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Testimony

Select Committee on Narcotics Abuse and Control

"The Re-Emergence of Methamphetamine"

October 24, 1989

NCJRS

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AUG 3 1995

Institute for the Study of Social Change

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Today I'd like to share with you some of what I've learned about methamphetamine from my own research among delinquent youth in a community in Northern California that I call "Rivertown". That's not it's real name, but that's what I call it to help preserve the confidentiality of the young people I've been working with.

I didn't set out to study this drug specifically; my research is concerned more broadly with the ways in which recent economic and social trends are affecting the lives of youth and families in a fairly representative American community. But it didn't take long for me to discover that methamphetamine is a very widespread drug of choice among an important segment of the young people I'm studying--and among their parents as well. And so I've learned a good deal about what kinds of people, at least in this community, use methamphetamine, and something about why they do.

I've come to believe that methamphetamine has been the "hidden" drug crisis of the eighties. It's been overshadowed by crack, and it's rarely discussed, but it has had--and is having--

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a very severe impact on many families and individuals in my part of the country. And beyond that specific impact, I believe that methamphetamine has important implications for our national drug policy.

It's somewhat startling for me, as a Californian, to see this drug viewed, from the vantage point of the East coast, as a new problem. For us, of course, it's not a new problem. Methamphetamine has been with us a long time. It probably hit its high point, in the community I've been studying, sometime in the 1970s, perhaps dropping slightly in the early 1980s and rising again since then--though I stress that these are not hard figures, but rough impressions, my own as well as those of other observers I've spoken with. But there's no question that the use of methamphetamine in this community is widespread and well established, with a considerable local tradition and language. In this area the drug is mainly known as "crank" or sometimes "wire"; heavy users are almost universally known as "cranksters". Cranksters who are badly strung out on the drug are said to be "fiending". This is how a sixteen-year-old girl I interviewed, a successful crank dealer, puts it: "People do crank", she says,

to make them go. To make them up and moving. Some people need it to get up in the morning, they're so addicted. It's like people smoking cigarettes, you know how they have nicotine fits? Some people have crank fits. They're fiending, they're fiending bad. Like they'll do anything to get it. That's how you get good customers. You let 'em try your stuff and you make sure it's the best. So they'll fiend for it and they'll do anything for your stuff, always come back to you. They have to have it every day. Every single day. When they get up. Before they go to sleep. They never go to sleep.

What about eating? I asked her. "No, never", she said.

Crank hasn't struck randomly in this community. Instead, it has cut a fairly well-defined swath through certain strata of the local population. Who are they?

Let me begin to answer by introducing you to a young man I'll call Sean. He's 16, white, a high school dropout, a small-time methamphetamine dealer and a heavy user. Like a lot of kids in Rivertown, Sean worked in a low-wage job in a fast-food restaurant. When I met him he had just been arrested for stealing several thousand dollars from his employer.

"The reason I got myself into this situation", Sean told me,

is my mother was having problems with bills, mainly our rent, and we were about to be evicted. We had the eviction notice and nowhere to go but to the nearest curb. So I was working for (a fast-food franchise) at the time, and I was giving my checks to my Mom to help out with the bills. But it wasn't enough, it's like we still couldn't do it. \$3.35 an hour minimum wage wasn't cutting it. So I decided to steal some money from my work.

At the time it seemed appropriate. It was the way out. She worked two jobs seven days a week. My father doesn't pay any child support, so it's real difficult for her to support me and her. She was waitressing, bartending, stuff like that. And the time she had off she was housecleaning.

Sean was also having tough problems with school:

I'd been dyslexic all through grade school and junior high. And in high school I ended up having a hard time, so I stopped going to school. Besides being dyslexic, it was hard in class, and I was teased about that. And I developed migraine headaches from it because there was just so much pressure. So the easy way out was to go sit in front of Safeway and just not even deal with the school. Well, by sitting there I ended up getting bored and I started into drugs. Drugs were a tremendous pastime. The day existed around the drug use.

Pretty soon Sean got into selling crank as well as using it. As he explained it, part of the reason was that it made him feel

"bigger", more respected, among his peers:

One of the reasons I was selling is because in school I was nothing, nobody noticed me. When I was selling, even the seniors would come to me. It made me feel a little more important in school. I made a lot of friends through drugs.

But another reason was that Sean was using a lot of crank to get through his job at the fast-food place--so much, in fact, that he began doing his own dope and cutting into his profits from sales:

It helped me in my work, made me faster, kept me awake, put me in a good mood. Then it got to the point that I ended up using as much as I was making a profit off it. And then it got to the point where I wasn't even making enough profit to pay for how much I was using...I started using a little bit of the money I was giving my Mom for it. Maybe twenty bucks out of my paycheck, and that would go to a gram I would buy, and I would sell three quarters, and get enough for another gram. And then it got to the point that I couldn't hold it long enough to sell it. And right after that was when I got into trouble".

Right after that, in other words, was when he ripped off the restaurant for a couple of thousand dollars and wound up behind bars.

