crack and other drugs became the cause of all societal problems. Democrats soon had to conform to the

drug rhetoric because it was a safe issue to help fundraising and ultimately getting elected (1989:128). The result of this frenzy was the birth of anti-drug bills that were easily and quickly passed by Congress. These may have aided, in the future, claims made towards methamphetamine.

The article by Ted Chiricos titled *The Media, Moral Panics and the Politics of Crime Control* can help to explain why politicians make certain claims. In this article Chiricos uses the concept of "moral panic" to show how politicians can throw claims out with such urgency that the public does not look at why the claims are being made. Chiricos uses a perfect example of how politicians can have alternative reasons behind their words, "The moral panic over violence is used to justify expanding the punitive apparatus of the state-- even as crime rates are falling. In addition, the panic diverts attention from contradictions of the nation's political economy that have promoted an extraordinary growth of economic inequality and expansion of the urban underclass. It is precisely this underclass that has become an increasingly "privileged target group" for incarceration" (1998:60). This notion can be applied to methamphetamine, as it has been to other drugs, and we may see that the meth "crisis" is not as much a crisis as rhetoric to hide other more problematic issues.

The main concern with the media and politicians creating such a frenzy over issues like cocaine and methamphetamine is that real political issues are being ignored. Real issues like concern many individuals may not get one elected, so politicians define what is a critical issue. Most would not disagree that drugs are bad, though they may disagree with issues like welfare. As Chiricos concludes in his article, "The real danger of the recent moral panics is that they treat problems that have been *substantial* and

*enduring* for several decades in many inner-city neighborhoods as if they are a *sudden* firestorm. An atmosphere of panic mobilizes demands for immediate repression and causes us to ignore the root problems of urban America, which have grown and festered for decades" (1998:73). I would speculate that a war on drugs is a safe and easy stance to hold as a politician, and that now that cocaine and violence are overplayed it may be time to move onto a new, more popular topic, such as methamphetamine.

It is important to look historically at how politicians and the media in the past have constructed issues. The book The American Disease: Origins of Narcotic Control by David F. Musto, M.D. gives a historical look at how drugs were handled throughout the history of the United States. Musto also shows some of the claims made throughout time. Musto explains the politics behind drugs and how the public is affected:

American concern with narcotics is more than a medical or legal problem-- it is in the fullest sense a political problem. The energy that has given impetus to drug control and prohibition came from profound tensions among socio-economic groups, ethnic minorities, and generations.... The bad results of drug use and the number of drug users have often been exaggerated for partisan advantage. Public demand for action against drug abuse has led to regulative decisions that lack a true regard for the reality of drug use. Relations with foreign nations, often the sources of drugs, have been a theme in the domestic scene from the beginning of the American antinarcotic movement. Disentangling the powerful factors which create the political issue of drug abuse may help put the problem in better perspective (1987:244).

This pattern seems to be repeating itself with Methamphetamine.

One of the most common themes seen throughout every drug scare is the need to put blame on a particular social class or minority group. These groups can be used to exaggerate how bad a drug is. Musto links several drugs with particular minority groups and shows how each drug is constructed around them. He explains that cocaine was said



to allow blacks to withstand bullets and lead to hostility toward whites. Marijuana was said to invoke violence in Chicanos, and heroin was associated with youth, gangs, and communists. Opium, which was smoked by the Chinese, was said to be a cause of the depressions of the late 19th century, and alcohol was connected to immigrants and the corruption caused in the cities (1987:244-245). It is important with the issue of methamphetamine to look at what, if any, particular groups it is constructed around. One must look at what problems it may have been blamed for in the US.

In the text The Legislation of Morality: Law, Drugs, and Moral Judgment, Troy Duster explains how politics and the culture of the time can come together and make public policy. According to Duster, "Any change in the social interpretation of narcotics use will be a result of a change in public policy. Public policy, in turn, is generally a reflection of the actions of the most agitated and aggressive segments of the citizenry in concert with the most powerful" (1970:113). It is important to look at the public policies being made, or that have been made, in relation to meth because, as Duster points out, we can start to interpret the claims-makers constructions. It is also important to see who the most agitated and powerful people are, and then determine why they have concerns with that particular issue. Many times, I would imagine, that it is the politicians working with the media to gain votes, campaign funds, and ratings.

Duster also touches upon the issue of morality and how it influences drug issues. Duster explains that once drugs were seen as immoral, in the 1920's, rehabilitation was not a solution:

The moral interpretation of criminality has long historical roots, and successfully infuses all other views of crime to some degree. To the extent that it is explicit, it undermines the concept of

rehabilitation. In prisons, it can make little sense to try to rehabilitate a man who is regarded in the larger society as immoral, because even if *he* changes, his return cannot be accepted by "normals". The rejection of the ex-convict is documented by every ex-convict who goes into the world unannounced and tries to secure employment, irrespective of his moral conversion (1970:220).

