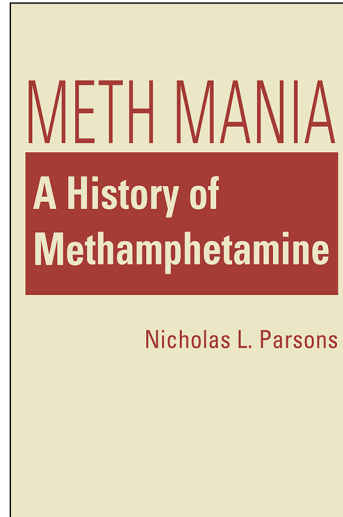


EXCERPTED FROM

**Meth Mania:
A History of
Methamphetamine**

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ISBN: 978-1-58826-983-6 hc

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This excerpt was downloaded from the
Lynne Rienner Publishers website
www.rienner.com

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1

From Wonder Drug to Public Health Menace

The drug is the stuff of nightmares, driving an Arizona father to allegedly hack the head off his teenage son because he thought the boy was a devil. A Fremont man who family members say is a loving son stabbed his 76-year-old father repeatedly, police said, thinking aliens had invaded the elderly man's body. A drug-crazed thief committed point-blank shotgun murders of two teens he mistakenly thought cheated him, Alameda County authorities say. He denies the killing but said: "I can tell you that that drug makes me the vilest person in the world." The drug is methamphetamine, but in an alarming new form that is twice as potent and, experts say, more likely to provoke such unbridled violence. Because it's cheaper and easier to make than in the past, today's methamphetamine is flooding California and spreading across the nation. —*Daniel Vasquez (1996, A1)*

These anecdotes, published in a US newspaper, provide miserable and vile examples of human suffering, all purportedly caused by the drug methamphetamine. These short accounts are just a few of the many horror stories written about the real-world consequences people have suffered from their association with illicit drugs. Unquestionably, methamphetamine has contributed to a variety of problems, from poor health, violence, and property crime to family disruption, personal despair, and community decay. But if this newspaper excerpt—and the hundreds of similar stories communicated by US news media—were to represent colors, brushstrokes, and figures in a painting depicting the methamphetamine problem in the United States, the portrait is unintelligible and incomplete.

Methamphetamine, also referred to as Desoxyn, Methedrine, crystal meth, crank, ice, glass, yaba, and Tina, among other names, is a chemical

stimulant, or “upper.” Stimulants arouse the brain and central nervous system, generally producing wakefulness, energy, heightened awareness and concentration, and increased blood pressure and heart rate. In contrast, the large class of drugs referred to as depressants, or “downers” (e.g., alcohol, Xanax), generally instill calming feelings, decreased respiration, sedation, and sleep. Methamphetamine is one member of a broader class of stimulants—the amphetamines. Several other amphetamines include Benzedrine, dextroamphetamine, levoamphetamine, and methylenedioxymethamphetamine (MDMA, or, more popularly, ecstasy).¹ In popular culture, most amphetamines, including methamphetamine, are often collectively referred to as “speed” for their energizing effects.

From the mid-1990s through the first six or so years of the twenty-first century, media outlets, politicians, and others dedicated a considerable amount of attention to the problems wrought by methamphetamine. One of the popularly communicated messages during this time period was that meth was a “new” drug, distinctly different from other amphetamines. Such claims, however, were false (Armstrong 2007). Like cocaine, methamphetamine and other amphetamines were once widely and legally available without a doctor’s prescription. A series of federal restrictions enacted during the 1950s, 1960s, and 1970s ultimately created two separate markets for the drug—a black market for “meth” and a “white market” for Desoxyn and other prescription amphetamines (DeGrandpre 2006). While amphetamines were once promoted for a multitude of physical and psychological conditions, today’s synthetic stimulants are mainly prescribed for attention-deficit disorder (ADD) or attention-deficit/hyperactivity disorder (ADHD) and narcolepsy. Though nationally representative data on medically sanctioned amphetamine use are scarce, one study estimates that approximately 4.8 percent of children in the United States (about 2.7 million total) from the ages of four to seventeen were prescribed ADHD medications in 2007 (Visser et al. 2010). Table 1.1 lists the brand names and active chemical ingredients of several prescription stimulants used to treat ADD/ADHD, narcolepsy, obesity, and other conditions.

While concerns over medicinal forms of speed are occasionally raised in congressional hearings, the news media, and other domains of public discourse, white-market amphetamines are rarely met with the same degrees of fear and hysteria periodically accorded to street meth. First synthesized in the late 1800s, methamphetamine specifically, and amphetamines generally, have not always been subjects of national concern. Rather, the nation’s attention toward speed has ebbed and flowed for most of the past century. In the 1940s, the Food and Drug

Table 1.1 Brand Names and Active Ingredients of Select Prescription Stimulants

Brand Name	Active Ingredients
Benzedrine ^a	Amphetamine Sulfate
Dexedrine; Dextrostat	Dextroamphetamine Sulfate
Desoxyn; Methedrine ^a	Methamphetamine HCl
Adderall; Adderall XR	<i>Four equal parts of</i> Dextroamphetamine Saccharate Amphetamine Aspartate Dextroamphetamine Sulfate Amphetamine Sulfate
Biphetamine	Dextroamphetamine Sulfate and Amphetamine
Obetrol ^a	<i>Four equal parts of</i> Methamphetamine Saccharate Methamphetamine HCl Amphetamine Sulfate Dextroamphetamine Sulfate
Preludin	Phenmetrazine HCl
Prelu-2; Bontril	Phendimetrazine Tartrate
Apidex; Obe-Nix; Ionamin; Zantryl	Phentermine HCl
Vyvanse	Lisdexamfetamine Dimesylate
Ritalin; Ritalin XR; Ritalin LA; Concerta; Metadate; Methylin	Methylphenidate HCl
Focalin; Focalin XR	Dexmethylphenidate HCl
Provigil; Alertec	Modafinil
Nuvigil	Armodafinil
Strattera	Atomoxetine HCl

Sources: Drug Identification Bible (DIB) 2006; Rasmussen 2008a; McDonagh et al. 2011; DIB 2012.

Notes: This list is by no means exhaustive.

a. No longer in production.

Administration (FDA) expressed alarm over the abuse of amphetamine-laced inhalers sold over the counter (OTC) in pharmacies and grocery stores. In the 1960s and 1970s, speed (often called Methedrine or “crank” at the time) was linked with outlaw motorcycle gangs and working-class whites and was even despised by members of the drug-loving hippie counterculture. In 1989, during the midst of the crack

cocaine problem, a mini panic erupted over “ice,” a smokable form of methamphetamine.

