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Big crank country: Methamphetamine in Montana

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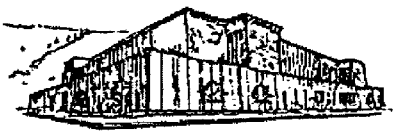

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BIG CRANK COUNTRY:

METHAMPHETAMINE IN MONTANA

by

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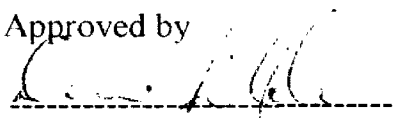

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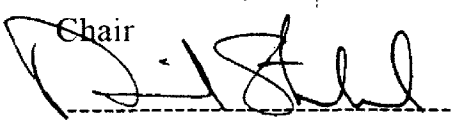

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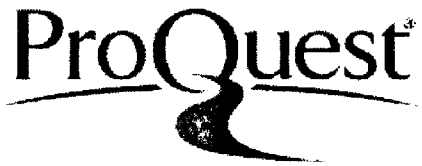

Perkins, Dawn, Master of Arts, May 2001 Journalism

Big Crank Country: Methamphetamine in Montana (93 PAGES)

Director: Dennis Swibold

As methamphetamine has become cheaper and easier to buy and make, the use, production and trafficking of methamphetamine have increased dramatically in Montana in recent years. The drug, more commonly known as crank or meth, is one of the most physically, mentally and emotionally damaging and addictive drugs produced today, according to medical sources. The stimulant causes psychosis, heart attacks, brain damage and miscarriages. Many intravenous methamphetamine users develop HIV and hepatitis from sharing needles and injection paraphernalia. Doctors, drug counselors and law enforcement officials have also discovered that the drug causes bouts of paranoia—the result of disturbances in brain chemistry and countless days and nights without sleep—that can lead to violent episodes.

Arrests and convictions for methamphetamine-related offenses have also been on the rise. Even in the sparsely populated southeastern corner of the state, authorities say that more than 90 percent of the Eastern Montana Drug Task Force's arrest are meth-related.

Many times when authorities close down crank labs, hazardous materials cleanup teams are called in to dispose of the deadly waste left over from the drug production process. Crank lab cleanup is a costly burden for federal, state and local agencies in Montana.

Social service agencies have also felt the increasing burden of methamphetamine's grip on Montana. This burden weighs heavy with the Child and Family Services offices in Great Falls and Billings where more children are placed in foster care because of crank use in their homes than for any other reason.

Although *Time* magazine and several of the state's newspapers have explored the dangers associated with the growing popularity of methamphetamine in certain cities, and other newspapers have documented arrests and convictions for meth-related offenses, there has been no statewide exploration of the crank problem in Montana. This project documents the methamphetamine epidemic in cities, towns, communities and reservations throughout the state.

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Chapter One: Montana's Methamphetamine Menace

They call it crank, and it can make you feel invincible.

It made a Polson man feel so invincible that he mixed batches of the drug in his car, creating a bomb-like mixture that might have blown him or anyone around him to pieces.

It can give you confidence, energy and a sense of power.

It made one woman from Kalispell feel like she could do anything. That's when she started snorting the drug in her kitchen while her children cried for her from behind the baby gate in the next room.

It can make good things feel better and problems seem not so serious.

It lessened the blow when a Kalispell woman got fired because she didn't show up for work during a binge. There was always prostitution to support her habit and her daughter.

The drug is methamphetamine, and although it produces intense euphoric feelings, those feelings quickly fade, only to be replaced by the dark, dramatic, drug-driven emotions of the enslaved lifestyle of addiction.

During recent years, the popularity of methamphetamine, a powerful synthetic stimulant, has skyrocketed in Montana, touching people in every city, town and community no matter what the size. Indian reservations have also been caught off guard by the influx of the drug, which some refer to as "the smallpox of the new millennium."

Although a large number of people may never see the drug or know someone who has used it, methamphetamine's grip on the state grows by the day.

Just ask Teri Bellusci, at the Great Falls Child and Family Services office, who says that 70 to 75 percent of the children the agency has placed in foster care in the last year and a half have landed there because of methamphetamine use in their homes.

Ask Lisa Green, from Billings, who spent her daughter's college fund—$45,500—to send the teenager to treatment for her methamphetamine addiction; money that she says she would have otherwise spent on a unexpected pregnancy, lawyer or funeral for her drug-addicted child.

Ask Mary Haydal, from Miles City, whose 18-year-old daughter died of a heart attack caused by methamphetamine use.

Ask Scott Zeitner, an agent with the Eastern Montana Drug Task Force. He estimates that more than 90 percent of the agency's arrests within its sparsely populated jurisdiction are methamphetamine-related.

Ask Terry Boyd, supervisory criminal investigator with the Bureau of Indian Affairs at the Fort Peck Agency, who will tell you that one of the methamphetamine labs his agents recently busted cost close to $33,000 to clean up.

Ask Assistant U.S. Attorney Josh Van de Wetering, who estimates that 60 to 70 percent of the cases he prosecuted in Montana in 2000 involved methamphetamine.

Ask Kathy Woodward, at the Billings Mental Health Center, who says there are a greater number of intravenous methamphetamine users in Billings than anywhere else in the country.

The problems continue to grow as more meth labs pop up in Montana and an increasing amount of the drug is brought into the state from other areas. Social costs are

staggering as Montana spent 15.4 percent of its total state budget on substance abuse in 1998, according to the National Center on Addiction and Substance Abuse.

Methamphetamine—also known as meth, crank, speed and chalk, and in its smokable form as ice, crystal or quartz—has become more popular in recent years as the drug has become easier and cheaper to make.

Meth cooks, or those who produce the drug, combine camera batteries, lye, drain cleaner, iodine, gasoline, match-striking pads, over-the-counter cold medicine and other components to make up the drug known as poor man's cocaine.

And, they can combine the ingredients just about anywhere: in sinks, in cars, in hotel room bathtubs and in makeshift laboratories small enough to fit on card tables, which can be constructed, taken down and moved within a matter of minutes.

Ken Poteet, regional agent in charge of Montana's Division of Criminal Investigation, says the materials to make a few ounces of the drug in one of the state's "mom and pop" laboratories cost about $250. He says that after the cooks combine the products using one of three methods—the Nazi, red phosphorus, or cold method—they can make $6,000 off the methamphetamine produced.

The drug sells fast because it promises an 8- to 24-hour high, depending on whether it is smoked, snorted, swallowed or injected. It costs about $25 for a quarter-gram hit.

Much of Montana's methamphetamine is also imported into the state from Washington, California and Mexico. Authorities say that in recent years, the Hi-Line has become a major meth trafficking area due to its relative isolation. The violence and crime associated with crank have followed this eastern push, with Havre witnessing two

fatal meth-related shootings in 1999.

Although the drug may be cheap to buy and make, its effect on users' lives is much more costly.

Assistant U.S. Attorney Josh Van de Wetering says that several years ago he prosecuted a Kalispell couple who had been living in the same garage where they had been mixing the dangerous and sometimes explosive array of ingredients used to make methamphetamine.

"They looked like a pair of caged animals," he says. "Their eyes were sunken, they were rail thin. It made me think, 'What possible punishment could I come up with that could be worse than what these people are doing to themselves?"

Methamphetamine's affect upon those who make or abuse it is extensive, robbing them of their health, self-esteem, self-control, family, friends, job, respect for others, morals, sense of duty and regard for the law.

"Meth affects every part of your life, from the top of your head to your toes," says James Arneson, a former methamphetamine addict and dealer from Miles City. "It destroyed every part of my life."