Once there was a stigma put on drugs, the construction of drug problems becomes easier to form. I would say that the more a certain drug is perceived as immoral, the quicker it will be targeted by claims-makers and the harsher the claims will be. It is important to see how immoral the image of meth has become to Americans, and then see how public policy has been influenced by this.

Within this "war on drugs" there are three schools of thought on the issue of drug control, pointed out by Franklin E. Zimring and Gordon Hawkins in their text The Search for Rational Drug Control. According to Zimring and Hawkins the three schools: public health generalism, legalism, and cost-benefit specifism, in some way support the concept of the "war on drugs," but that each has its own theories on why drugs are a social problem (1992:8). Zimring and Hawkins go on to explain the three schools of thought. Public health generalism people believe that drugs have consequences like health costs, time off from work, family problems and shortened life spans. This is a moral issue to them, more than a legal, and the user is seen mainly as a victim of a disease. The legalism view says that users are a threat to the order of the nation and the political structure. Anything illegal is treated the same but if a drug is legal, it is not seen as an issue. And finally, Zimring and Hawkins explain that the cost-benefit specifism view is to take the social context of each drug into consideration and individually prohibit each drug (1992:8-9). Looking at any of the above theories on drugs we can see justifications

by each group for constructing drug issues. Legalism stands out as a popular approach by politicians and the public because it makes it easy to deal with a problem and come to a solution. It is politically appealing to fight for the integrity of the nation.

Once all of this information is interpreted we can see that in America there are things to be gained from constructing problems around drugs. Politicians have been using the media to bring a sense of panic and urgency to the nation. It is just a matter of choosing a hot topic for that particular time period. I would like to see if meth is the topic of choice in the United States, or if it will be.

#### **Trends and Patterns:**

ADAM data is used frequently when looking at methamphetamine cases in the United States. ADAM stands for Arrestee Drug Abuse Monitoring Program. One of their main goals as stated on their website is "to support the construction and expansion of a database of valid and reliable data on the drug use and drug involvement of arrestees from communities all across the United States" (2003:1). The ADAM data is taken from Urinalysis testing and interviews that last about 30 minutes. The ADAM program tests for many different substance including Methamphetamine.

This data is from 1998 and the first two quarters of 1999, and looks at five regions: Phoenix, Dallas, Minneapolis, Oklahoma City, and Salt Lake City. These five cities use both the ADAM program and COPS Methamphetamine Initiative in their analysis. Information about COPS can be found on their website as well. COPS was created from the Violent Crime Control and Law Enforcement Act of 1994. Their emphasis is on community policing and they provide many grants (2003:1). The total

amount of subjects in 1998 was 3126 and in 1999 it was 3372.

From the data compiled we can see what percent of arrestees had ever tried crystal meth. In 1998 looking at Salt Lake, Oklahoma City, Minneapolis, Dallas and Phoenix respectively we see that the percent who have tried meth are approximately 47%, 30%, 16%, 11% and 38%. Looking at 1999 we can see that the percentages are lower or stay about the same: 47%, 26%, 12%, 12%, and 38%. The area that has any increase or no decrease is the Southwest (Dallas and Phoenix). The biggest decrease is in the Midwest, (Oklahoma City and Minneapolis).

Reviewing the table titled *ADAM Self-Report: Drug Usage for Those Who Admitted Trying Crystal Methamphetamine (1999)*, one can see that Salt Lake City has the highest use of all 8 drugs: alcohol, tobacco, marijuana, cocaine, crack, heroin, LSD, and Valium. Salt Lake City also had the largest percent who admitted to trying meth. Next came Phoenix, Oklahoma City. Minneapolis and Dallas go back and forth with each other at the end of the spectrum. The top three drugs: alcohol, tobacco and marijuana had almost the exact same numbers across the board.

Looking at the data I have to wonder if Salt Lake is higher because they are apt to be more truthful because of the religious influence in the city or if they use more of the other drugs. One also has to take into consideration the term "trying." This could mean once, yet people may assume a continual use of meth or other drugs. Each brings its own interpretations of the percentages listed above.