Most recently, public health advocates, government officials, journalists, and others wholly condemned “crystal meth,” the newest colloquial name for the drug. In April 1996, President Bill Clinton (1996) warned that methamphetamine was “gaining in popularity” and was poised to become “the crack of the 1990’s.” By 2005, *Newsweek* magazine proclaimed meth “America’s Most Dangerous Drug” (Jefferson et al. 2005a). Around this time, methamphetamine arguably stole the limelight from crack cocaine as the worst mind-altering substance known to humankind. However, within a few years, meth had largely receded from public consciousness. In the early 2010s, attention toward methamphetamine slowly increased yet again, though largely in regard to its indirect connection to a seemingly new drug of concern—“bath salts.”

Contrary to the majority of past and present portrayals, the connection between methamphetamine and the damage it causes cannot be understood through mere reference to the drug’s chemical structure. The scope and depth of the methamphetamine problem in the United States are more complex and multidimensional than 500-word newspaper articles or thirty-second sound bites suggest. Rather, the story of methamphetamine is rife with cultural contradictions, interest groups competing for power and resources, and the unintended consequences of a century’s worth of drug prohibitions. And although many news organizations, interest groups, policymakers, and members of the general public often tend to present and discuss social problems as clear-cut, black-and-white, either-or matters, the historical and contemporary realities of methamphetamine suggest the opposite is true.

In the pages that follow, I describe an assortment of cultural, historical, and social forces that have shaped the evolution of the synthetic stimulant problem in the United States since the early 1900s. Because methamphetamine hydrochloride—a drug whose chemical formula has remained unchanged since its invention in 1893—has been depicted quite differently at various points in US history, how and under what conditions such changes in public perception have occurred are worth investigating. As such, I focus largely on the shifting portrayals of methamphetamine in the news media, the many professional organizations that have sought to influence public definitions of the drug, and the variety of laws that have been enacted in an attempt to solve the meth problem.

Attention must be given to the wide range of claims made about meth over time because the content of these claims, as well as the per-

sons making them, has helped shape and reshape the methamphetamine situation into its current form. Indeed, my primary argument throughout is that many of the contemporary problems associated with methamphetamine—the increased popularity of a relatively dangerous and addictive smokable form of the drug, the chemical contamination caused by clandestine “meth labs” where methamphetamine is often manufactured, and the high degree of violence associated with meth trafficking in the United States and along the border with Mexico—are largely due to drug policies enacted in a culture of fear perpetuated through the mass media. Before outlining the early history of drug use in the United States and examining the periodic waves of public scrutiny directed toward methamphetamine (i.e., the Methedrine, ice, and crystal meth scares), I will lay the theoretical foundation for my analysis with a discussion of two separate yet related concepts: (1) a supply-versus-demand approach to drugs and (2) a social constructionist approach to the study of social problems.

Supply-and-Demand Perspective on Drug Problems

Whether consumed for medicinal or religious purposes, for pleasure, or out of sheer curiosity, legal and illegal psychoactive drugs have been used by people in virtually every human society throughout history (Gahlinger 2004; Mosher and Akins 2007). Presumably due to the lack of vegetation, Eskimos are perhaps the only cultural group in the world without a long tradition of drug use (DeGrandpre 2006). The ubiquity of psychoactive chemicals in past and present societies suggests that the desire to alter one’s consciousness is a basic human drive (Siegel 1989; Bickel and DeGrandpre 1996; Weil and Rosen 2004; Mosher and Akins 2007). Research has shown that humans are not alone—even animals seek out intoxicating foods:

After sampling the numbing nectar of certain orchids, bees drop to the ground in a temporary stupor, then weave back for more. Birds gorge themselves on inebriating berries, then fly with reckless abandon. Cats eagerly sniff aromatic “pleasure” plants, then play with imaginary objects. Cows that browse special range weeds will twitch, shake, and stumble back to the plants for more. Elephants purposely get drunk on fermented fruits. Snacks on “magic mushrooms” cause monkeys to sit with their heads on their hands in a posture reminiscent of Rodin’s *Thinker*. (Siegel 1989, 11)

Some scholars have gone so far as to posit that the human species has evolved to its present state of intelligence as a result of past psychoactive substance use. Terrence McKenna (1991) theorizes that the ingestion of psilocybin, a hallucinogenic compound found naturally in certain mushrooms that sprout from cow manure, spurred the rise of human consciousness, religion, and language. As the Sahara started to expand approximately 150,000 years ago, forest-dwelling primates began foraging grasslands and, consequently, domesticating cattle. McKenna (1991) cites archaeological evidence painted on the walls of Algerian caves to support his theory: “Here are the earliest known depictions of shamans in coincidence with large numbers of grazing animals, specifically, cattle. . . . The shamans, dancing and holding fistfuls of mushrooms, also have mushrooms sprouting out of their bodies” (147). McKenna suggests that the psychoactive properties of the psilocybin mushroom allowed early hominids to achieve levels of consciousness and conceive of the self in new and profound ways, giving them a leg up evolutionarily by facilitating the development of language and religion.

McKenna’s postulation that psychedelic mushrooms spurred the earliest spiritual beliefs held by humans points to a larger connection between psychoactive substances and religion. Across time and place, people have used drugs to “transcend their sense of separateness and feel more at one with God, nature, and the supernatural” (Weil and Rosen 2004, 16). Indeed, a cursory examination of the historical record finds plentiful evidence of a relationship between mind-altering drugs and religious ceremony. For example, prehistoric Hindu and Zoroastrian texts suggest the altered states of consciousness achieved through the ingestion of psychoactive plants were central to the religious rituals of ancient India and Persia (see Shanon 2008 for a review). For thousands of years, many North American Indian tribes have used mescaline “buttons” harvested from the hallucinogenic peyote cactus to “experience God through the intermediary of nature” (Faupel, Horowitz, and Weaver 2004, 143). And while Rastafarianism is a relatively recent religion in which adherents smoke “ganja” to come to a better understanding of God (Faupel, Horowitz, and Weaver 2004), marijuana’s spiritual use dates back much further (Weil and Rosen 2004).

Stimulants have also played a role in the religious institutions of some societies. By 1300 CE, coffee earned the title as the “wine of Islam” (Gahlinger 2004, 180), in part because around this time period, Muslim men would congregate weekly and chant and pray throughout the night under the influence of copious amounts of caffeine (Weil and Rosen 2004).