A 14-year crank addiction left Arneson, age 42, utterly destroyed and alone, without family, friends, health, or sense of well-being. Despite being clean for three years, he still struggles with depression caused by the damage that he inflicted upon himself and others during his methamphetamine spree.

"I have a desire to just quit living life," says Arneson. "I mean there are no other options because you know it's never going to get any better.

"My emotional state is just shot. I'm neither happy, nor sad, I just float in between."

Arneson travels to various schools around the state, including those in Missoula, Jordan and Roundup, talking to students and community members about methamphetamine. He alerts listeners to certain warning signs of meth use like heavy traffic in and out of homes at late hours, strange ammonia or rotten-egg-like smells coming from suspected meth lab sites, or a change in their children's friends. And, he tells them that despite the havoc crank wreaked upon his life, that the drug won't affect them in the same way if they work together to keep methamphetamine from taking over their communities.

"I tell people, 'If you've got a problem, go get high and make it two,'" he says. "If you want to go to hell and shake hands with the devil, get on this drug."

Chapter Two: Tales of a Crank Addict

Rachael Peters didn't pick up a needle until she was 46.

At age 51, she now has hepatitis C to show for it.

She hasn't shot meth for four years, but she remembers, with some degree of nostalgia, those crank days.

Peters—who asked that her real name be changed for this article to preserve her privacy—started shooting meth when a string of other addictions to amphetamines, cocaine, alcohol and the prescription drug Xanax left her feeling like she was coming apart. She was making $8 an hour as a legal secretary in Kalispell and trying to take care of her daughter, a fifth grader, without any health insurance benefits. She says that her past drug addiction and the financial pressure of being a single mother were a huge burden, and she broke under the weight.

"I was trying so hard to be a straight good mom," she says. "I didn't understand what it took to be a mom."

Peters began her one-year crank run the same time she got together with her boyfriend, a meth junkie she met at a Narcotics Anonymous meeting. She says she knew he would teach her to shoot up.

"This sounds really bizarre, but I just knew he wasn't going to make it, and I didn't want to either anymore," she says.

And sure enough, he did teach her and she quickly learned how good crank made her feel.

"I'm not kidding, from the first shot, it was everything I'd ever looked for," Peters says. "When the system talks about drug users and they say, 'Don't you understand how horrible that is? How can you do that to yourself?' They don't understand that they are asking you to give up probably the most euphoric experience you will ever have in your life. I mean it is better than the best sex you can ever imagine. It is better than giving birth. It is better than nursing a child that you adore for two years. I mean it comes between everything."

It was such a great experience that she got fired for not showing up to work and turned to prostitution to support her habit. She and her boyfriend also shoveled snow to buy crank.

"We'd do a shot of speed and I mean that snow was flying," Peters says.

The two were spending almost all their money on meth, leaving next to nothing for food, rent or bills.

"My daughter was pretty much living with her friends and I paid (the landlord) just enough money to keep us from getting kicked out," she says.

Then Peters' daughter found her stash of needles and caught onto what she was doing. Peters says she told her mother, "Mom, you're too old to do speed, I've done some research. You're going to have a heart attack and die. You need to switch to heroin."

When Peters told her daughter she couldn't quit and that there wasn't enough heroin in Kalispell to keep her from getting sick from withdrawal, she remembers her daughter's response: "We'll move. We'll go somewhere where you can get enough heroin. But you've got to stop doing speed."

Peters wanted to send her daughter away so that the addiction didn't ruin the girl's life, but Peters' family wanted nothing to do with her and her meth-injecting lifestyle. She was a junkie, but was beyond worrying about the stigma that follows IV drug users.

"When you inject drugs, you are at the bottom of the social hierarchy of drug users," she says. "People who smoke it or snort it don't want anything to do with you because you're a junkie. They have somebody to look down on so they don't feel quite so low. There's nothing lower than a junkie in any social strata.

"Street gangs in inner cities don't let you become a member if you're a junkie because you're not trustworthy. You're untrustworthy because you have a habit that's so powerful you'll do anything. You may be able to manage things for quite a while and then put yourself in a position to hurt somebody else to satisfy your need. It's a need beyond anything you can understand. I mean, you will do anything when you are at that point."

The need to get crank into her bloodstream was so strong that using clean needles to inject the drug and avoiding other IV drug users' blood wasn't a priority. That's how she ended up with hepatitis C, an incurable liver disease.

"Hepatitis C is so easily transmittable through the sharing of anything besides needles," she says, "just blood contact, and in an injecting scene there's so much blood. I mean you're sitting around a table with three, four and five people and you're all injecting; there's blood everywhere. Needles get mixed up very easily with speed freaks. You can't keep track of them. We were kind of vaguely aware that that you shouldn't share anything like that, but none of us really knew what it meant in terms of HIV and hep C."

Peters didn't quit injecting until her boyfriend was sent to prison for hitting a man with his truck and killing him. He had been high on crank for six days. She went to a few Narcotics Anonymous meetings and got involved with the Harm Reduction Coalition, a group that provides drug users with information to help stop the spread of HIV and hepatitis, although in retrospect, she says she doesn't know how she kicked the habit.

"I cannot tell you what happened except that I was reluctant, I did not want to quit, I had no intention of quitting," she says. "I just wanted to quit long enough to get rid of my kid, to get her set there, somewhere else away from me, and then I wouldn't have to have that house, I wouldn't have to have any of the things that went with it, and I then I could just be another homeless junkie."

Peters stayed clean longer than she expected to because every time she got the urge to use, she says something else would stop her.

"It's not that I couldn't (use) inside, because I wanted to and I would have, but the door would slam and I couldn't get to it," she says. "Was my daughter so important? Is she destined to be some great person and she needed her mom?"

But sobriety is fragile and she still struggles against the pull of the drug. She says that recently, while driving home, she felt the urge to buy some meth, but then she remembered her cat.

"I have this wild cat that I feed every night on my porch," she says. "She hates my guts. She won't even get close to me."

As she considered her options for finding a quick fix, the cat's needs won out. She

says she thought, "Oh f---, I've got to feed the cat."

"And, I went home and fed the cat," she says.

Chapter Three: Law Enforcement Officers and the Meth Threat

Retired Missoula police Sgt. Bob Heinle knows the dangers law enforcement officers face when dealing with methamphetamine users.

He will spend the rest of his life paralyzed from the neck down after being shot in 1998 by James Martin, whom Heinle tried to apprehend for attempting to cash a forged check at a bank in downtown Missoula. Authorities say that Martin had used meth before the shooting.

In another instance of methamphetamine-related violence, Craige Couture, an investigator with the Northwest Montana Drug Task Force, says that when his agency busted one meth user, the man had semi- and automatic guns loaded with bird shot and armor piercing ammunition waiting in his home for the officers.

As methamphetamine has gotten cheaper and easier to buy and make, its presence has spread to Great Falls, Havre, Arlee, Butte, Helena, Browning and communities throughout Montana, bringing violence and danger along with it. The problem has grown at an alarming rate in recent years, leaving law enforcement personnel and others who work with the justice system to wonder when the methamphetamine madness will end.

Officers working within the sparsely populated counties of Rosebud, Garfield, Prairie, Dawson, Wibaux, Fallon, Carter, Powder River and Custer and within the Crow and Northern Cheyenne Indian reservations have seen their share of meth-related action.

Scott Zeitner, an agent with the Eastern Montana Drug Task Force, says that within this jurisdiction, over 90 percent of his agency's arrests are meth-related.

"(It's) epidemic for our entire area," he says.