Looking at actual data, compared to what people reported, of men who were arrested for methamphetamine, we get a more accurate depiction of who and how many are using meth. Table 22 shows data collected for "Drug Use Forecasting" and "Annual

## Report on Adult and Juvenile Arrestees."

Table 22. Percentage of Juvenile Male Booked Arrestees Who Used Selected Drugs.<sup>1</sup> 1994-97

|                | Any drug use <sup>2</sup> |      |      |      |      | Marijuana use |      |      |      |      | Cocaine use |      |      |      |      | Opiate use |      |      |      |      | Methamphetamine use |      |      |      |      |     |
|----------------|---------------------------|------|------|------|------|---------------|------|------|------|------|-------------|------|------|------|------|------------|------|------|------|------|---------------------|------|------|------|------|-----|
|                | 1994                      | 1995 | 1996 | 1997 | 1998 | 1994          | 1995 | 1996 | 1997 | 1998 | 1994        | 1995 | 1996 | 1997 | 1998 | 1994       | 1995 | 1996 | 1997 | 1998 | 1994                | 1995 | 1996 | 1997 | 1998 |     |
| Birmingham     | 33                        | 44   | 55   | 63   | 54   | 34            | 42   | 53   | 61   | 47   | 6           | 6    | 9    | 9    | 9    | 2          | 1    | 2    | 2    | 0    | —                   | —    | —    | 2.1  | 0.9  |     |
| Cleveland      | 47                        | 52   | 63   | 61   | 62   | 47            | 47   | 52   | 58   | 60   | 17          | 17   | 12   | 12   | 12   | 1          | 0    | 1    | 2    | 0    | —                   | —    | —    | 0.0  | 0.0  |     |
| Denver         | 54                        | 51   | 61   | 65   | 62   | 52            | 49   | 50   | 62   | 59   | 10          | 6    | 7    | 8    | 13   | 1          | 1    | 1    | 0    | 0    | —                   | —    | —    | 1.2  | 0.7  |     |
| Indianapolis   | 30                        | 31   | 44   | 42   | 56   | 25            | 33   | 43   | 39   | 47   | 3           | 5    | 6    | 3    | 11   | 1          | 1    | 1    | 1    | 0    | —                   | —    | —    | 9.2  | 0.0  |     |
| Los Angeles    | 47                        | 47   | 57   | 62   | 61   | 31            | 34   | 51   | 55   | 56   | 8           | 12   | 13   | 12   | 15   | 1          | 1    | 1    | 1    | 1    | —                   | —    | —    | 8.5  | 3.0  |     |
| Phoenix        | 51                        | 48   | 56   | 56   | 68   | 41            | 41   | 52   | 49   | 64   | 11          | 6    | 13   | 14   | 14   | 9          | 1    | 1    | 1    | 1    | —                   | —    | —    | 6.5  | 6.0  |     |
| Portland       | 23                        | 18   | 36   | 43   | 53   | 16            | 16   | 36   | 41   | 59   | 3           | 2    | 3    | 4    | 4    | 1          | 1    | 1    | 1    | 1    | —                   | —    | —    | 2.5  | 3.0  |     |
| St. Louis      | 36                        | 38   | 50   | 54   | 48   | 34            | 31   | 50   | 54   | 40   | 10          | 5    | 4    | 4    | 2    | 2          | 2    | 2    | 1    | 0    | —                   | —    | —    | 3.0  | 0.0  |     |
| San Antonio    | 39                        | 41   | 50   | 58   | 55   | 35            | 41   | 48   | 53   | 49   | 9           | 6    | 10   | 15   | 6    | 1          | 1    | 1    | 3    | 1    | —                   | —    | —    | 0.3  | 0.4  |     |
| San Diego      | 42                        | 53   | 53   | 63   | 58   | 33            | 48   | 48   | 53   | 49   | 2           | 4    | 5    | 4    | 4    | 1          | 1    | 1    | 2    | 1    | —                   | —    | —    | 17.2 | 12.7 |     |
| San Jose       | 39                        | 36   | 46   | 52   | 42   | 25            | 31   | 41   | 45   | 35   | 5           | 4    | 4    | 4    | 6    | 1          | 1    | 1    | 0    | 2    | —                   | —    | —    | 13.7 | 9.3  |     |
| Tucson         | —                         | —    | —    | —    | 51   | —             | —    | —    | —    | 45   | —           | —    | —    | —    | 5    | —          | —    | —    | —    | 0    | —                   | —    | —    | —    | 0.3  |     |
| Washington, DC | 64                        | 58   | 67   | 66   | 59   | 81            | 54   | 65   | 65   | 57   | 9           | 4    | 4    | 4    | 3    | 1          | 1    | 0    | 2    | —    | —                   | —    | —    | —    | 0.0  | 0.3 |

— Data not available.

<sup>1</sup> Less than one percent.

<sup>2</sup> Percent positive by analysis, January through December of each year. Percentages were rounded.

<sup>3</sup> Any drug: opiates, cocaine, opiates, PCP, marijuana, amphetamines, methadone, methamphetamine, benzodiazepines, barbiturates, and propoxyphene.

Sources: 1994-1996 data from "Drug Use Forecasting" (1994-1996), 1997 and 1998 data from "Annual Report on Adult and Juvenile Arrestees" (1997 and 1998) Annex A: Drug Abuse Monitoring Program, National Institute of Justice.