For millennia, indigenous peoples of modern-day Chile, Colombia, Peru, and Bolivia have chewed the leaves of the coca plant, the natural source of cocaine, to ward off fatigue and work long hours at high elevations. Coca is enjoyed during civil and religious rituals, as Andean natives regard its leaves as sacred and vital to life (Gahlinger 2004; DIB 2006). In the Incan empire, “priests and supplicants were allowed to approach the Altar of the Inca only if they had coca leaf in their mouths” (Brecher 1972, 269).

The twigs and leaves of the *Catha edulis* plant, better known as khat, have been chewed throughout areas of eastern Africa and the Arabian Peninsula for centuries (C. Brooke 1960; Halbach 1972; Warfa et al. 2007). Although it is slightly weaker in potency, khat’s pharmacological effects are quite similar to the effects of amphetamines (Halbach 1972; “Catha Edulis” 1980) and many of the so-called bath salts (i.e., synthetic cathinones) that surfaced in the United States in the early 2010s (Prosser and Nelson 2012). Khat plays a central role in the daily lives of members of some Muslim Ethiopian and Yemeni cultures (C. Brooke 1960; Prosser and Nelson 2012), and its leaves are chewed to commemorate births, deaths, and religious celebrations. “Wadaja—a ceremony of group prayer performed at times of illness, death, or calamity—must have a plentiful supply of khat” (C. Brooke 1960, 52).

As this very brief overview of the history of drug use in ancient civilizations suggests, some segment of nearly every human population—including the population of the United States—possesses a demand for consciousness alteration. While some individuals fulfill this need through participation in adrenaline- and endorphin-releasing physical activities such as transcendental meditation, skydiving, extreme sports, intense exercise, or even autoerotic sexual asphyxiation, others achieve altered states of mind by ingesting psychoactive chemicals. Beyond religious motivations and the contention that the desire for altered perception is a basic animal instinct, people demand drug-induced psychoactivity for myriad other biological, psychological, and sociological reasons. Genetic predispositions, grief, hopelessness, friends, families, boredom, alienation, and economic strain are several other important factors that drive individuals to use or abuse drugs. (For a detailed discussion of theories of drug use, see chapter 2 of Mosher and Akins 2007.)

Given the widespread apparent need for consciousness alteration, it is useful to conceive of drugs as any other socially meaningful commodity subject to basic economic forces of supply and demand. When demand for a product is strong enough, enterprising groups and individ-

uals will emerge as suppliers. For the subpopulation of drug users who desire increased levels of energy, vigor, elation, alertness, and concentration characteristic of psychomotor stimulants, caffeine and nicotine are two popular substances of choice. Others demand stronger stimulation provided by cocaine and amphetamines (Cho 1990).

A great many of the harms associated with the contemporary US drug problem generally, and methamphetamine problem specifically, stem from a history of drug policies that have primarily focused on attacking the supply of illicit drugs. Interdiction operations (e.g., the crop dusting of South American coca fields, police tactics designed to disrupt drug dealing and trafficking networks), combined with legislation prohibiting the possession of certain chemical substances, are intended to reduce the availability of drugs. The purported utility of supply interdiction measures for solving the drug problem is based on two faulty assumptions:

1. With enough persistence and determination, society can eventually eliminate the supply of illicit drugs.
2. Individuals will stop seeking drugs if society eliminates or at least severely disrupts supplies.

Over the past 100 years, millions of US citizens have been arrested and incarcerated for drug-related offenses, and billions of dollars have been spent enforcing punitive, supply-oriented policies. Although there have been temporary successes in reducing drug use through supply interdiction efforts over this time period, millions in the United States still use illicit drugs today as they have for a century. To be clear, drug interdiction is an important component of any nation's drug policy. But when institutional approaches to reducing drug use largely ignore the demand side of the equation, efforts at lessening drug harms are futile.

With stimulants, the story is no different. In short, the scores of past policies enacted to remove the supply of illicit stimulants have mostly ignored the "need for speed" felt by millions of Americans. Demand has persisted, and users, traffickers, and producers have adapted accordingly, often creating new, worse harms than previously existed. Many of these harms (e.g., territorial violence, adulteration, increased potency of product) stem from the nature of the black market for illegal drugs that serves to satisfy user demand.

How could this happen? How could a nation continuously call for drug policies that, in the long run, actually create more harm than good? And when new harms spawn from supply-side policies, why do law-

makers and the public at large call for more of the same? While these questions have no easy answers, much less no single answer, I believe much of the explanation lies in the ways in which drugs and drug problems are defined and discussed in public discourse. In order to more fully understand the many injuries associated with the contemporary methamphetamine situation, considering the ways in which individuals and groups have helped shape public understandings of the drug becomes imperative.

The Social Construction of Drugs and Drug Problems

I utilize a social constructionist approach to social problems in my inquiry into the history and evolution of methamphetamine in the United States. Social constructionists are interested in how, why, and when certain phenomena are brought to the public's attention and defined as social problems (Best 1990). At any given moment in time, individuals and society face a virtually limitless array of threats and harms, from child abuse, gun violence, and homelessness to unemployment, white-collar crime, and terrorism. Yet public concern with these and other social problems is not constant over time, nor is the level of concern always consistent with the actual extent of the threat posed by the phenomenon receiving heavy consideration.

In 2005, national news media and politicians devoted considerable attention to methamphetamine, more than in any year prior or since. Meth was undoubtedly directly or indirectly responsible for innumerable personal and social injuries that year, but available empirical data on the scope of methamphetamine use and harms tell a slightly different story. Nationally representative survey data on adolescent schoolchildren indicate that methamphetamine use among this population had steadily declined since the turn of the century (Johnston et al. 2012). Data on the broader population of US residents age twelve and older estimate that 0.2 percent (about 512,000 people) were “current” methamphetamine users (defined as having used the drug at least once in the past month) in 2005—a statistic that had remained stable since 2002 (SAMHSA 2009a). Perhaps more interesting is the fact that cocaine consumption was much more prevalent than meth among both youths and adults in 2005, and virtually every year for which data are available. The same is true when data on drug-related visits to hospital emergency rooms are examined: 30 percent of such visits in 2005 were cocaine related, whereas only 6.8 percent involved methamphetamine (DAWN 2012). In spite of the empirical

indicators, mass media were not proclaiming a cocaine “epidemic” in the early 2000s.

The social constructionist is interested in why meth—and not cocaine, white-collar crime, or homelessness—received such a high level of public scrutiny during this time period. From this perspective, the “process of calling attention to a troubling condition, not the condition itself, . . . [is what] makes something a social problem” (Best and Harris 2013, 3). Central to this process are claims and claims makers. In order for any phenomenon to be defined as a problem deserving of public attention, it must be constructed and communicated to an audience by claims makers. Claims makers take the form of interest groups and moral entrepreneurs. Their primary goal in drawing public attention to some issue is usually to obtain support—economic, moral, or otherwise—to deal with the phenomenon in a particular way. In the public arena, claims makers seek ownership of social problems, endeavoring to define them in ways specific to their needs and goals (Best 1990).