In December 2000, the agency arrested several people for allegedly selling methamphetamine out of the Kiddee Rompus Day Care Center in Miles City. Although the officers encountered no violent interactions while making the arrests, the unpredictable nature of the drug makes each bust potentially dangerous.

"Just about every violent crime that I can think of has some sort of methamphetamine trail," says Detective Jeff Dobie of the Missoula Police Department.

Shelagh More, a patrol officer with the Missoula Police Department concurs. She says that a majority of the crime committed in Missoula can be traced to a person trying to obtain, sell, buy, traffic, distribute or deliver methamphetamine and that many fights, assaults, domestic violence calls, driving violations and car crashes are meth-related.

"It's just a continual cycle," says More. "So many of our crimes, yes, there is a direct link to methamphetamine. It's an ugly, ugly cycle."

In February, she responded to an accident where the driver said she fell asleep at the wheel. After talking with the woman for several minutes, More says the driver disclosed that she had been using meth, marijuana and a sleeping pill.

More says most people do not realize how widespread the crank problem is in Montana and how it affects their daily lives.

"It is just astounding because you think, 'Well gee, I don't see it in my personal life, how can it be so prevalent?'" she says. "It is everywhere. We could probably score methamphetamine in a matter of minutes to hours."

Detective Greg Megargel of the Missouri River Drug Task Force—another of the seven Department of Justice-affiliated task forces in the state, this one covering Gallatin, Park, Meagher, Broadwater, Lewis and Clark, Madison and Sweet Grass counties—says

that the drug is so pervasive that even in Clyde Park, a town of 310 people northeast of Bozeman, his agency had a meth-related investigation.

And every bust is a powder keg.

"They're all scary," he says. "They're all unpredictable. You have to be on your guard in whatever situation you're in."

Much of the crank in Montana comes from California, Washington and Mexico. Great Falls and northcentral Montana witnessed the extent of this meth influx in April when law enforcement officers confiscated an estimated 250 pounds of the drug, which was funneled into the state through Yakima, Wash. The officers also seized a number of handguns and rifles during the investigation.

Meth dealers and cooks, or those who make the drug, have flocked to Montana in recent years because its rural landscape provides hiding places and police are scarce.

As a result, the state has been bombarded with the growth of small clandestine methamphetamine laboratories, also known as "mom and pop" labs, which can be found just about anywhere: in apartment complexes, hotel rooms, storage sheds and open fields.

In December 2000, investigators arrested Joe Flood, a 33-year-old Great Falls middle school teacher, for allegedly allowing a Nevada man to make methamphetamine in the garage of his home and for his alleged involvement in a drug ring.

In 1996, the state Justice Department raided one crank lab in Montana. In 1997, the department seized four. In 1998, the number grew to 12. In 1999, it ballooned to 50. And, in 2000, the number exceeded 50. Local and federal officials have busted many more.

Ken Poteet, regional agent in charge of the state's Division of Criminal Investigation, says that unlike the big, high-tech methampetamine labs in the 1960s, which could produce one-pound quantities of the drug during each production cycle, these mobile labs produce a relatively small amount of meth, typically three to six ounces per cook. This allows the cooks to easily distribute the whole amount and move the lab to another location.

"It can be a never-ending process until the cookers are caught because they never run out of chemicals," he says.

Ron Phillips, a 38-year-old meth cook and addict from Polson, says he traveled around the Flathead Indian Reservation for eight months cooking batches of methamphetamine wherever he could to feed his 15-year habit. He carried his mobile meth lab in a backpack and lived with various drug addicts, paying his rent with doses of crank. His career as a meth cook ended when agents with the Northwest Montana Drug Task Force busted him a second time in February for allegedly possessing and making the drug.

Poteet says that in 1999, his department arrested a woman operating a lab in Superior who had fled to the small western Montana town after she and her husband got caught cooking crank in California. He says that while cooking for clients in Superior, the woman hired runners to buy her ingredients. When Poteet's department arrested her, she told the officers that the runners easily found everything they needed in town.

Besides fugitive crank cooks, law enforcement officers and others face additional dangers when investigating these clandestine labs.

Many of the ingredients used to make methamphetamine—paint thinner, lye, gasoline, kerosene, brake cleaner, gun scrubber, engine starter and farm fertilizer—are dangerous in themselves. But when combined with ephedrine or pseudoephedrine—the main ingredient in methamphetamine found in cold tablets and diet pills—and prepared by using one of several cooking methods, the results can be disastrous.

Phillips says he often cooked batches of crank in his car. He would mix the hazardous chemicals used to make the drug in containers on his lap, then heat the flammable mixture on the car's exhaust manifold. One false move could have caused an explosion, killing him and anyone or anything around him.

"It's a hydrogen bomb," he says.

Cooks have been known to lose their hair and teeth, and contract blood poisoning as a result of handling and inhaling the chemicals used during production. And, labs have been known to ignite and blow up, spewing toxic gas, thereby injuring law enforcement officers and anyone else in the general area.

In November 1999, a crank lab in Great Falls blew up in the cooker's face.

Kip McGillivray, operations manager with SI-McStay, a business that cleans up meth labs in Montana, Idaho and Oregon, says that recently his company was called in to clean up a lab in Portland, Ore., that police discovered only because it had exploded, sending glass and roof materials flying for three blocks.

"If people are involved with cooking inside their house, it's one of the most dangerous places you can go," says Poteet.

To prevent injuries while working around these sites, trained officers follow certain guidelines.

When they enter a lab site, they wear respirators, gloves and disposable suits. They wear special boots to prevent sparks from flying and causing a fire. They watch for hypodermic needles because they risk exposure to HIV or hepatitis.

"There are syringes laying everywhere," says Craige Couture, an investigator with the Northwest Montana Drug Task Force. "You always have to be aware that you could be stuck with a syringe at any time."

After officers bust a lab, remove the people inside, and collect any evidence, they then call SI-McStay, a Smelterville, Idaho-based company, to remove the mess crank cooks leave behind.

For every one pound of meth produced, the cooking process also produces about five pounds of hazardous waste, which cooks often pour onto the ground, killing plants and grass and endangering any humans or animals who walk in the area.

Couture says that during a meth lab bust in Polson, agents discovered that the cooks were dumping chemical waste into the dumpster of a local McDonald's restaurant.

"I mean they're dumping hazardous materials in a dumpster of a food service," he says. "How many other of the food services do they use?"

During another investigation, Couture discovered that cooks had been pouring their leftover chemicals down the drain at a local car wash.

In addition to these sometimes hidden dangers, law enforcement officers must face cooks whose bodies and minds may be on overdrive from using the drug.

Steve Peterson, a drug unit detective with the Missoula County Sheriff's Department, says detectives from his agency found semi-automatic weapons and

thousands of rounds of ammunition in one lab they busted in Missoula. Detectives have found explosives in other labs.

"We treat every meth lab as though there are armed people inside," he says.

Peterson says that when his department seized a lab in Clinton in 2000, it took three officers to wrestle the cook, who had been using crank, to the ground. He says that officers also had to calm the man's spouse and children who were in the same room when the bust took place.

Phillips, the meth cook from Polson, says that the man who taught him to make methamphetamine vowed to shoot any law enforcement officer who tried to enter his house to shut down his lab.

"My buddy started claiming he was Hitler when he got violent," Phillips says. "And I could see it. He could come to the point where he was so violent he could kill. He's a predator."

