

# **Meth: America's Most Dangerous Drug**

By David J. Jefferson

It creates a potent, long-lasting high—until the user crashes and burns. This is the story of how meth quietly marched across the country and up the socioeconomic ladder—and the wreckage it leaves in its wake. As law enforcement fights a battle on the ground, officials ask: are the Feds doing all they can to contain this epidemic?

March 8, 2010 -- The leafy Chicago suburb of Burr Ridge is the kind of place where people come to live the American dream in million-dollar homes on one-acre lots. Eight years ago Kimberly Fields and her husband, Todd, bought a ranch house here on a wooded lot beside a small lake, and before long they were parents, with two sons, a black Labrador and a Volvo in the drive. But somewhere along the way this blond mother with a college degree and a \$100,000-a-year job as a sales rep for Apria Healthcare found something that mattered

more: methamphetamine. The crystalline white drug quickly seduces those who snort, smoke or inject it with a euphoric rush of confidence, hyper-alertness and sexiness that lasts for hours on end. And then it starts destroying lives.

Kimberly tried drug rehab but failed, and she couldn't care for her children, according to divorce papers filed by her husband, who moved out last year. She was arrested three times for shoplifting—most recently, police say, for allegedly stealing over-the-counter cold pills containing pseudoephedrine, the key ingredient used in making meth. By the time cops came banging on her door with a search warrant on June 1, Kimberly had turned her slice of suburbia into a meth lab, prosecutors allege, with the help of a man she'd met eight months earlier in an Indiana bar, Shawn Myers. (Both Fields and Myers pleaded not guilty to possessing meth with an intent to distribute, though Kimberly told police that she is addicted to the drug.)

Dressed in a pink T shirt printed with the words ALL STRESSED OUT, Kimberly looked about 45 pounds thinner than when police first booked her for shoplifting two years ago. Her leg bore a knee-to-ankle scar from a chemical burn, and police found anhydrous ammonia, also used in cooking meth, buried in a converted propane tank in her backyard. As officers led Kimberly away in handcuffs, her 6-year-old son Nicholas was "only concerned that his brother had his toys and diapers," recalls Detective Mike Barnes. Meanwhile, police evacuated 96 nearby homes, fearing the alleged meth lab might explode.

Once talked about as "poor man's cocaine," meth has seeped into the mainstream in its steady march across the United States. Relatively cheap compared with other hard drugs, the highly addictive stimulant is hooking more and more people across the socioeconomic spectrum: soccer moms in Illinois, computer geeks in Silicon Valley, factory workers in Georgia, professionals in New York. The drug is making its way into suburbs from San Francisco to Chicago to Philadelphia.

More than 12 million Americans have tried methamphetamine, and 1.5 million are regular users, according to federal estimates. Meth-making operations have been uncovered in all 50 states. Cops nationwide rank methamphetamine the No. 1 drug they battle today: in a survey of 500 law-enforcement agencies in 45 states released last month by the National Association of Counties, 58 percent said meth is their biggest drug problem, compared with only 19 percent for cocaine, 17 percent for pot and 3 percent for heroin.

Meth addicts are pouring into prisons and recovery centers at an ever-increasing rate, and a new generation of "meth babies" is choking the foster-care system in many states. One measure of the drug's reach: Target, Wal-Mart, Rite-Aid and other retailers have moved nonprescription cold pills behind the pharmacy counter, where meth cooks have a harder time getting at them.

The active ingredient in those pills is pseudoephedrine, a chemical derivative of amphetamine. The "pseudo" is extracted from the cold pills, and cooked with other chemicals like iodine and anhydrous ammonia—using recipes readily available on the Internet—over high heat. The resulting compound, when ingested, releases bursts of dopamine in the brain, producing a strong euphoric effect.

Amid the wreckage, a pressing political debate: have we been fighting the wrong drug war? The Bush administration made marijuana the major focus of its anti-drug efforts, both because there are so many users (an estimated 15 million Americans) and because it considered pot a "gateway" to the use of harder substances." But those fighting on the front lines say the White House was out of touch. "It hurts the federal government's credibility when they say marijuana is the No. 1 priority," said Deputy District Attorney Mark McDonnell, head of narcotics in Portland, Ore., which has been especially hard hit. Meth, he says, "is an epidemic and a crisis unprecedented. We hope Obama will take a new approach."

