

## Exaggerating the Methamphetamine Problem

From its shrieking inside headline, "America's Most Dangerous Drug," to the gross-out photo gallery (a close-up of "meth-mouth," a prematurely aged meth casualty, and a burned survivor of a meth-lab explosion) the Newsweek package plays to readers' emotions. But for all Newsweek's hysteria, it fails to deliver. For instance, if meth is America's most dangerous drug, how many people has it killed? Newsweek doesn't bother to explore the topic, perhaps because it's so hard to pin down. In 2000, Oahu recorded 35 deaths, Phoenix 105, and Los Angeles 155. Meanwhile, New York City recorded only three that year, while Long Island claimed 38. According to Fred Leavitt's 1982 book, *Drugs & Behavior*, about one usage in 2 million ends in a fatality. If meth is really the most dangerous drug, you'd think the magazine would have provided some sort of body count.

In one attempt to measure the meth "crisis," Newsweek cites federal estimates to report that about 12 million Americans have tried methamphetamine and 1.5 million are regular users. (Compare those figures with the government's rough estimate of 750,000 to 1 million heroin addicts and 2.7 million chronic users of cocaine.) But the magazine doesn't establish whether those numbers are up or down! How can they claim an epidemic unless they've got the numbers?

If you place Newsweek's numbers in their historical context, the bug-eyed claims about a meth epidemic start to collapse. Lester Grinspoon and Peter Hedblom's 1975 book, *The Speed Culture*, documents widespread use of amphetamines in the 1950s and 1960s. (Amphetamine is the family name given to the various synthetic central nervous stimulants to which methamphetamine belongs. For purposes of argument here, the compounds can be considered

nearly interchangeable.) Pharmaceutical companies produced 3.5 billion legal tablets of various amphetamines in 1958, enough to supply every American with 20 standard doses (5 to 15 milligrams) a year. Those pills were potentially just as addictive and potentially just as deadly as the meth found on the street today. Less than a decade later, annual production of pharmaceutical amphetamines had climbed to 8 billion tablets, and by 1971 it topped 12 billion. These quantities far exceeded the amount needed for the then-approved medical uses of amphetamines in treatment of narcolepsy, obesity, depression, fatigue, anxiety, and hyperkinetic children.

Where did all those amphetamines go? For starters, script doctors overprescribed the drugs. One well-known and avid consumer of legal amphetamines was President John Kennedy. When users (and dealers) couldn't obtain a doctor's prescription, they would divert the drugs from legal channels—stealing them, forging prescriptions, setting up fraudulent companies and ordering them from the source, or smuggling them across the border. Use was so prevalent that a 1964 study in Oklahoma City (population 300,000) identified 5,000 individuals who got amphetamines and barbiturates (downers) through illegal sources.

In 1965, the federal government tried to reduce the flow of legal amphetamines into the black market by passing the Federal Drug Abuse Control Amendments, but the law had an unintended effect. At the time, the legal amphetamines wholesaled for as little as 14 tablets a penny, writes Edward M. Brecher in his landmark 1972 study, *Licit and Illicit Drugs*. "Kitchen chemists" had been producing amphetamines in clandestine labs since the early 1950s, but they couldn't compete with the licit producers on price. When the government restricted the legal supply, the street price for the diverted amphetamines logically went up. This opened the door "for profitable illicit manufacture on a far larger scale" for the first time, notes Brecher.

By cutting the legal supply to a trickle, the government signaled to drug dealers—and would-be drug dealers—that they could collect substantial profits from an established clientele if they started manufacturing amphetamines. So, as pharmaceutical-grade stuff left the market illicitly, synthesized drugs of dubious purity and potency replaced them (Gresham's Law applied to drugs), making the drug-taking experience more dangerous. The shift to clandestinely made amphetamines also resulted in toxic-waste nightmares when chemists abandoned their labs.

In 1988, the federal government attempted to curtail the production of illicit methamphetamine by severely restricting access to the P2P precursor compound. Some chemists switched to ephedrine, which could be found in cold remedies, and when the government suppressed ephedrine, some moved on to pseudoephedrine, the active ingredient in Sudafed and other decongestants. Now, the government strictly limits even the sale of over-the-counter preparations containing pseudoephedrine. According to Newsweek (which I should be reluctant to present as a reliable source), the precursor clampdown helped drive half of all U.S. methamphetamine production to Mexico, where there are few controls.

Newsweek makes a big deal in a graphic and in the text about the dramatic increase nationwide in the number of methamphetamine lab "seizures," but you have to consult the fine print on one of the charts to learn the generous definition of a seizure. A seizure includes "chemicals, glass, equipment and dumpsites," which would allow for some double-counting of labs. And not all lab seizures are equal. A mass-production meth lab in California, which produces pounds of the stuff at a time from precursors diverted from industrial sources, is not the same as the home-brew lab of a guy in Iowa who converts stolen Sudafed into small batches of meth for self-use or to sell to a few friends.

Looking elsewhere in the drug database for evidence of a meth epidemic, we arrive at the number of seizures of the actual drug by the Drug Enforcement Administration, a number Newsweek doesn't bother to include, perhaps because it undermines the "crisis" thesis. According to the DEA, seizures of meth peaked in 1989 at 174 million dosage units. The last year for which the DEA chart records numbers, 2002, shows 118 million dosage units seized. Another significant metric is found in the superb number-crunching performed by the University of Michigan's Monitoring the Future survey. Each year, the survey asks high schoolers what drugs they've taken in the last year. In 1975, 16.2 percent of all 12th graders said they'd taken amphetamines over the year. That number peaked at 26 percent in 1981 and bottomed at 7.1 percent in 1992. Methamphetamine arrives on the chart in 1999 at 4.3 percent but dribbled down to 3.4 percent by 2004. Some epidemic.

This critique is no brief in favor of drug use. Nor do I minimize the collateral damage inflicted on others by methamphetamine users. But journalism like this ignores how, to paraphrase Grinspoon and Hedblom, drug-war measures often do more harm to individuals and society than the original "evil" substance the warriors attempted to stamp out. In the mid-1960s, just before the government declared war on amphetamines, the average user swallowed his pills, which were of medicinal purity and potency. Snorting and smoking stimulants was almost unheard of, and very few users injected intravenously.

Today, 40 years later, snorting, smoking, and injecting methamphetamines of unpredictable potency and dubious purity has become the norm—with all the dreadful health consequences. If the current scene illustrates how the government is winning the war on drugs, I'd hate to see what losing looks like.

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And don't get me started on Newsweek's exploitative approach to "meth-mouth." I'm sure that smoking meth is horrible for your teeth and your digestion, but when was the last time you read a newspaper story about toothless winos in which they attributed their dental dilemmas to excessive cabernet sauvignon consumption?