Here it is shown that through the years of 1994 to 1998 Methamphetamine is hardly a reason why people are arrested. Some cities do have large increases, but most have little, especially compared with the other drugs listed.

From the Office of Applied Studies (SAMHSA) and the Drug Abuse Warning Network (DAWN) there is important data to look at from *Table 2.06c: Drugs Mentioned Most Frequently by Emergency Departments According to Age of Patient: 2000*. Methamphetamine/ Speed is listed as number twelve for ages 6-17, tenth for 18-25 year olds, eleventh for ages 26-34, and does not appear for in the top fifteen for people 35 and older. Of these four groups alcohol-in-combination, marijuana/ hashish, cocaine, and heroin/ morphine are the most common, and then Acetaminophen (Tylenol).

**Table 2.06c - Drugs mentioned most frequently by emergency departments according to age of patient: 2000  
(Only the 15 most-mentioned drugs are listed.)**

| Rank                            | Drug Name                           | Number of patients | Percent of total | Rank                             | Drug Name                                  | Number of patients | Percent of total |
|---------------------------------|-------------------------------------|--------------------|------------------|----------------------------------|--------------------------------------------|--------------------|------------------|
| <b>Patients age 0-17 years</b>  |                                     |                    |                  | <b>Patients age 25-34 years</b>  |                                            |                    |                  |
| 1                               | Marijuana/hashish                   | 19,737             | 24.53            | 1                                | Cocaine                                    | 51,017             | 37.64            |
| 2                               | Alcohol-in-combination              | 19,315             | 19.75            | 2                                | Alcohol-in-combination                     | 49,098             | 36.48            |
| 3                               | Acetaminophen (Tylenol)             | 15,877             | 14.78            | 3                                | Heroin/morphine                            | 29,154             | 17.62            |
| 4                               | Heroin                              | 6,426              | 5.82             | 4                                | Marijuana/hashish                          | 21,633             | 16.12            |
| 5                               | Aspirin                             | 5,185              | 5.05             | 5                                | Acetaminophen (Tylenol)                    | 7,002              | 4.44             |
| 6                               | Cocaine                             | 4,426              | 6.61             | 6                                | Unspecified antidepressant                 | 1,795              | 4.28             |
| 7                               | Amphetamine                         | 2,120              | 5.42             | 7                                | Hydrocodone                                | 4,613              | 5.43             |
| 8                               | Unspecified antidepressant          | 1,987              | 5.13             | 8                                | Amphetamine                                | 4,453              | 5.28             |
| 9                               | MSD                                 | 1,426              | 2.22             | 9                                | Aripiprazole (Abilify)                     | 4,388              | 5.24             |
| 10                              | Fluoxetine (Prozac)                 | 1,415              | 2.13             | 10                               | Clonazepam (Klonopin)                      | 4,344              | 5.19             |
| 11                              | Marijuana (Marijuana)               | 1,222              | 1.92             | 11                               | Methylphenidate (Ritalin)                  | 4,251              | 5.11             |
| 12                              | Methylphenidate (Ritalin)           | 1,122              | 1.74             | 12                               | Diazepam (Valium)                          | 2,736              | 2.82             |
| 13                              | Hydrocodone                         | 1,114              | 1.73             | 13                               | Barbitone                                  | 2,595              | 2.93             |
| 14                              | Heroin/morphine                     | 1,072              | 1.61             | 14                               | Dipoxone (Dipoxone & Paracetamol, Tylenol) | 2,585              | 1.77             |
| 15                              | Alprazolam (Xanax)                  | 1,039              | 1.61             | 15                               | Aspirin                                    | 2,534              | 1.63             |
| <b>Patients age 18-25 years</b> |                                     |                    |                  | <b>Patients age 35 and older</b> |                                            |                    |                  |
| 1                               | Alcohol-in-combination              | 26,184             | 25.42            | 1                                | Alcohol-in-combination                     | 101,607            | 35.57            |
| 2                               | Marijuana/hashish                   | 20,415             | 24.64            | 2                                | Cocaine                                    | 97,554             | 35.67            |
| 3                               | Cocaine                             | 25,716             | 20.87            | 3                                | Heroin/morphine                            | 59,419             | 19.27            |
| 4                               | Heroin/morphine                     | 15,420             | 14.91            | 4                                | Marijuana/hashish                          | 29,572             | 10.23            |
| 5                               | Acetaminophen (Tylenol)             | 15,819             | 13.84            | 5                                | Unspecified antidepressant                 | 10,517             | 9.97             |
| 6                               | Heroin                              | 5,871              | 4.58             | 6                                | Aripiprazole (Abilify)                     | 11,593             | 4.93             |
| 7                               | Aspirin                             | 4,571              | 5.64             | 7                                | Hydrocodone                                | 10,089             | 5.85             |
| 8                               | Amphetamine                         | 4,237              | 5.41             | 8                                | Clonazepam (Klonopin)                      | 13,292             | 5.68             |
| 9                               | Unspecified antidepressant          | 3,912              | 5.23             | 9                                | Acetaminophen (Tylenol)                    | 9,062              | 2.91             |
| 10                              | Methylphenidate (Ritalin)           | 3,711              | 5.01             | 10                               | Diazepam (Valium)                          | 7,700              | 2.57             |
| 11                              | Alprazolam (Xanax)                  | 3,617              | 2.48             | 11                               | Levetiracetam (Keppra)                     | 7,003              | 2.43             |
| 12                              | Hydrocodone                         | 2,785              | 2.28             | 12                               | Dipoxone (Dipoxone & Paracetamol, Tylenol) | 6,000              | 2.38             |
| 13                              | MSD                                 | 2,777              | 2.25             | 13                               | Carbamazepine                              | 6,585              | 2.28             |
| 14                              | OTC drugs (Nimetex, Nasonex, Nysta) | 2,736              | 2.22             | 14                               | Trazodone (Desyrel)                        | 5,885              | 2.19             |
| 15                              | Quazepam (Quazepam)                 | 2,575              | 2.08             | 15                               | Amphetamine                                | 5,265              | 1.93             |