Cooks sometimes devise intricate booby traps in and around lab sites to fend off intruders. According to the U.S. Department of Justice, these booby traps might be light switches wired to flammable containers, refrigerator doors wired to detonate with explosive chemicals when opened, or video tapes designed to detonate an internal explosive when slipped into a videocassette recorder. Law enforcement officers have also been known to face attack dogs and poisonous or dangerous snakes when entering lab sites.

With these sorts of incidents becoming more common, law enforcement officers have grown more aware of the dangers associated with methamphetamine production in Montana, and many agencies are making meth-related investigations a top priority.

Craige Couture, an investigator with the Northwest Montana Drug Task Force, says the 39 meth labs his agency busted in 2000 in the northwest corner of the state—more than anywhere else in Montana—were a result of the agency's focus on the methamphetamine problem.

"We're trying to nip it in the bud before it gets way out of hand," he says.

But Detective Greg Megargel, an agent with the Missouri River Drug Task Force, says that although his agency's officers have also worked diligently to stop the spread of meth, they have made little more than a dent in the problem.

"It's definitely been effective in taking some of the larger suppliers in the area out of business, but there's always somebody else to take that person's place," he says.

James Arneson, a 43-year-old past crank addict and dealer from Miles City, concurs with Megargel. When authorities would periodically arrest his Billings and Las Vegas meth suppliers during the 13 years he sold the drug in eastern Montana, he says it was very easy to find other suppliers.

"It was simple," he says. "I could probably make a phone call today and get an order at my house or on the way.

"Meth will never go away. All you can do is try to stop the demand because the supply is never going to run out."

Facts:

- In Montana in 1998, of all drug offenders sentenced, 40.2 percent of them were sentenced for methamphetamine-related crimes. In comparison, out of the drug offenders sentenced throughout the United States, 11.4 percent of them were sentenced for meth-related offenses. (United States Sentencing Commission)
- In Montana in 1999, of all drug offenders sentenced, 65.7 percent were sentenced for meth-related crimes. In comparison, 12.8 percent of drug offenders in the United States were sentenced for methamphetamine-related offenses. (United States Sentencing Commission)

Chapter Four: Crank Lab Cleanup a Big Business

SI-McStay is cashing in on the mess crank cooks leave behind.

Kip McGillivray, operations manager with the company that disposes of meth lab waste in Montana, Idaho and Oregon, says the business makes about $600,000 a year on cleanup in the Treasure State, where they have been working for five years.

According to McGillivray, the Smelterville, Idaho, firm packages up the garbage left behind by meth production, such as trash, glassware, clothing, and soil, into fifty-five gallon drums and transports it to Kent, Wash. There, Burlington Environmental Inc., another disposal company, incinerates or buries the waste.

Although some of the garbage may be contaminated with methamphetamine lab byproducts such as acidic chemicals, iodine, ammonia, sodium hydroxide—a strong caustic base—or phosphine and phosgene gases—colorless, poisonous, flammable gases—he says that they do not bury anything toxic.

Ken Poteet, regional agent in charge of the Division of Criminal Investigation, says that in 1999, the average cost of cleanup per lab was $6,790. The cheapest job was in Great Falls, which cost $538, and the most expensive was near Roundup, which cost $14,700.

In 2000, the Division of Criminal Investigation paid $20,000 out of its own pocket to clean up three labs in Missoula and Stevensville. The cook, Farren Gene Galpin, 40, from Dixon, was sentenced to 30 years in the Montana State Prison.

The federal Drug Enforcement Administration, or DEA, typically picks up the bill

for crank lab cleanup in Montana, but with the state's increasing number of labs, Montana's federal money ran out for several months in 2000, forcing local government to use their own funds and Environmental Protection Agency money for cleanup.

Terry Boyd, supervisory criminal investigator with the Bureau of Indian Affairs' Office of Criminal Investigation at the Fort Peck Agency, says that his agents recently busted a lab that cost approximately $33,000 to clean up.

After hazardous materials teams clear out the chemicals and paraphernalia used to make methamphetamine, the property owner can either leave the house as is or hire a residential cleanup company to take care of any remaining chemicals or gases that may have seeped into the carpets, been absorbed by the drywall or ventilation system, or been dumped down the drains.

To clean out the drains, water pipes must sometimes be flushed or even replaced to remove the chemical buildup inside. Contaminated septic systems are an even bigger headache.

"That's one of the issues around here now," says Craige Couture, an investigator with the Northwest Montana Drug Task Force. "What do we do with these septic systems? Do we pump them out and then do we replace the whole thing because there's a drain field and everything that goes in there as well. What do we do?"

Brad Peterson, owner of Meth Lab and Chemical Cleanup in Columbia Falls, says cleanup companies often have to rototill the septic drain fields every six hours for several days after they are contaminated to break down and bury the dangerous chemicals. He says that this policy could change in northwest Montana before the end of the year.

whereby companies would have to package the sludge in containers and send it off to a sewage treatment plant.

Peterson says that his company, which opened for business in February, charged $10,000 for its first job to gut the inside of a home, flush the pipes and drain the septic tank. The owner of the Kalispell mobile home, whose renters had operated the meth lab, picked up the bill.

His bill to clean up another Columbia Falls home came to $35,000, which the owner had to pay.

"They pretty much demolished the house," Peterson says of the meth cooks who rented the property. "The living style of these people is just disgusting."

He says that the group had stuck steak knives in the walls to hang their clothes upon and neglected to clean up after their dog, which had urinated and defecated in the basement.

Couture says that his agency recently received a call from a man who had moved into a Polson house with his children, only to discover there had been a crank lab in the rental property. The family had sore throats, sinus problems and headaches from being exposed to the chemicals left behind.

Couture says that his agents found iodine stains on the floors in the bathroom—iodine is used in some methamphetamine production processes—as well as chemicals spilled on the carpet, and glass jars coated with meth residue dumped outside the house. He says the property owner will probably end up tearing down the house and burning the remnants because it would be cheaper than cleaning the rental.

Couture says that the Salish and Kootenai Housing Authority, whose directors are

also frustrated by the mounting costs of meth cleanup, recently spent $40,000 to clean up one of its houses, which he estimates was worth approximately $80,000 before crank cooks moved in.

"They are all pretty much beating their heads against the wall," he says.

Spotting a meth lab

A strong-chemical odor accompanies methamphetamine production. The smell often resembles cat urine or rotten eggs. If you smell these odors around a suspected lab site or find any of the following items or ingredients in the area, leave the site immediately and contact law enforcement.

- Pyrex dishes
- Funnels
- Coffee filters
- Cheesecloth
- Rubber tubing
- Propane cylinders
- Books on making methamphetamine
- Lye
- Acetone
- Brake fluid
- Brake cleaner
- Iodine crystals
- Cold medicine

Chapter Five: Methamphetamine Prosecution and Legislation

If law enforcement officers are frustrated by the growing number of methamphetamine-related cases, as well as the danger and cost associated with them, so too are the attorneys and others who deal with the cases.

Of the 88 defendants Assistant U.S. Attorney Josh Van de Wetering prosecuted in Montana in 2000, he says that 60 to 70 percent of them were involved with meth.

"Meth is certainly our number one drug problem," he says. "The number of labs has exploded in the state in the last few years. There were just way too many labs for me to do; now the state is doing almost all of them. Now there's so many that we just can't handle all of them."

Joe Thaggard, assistant attorney general with the state Prosecution Services Bureau, says that he too is overwhelmed by his meth-related caseload. At any given time, he says he usually has about 20 to 30 active drug cases, 70 percent of which involve crank.

"And you're just one guy. And then if you throw in two to three homicide cases per year related to methamphetamine, that should give you a flavor for it," he says.