Now Sean is just one individual kid, of course, with his own very specific personality and problems. But there are a lot of people like Sean. As his experience suggests, the crank problem isn't just a matter of individual psychology: it's rooted in complex social and economic conditions--conditions that are intensifying today in communities like the one I've called Rivertown.

The young people and families who are most afflicted by this drug come from strata of our society whose problems more generally are insufficiently understood, and too little addressed in the media and by policy-makers. The cranksters in.

Rivertown come from the hardest-hit sections of the white, and to some extent Hispanic, working class. They're working people who've been unusually stressed by the changing job situation in recent years--the decline of good basic industrial jobs, the fall in the level of earnings from work--that affects the bottom 30 to 40 per cent of American families.

They're the real, flesh and blood people who are more abstractly captured in some of the bleakest and most disturbing statistics to emerge in American society in recent years: the addition of almost a million and a half white families and close to half a million Hispanic families to the poverty rolls since the end of the 1970s; the 43% decline in real earnings among families headed by someone under 25 since the early 1970s. They're families that have been badly stressed or have even disintegrated under the impact of economic insecurity, dramatic rises in housing costs, and the related stresses of repeated moving in search of decent jobs and affordable housing.

The kids I've met who're most involved with crank tend to be those who, in this generally rather bleak economic and social setting, are especially disadvantaged because of personal or family problems that are all too often not addressed, or only poorly addressed, by the society around them. They tend to come from abusive families or, like Sean, to have special problems in school. And as in so much of the country, it's less and less likely that they'll get anything approaching systematic help for these problems. The social agencies that ought to be helping are either nonexistent in this community or have been stretched so

thin by the budgetary priorities of the past decade, both in the state and in the Federal government, that they don't have the resources to do the outreach or the serious case management that could bring real help to these vulnerable kids and families.

I often ask the kids I interview something like this: "When you started having trouble in school, or your mom started acting crazy and locked you out of the house, or you started getting strung out on crank--who helped you? Did anybody help you?" And sadly, the most frequent answer is "no". To a troubling--and frightening--extent, these kids are being left to cope with both the personal devastation of the drugs themselves, and the larger community and family problems that encourage methamphetamine use, on their own.

What does all this tell us about drug policy? To me the implications of crank's great attractiveness and easy availability are very significant. This is after all a drug that you can make in your bathtub using a few inexpensive industrial chemicals, and it doesn't take a genius to do it: in the Western states it is routinely made by people who're low-skilled, poorly educated, sometimes nearly illiterate. At the very least that tells us that whatever else may be said for massive efforts at interdiction of drug supplies, that approach simply won't touch this problem. Whatever success we might achieve in keeping the products of Peru and Colombia from crossing our borders are irrelevant to the drug problem of this segment of the American population.

But I think the long-range implications are even more profound. Crank forces us to acknowledge that as long as we continue to

create--and to exacerbate--the social conditions that encourage serious drug abuse in whatever community in America--white, black, Hispanic--there will be little difficulty in producing attractive chemicals to fill the resulting demand.

I should stress to you that what we're talking about here isn't a mild drug. It is a severely addictive and sometimes devastating drug, whose consequences can be as severe as those of crack or anything else we know of. I've seen "amped-out" kids who look like little stick figures in a child's drawing because they never eat, with haunted eyes because they rarely sleep, often terribly depressed because of the pharmacological letdown that routinely follows their highs. As of now, at least in my part of California, crank abuse is very much bounded by lines of race and class (as well as region); it is, as I've said, primarily a drug of the white working class and the white poor. But that's mainly a reflection of the drug's historical distribution patterns. There's no iron boundary that would keep crank out of other communities, perhaps especially if the supply of cocaine were to fall precipitously.

I've already come across some examples of the permeability of those boundaries. I recently spoke with a young black woman of sixteen who was involved in crack dealing. Unlike some dealers, she had developed a crack habit of her own, to the point where she was using a lot of the cocaine she was supposed to be selling. She was selling for an older woman who in response began supplying her with crank for her personal use, so she'd stop smoking up all their capital. The substitution worked just fine,

according to my interviewee:

So I started snorting crank, you know, and I found it better. Crank is like cocaine, the euphoria is the same, but it's not as great as the cocaine high. But see, crank lasts longer than coke, the high lasts much longer. You can stay wired off of crank for way longer than you can with cocaine. And that's one reason why people choose crank over coke.

Frankly, I don't see much in our current federal drug policy that seriously addresses this problem. In the brief time I have, I can't offer a detailed approach to the "hidden" methamphetamine plague. But I would stress that any effective approach must go well beyond the tempting search for a quick fix. Methamphetamine abuse reflects some of the most troubling long-term social and economic developments in our society. To address its causes we'll need to confront seriously the forces that have dramatically increased economic deprivation and insecurity in communities like Rivertown, and that have piled stress after stress on its families, especially its younger families. We'll need a much more concerned, hands-on response from the public schools to those young people whose academic troubles render them especially vulnerable to hard-drug abuse. And more generally, we'll need to reverse the disastrous withdrawal of the public agencies of support and assistance from the communities of the poor and near poor, of every race and ethnic group. There is, of course, much more to be said about these priorities. But let me stop for now, and I'll be happy to answer your questions.