\* Does not include methamphetamine or other unspecified amphetamines.

NOTE: Percentages are based on weighted emergency department visits of 24,472 for patients 0-17 years old, 130,458 for patients 18-24 years old, 135,541 for patients 25-34 years old, and 277,097 for patients 35 years and older. See notes in footnotes at end of table.

SOURCE: Office of Analysis and Policy, SAMHSA, Data Analysis and Reporting System, 2000-2002, updated.

These are the findings of *Table 2.06d: Drugs Mentioned Most Frequently by Emergency Departments According to Race/ Ethnicity of Patient: 2000*; for white patients the top five from one to five are alcohol-in-combination, cocaine, marijuana/ hashish, heroin/ morphine and Acetaminophen (Tylenol). Meth was number fifteen. For blacks it is cocaine, alcohol-in-combination, heroin/ morphine, marijuana/ hashish, and Acetaminophen. Meth is number thirteen. And for Hispanics: cocaine, alcohol-in-

combination, heroin/ morphine, marijuana/ hashish, and Acetaminophen. Meth is number eight. For blacks and whites Acetaminophen, Ibuprofen and Aspirin come before meth. And with Hispanics, Ibuprofen and Aspirin are numbers nine and ten, following right after meth.

**Table 2.06d - Drugs mentioned most frequently by emergency departments according to race/ethnicity of patient: 2000**  
(Only the 15 most-mentioned drugs are listed.)