And with only three chemists at the Montana state crime lab to evaluate the evidence collected from drug-related crime scenes, the longer it takes for these cases to go to trial, the further prosecutors fall behind.

Bill Unger, administrator of the Montana Department of Justice Forensic

Science Division, says that the increase in methamphetamine labs in the state has strained the lab's resources and personnel. At the start of March, the chemists had a 10-week backlog of evidence to evaluate.

"Our concern is just to be able to keep up with our caseload," says Unger.

Unger says that in 1997, 1998 and 1999, the crime lab's chemists worked on approximately two or three meth cases a year. But, in 2000, the number jumped to almost 60, and at the beginning of this past March, the chemists had already received evidence from 11 labs.

But if plans to make Montana a High Intensity Drug Trafficking Area, or HIDTA, go through, crime lab personnel will get help to alleviate some of this strain.

In 1999, the Montana Department of Justice and former Montana Attorney General Joe Mazurek worked with U.S. Sens. Max Baucus and Conrad Burns to get a bill in Congress that would allow Montana to join the Rocky Mountain HIDTA, made up of Colorado, Wyoming and Utah.

Although Congress did not act on the proposal before its 1999 session ended, the senators have again taken up the cause this session. Jon Lindgren, spokesman for Burns, says that they hope to get approval to join the HIDTA from Congress and the Office of National Drug Control Policy in the fall.

The designation would mean an additional $1 million a year to hire another chemist at the state crime lab, to install an intelligence system that would allow officers throughout Montana to better communicate with one another, and to hire more law enforcement.

And for the various Montana agencies whose personnel have been stretched to the limit by the methamphetamine situation in the state, the designation could reduce some of the burden of a problem that might not go away anytime soon.

Scott Zeitner, an agent with the Eastern Montana Drug Task Force, says that with only three agents on the force to cover the wide expanse of ground in the southeastern part of the state, the officers are stretched thin.

"It's like everything else in the state, they don't think Montana exists east of Billings," Zeitner says. "Eastern Montana gets the leftovers. We're kind of the bastard children out here."

Chapter Six: Medical Aspects of Meth Use

Each time he looked at his black, rotten teeth, Ron Phillips was reminded of the effects of his methamphetamine addiction, but that did not stop him from cooking up another batch of the drug to smoke or shoot into his veins.

He didn't stop when he dropped from 180 to 160 pounds. He didn't stop when he started seeing visions of satellites in the sky watching his every move.

Phillips, 38, only stopped making and using methamphetamine when the Northwest Montana Drug Task Force arrested him for the second time in February in Polson for allegedly possessing and making, or cooking, the drug.

For Phillips, like many crank addicts, the pull of the drug was so strong that the medical impacts of his using were merely afterthoughts, overshadowed by his need for another hit. As a result, Phillips found out what many meth users, as well as those who deal with their addictions, have also discovered: because of its highly addictive nature, as well as the health problems that result from its use, methamphetamine is one of the most dangerous drugs in use today.

"You ain't never been around nothing in your life like it if you've never been around it," he says.

For Phillips, the need for crank was so strong that he started producing his own supply to ensure that he always had enough of what experts polled by *Health* magazine in 1990 rated as the most addictive drug behind nicotine.

For years, researchers debated whether methamphetamine was indeed addictive

because it did not produce the obvious withdrawal symptoms of heroin, or barbiturates such as Phenobarbital and Pentobarbital. Withdrawal from those drugs can cause nausea, tremors, delirium, convulsions and even death.

But, as scientists continued to study meth, they saw that users who repeatedly ingested high doses of the stimulant had a consistent set of withdrawal symptoms, indicating addiction. These include, severe craving, insomnia, restlessness, mental confusion, depression, extreme irritability, fatigue, shaking, palpitations increased appetite and sweating.

Sharon Howard, health services director at the Cascade County Correctional Facility, says that she and her staff deal with meth users in this stage every day and have to take certain precautions for their own safety, as well as to ensure the safety of the inmates. When users are extremely agitated, she says staff members sometimes confine them to rubber rooms until they are calm.

"It's like a cat on a hot tin roof," she says.

As opposed to cocaine, another stimulant whose withdrawal effects usually last for three to five days, the symptoms of crank withdrawal can typically last for up to 15 days after a user has stopped ingesting the drug.

Sixteen days after Phillips was arrested and had shot up his last dose of meth, he was still feeling the effects of the drug leaving his system.

"I can feel my insides sweating and that's only something that happens to me once in a while," he said during an interview at the Polson jail. "When I get here, I get kind of depressed."

Meth addicts can look forward to fatigue, depression, loss of mental energy, and the inability to feel pleasure during the first several weeks of withdrawal. Some users even attempt suicide during this time and are treated with antidepressants. But, the inability to feel pleasure and intense feelings of dissatisfaction, restlessness and anxiety can persist for up to four months, exacerbated by a constant craving for the drug to relieve their unhappiness.

Given methamphetamine's relatively cheap price, relieving the withdrawal is easy and inexpensive if users can buy more crank to inject, smoke, snort, or swallow.

In the western United States, meth sells for about $100 per gram, or $1,700 per ounce, according to the Koch Crime Institute, a non-profit drug and drug policy research organization. One ounce of the drug, according to the institute, equals about 110 hits. Just one of these hits, depending on the mode of intake, can keep a user going sometimes for several days and nights without sleeping.

The euphoric feelings of a methamphetamine high typically wear off before the crank binge ends. According to the Substance Abuse and Mental Health Services Administration, this happens between three and five hours after swallowing the drug, four to six hours after injecting meth, and eight to 24 hours after smoking ice, a smokable chunky-looking, clear crystal form of meth. But, the alert and sometimes agitated state of a meth binge can last for days until the user crashes from exhaustion, sometimes sleeping for 24 to 72 hours.

Cocaine packs a similar punch and sells for less—approximately $25 a gram, according to the Drug Enforcement Administration—but its effects wear off much

sooner, which means addicts must spend more money to buy more cocaine to keep them high.

Experts say cocaine produces only a 20- to 30-minute high and is eliminated from the body in one hour, whereas a methamphetamine high can last from eight to 24 hours and can take up to 12 hours to leave the system. And, the euphoric effects of cocaine wear off faster than meth, lasting only 45 to 90 minutes when taken orally, 10 to 20 minutes when snorted or injected, and a mere five to 20 minutes when crack, a chunky form of cocaine, is smoked.

In short, speed thrills, says Dr. Edward Maloney, medical director of the addiction treatment program at Providence Center in Missoula.

"People who like to abuse stimulants can get more bang for their buck than they can on cocaine," he says.

A past meth user from Missoula says that she was high for days after one quarter-gram hit, which cost her a mere $25.

Crank's cheap price tag along with its long-lasting effects help entice many first-time users, who quickly discover how addictive the drug can be.

Becky Graham, 31, from Hardin, says that she was addicted after using the drug just one time.

"If I could tell anybody anything about crank, it would be to never try crank once because there is never once," she says.

After four years of using, Graham has only black stubs left for teeth. She plans to have them pulled.

Methamphetamine leaches calcium from the body, causing bone and joint problems and tooth decay to the point where users' teeth rot out of their gums. Their gums also bleed and become infected due to the chemicals in meth. And, like Ecstasy, a hallucinogen and chemical variation of methamphetamine, crank causes users to grind their teeth, further exacerbating their dental problems.

A former meth addict from Missoula, age 20, who prefers to remain anonymous, says that when she snorted her first line of the drug at 15, she was also hooked.

"The first line I did, I was high for three to four days," she says. "I didn't think I had any problems at all. I didn't think I was addicted, but now that I look back, I think I was."