In the social construction of drugs and drug problems, law enforcement groups (e.g., the Drug Enforcement Administration [DEA]), the medical community (e.g., drug treatment providers), politicians, lobbyists (e.g., pharmaceutical industry representatives), community groups, religious leaders, academic researchers, and individual citizens are common primary claims makers. In the social problems marketplace, primary claims makers involved in attempts to socially define drug issues compete with each other as well as claims makers involved in the social construction of other (i.e., nondrug) issues, seeking recognition, resources, and public awareness (Best 1990).

Mass Media’s Role in the Social Construction of Reality

The news media occupy a central position in the social construction of drugs and drug problems.² Though sometimes themselves primary claims makers, the media usually play the role of secondary claims makers by selecting and transmitting the messages of others. Primary claims makers often seek to communicate their concerns through the mass media in order to influence public opinion and policy (Best 1990). The relationship among media, public opinion, and policymaking is often complex and multidirectional, but as Jack Doppelt and Peter Manikas (1990) point out, news organizations often play a fundamental role in public policy and the decisions made by criminal justice officials. Gladys Lang and Kurt Lang (1983) describe public opinion as a basic form of social control that can be influenced by mass media and can

influence the decisions of policymakers. Media attention toward a social problem can lead to an increase in public awareness and, consequently, increased support for the claims maker's cause and increased pressure on policymakers or criminal justice officials to act (Best 1990, 2008; Loseke 2003).

The relationship between primary claims makers and mass media has been discerned through studies of news production. Press coverage of crime or any other social phenomenon is not "objective," but rather the result of struggles by competing interest groups (Molotch and Lester 1975). In order for any occurrence (e.g., homicide, corporate crime, adulterous act) to receive press coverage, it must be promoted by individuals who know about the occurrence, assembled by news agencies who learn of the occurrence, and consumed by an interested public (Molotch and Lester 1974). Harvey Molotch and Marilyn Lester (1975) explain that news organizations tend to report on public events drawing from a "hierarchy of credibility" (257), in which groups with the highest levels of social power (e.g., governmental officials, corporations) tend to have more routine access to news production than those who are less powerful (e.g., individual citizens, grassroots protest groups). As a result, news presentations of crime or any other social phenomena are often framed according to the viewpoints and perspectives of those placed atop this hierarchy. Thus, the "knowledge" consumed by television viewers, newspaper subscribers, or weblog readers is filtered by biases built into the social organization of news production, a process that "cannot be understood apart from the political economy of the society in which it occurs" (Molotch and Lester 1975, 255).

The knowledge news consumers obtain about crime, including drugs, is distorted by the news-making process (Barak 1994). According to Steven Chermak (1994), this process entails "condensing a significant amount of crime into a limited amount of news space" (97). Since an abundant number of crimes can be chosen from on any given day, news organizations strategically place themselves in close proximity to source organizations (e.g., police departments, political offices) in order to maximize accessibility of crime news (Chermak 1994). Journalists share a symbiotic relationship with source organizations. Not only do the media depend on source organizations for news stories, but source organizations depend on the media for positive publicity and the shaping of public agendas (Lavrakas, Rosenbaum, and Lurigio 1990; Chermak 1994; Kasinsky 1994). News reporters are well aware that portraying criminal justice agencies or other source organizations in a negative light could potentially strain their relationships. Hence, journalists are

sometimes hesitant to cover stories that might jeopardize their future access to privileged information (Chermak 1994).

Because of the close relationship between source organizations and news companies, crime news is heavily predisposed to represent official perspectives. Thus, unsurprisingly, content analyses of crime stories find that governmental officials are most often cited as sources of information. In one study, Chermak (1994) learned that almost 30 percent of the sources mentioned in crime stories were police, and 25 percent were court officials. By contrast, defendants made up only 8.9 percent of sources cited, citizens made up 2.6 percent, and “experts” constituted only 0.9 percent. In a content analysis of feature articles about crime published in major US newspapers from 1992 to 1995, Michael Welch, Melissa Fenwick, and Meredith Roberts (1997) found that 34.6 percent of sources quoted were members of law enforcement organizations. State managers (i.e., law enforcement, politicians, prosecutors, and so forth) accounted for almost 63 percent of all those quoted in crime stories. Thirty-two percent of those cited were professors, and 5 percent were nonacademic researchers.

Though the news media have the final say over which crime stories make the news, their knowledge of criminal events depends heavily on information provided by source organizations. Once satisfactory information on specific crimes has been acquired, the news organization must decide which crimes become news, how they are covered, and so forth. Market forces influence organizational decisions, and individual reporters are allowed discretion on a variety of decisions (Chermak 1994). As secondary claims makers, mass media do not simply repeat the claims of law enforcement, interest groups, or other primary claims makers. Rather, news organizations translate and transform initial claims in an effort to attract and persuade audiences (Best 1990, 2008).

News presentations deserve scrutiny because the media are often the principal avenue through which many people learn about the existence and scope of social problems (Best 1990; Loseke 2003). Several studies have found, perhaps unsurprisingly, that mass media serve as individuals’ main source of information about crime and crime problems (Graber 1980; Skogan and Maxfield 1981; Chermak 1994; Dowler 2003), especially for those persons with little to no direct personal experience with crime (Surette 1990). Robert Blendon and John Young (1998) conducted a study more specific to the epistemology of drugs by analyzing results from a 1996 poll taken by the Roper Center. Among their findings was the discovery that 68 percent of Americans “report getting most of their information about the seriousness of illicit drug problems from the news media” (828).

An annual survey by Gallup and other polling organizations asks respondents, “What do you think is the most important problem facing this country today?” The question is open ended, and interviewees are asked to list up to three issues and rank them according to importance (Soroka 2002). Blendon and Young (1998) provide data on Gallup poll results for select years from 1979 to 1996, contrasted with data from the National Survey on Drug Use and Health (NSDUH) showing the percentage of US residents age twelve and over who were “current” illicit drug users. In short, they found no consistent relationship between drug use and public opinion of drug problems. For instance, illicit drug problems were ranked lowest in importance in 1979 and 1985, the two years with the highest percentage of past-month drug use (14.1 percent and 12.1 percent, respectively). In 1990, Americans rated drugs as the second most important problem, even though less than 7 percent of the population had engaged in past-month drug use (Blendon and Young 1998). See Nicholas Parsons (2012) for a more detailed discussion of these data.³

Moral Panics and Drug Scares

If, as the above observations suggest, people’s misperceptions about drugs are related to press coverage of the subject, it is worth examining how and why the media often succeed in capturing the public’s imagination with news presentations of drugs. Throughout much of US history, primary claims makers have strategically used the news media to engage in “moral crusades” against drugs. Typically (though not always) coordinated by members of privileged classes, moral crusades are “special campaigns which highlight the dangers of a particular type of deviance” or social problem (Best and Luckenbill 1994, 210). In campaigning to prohibit the use of certain drugs, crusaders participate in an act of “moral enterprise,” endeavoring to create “a new fragment of the moral constitution of society, its code of right and wrong” (Becker 1963, 145).