| Rank                  | Drug name                                        | Number of mentions | Percent of total | Rank                     | Drug name                 | Number of mentions | Percent of total |
|-----------------------|--------------------------------------------------|--------------------|------------------|--------------------------|---------------------------|--------------------|------------------|
| <b>White Patients</b> |                                                  |                    |                  | <b>Hispanic Patients</b> |                           |                    |                  |
| 1                     | Acetaminophen                                    | 178,384            | 32.7             | 1                        | Cocaine                   | 25,377             | 31.5             |
| 2                     | Cocaine                                          | 16,851             | 17.80            | 2                        | Acetaminophen             | 22,096             | 32.5             |
| 3                     | Marijuana/hashish                                | 48,026             | 14.81            | 3                        | Ibuprofen                 | 16,023             | 22.01            |
| 4                     | Morphine                                         | 30,477             | 12.07            | 4                        | Marijuana/hashish         | 11,038             | 17.19            |
| 5                     | Acetaminophen (Tylenol)                          | 27,362             | 8.36             | 5                        | Acetaminophen (Tylenol)   | 1,547              | 6.58             |
| 6                     | Lisdex, dextroamphetamine                        | 19,012             | 5.86             | 6                        | Lisdex, dextroamphetamine | 5,125              | 14.0             |
| 7                     | Alprazolam (Xanax)                               | 18,217             | 5.44             | 7                        | Alprazolam                | 2,488              | 5.08             |
| 8                     | Ibuprofen                                        | 15,127             | 4.32             | 8                        | Methamphetamine           | 2,185              | 3.2              |
| 9                     | Clonidine (Klonopin)                             | 14,767             | 4.47             | 9                        | Ibuprofen                 | 2,067              | 2.97             |
| 10                    | Ibuprofen                                        | 13,506             | 3.2              | 10                       | Aspirin                   | 1,670              | 2.15             |
| 11                    | Aspirin                                          | 13,338             | 3.15             | 11                       | Alprazolam (Xanax)        | 1,290              | 1.83             |
| 12                    | Alprazolam                                       | 13,316             | 3.09             | 12                       | Hydrocodone               | 1,069              | 1.61             |
| 13                    | Dextroamphetamine                                | 8,579              | 2.40             | 13                       | PCP/PCP combinations      | 864                | 1.21             |
| 14                    | Lisdex (Adderall)                                | 8,008              | 2.00             | 14                       | Fluoxetine (Prozac)       | 712                | 1.03             |
| 15                    | Mephedrone (Meow)                                | 7,607              | 2.37             | 15                       | Naloxone                  | 670                | 0.92             |
| <b>Black Patients</b> |                                                  |                    |                  |                          |                           |                    |                  |
| 1                     | Cocaine                                          | 65,460             | 18.75            |                          |                           |                    |                  |
| 2                     | Acetaminophen                                    | 53,791             | 18.27            |                          |                           |                    |                  |
| 3                     | Morphine                                         | 21,129             | 7.32             |                          |                           |                    |                  |
| 4                     | Marijuana/hashish                                | 20,561             | 6.77             |                          |                           |                    |                  |
| 5                     | Acetaminophen (Tylenol)                          | 14,412             | 5.37             |                          |                           |                    |                  |
| 6                     | Lisdex, dextroamphetamine                        | 13,117             | 4.65             |                          |                           |                    |                  |
| 7                     | Ibuprofen                                        | 7,650              | 2.69             |                          |                           |                    |                  |
| 8                     | PCP/PCP combinations                             | 7,377              | 2.55             |                          |                           |                    |                  |
| 9                     | Aspirin                                          | 7,317              | 2.53             |                          |                           |                    |                  |
| 10                    | Ibuprofen                                        | 7,315              | 2.53             |                          |                           |                    |                  |
| 11                    | Alprazolam                                       | 399                | 0.14             |                          |                           |                    |                  |
| 12                    | Dextroamphetamine (Adderall) (Ritalin) (Focalin) | 387                | 0.13             |                          |                           |                    |                  |
| 13                    | Mephedrone (Meow)                                | 357                | 0.13             |                          |                           |                    |                  |
| 14                    | Mephedrone                                       | 315                | 0.11             |                          |                           |                    |                  |
| 15                    | Alprazolam (Xanax)                               | 297                | 0.10             |                          |                           |                    |                  |

Does not include marijuana powder, hashish, crack cocaine, and heroin.

NOTE: Percentages are based on the total emergency department episode estimates of 534,052 white patients, 122,716 black patients, and 62,726 hispanic patients. See general findings at end of table.

SOURCE: 17th Annual Survey, SAMHSA, Drug Abuse Warning Network, 2000 (DAWN-2000), Unpublished.





The main user of methamphetamine are white and then Hispanics. Only 1.1% of blacks are arrested for meth charges. But, if you look at crack cocaine blacks are 84.2% of the arrestees. Law enforcement has been receiving a lot of criticism for its arrest rates of black males. It is possible that this influx of methamphetamine arrests may start to even out the numbers. One could speculate that this could be another factor for why law enforcement has chosen to pursue meth as the new drug crisis.

### **Social Construction of Meth:**

There is a perfect example of social construction in the opening page of the National Institute of Justice report Meth Matters: Report on Methamphetamine Users in Five Western Cities, “In February 1998 General Barry R. McCaffrey, Director of the Office of National Drug Control Policy, stated, ‘Methamphetamine has ‘exploded’ from a ‘West Coast biker drug’ into America’s heartland and could replace cocaine as the Nation’s primary drug threat” (ix, 1999). The use of words like "exploded" are used to make the problem seem very severe. And words like "heartland" make the listener feel like it is their that was once safe and now it is being overtaken by meth users.

On page 3 the scapegoat seems to be identified, “Because ephedrine (a key ingredient in the manufacturing process) is not regulated in Mexico and these groups are already familiar with the trade of other illicit drugs, the addition of methamphetamine to their operations was relatively easy. These conditions possibly contributed to more widespread use by individuals outside the western regions of the United States” (3, 1999). The word "possibly" shows to me that this idea is pure speculation. In constructing a

problem one needs to find some group to focus on and they are usually a minority group. Here it seems that Mexicans are being blamed for the spread of meth.

Another excellent example that shows the desirability of using methamphetamine to benefit one's own agenda, has to do with Nebraska. Nebraska made sure that they were going to take advantage of the concern with the meth crisis. In 1998 an ADAM program was started in rural Nebraska with the sole intention of focusing on methamphetamine. This is documented in the National Institute of Justice's article, *Drugs in the Heartland: Methamphetamine Use in Rural Nebraska*. Their three goals were to find out the answers to these questions:

- \* Is Methamphetamine use by arrestees in rural Nebraska different from what it is in Omaha?
- \* Are methamphetamine users in rural Nebraska different from those in Omaha?
- \* Is methamphetamine trafficking in rural Nebraska different from what it is in Omaha? (2000:2)

One can see through the title of the article *Drugs in the Heartland*, and through the study questions, that there is a major concern about methamphetamine in rural Nebraska that was triggered by the findings in the city of Omaha.