She says she would binge on crank for weeks at a time, taking every other month off to rest her weary, thin body. One of the reasons she says she got hooked on crank was because it killed her appetite. She weighed 140 pounds when she started on meth, but after using the drug heavily for three months, her weight dropped to around 120 pounds.

Meth stops the craving for food, making it the reason why many women find the drug so attractive. In its clinical form, doctors actually prescribe methamphetamine for short-term use to treat obesity, narcolepsy and, in rare cases, attention-deficit hyperactivity disorder.

Phillips, the crank cook from Polson, says that during his crank days, he would also go for days without food or drink while tweaking—the agitated state users reach after not sleeping for several days and nights while on a crank binge—because he was too worried about the police sneaking up on his meth laboratory.

"I was starving to death," he says. "I wasn't drinking or eating nothing. I could walk around with a beer in my hand or a Kool Aide or anything and I wouldn't take one sip out of it for a day and a half. When you're around people and they're tweaking like that, you've got pop, you've got beer, you've got things scattered everywhere and they are brand new still and they're just open and nobody is drinking or eating nothing. They're too worried about looking out the window, too worried about fixing things, working on stuff, and it's just overwhelming."

Meth causes users to behave compulsively. For some, this means disassembling and reassembling objects or repeatedly cleaning their homes. Other users compulsively masturbate or watch pornography.

H. Jones, a 23-year-old former meth addict living in Missoula who prefers that her first name not be used because she is trying to free herself from the stigma of her past addiction, says that the male crank users she hung out with constantly watched pornography. They were "into degradation of females," she says.

Another compulsive impulse causes users to pick repeatedly at imaginary bugs crawling under their skin, sometimes causing terrible acne-like rashes and open sores.

"I've seen people dig their face off their skull," says Phillips. "I've seen people take and dig their face to nothing. It's horrible."

Aside from the compulsive activities users engage in during a meth binge, they also display some universal characteristics including aggression, anxiety, depression and hyperactivity.

"They are very excitable," says Dr. Ken Crawford, emergency room doctor and chronic pain chairman at Blackfeet Community Hospital in Browning. "It's almost like

you put a truck battery into them. They're buzzing all over the place."

Dr. Gregory Moore, medical director of the emergency department and First Care facility at Missoula Community Medical Center, says that two to three times a week on average, known users come into the emergency room complaining of rapid heart rate, headaches, nausea and vomiting.

"They get scared when they have chest pains," Moore says. "They think they're having a heart attack and their paranoia makes it worse."

Chronic meth users commonly have schizophrenic-like paranoia and hallucinations from ingesting the drug.

For Phillips, these hallucinations took the shape of cameras watching him from the sky and helicopters circling overhead filled with police officers ready to arrest him.

"They were going to parachute out of the sky," he says.

He also envisioned cops coming for him while he was assisting another cook with his meth operation. In Phillips' paranoid state, he thought that the other cook and his friends were setting him up to take the fall if law enforcement caught on to the group's illegal activities.

"These guys (were) just using me for a guinea pig," says Phillips. "They'd wipe all their fingerprints off everything in the place."

Amanda Veyna, a 25-year-old meth user from Kalispell, also says that she thought the police were coming to get her and her now ex-husband for dealing and using methamphetamine. She says that during her seven years of use, she saw imaginary people sitting in parked cars, watching her and talking into their hands as if they had police radios.

She says that when the moon was full, she thought it was a helicopter hovering above.

"You don't know what is real and what isn't," Veyna said during her sixth day of treatment. "Still today, I can't tell what is real and what isn't."

Sometimes the hallucinations and paranoia lead to unpredictable violence, which some say is the result of strings of sleep-free days and nights during which users are frustrated because they cannot achieve the same euphoric feelings they had when they began using the drug.

A former addict from Missoula says that once, when she was coming down from several sleepless days and nights during a high, she threw pieces of broken glass at her mother because she had admitted the young woman to Providence Center, a treatment and counseling facility in Missoula. When her mother refused to allow her back in the house, she almost broke her mother's arm in retaliation.

"I held her arm behind her back and said I was going to kill her," she says.

According to the book *Drugs, Society and Human Behavior*, there is also physical evidence that the paranoia and hallucinations, which sometimes end in violence, are a result of the release of norephinephrine and dopamine, neurotransmitters in the brain, and may last for days or even weeks after a user has stopped ingesting the drug.

A history of meth-induced paranoia caused Gregg Griffin, 26, from Stevensville, to pull a loaded shotgun on his wife in November. While holding his son in one arm and the gun in the other, he threatened to shoot the woman because he believed she was having an affair. Griffin only put down the gun when the police arrived to arrest him.

"I lost all my morals," Griffin says of his meth use. "I started living like a thug. I was just doing things I wouldn't regularly do. I was paranoid."

In another instance of meth-induced paranoia, Ronny Pirker of Missoula sprayed his house and his wife in January 2000 with what he claimed was rat poison to kill the bugs which, in his mind, seemed to be crawling before his eyes. According to Dale Mrkich, Missoula deputy county attorney, when police investigated the scene they discovered that the rat poison was actually a non-toxic aerosol spray.

These dramatic effects of methamphetamine use happen because the drug alters users' brain chemistry, greatly affecting the function of neurotransmitters.

Neurotransmitters are chemicals that allow nerves in the brain and body to communicate. To do this, neurotransmitters deliver messages from the brain to the glands, tissues, and organs and return messages from the body back to the brain. Methamphetamine affects the brain because chemically, it is related to certain neurotransmitters.

Methamphetamine causes a release of newly synthesized neurotransmitters such as dopamine—which produces a sense of reward or pleasure, serotonin, which affects sleep, sensory perception and depression—and norephinephrine, which produces alertness and regulates blood pressure. Once the methamphetamine pushes these chemicals out of a cell, they are released freely into the brain and the blood stream.

Dopamine plays a large part in methamphetamine addiction because increases in the amount of this chemical cause feelings of elation and euphoria, feelings that many crank users say they experience while ingesting the drug. But, as a meth high wears off and dopamine levels subside, the pleasurable feelings of using the drug also dwindle,

leaving users wanting more. The pleasure produced by the drug may be more rewarding than the pleasure of eating, drinking and sex, causing a meth user to chase after a high instead of worrying about survival.

Although maintaining the high is the most important thing in most meth addicts' lives, the effects of long-time use can be disastrous. For instance, the National Institute on Drug Abuse recently reported that damage to the nerve endings of dopamine-containing cells in the brains of long-time meth users can last for at least three years after they have stopped using the drug. This means that for years, the former crank users may not be able to experience certain pleasures.

Moreover, scientists are beginning to discover that some effects of methamphetamine use on the brain may be permanent.

In an article published in the March 2000 issue of *Neurology*, researchers said, depending on the amount of methamphetamine ingested, users can cause permanent damage to their brain cells similar to that caused by strokes and Alzheimer's disease.

In another article, published in the March 2001 issue of the *American Journal of Psychiatry*, researchers said they have discovered that meth use causes long-term changes in the brain that result in movement disorders and memory damage.

For Phillips, the struggle to recall words to describe his experience with methamphetamine is sometimes overwhelming. Even when he can describe his meth life, his words sometimes do not make sense or are jumbled into a string of unrelated thoughts.

"He's about as good as he's going to get," says Craige Couture, an agent with the Northwest Montana Drug Task Force who helped arrest Phillips and knows the damage the man has done to himself during his 15 years of crank use.

Louis Fiddler, Couture's partner and a patrol officer with the Flathead Tribal Police, says that since he started assisting the task force on meth investigations over a year ago, Phillips "is probably the worst that I've ever dealt with, that I've ever talked to."