So far, the new administration has declared the war on meth a high priority, but it has not committed itself to any one approach. A growing number of officials around the country want to see concrete action from the White House. The drug czar's office hasn't made any legislative proposals, or weighed in on any of those coming from Capitol Hill. Members of Congress whose districts have been ravaged by the drug are forcing the issue: the ranks of the House's bipartisan

"meth caucus" have swelled from just four founding members in 2001 to 118 today, and the group has been pushing the administration's to increase federal spending on local law enforcement. "To the extent that we have to choose between fighting meth and marijuana, we need to be fighting meth," says Sen. Jim Talent, Republican of Missouri, who along with Sen. Dianne Feinstein, Democrat of California, has introduced the first big federal bill to address the problem, which would put strict restrictions on the sale of pseudoephedrine-based products.

End of Part One

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Part Two

The policy debate doesn't mean much to Terry Silvers, who is one of the victims in this war. Silvers worked for 19 years at Shaw carpet mill in Dalton, Ga., dreaming of the day he could open his own body shop. He had a wife and three kids, and he'd never missed more than a few days of work his entire life. The only illegal drug he'd

tried was pot, which he used twice. One day when he was drinking with his buddies they talked him into doing some meth to wake him up for the drive home. "I snorted a line and within five seconds it was like I'd had 12 hours of sleep and wasn't drunk anymore." Soon, Silvers was snorting once or twice a week. Then someone taught him how to smoke it. When the thrill wore off, he started injecting: "firing" or "slamming," addicts call it. "Golly, it's the best feeling you ever had. It's like your mind is running 100 miles an hour, but your feet aren't moving." His weight dropped so drastically—from 180 pounds to 140—that his wife, Lisa, thought he had cancer. He grew increasingly hyperactive and began having seizures and hallucinations. When his wife figured out what the real problem was, she called his employer and tried to get him into its drug-treatment program. He decided to quit his job rather than get help. Fed up, his wife confronted him one Sunday in May and told him she was leaving. "He hit me and knocked a hole in my eardrum," his wife says. His daughter Heather called 911 as her father was dragging Lisa down the steps of a neighbor's house. When NEWSWEEK met with Terry Silvers earlier this summer, he was in Whitfield County Jail, wearing leg shackles and handcuffs. "I'm not as hardened as all this looks," said a gaunt and embarrassed Silvers, who is charged with manufacturing the drug. "I think meth is one of the plagues the Bible talks about," his wife says.

In urban gay communities from New York to Los Angeles, the meth plague has been linked to an even deadlier one: AIDS. Meth makes many users feel hypersexual and uninhibited, and in the gay

community that has meant a sharp increase in unsafe sex. The link between meth and HIV is undeniable: in L.A., nearly one in three homosexual men who tested positive for HIV last year reported using crystal, and that percentage has tripled since 2001, according to a new study of 19,000 men by the Los Angeles Gay Lesbian Center. As in the early days of AIDS, the gay community is fighting to get men to change their behavior: in L.A., activists hand out buttons that declare dump tina (one of meth's many nicknames). But the pleas often fall on ears deafened by meth's siren call.

Meth-fueled sex is hardly the exclusive province of gay men. Dr. Alex Stalcup, medical director of New Leaf Treatment Center in Lafayette, Calif., sees plenty of straight high school and college men who use meth to have "speed sex." "They'll get a bunch of speed and go up to a cabin with some girls on Friday night and just have sex all weekend," Stalcup says. The irony is that meth can cause impotence. For many women, weight loss is an even bigger draw. Stalcup tells of one 5-foot-8 patient who weighed less than 90 pounds when she came to him. "People call it the Jenny Crank diet," says Patrick Fleming, head of the Salt Lake County Division of Substance Abuse Services, which now sees more women with addictions to meth than to alcohol.

A lot of people never saw the meth epidemic coming. Unlike crack cocaine, which erupted in the nation's urban centers in the 1980s and quickly gained the attention of media and government,

meth took hold in rural areas far from America's power brokers. "It does not have the same hold on policymakers that crack did 20 years ago. I think that's one of the things that has helped the epidemic build in severity, kind of under the radar," says Jack Riley of RAND Corp., the Santa Monica, Calif., think tank.