The efforts of moral crusaders may lead to a state of “moral panic” (Goode and Ben-Yehuda 1994a, 1994b; Adler and Adler 2012). After studying public reactions to delinquent British youth, Stanley Cohen ([1972] 1980) formally defined a moral panic as occurring when

a condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; . . . socially accredited experts pronounce their diagnoses and solutions;

ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible. Sometimes the object of the panic is quite novel and at other times it is something which has been in existence long enough, but suddenly appears in the limelight. Sometimes the panic passes over and is forgotten, except in folklore and collective memory; at other times it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy or even in the way the society conceives itself. (9)

Moral panics are characterized by a heightened level of concern over a problem, hostility toward those thought to be responsible for the problem, consensus (i.e., agreement by a sizable proportion of the population that a problem exists), and volatility. As suggested by the word *panic*, the final key element of a moral panic is disproportionality (i.e., the notion that the extent of the problem is exaggerated by claims makers; Goode and Ben-Yehuda 1994a, 1994b).

Though Cohen is often credited with coining the term *moral panic*, British sociologist Jock Young used the phrase one year earlier when writing about societal reactions to drug use. Emphasizing the role of the press in the social construction of drugs, Young (1971) observed that the news media tend to present drug issues

dramatically, . . . overwhelmingly, and . . . suddenly. . . . [T]he media can fan up very quickly and effectively public indignation concerning a particular deviant group. It is possible for them to engineer rapidly what one might call “a moral panic” about a certain type of deviancy. . . . There is institutionalized into the media the need to create moral panics and issues which will seize the imagination of the public. (182)

Several researchers have characterized the contemporary outcry over methamphetamine as a moral panic. For example, Edward Armstrong (2007) argues that news coverage of meth has been hostile in its presentation of users, volatile in its rapid eruption and disappearance from the public spotlight over time, and disproportionate to empirical data on drug-related harms. The alarmist and hysterical nature of media portrayals of meth has made it difficult for a news-consuming public to fully understand and appreciate the extent to which methamphetamine use in the United States is a consequence of the declining agricultural and manufacturing industries once central to rural economies (Armstrong 2007). This concern is echoed by Robert Weidner (2009), who found some evidence that methamphetamine coverage by three midwestern newspapers was disproportionate to data on meth-related

admissions to drug treatment facilities. In a study specifically focused on gendered portrayals of meth users, Travis Linnemann (2010) argues that frenetic media constructions of the methamphetamine problem encourage news consumers “to conclude that the phenomenon of the female meth user is a symptom of decay of the core American social life: motherhood, childhood, and family” (98).

Referring to the periodic waves of moral outrage toward drugs as “drug scares,” Craig Reinerman (2012) asserts that panics over drugs are often characterized by several features, including the involvement of politico-moral entrepreneurs and interest groups (i.e., claims makers), scapegoating, and the linking of drug problems to “dangerous” marginalized social groups (e.g., racial minorities, the poor). Reinerman also stresses the importance of historical context. Specifically, drug scares stand a better chance to proliferate during times of “cultural anxiety” (e.g., economic depression) (164). For example, various interest groups and representatives of the moral order campaigned for decades to outlaw alcohol in the United States. But not until the early 1900s, when tensions heightened over the mass influx of European immigrants, did crusaders finally earn enough public support for Prohibition. The social, ethnic, and class conflicts of the early twentieth century provided a historical context highly conducive to widespread panic over alcohol (Levine and Reinerman 1991; Gusfield 1996; Reinerman 2012).

Claims makers involved in the majority of moral crusades against psychoactive substances have employed the “dope fiend mythology” (Lindesmith 1940a, 1940b) by defining drug use as immoral behavior that results from the bad character traits and moral weaknesses of individual users. According to Charles Reardon (1976), the dope fiend mythology consists of the following beliefs:

- “The drug addict is a violent criminal . . . [and] moral degenerate” (136).
- People become addicted to drugs because they possess “inferior and abnormal” personality traits (137).
- Both drug dealers and users seek “to convert nonusers into addicts” (137).

Like the common street criminal, the dope fiend is constructed as a careless, unfeeling scourge on society. An uncontrollable, self-chosen addiction to chemicals propels the dope fiend to commit violent, atrocious acts of inhumanity. Under the influence of drugs, the addict is unpredictable in behavior and indiscriminate when choosing victims.

The dope fiend serves as the prototypical folk devil in public discourse of drugs. Folk devils personify evil and exist as a central feature of moral panics (David et al. 2011). “All moral panics, by their very nature, identify, denounce, and attempt to root out folk devils” (Goode and Ben-Yehuda 1994a, 29). Like all folk devils, the dope fiend is portrayed as a threat to social stability and thus must be dealt with using any means necessary. A cursory examination of past drug scares in the United States finds that the typical proposed solution to the dope fiend menace entails drug policies that call for harsher punishments and stricter controls on drug supplies. These solutions tend to benefit formal agents of social control, who are so often called upon to solve the problems that they have helped construct (Altheide and Michalowski 1999). Reasons (1976) points out this tendency when he writes that the dope fiend’s danger to society serves to “frighten the public into appropriating increased funds to combat the ‘dope menace’” (134). In addition to increasing the power of criminal justice agencies, punitive, supply-oriented policies help to single out the dope fiend (or dope pusher) for symbolic exorcism, which functions as a form of social catharsis. Like most moral panics, drug scares often subside upon the enactment of new legislation that symbolizes an end to the threat and leaves new definitions of deviance in its wake (Cohen [1972] 1980; Goode and Ben-Yehuda 1994a, 1994b; Adler and Adler 2012).