If one looks at the number of lab seizures in Nebraska from the years 1995-2001, it is hard to find a reason for such concern. As seen in Table 67 of the report titled *National Drug Control Strategy*, compared to states like Missouri and California, Nebraska has close to zero lab seizures.

Table 67. Methamphetamine Lab Seizures, by State: 1995-2001

| State                | 1995 | 1996 | 1997  | 1998  | 1999  | 2000  | 2001* |
|----------------------|------|------|-------|-------|-------|-------|-------|
| Alabama              | 2    | 5    | 4     | 1     | 26    | 81    | 104   |
| Alaska               | 0    | 1    | 0     | 0     | 10    | 19    | 7     |
| Arizona              | 16   | 88   | 129   | 222   | 364   | 375   | 235   |
| Arkansas             | 19   | 74   | 164   | 148   | 130   | 239   | 205   |
| California           | 108  | 155  | 178   | 118   | 164   | 1,625 | 846   |
| Colorado             | 13   | 17   | 25    | 51    | 85    | 126   | 101   |
| Connecticut          | 0    | 0    | 0     | 0     | 0     | 0     | 0     |
| Delaware             | 1    | 0    | 1     | 0     | 0     | 1     | 0     |
| District of Columbia | 0    | 0    | 1     | 0     | 0     | 0     | 0     |
| Florida              | 3    | 0    | 1     | 6     | 13    | 15    | 20    |
| Georgia              | 3    | 4    | 10    | 9     | 21    | 52    | 21    |
| Hawaii               | 0    | 0    | 3     | 0     | 2     | 4     | 3     |
| Idaho                | 1    | 0    | 3     | 4     | 1     | 88    | 65    |
| Illinois             | 0    | 5    | 14    | 45    | 57    | 112   | 130   |
| Indiana              | 0    | 1    | 4     | 3     | 3     | 217   | 204   |
| Iowa                 | 4    | 10   | 22    | 19    | 10    | 208   | 218   |
| Kansas               | 16   | 43   | 43    | 29    | 44    | 379   | 310   |
| Kentucky             | 1    | 3    | 1     | 8     | 6     | 87    | 95    |
| Louisiana            | 1    | 1    | 1     | 3     | 5     | 14    | 8     |
| Maine                | 0    | 0    | 0     | 1     | 0     | 2     | 2     |
| Maryland             | 0    | 0    | 0     | 0     | 1     | 0     | 0     |
| Massachusetts        | 0    | 0    | 0     | 0     | 0     | 0     | 0     |
| Michigan             | 3    | 2    | 4     | 3     | 7     | 18    | 49    |
| Minnesota            | 10   | 14   | 14    | 21    | 20    | 102   | 53    |
| Mississippi          | 0    | 1    | 0     | 5     | 9     | 95    | 66    |
| Missouri             | 37   | 235  | 396   | 315   | 195   | 628   | 494   |
| Montana              | 1    | 1    | 2     | 1     | 16    | 20    | 33    |
| Nebraska             | 1    | 1    | 1     | 7     | 7     | 35    | 38    |
| Nevada               | 23   | 27   | 19    | 15    | 20    | 244   | 144   |
| New Hampshire        | 0    | 0    | 0     | 1     | 0     | 1     | 1     |
| New Jersey           | 0    | 1    | 3     | 0     | 0     | 0     | 0     |
| New Mexico           | 4    | 7    | 20    | 26    | 44    | 48    | 45    |
| New York             | 0    | 0    | 0     | 0     | 1     | 1     | 0     |
| North Carolina       | 0    | 0    | 2     | 1     | 4     | 13    | 20    |
| North Dakota         | 1    | 1    | 1     | 0     | 6     | 22    | 27    |
| Ohio                 | 0    | 1    | 7     | 6     | 14    | 27    | 54    |
| Oklahoma             | 8    | 71   | 105   | 102   | 200   | 300   | 394   |
| Oregon               | 2    | 8    | 10    | 25    | 10    | 237   | 281   |
| Pennsylvania         | 2    | 12   | 5     | 5     | 1     | 8     | 5     |
| Rhode Island         | 0    | 0    | 0     | 0     | 0     | 0     | 1     |
| South Carolina       | 0    | 0    | 0     | 0     | 0     | 5     | 2     |
| South Dakota         | 1    | 1    | 2     | 0     | 1     | 7     | 14    |
| Tennessee            | 2    | 2    | 22    | 50    | 60    | 221   | 255   |
| Texas                | 10   | 12   | 24    | 31    | 101   | 341   | 358   |
| Utah                 | 29   | 63   | 112   | 91    | 204   | 203   | 113   |
| Vermont              | 0    | 0    | 0     | 0     | 0     | 0     | 0     |
| Virginia             | 0    | 0    | 2     | 1     | 8     | 1     | 3     |
| Washington           | 2    | 1    | 4     | 8     | 23    | 708   | 447   |
| West Virginia        | 0    | 0    | 0     | 1     | 4     | 11    | 9     |
| Wisconsin            | 2    | 2    | 0     | 0     | 0     | 2     | 15    |
| Wyoming              | 1    | 1    | 0     | 8     | 4     | 10    | 6     |
| Total                | 327  | 879  | 1,362 | 1,387 | 1,918 | 6,922 | 5,522 |

\*2001 data through September.