These effects happen because long-term, high-dose methamphetamine use permanently damages the language center in the brain, according to Kathy Woodward, research coordinator at the Mental Health Center in Billings.

"There's a definite permanent word loss," she says.

Although she did not suffer these same effects, Sarah Thornburg, age 26, from Missoula, says that her more than year-long crank binge left her with psychological and physical damage four years later.

"Mentally, I'm probably not the same person of course," she says. "I'm still paranoid around cops. I'm paranoid around people sometimes, always thinking they're watching me. I never liked being around large crowds, but now it's worse. I'm sure my sinuses are pretty trashed from snorting it."

Users sometimes get nose bleeds from snorting the drug, develop dermatitis around the mouth from smoking crank, experience headaches, seizures, strokes and vision loss, or have damage to their hearts, lungs, gastrointestinal or renal systems. Meth cooks have even been known to loose their hair and fingernails from being exposed to the toxic mix of chemicals used to make the drug.

"When you buy it, you've got just one type of cancer that comes at you," Phillips says. "When you make it, there's 10 different things coming at you. It's all attacking you. It's attacking your lungs, your respiratory system, everything. It's sucking into your nerve endings in your hands."

Since there is no quality control in meth production, cooks may add any number of life-threatening substances to increase the amount they can sell, posing additional health risks for users.

Phillips says that one of his friends ended up in the hospital last summer after using crank laced with formaldehyde.

"It made a couple people deathly sick I heard," he says.

Les Barnes, former clinical director for the Missoula Indian Center's chemical dependency treatment program, says that he has even heard of forensic scientists finding lead and transformer oil mixed into batches of crank.

"It's buyer beware. There's no honor among drug dealers," Barnes says. "The FDA doesn't come out to your house when you're cooking up a batch to check it out."

Users may smell like stale urine due to ingesting the some of the dangerous ammonia products used to make the drug and may have poor hygiene since they are only focused on maintaining their high, and not on staying clean.

Phillips says that sweating forces crank out of the body, leaving the chemicals to settle on the skin until the user washes them off. He remembers going for 12 days at a time without showering so that the chemicals would stay on his body and he could preserve his high.

Methamphetamine abuse can also affect users' sex lives, causing problems with reproductive and sexual functioning, including impotence in men and infertility in women. And, although some users ingest meth to intensify sexual activities, increase pleasure, lengthen the duration of intercourse or lessen inhibitions, the drug can also lead users to engage in risky activities like soliciting prostitutes, not using protection during intercourse, and having rougher sex, which may lead to bleeding and abrasions, thereby increasing the threat of spreading HIV and hepatitis.

Intravenous meth users can also contract HIV and hepatitis from sharing needles or the materials they use to mix and prepare the drug for injection, such as cotton balls and water. In addition, those who inject with unsterile equipment also run the risk of developing tuberculosis, lung infections, pneumonia, and abscesses around their veins where their skin breaks open from shooting the drug into the same place over and over again. Sometimes the bruises, or track marks, caused by injecting the drug actually turn into permanent scars, providing past users with constant reminders of their meth-using days.

Four years after quitting methamphetamine, a former user living in Missoula, age 32, who wants to be identified as Samuel Jacobson, says that he still has nerve damage in his left arm and wrist from accidentally missing his vein and hitting his nerves and bone with a needle. To remove the needle from his bone, he says he had to pull it out with vice grips.

" I was shooting it so much, I thought I was going to shoot my arms off," he says.

Intravenous meth use, as well as other modes of ingesting the drug, can also cause permanent damage to children whose parents abuse the drug.

When crank causes parents to become angry or violent, children often feel the effects of drug abuse in the form of neglect, endangerment or abuse. Prevent Child Abuse America estimates that there are 1.2 million confirmed cases of child maltreatment in the United States a year, 480,000 of which can be traced to a parent or guardian with an alcohol or drug problem. And although the central office of the Montana Department of Child and Family Services could not break their total caseload down into meth-related instances of abuse or neglect, at least two counties in Montana—Cascade and Yellowstone—say they place more children in foster care for methamphetamine use in their homes than for any other reason.

Agent Craige Couture of the Northwest Montana Drug Task Force says that in April 2000, during his most memorable methamphetamine investigation, a crank user who had been up for seven days used his child to shield himself from possible gunfire when law enforcement agents entered his house.

Couture says the man later told officers that he was unsure if it was indeed the cops entering his house to arrest him or an angry dealer coming to collect drug money.

"That's something that will probably stay in my mind for the rest of my life," Couture says.

Methamphetamine can also cause harm to children whose mothers use the drug while pregnant.

Although scientists have not yet concluded whether methamphetamine used by pregnant women can cause permanent brain damage to their children, the drug does cause decreased appetite, constriction of the blood vessels, faster heart beat, and high blood

pressure in mothers, which can hinder the growth of the fetus and cause a baby's head circumference to be small.

Meth-using moms also have a higher risk of miscarriage, premature labor, and abruptio placentae, or the partial separation of the placenta from the uterus wall, which causes bleeding.

In addition, pregnant women who inject methamphetamine with unsterile equipment run the risk of developing HIV or certain strains of hepatitis, which they can pass on to their children.

A 29-year-old meth user from Butte, who has been injecting the drug for 14 years and asked to remain anonymous, found out that she has hepatitis C, an incurable and sometimes deadly liver disease, eight months ago. But, discovering she had the disease did not curb her meth use and she continued injecting the drug until this past February, two months after she found out she was pregnant with her third child.

"I knew I was pregnant, but was kind of in denial about it," she says.

Although she said during an interview at Montana Chemical Dependency Center in Butte in March that the baby was gaining weight and seemed to be doing fine, she says she has been very worried.

She plans to have a Caesarean section to decrease the chances of the baby developing hepatitis C during birth.

Babies born to meth addicts also display physical withdrawal symptoms as the drug leaves their bodies after birth. For instance, they may shake, have poor eating and sleeping patterns and cry inconsolably for hours.

Casey Rudd, 52, from Bozeman, is a former methamphetamine addict who injected the drug for four years until her first son was born addicted to the drug.

"A baby born addicted is a skeleton with skin on it and it goes through withdrawals just like you do," she says.

She says that he shook and cried and, when he got older, was hyperactive and had a hard time paying attention in school. But, despite her son's condition, she did not stop using drugs until she was sent to the Montana State Women's Prison in Billings 25 years later for dealing.

"After I had a baby born addicted to it, that was it for me and the needle," she says. "I just found other ways of using."

Facts:

- During 1999, 9.4 million people in the United States reported using methamphetamine at least once which is twice as many as reported using meth in 1998. (Office of National Drug Control Policy, Koch Crime Institute)
- Methamphetamine-related emergency room episodes have almost doubled in recent years, from 5,236 in 1990 to 10,447 in 1999. (Drug Abuse Warning Network)

Chapter Seven: Intravenous Meth Use, HIV and Hepatitis

Blood splattered on walls, tables and counter tops—that is how H. Jones remembers her "banging" days.

The 23-year-old past meth user living in Missoula, who prefers that her first name be withheld to maintain her privacy, says that when "bangers," or intravenous methamphetamine users, shoot up, blood squirts everywhere. These blood-splattered surroundings increase the spread of the preventable, incurable, contagious and sometimes deadly diseases HIV and hepatitis.

"You don't just walk into houses where they are shooting blood on the walls," Jones says.

Methamphetamine users risk their health each time they ingest the drug, but for IV drug users, the risk is even greater. And in Montana, where intravenous meth use is on the rise, the spread of HIV and hepatitis is a growing concern.