A mainstay of US drug discourse, the popular depiction of the drug-addicted dope fiend suggests the existence of a widely held cultural belief in what Craig Reinerman and Harry Levine (1997a) call “pharmacological determinism,” the notion that a drug’s chemical properties are solely responsible for its effect on human beings. The image of the innocent, calm citizen transforming into a drug-crazed lunatic upon immediate ingestion of a prohibited substance epitomizes this ideology. Cocaine, heroin, methamphetamine, and other taboo substances are understood to contain a sort of magical power believed to universally take hold of every user. Claims that a drug is “instantly addicting” or provokes “uncontrollable violence” embody this perspective. Yet if drugs affected every user in this manner, the estimated 9.8 million persons in the United States who have used methamphetamine at least once in their lifetimes would be violent addicts. Since roughly 798,000 US residents used methamphetamine at least once in 2011 (SAMHSA 2012a), and since fewer than 15,000 known homicides were committed in the United States that year (FBI 2013a), claims of immediate addiction and mandatory violence are clearly gross exaggerations.

The ideology of pharmacological determinism “invests the substances themselves with more power than they actually have” (Reinarman and Levine 1997a, 8). In actuality, when psychoactive drugs enter the body, they produce their effects through the release or reuptake of brain chemicals called neurotransmitters. That is, drugs work by stimulating substances already present in the human brain. The fact that “psychoactive drugs produce their effects by neurotransmitters points out their true secret: *All drug sensations, feelings, awareness, or hallucinations can also be achieved without drugs*” (Gahlinger 2004, 159; emphasis in original). Though many find this idea controversial, people can and do achieve altered states of mind through non-drug related activities such as religious fervor, gambling, long-distance running, roller coaster riding, dreaming during sleep, and other behaviors that affect the flow of brain chemicals.⁴

My point is that drugs do not produce feelings that the body and brain are incapable of producing by themselves. “All the thoughts, perceptions, and behaviors [resulting from drug use] already exist” (Gahlinger 2004, 159). By themselves, drugs are inert substances—they do not cause harm or relief until people choose to consume them (Reinarman and Levine 1997a). But by placing heavy emphasis on “the sphere of molecules” (DeGrandpre 2006, 27), a cultural acceptance of pharmacological determinism fails to consider the social, cultural, and historical contexts of drug use. And contexts (i.e., the conditions under which people take drugs) are often more important than molecular structures for understanding consequences and patterns of use (Zinberg 1984).

Richard DeGrandpre (2006) debunks pharmacological determinism by providing a detailed description of a study on the worldwide use of cocaine conducted jointly by the World Health Organization (WHO) and the UN Interregional Crime and Justice Research Institute (UNICRI) from 1992 to 1994. The study was exceptional not just because of its scale (nineteen countries across six continents) but also for its depth. Its investigators sought to examine the variety of contexts—historical, market, economic, and cultural—in which cocaine use occurs. In Brazil, researchers found heavy cocaine use among impoverished São Paulo children. Mexican researchers found the drug was confined mostly to homeless males from the ages of twenty to twenty-four. In Cairo, wealthy adults made up the majority of the cocaine-using population. Researchers also discovered that methods of cocaine administration differed across populations. Upper-class Nigerians smoked the drug in rock form (crack). As they have for centuries, Bolivian and Peruvian users

obtained the effects of cocaine by chewing the leaves of the coca plant. Prostitutes in Colombia smoked cocaine paste (created during an intermediary stage of cocaine powder production). In Mexico City, homeless users injected the drug, and in Sydney, gay club-goers generally snorted it. In addition, researchers learned that people use cocaine for different reasons—to stay awake, celebrate, accomplish work-related tasks, and cope with hopelessness and socioeconomic blight (DeGrandpre 2006).

One basic conclusion derived from the study was that no “typical” cocaine user exists. According to DeGrandpre (2006), US political leaders did not find this conclusion amenable since it did not reaffirm popular stereotypes about cocaine and cocaine users. To be sure, both powder cocaine and crack are demonized in the United States, though the former has often been associated with the upper and middle classes and glamorized as one of the nation’s more prestigious illicit drugs. Crack, on the other hand, is associated with urban blacks, gangs, violence, and irrepressible addiction. Since the mid-1980s, political and media rhetoric “have consistently attributed devastating consequences to crack, as if these consequences flowed directly from its molecular structure. Such rhetoric squeezes out of public discourse any serious consideration of the social, cultural, economic, and psychological variables that are essential for understanding drug use and its behavioral consequences” (Reinarman and Levine 1997a, 13).

The WHO/UNICRI study’s finding that attitudes toward and reasons for using cocaine vary markedly across societies does not support the theory of pharmacological determinism, or the myth that crack and powder cocaine are disparate substances. While smoking or injecting cocaine produces a much quicker onset of effects than snorting or swallowing it, the pharmacological properties of cocaine are identical regardless of the physical form it takes (Hatsukami and Fischman 1996; Reinarman and Levine 1997a; Morgan and Zimmer 1997; DeGrandpre 2006; “Federal Crack Cocaine Sentencing” 2010). Rather than embracing pharmacological determinism, researchers and policymakers alike might consider viewing drugs as “socially defined commodities” (DeGrandpre 2006, 25).

One of the greatest insights DeGrandpre (2006) draws from his analysis is that cocaine is “not one thing—neither an angel nor a demon, neither good nor evil—but rather different things to different peoples” (26). The same line of reasoning can be applied to methamphetamine or the large majority of other mind-altering substances referred to as “drugs” and “medicines” in American culture. Consider these accounts of methamphetamine use, taken from a variety of US media sources:

- “You don’t want to mess with it. . . . They say people [who smoke meth] walk around like zombies” (homeless person, cited by Terry 1989, A1).
- “It affects not merely the user, but it’s the leading cause of property crime, it’s the leading reason why children are removed from their homes. . . . [I]t’s very hard to go to any part of Oregon and not experience the effects of methamphetamine” (journalist, cited by Byker 2006).
- “I see walking death” (police officer describing meth users in his community, cited by Jefferson et al. 2005a, 48).

Next, consider these descriptions of a prescription medicine, advertised in two issues of *The American Journal of Nursing*:

- “An effective curb for the appetite” (1951, 29).
- “An effective morale booster with minimum side effects” (1951, 29).
- “Effective in depressive states associated with menopause, prolonged illness, and convalescence as well as in treatment of alcoholism and narcolepsy” (1952, 23).

These latter three remarks describe the indications and effects of Desoxyn, an early trade name for methamphetamine hydrochloride, the pharmaceutical version of meth. Though not as commonly prescribed as Adderall and Ritalin, Desoxyn has been available via prescription since the early 1950s and was sold OTC beginning in 1944.