Source: FBI Paso Intelligence Center.

It may seem odd that the literature on methamphetamine leads the reader to believe that there is a crisis at hand, but there are some reasons why Nebraska might want it to seem like there is a problem with meth in their state. In literature about Nebraska's funding titled *State of the States in Developmental Disabilities*, Nebraska's State Patrol funding increased between the years of 1996-2001 greatly. In the years of 1996-1998 the

amount of funding increased slightly from \$34,511,519 in 1996 to \$35,590,158 in 1997 and \$36,146,245 in 1998. The major increase is seen in 1999, which is after the ADAM programs were implemented. In 1999 the increase went to \$43,106,688. The next two years the funding went to \$44,252,801 and then down to \$41,780,079 (2001:21). The substantial increase in 1999, and then the slowing down of funding may be showing the influence that the ADAM report had on funding for the following year of 1999.

Another issue that can be examined in Table 67 is the locations of lab seizures. Methamphetamine use has been described by politicians as a "national epidemic," but we can see in the table above that the numbers of lab seizures are very different from state to state. Where one might be able to claim that California has a real problem, it is hard to say the same about New Jersey. In the opening statement of the Subcommittee on Criminal Justice, Drug Policy and Human Resources, Chairman John L. Mica has plenty to say about the meth epidemic:

We have come to Sioux City, Iowa, in the Heartland of America, to conduct an oversight field hearing in an effort to better understand our nation's drug crisis. Congressional field hearings are crucial to our work, because they allow us to gain a national perspective through the eyes of local citizens.... Our focus is the growing methamphetamine epidemic ravaging the Midwest (2000:1).

Here the concern for national welfare is strong, yet the data seems to contradict this notion. Also, the word usage is important to look at. Mica uses the adjective "ravaging" and the word "epidemic" for the ultimate crowd appeal. It is obvious that it is important to Mica to convey meth as a major concern for the nation, and something that is creeping into the small communities that he visits.

In the same speech Mica talks about the issues of the Midwest. The speech is

entitled, "Midwest Methamphetamine Epidemic," and it is obvious when listening to the speech that Mica and others want there to be concern about the Midwest:

In response to this terrible methamphetamine problem, as well as continuing problems with a host of other illegal drugs, Iowa along with Nebraska, Missouri, Kansas, and North and South Dakota, has been designated by the Office of national Drug Control Policy (ONDCP) as a "High Intensity Drug Trafficking Area" (commonly referred to as a "HIDTA"). (2000:3)

This seems to be pushing the boundaries of claims-making. Table 67 shows that Iowa, Missouri and Kansas have had a large increase throughout the years, but Nebraska and North and South Dakota have had very few, along with other Midwest states like Ohio. It is important for the legislature to make the people of these states feel like there is a real problem, not only in their state but throughout the Midwest and the Nation. If people feel that their legislature is working hard to fight against a drug epidemic, then they are more likely to re-elect them.

Newspapers are also used in the claims-making game. The more attention a newspaper pays to a particular subject, then the more serious it can seem to the reader. If a reader sees article after article about methamphetamine, then they start to construct it as a problem, even if it is not. John Walsh at Cook County Sheriff's Department researched the amount of times an article was printed about meth in 10 newspapers, ranging from *The Arkansas Democrat Gazette* to the *The Los Angeles Times*. Many of the newspapers increased their articles about meth. In total, the amount for 1997 was 944 and in 1998 it was 1100. Media also benefits from hyped up issues like meth. If people become concerned and the topic is hot, then the newspaper has more people purchasing their product if it includes articles about the hot topic.

**Conclusion:**

From this study it can be seen that methamphetamine has been socially constructed. The media, politicians, and law enforcement can all benefit from the new drug epidemic. We can see that it is not the national epidemic or even Midwest crisis that it has been made out to be. The statistics on arrests, emergency room visits, and lab seizures show that meth is a drug that is spread out and not widely used. Alcohol, marijuana, and even Ibuprofen are harming people more than meth, but if politicians and law enforcement crusaded against these drugs, they would not get the votes and funding that they do from this meth "epidemic" that has begun in America.

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