Methamphetamine isn't a new drug, though it has become more powerful as the ingredients and the cooking techniques have evolved. It was first synthesized by a Japanese chemist in 1919, and was used by both Axis and Allied troops in World War II to keep them alert and motivated; kamikaze pilots were said to have taken high doses of the stuff before their missions. In the 1950s, it was commonly prescribed as a diet aid, to fight depression and give housewives a boost. The federal government criminalized the drug in 1970 for most uses (it's still legally available in very low doses for the treatment of attention-deficit disorder). But by then it was illegally being manufactured and distributed by motorcycle gangs in the West. In the early '90s, Mexican trafficking organizations began taking over production, setting up "superlabs" in the California countryside that were able to crank out 50 pounds of meth or more in a weekend.

Back when bikers controlled the trade, legislators tried to restrict supplies of the core ingredient they were using to make crank, so nicknamed because they would hide meth in their motorcycles' crankcases. So the cooks simply changed the recipe to use ephedrine, a chemical then found in cold medications. Lawmakers

got wise, and clamped down on ephedrine; the cooks switched to a related compound, pseudoephedrine. When the United States began restricting bulk sales of "pseudo" in the mid-1990s, meth manufacturers turned to Canada. They also began buying hundreds of thousands of boxes of Sudafed and other pseudoephedrine-based drugs ("smurfing," cooks call it, when they go from store to store buying or stealing pills). When Canada strengthened regulation of large sales of pseudoephedrine in 2003, production jumped south to Mexico, where pseudo has been arriving in ever-larger doses from Asia. Today about half the meth in the United States is made in Mexico, smuggled across the border and ferried around the country in cars with secret compartments that would make James Bond proud. "It'll be the kind where you turn on the windshield wiper, hit the brakes, hit the door lock and then the compartment will open up," says the DEA's Rodney Benson, special agent in charge of the four-state Seattle Field Division. The DEA is working with its foreign counterparts from Mexico to Hong Kong to intercept pseudoephedrine shipments from overseas and prevent cross-border trafficking into the United States. "I think, increasingly, meth will be seen from our point of view as a smuggled drug," says the agency's Mike Heald.

But meth is a two-front war, and foreign drug dealers are only half the problem. Because the drug is relatively easy to make, thousands of labs manned by addicts or local dealers have sprung up around the country. Legislators are now trying to make it harder for these mom-and-pop labs to get their hands on pseudo. Last year

Oklahoma became the first state to put pseudoephedrine pills behind the counter; as a result, "meth labs have all but disappeared in Oklahoma," says Mark Woodward, press aide for the Oklahoma Bureau of Narcotics, which reports a 90 percent drop in lab seizures since the legislation was enacted. Seventeen other states have followed Oklahoma's example, and a total of 40 states put some sort of restriction on the sale of pseudo. Drug manufacturers, having fought hard against such laws, have started reformulating their cold medicines using a different chemical—one that cannot be used to make meth.

Still, there will be no easy victory. As law enforcement is all too aware, any town in the U.S.A. can be turned into a meth den almost overnight. Take Bradford County in northeast Pennsylvania, a place law-enforcement officials nationwide now refer to as Meth Valley. Five years ago a cooker from Iowa named Les Molineaux set up shop in Towanda, a town of 3,000. Hardly anyone in Towanda had heard of the drug, but by the time Molineaux was arrested and pleaded guilty in 2001 to conspiracy to manufacture meth, he'd shared his recipe with at least two apprentices. From there, "it just spread like wildfire," says Assistant U.S. Attorney Christopher Casey. Today police have identified at least 500 people who are using or cooking the drug in Bradford County, and the actual tally is probably "significantly worse" than that, Casey says. The drug has seduced whole families and turned them into "zombies," says Randy Epler, a police officer in Towanda. "I see walking death among these addicts."

The sobering fact is that, like addiction itself, this epidemic can only be slowed, not cured. "There are a lot more regular people doing it than society has a clue about," says Dominic Ryan, who for a decade dealt meth to doctors, lawyers, designers, accountants and working moms across California. He also smoked the stuff—every day for 10 years—even as he held down a job as a claims manager for a big supermarket chain. But then he lost his job and started dealing drugs full time. He finally got caught on his 42nd birthday, after a customer fingered him in a plea bargain. He pleaded guilty to two counts of possession with intent to sell. He wound up serving 9 months behind bars, where he got to see firsthand the impact of the drug he dealt. "The whole meth-mouth thing is true: I saw hundreds and hundreds of guys with no teeth. A lot of them couldn't even chew the prison food." Some inmates would grind up antidepressants and snort them, attempting to replicate the high of speed. "They were total meth heads. That's what everybody is in prison." Now off meth ("That's part of the parole"), the 46-year-old Ryan says that whatever the government is doing to fight this epidemic, it's failing.