Both sets of quotations describe the same chemical substance, yet “meth” is constructed as a dangerous and destructive drug, whereas Desoxyn is described as a medicinal panacea. To be sure, important differences exist between illicit and licit methamphetamine in terms of purity, dosage, and routes of administration (e.g., oral, intravenous). But these differences have nothing to do with pharmacology; rather, they result largely from the existence of separate black (illicit) and white (pharmaceutical) markets for the drug (DeGrandpre 2006).

Despite the fact that meth (the drug) and Desoxyn (the medicine) are chemically identical, political and media discourse about methamphetamine almost always concerns the illicit version. Thus, when President Clinton (1997) proclaimed, “Meth has a devastating effect on those who use it,” he certainly was not referring to the cure-all medicine manufactured by Abbott Laboratories, nor to the scores of chemically similar amphetamines or amphetamine-like preparations (e.g., Ritalin)

consumed legally and daily by millions in the United States. This contradiction—“of meth as a demon drug and methamphetamine as a prescription angel”—cannot be resolved by any amount of pharmacological determinism (DeGrandpre 2006, 33). Under some circumstances, methamphetamine use has devastating consequences. In other contexts, the drug helps people to function and lead more fulfilling lives. But as Reinerman and Levine (1997a) note, “American culture lacks a vocabulary with which people can speak about drugs in this more complicated, qualified way” (9). Thus, in the either-or arena of drug war discourse, meth is notoriously “the world’s most dangerous drug” (Crowley 2006).

The simultaneous existence of methamphetamine as a drug and a medicine is made possible in part through differences in the language used to describe them. In popular culture, *drug* and *medicine* are oppositional terms. The former leads to sickness and disease, while the latter is a *cure for* sickness and disease. As a consequence of this terminology, those who consume meth illegally are perceived as dangerous drug addicts deserving of arrest and imprisonment, while persons who obtain Desoxyn or other prescription amphetamines through institutionalized medical channels are generally considered patients seeking treatment.

Thomas Szasz (1974) argues that contemporary attitudes toward drugs are based more on ceremony than on actual chemistry. He likens the public unease and trepidation accorded to illicit chemicals, and the public acceptance and relief attributed to licit chemicals, to the ways in which some Christian denominations treat holy water. Both holy water and drugs are seen to possess special, supernatural qualities. But the mystical properties of both cannot be discerned under a microscope. “To understand holy water, we must examine priests and parishioners, not water; and to understand abused and addictive drugs, we must examine doctors and addicts, politicians and populations, not drugs” (Szasz 1974, 17).

In this spirit, I will focus much of this book on the variety of claims and claims makers involved in episodic social constructions of speed in its many forms. A superficial glimpse of the history of public discourse about drugs might lead the uninterested observer to infer the existence of a 100-year-long moral panic over drugs. Yet upon closer examination, US drug scares have been considerably time delimited (Goode and Ben-Yehuda 1994a). Indeed, my analysis of national media trends identifies three separate moral panics over methamphetamine: (1) the Methedrine scare of the late 1960s and early 1970s, (2) the ice panic of 1989 and 1990, and (3) the crystal meth “epidemic” of the late 1990s and early 2000s.

Though they shared several commonalities, each of the three methamphetamine scares was unique in its own right, and each differed in terms of its volatility, participatory claims makers, depiction of users, and so forth. And while my constructionist approach entails asking how, when, and why meth has been periodically brought to the forefront of public attention as an urgent social problem in need of repair, I also address why methamphetamine was *not* at times defined as a national emergency. For example, epidemiological data indicate that rates of methamphetamine use were highest from the mid-1970s until the mid-1980s, a span during which the drug was rarely mentioned by major news sources. Why? As a related question, considering it has been used and misused since the 1940s, why did it take sixty years for full-blown meth hysteria to erupt, as it did during the third scare?

As I attempt to answer these and other questions, my historical analysis of the many social, economic, and cultural contexts of the American methamphetamine experience reveals several characteristics that uniquely set meth apart from other extensively scorned drugs. These characteristics indicate that methamphetamine has perhaps been more closely connected to the power structure and culture of the United States than any other drug (besides alcohol) subject to sustained periods of moral panic. Specifically:

- For much of its US history, methamphetamine was “homemade” (i.e., domestically produced).
- Methamphetamine is deeply rooted in the social institutions of medicine and pharmacy.
- Methamphetamine has been traditionally portrayed as the illicit drug of choice among poor whites.
- Methamphetamine has a history of being promoted and used for instrumental purposes (e.g., to enhance job performance).

At the risk of oversimplification, these themes often manifest in the content of claims makers’ answers to three basic questions: (1) Who is providing methamphetamine? (2) Who is using it? and (3) Why are they using it? These questions are important to audience members, because the answers help diagnose the existence of a social problem, ascribe meaning to it, and assign blame to those responsible (Loseke 2003).

To borrow a term from Paul Manning (2006), the unique aspects of methamphetamine’s US history in terms of the drug’s providers, users, and user motivations have informed various “symbolic frameworks” through which the drug has been socially constructed and reconstructed

(49). In other words, anti-meth crusaders have described methamphetamine differently at different points in time. The nature or *quality* of claims makers' explanations of who is providing, who is using, and why people are using methamphetamine has influenced temporal variations in the *quantity* of public concern. Claims makers tended to be most successful when they challenged images of domestic production, impoverished white addicts, and medicinal and instrumental motivations for use. An examination of the changing frames through which the scope and source of meth problems have been communicated helps explain not only the genesis, duration, and intensity of the three methamphetamine scares in the United States, but also the periodic lulls in meth-related moral outrage *and* the initial widespread social acceptance of speed.

Finally, while claims makers are directly responsible for the many historical changes in social constructions of methamphetamine, they must also be credited with indirectly transforming the US stimulant market. Beginning with an examination of the inception and aftermath of cocaine prohibition, I unearth a cyclical pattern whereby public hysteria over a chemical substance culminates in supply-side solutions, which in turn foster newer forms of stimulant abuse, which in turn lead to another round of hysteria. Indeed, in many respects, the most recent wave of attention to the synthetic class of stimulants referred to by the popular press as bath salts appears to be merely the next phase in this cycle.

Organization of the Book

As much of this introduction indicates, the contemporary US stimulant problem cannot be fully appreciated without an understanding of the past. For this reason, Chapter 2 examines early drug use in the United States. Once widely and legally available, cocaine and opium were the subjects of the country's first drug scares. The resulting Public Law 63-223, often referred to today as the Harrison Act,⁵ marked the nation's first major federal drug prohibition and led to the creation of the black market for illicit drugs. Public demand for consciousness alteration persisted after the Harrison Act, prompting a pharmaceutical revolution in which new drugs (or "medicines") were synthesized.

Chapter 3 investigates the introduction of amphetamines, including methamphetamine, into US society. Initially proclaimed as panaceas, amphetamines were consumed by athletes, housewives, movie stars, militaries, and others. Throughout the mid-twentieth century, speed was periodically subject to scorn from politicians and the press, especially

when it became associated with black jazz musicians, prisoners, and other groups with relatively low levels of social power. During this time period, amphetamine users and abusers proved very innovative in their responses to a series of government and industry restrictions designed to control licitly manufactured and distributed stimulants.

In Chapter 4, I discuss the first US drug scare specifically focused on methamphetamine. The 1960s saw the emergence of the menacing “speed freak” in pop culture. Hysteria over intravenous use of Methedrine signified the cultural dichotomization of meth from the other amphetamines, a distinction that remains to this day. Although Methedrine abuse was initially portrayed as a problem affecting socially marginalized “others,” the widely publicized rape and murder of an eighteen-year-old woman from an elite upbringing served to recast Methedrine as a threat to innocent members of mainstream society. The media frenzy over methamphetamine subsided following the Controlled Substances Act (CSA) of 1970, and meth would remain relatively absent from public discourse until the short-lived ice panic of 1989.

Because disproportionality is a primary characteristic of moral panics, in Chapter 5 I assess the extent to which patterns in media coverage correlate with empirical data on early methamphetamine use. In Chapter 5, I also examine how the black market for meth emerged and evolved in response to strictly imposed quotas on pharmaceutically manufactured speed. Smokable methamphetamine was one of the eventual consequences of a series of legislative acts that began in the 1970s and ultimately became the subject of the second (and most fleeting) methamphetamine scare in the United States. Drawing on the imagery of the crack cocaine frenzy of the late 1980s, claims makers warned that the use of ice in Hawaii was poised to spread to the US mainland. An examination of the social problems marketplace and the various political interest groups who worked to construct the threat helps explain why ice disappeared from public discourse almost as hastily as it had arrived.

In the next two chapters, I cover “crystal meth,” the third and most dynamic methamphetamine scare. In Chapter 6, I trace the evolution of meth media discourse from 1995 up through the first decade of the 2000s. As with the Methedrine panic of many years prior, initial portrayals of crystal meth framed the drug as geographically and socioeconomically isolated. The increase in national news attention during the first few years of the 2000s coincided with revised depictions of meth use spreading across the country into all social classes. Around this time, domestic meth problems became more frequently attributed to foreign producers

and traffickers. The crystal meth scare diminished following implementation of the Combat Methamphetamine Epidemic Act (CMEA) in 2006.

The discussion of crystal meth continues in Chapter 7. After placing the third scare in the context of several national indicators of methamphetamine use and associated problems, I argue that the crystal meth panic thrived in the early 2000s partly because claims makers successfully connected methamphetamine with other topics prevalent in the social problems marketplace at that time. In this chapter, I also examine more recent changes in the black market, as it evolved in response to a series of precursor regulations implemented from the late 1980s into the early twenty-first century. I find that the victories resulting from the more contemporary supply interdiction efforts have been momentary, as the continual demand for stimulation has led to a plethora of unintended harms.

In the final chapter, I situate methamphetamine as a bridge between cocaine use of the late 1800s and early 1900s and the “bath salts” phenomenon of the early 2010s. Because all of these substances have the same general physiological effects, I argue that bath salts may be seen as a logical consequence of historical and contemporary policies designed to criminalize and limit the supply of other stimulants. I conclude by advocating respect for the valuable lessons of history, and by making the case for an approach to drug problems based less on hysteria and more on concerns for public health.

Research Methodology

I consulted a variety of news sources when researching and writing this manuscript. Several electronic databases—ProQuest, LexisNexis, *Time* magazine’s website, NewspaperARCHIVE, and Vanderbilt Television News Archive—were used to gather quantitative and qualitative information on media portrayals of methamphetamine and other amphetamines. While most of my focus is on coverage by major national news sources (i.e., *Time*, *Newsweek*, *US News and World Report*, *New York Times*, *Washington Post*, *Wall Street Journal*, *Los Angeles Times*, *USA Today*, and prime-time television news reports broadcast by ABC, NBC, and CBS), I occasionally include information from secondary national news sources and local news media. See the Appendix for a detailed description of specific search parameters utilized to locate news literature and compile data presented in many of the figures.

Notes

1. While MDMA is chemically classified as an amphetamine, it is not considered a typical stimulant due to its hallucinogenic effects (Mosher and Akins 2007).

2. Some of the text in this section previously appeared in Nicholas Parsons's "Fear of Crime and Fear of Drugs: The Role of Mass Media," in *Local Issues, Global Impact: Perspectives on Contemporary Social Issues*, edited by Michael J. Stern (San Diego: Cognella, 2012), pp. 157–173.

3. The limitations of these data need to be noted. Since Blendon and Young (1998) do not provide data for several years between 1980 and 1995, one should not assume that public opinion or illicit drug use followed a linear pattern during these interim years. For example, Reinerman and Levine (1997b) note that the percentage of Americans who cited drugs as the country's most important problem fluctuated greatly in the mid- to late 1980s, corresponding to election cycles. Also, these data are subject to general errors inherent in survey methodology (e.g., social desirability, sampling error, question wording effects).

4. Dimethyltryptamine (DMT) provides an excellent example of the curious connection among psychoactive drugs, neurotransmitters, and nondrug activities. DMT is an intensely powerful but short-acting hallucinogen that exists naturally in various plants and animals, including the *Bufo* toad (Weil and Rosen 2004; Mosher and Akins 2007). Terrence McKenna—a man who dedicated much of his life to trying to unlock the existential, shamanic, and cosmic mysteries of myriad psychedelic drugs—recounted being exposed to alien life forms, black holes, and talking elves during DMT smoking sessions. Upon coming down from one out-of-body experience, McKenna (1991) described DMT by exulting, "I cannot believe this; this is impossible, this is completely impossible" (38). Also of note: DMT is virtually identical in molecular structure to a hormone produced by the brain's pineal gland (McKenna 1991; Weil and Rosen 2004). Research indicates that the human brain significantly increases its production of DMT (or DMT-like molecules) during "sexual ecstasy, childbirth, extreme physical stress, . . . meditation . . . dream consciousness," near-death experiences, and in the moments immediately prior to death (I. Miller 2013, 217–218). In other words, one does not need to smoke toad venom (or introduce any other foreign psychoactive substance into the body) in order to "trip" on DMT.

5. In both the popular and scholarly literature, Public Law 63-223 is also sometimes referred to as the Harrison Narcotics Act, the Harrison Narcotics Tax Act, and the Harrison Narcotic Control Act, among other names.