Since 1985, the Montana Department of Public Health and Human Services has received 96 reports of HIV cases among intravenous drug users, or IDUs.

Although this number is relatively small by national standards—266,128 IDU-related AIDS cases had been reported to the Centers for Disease Control and Prevention as of June 2000—the possibility of spreading the disease among intravenous methamphetamine users is relatively high because they are sometimes more concerned about shooting up than about caring for their personal safety or the safety of those around them.

"You don't focus on anything else but the fix," says Jim Murphy, health specialist with the Montana Department of Public Health and Human Service's epidemiology program. "None of this other stuff matters."

Murphy says that one-fourth of the state's HIV cases are directly related to injecting drugs while more than one-third are an indirect result of IV drug use among children who contract the HIV virus from their mothers or among people who contract HIV during sex with an infected person.

He says that the Centers for Disease Control and Prevention estimates that among the general population, one person in 200 has injected methamphetamine and one in 20 has used a needle to shoot up other types of drugs. However, Murphy says that in Montana, determining the number of intravenous drug users, or IDUs, throughout the state is more difficult.

"We are entering our third decade of the HIV epidemic and we still don't have a good handle on what percentage of people are IV drug users," he says.

Although HIV spreads easily among intravenous drug users, certain strains of hepatitis are even more common among IDUs.

Hepatitis A, a disease spread by oral contact with the stool of a person infected with hep A, is spread among intravenous meth users who lack personal hygiene and neglect to wash their hands before preparing the drug for injection.

The virus can cause flu-like symptoms, jaundice, nausea, vomiting, fatigue, loss of appetite and abdominal pain for a month to six weeks, but is rarely fatal unless an infected person becomes infected with another strain of hepatitis, further weakening the body's natural defenses against the illness.

Butte experienced a hepatitis A outbreak among IDUs in 1995 and 1996, during which 96 people grew sick with the virus. One person, who was also infected with another strain of hepatitis, died.

"That one (strain) gets passed on very easily," says Terri Hocking, public health nurse at the Butte-Silver Bow County Health Department. "It's all a matter of hand washing, and hand washing is not a major objective in that particular group."

Hepatitis B and C, which can cause cirrhosis or scarring of the liver, liver cancer, liver failure and death, are spread among IDUs when they share their syringes or works, another name for the materials they use to prepare methamphetamine for injection. These materials may include cotton balls, water, matches, lighters, filters, and cookers, which are spoons or bottle caps used for mixing doses of the drug.

Although 95 percent of the people who contract hepatitis B—an incurable virus that can be prevented with a three-shot vaccination series—successfully fight the illnesses' effects without any health problems, more than one million people have chronic, or long-term, hep B, which causes liver damage and 5,000 deaths per year, according to the American Liver Foundation.

During a hepatitis B outbreak among IV drug users in the Great Falls area that began in October 1998 and lasted until March 2000, 21 people contracted the virus. Twenty of those 21 were American Indians. According to Trixie Smith, disease prevention services manager at the Cascade County Health Department, 10 of those people—all but one Native American—died.

Those who died were also infected with hepatitis C, an incurable strain of the virus that cannot be prevented with a vaccination. She says that the group had been

injecting methamphetamine and cocaine, had been drinking alcohol and had poor nutrition and weight loss, which further weakened their already damaged bodies.

The group included both men and women, ages 21 to 52. The youngest person to die was 21 years old. And, according to Jim Murphy at the state health department, one of the women who died was 22 and had five children.

"So the price is higher than anything we can weigh financially," he says.

Following the outbreak, the Montana Department of Public Health and Human Services spent more than $100,000 on a prevention campaign to attempt to curb the spread of hepatitis B and C in the Great Falls area.

The Cascade County Health Department, with help from the Montana Department of Public Health and Human Services and the Centers for Disease Control and Prevention, also conducted extensive hepatitis B and C screening among IDUs and the people with whom they had contact in North Central Montana. Smith says that 60 to 90 percent of these people tested positive for hepatitis C.

Although intravenous drug users sometimes shy away from health departments and doctors due to the stigma associated with their addiction, Smith says that after conducting the hep B and C prevention campaign, IDUs and their friends and families voluntarily came in for testing.

"People were scared, friends were dying," she says.

In Billings, the state health department is also running an extensive hepatitis education campaign to inform people about the risk of spreading hep B and C through sharing needles and the other materials used for injecting meth. According to Kathy

Woodward, research coordinator with the city's Mental Health Center, Billings has a higher number of IV methamphetamine users than anywhere else in the United States.

The message disseminated by this campaign is important because, according to the American Liver Foundation, the most efficient way to catch hepatitis C is by injecting drugs.

This is partly because, according to the Harm Reduction Coalition, blood tainted with hepatitis C can remain infectious outside the body for up to two weeks. So even reusing a needle after it has been lying on a table contaminated with dried blood containing hep C can spread the disease.

More disturbingly, the American Liver Foundation estimates that as many as 70 percent of the people infected with the virus do not know they have it because they show no symptoms. In the meantime, they may unknowingly spread the virus, which may inflict serious liver damage that can go unrecognized for years.

Elton Mosher, the Montana Department of Public Health and Human Services' hepatitis C prevention coordinator, says that hepatitis is the tenth leading cause of death in the United States and that doctors attribute 50 percent of all liver transplants to hep C complications.

Health professionals are just beginning to realize the extent of hepatitis C infection since, before 1992, doctors did not screen blood for the disease. In the United States, there are almost 4 million people infected with hep C and, within the next 20 years, the American Liver Foundation estimates that hepatitis C will cause more deaths per year than AIDS.

In addition, Colleen Todorovich, nursing director at the Montana Chemical Dependency Center, or MCDC, in Butte says that of the estimated 60 to 90 percent of people with a history of IV drug use infected with hepatitis C, 60 percent will develop liver disease within 20 years of contracting hep C. She says that at MCDC, about 50 percent of the patients have the virus.

The Montana Department of Public Health and Human Services receives reports of approximately 80 positive hepatitis C cases each month, says Murphy. This number includes both chronic cases, or cases over six months old, which have never been reported, as well as acute, or new, cases and adds up to approximately 12,000 to 16,000 Montanans infected with hepatitis C.

Of this number, 960 live within the confines of Montana's prison system, according to the state Department of Corrections. Corrections officials estimate that 768 of these have chronic active hepatitis C.

Treatment for the disease costs approximately $15,000 and is not always effective with people over age 55, those with a history of depression or violent behavior, or those who are at risk of injecting drugs again. Officials estimate that it would cost $1 million a year to treat inmates infected with hepatitis C.

Dr. Robert Jones, medical and mental health director of the Montana Department of Corrections, says that many times taxpayers do not realize the high price they pay to care for inmates who are sometimes in and out of prison in a short time.

"Correctional health is really public health and a lot of people don't understand this," he says. "If somebody is going to be in my system for two years, is this a

corrections problem or is it a public health issue. I tend to think it is a public health issue."

Corrections officials have proposed that spending $172,800 a year to vaccinate inmates with hepatitis C against hep A and B would save taxpayers money since the combination of diseases can strike a double blow to the liver, causing more serious and costly health problems.

Sharon Howard, the Cascade County Correctional Facility's health services director, says that if the Department of Corrections does not spend the money to either treat inmates with hep C or vaccinate them against other strains of the virus before they become seriously ill, taxpayers are going to be stuck with a bigger bill when inmates get sick from hep C-related illnesses.

"We're going to have them and we're going to need to treat them," she says.

Facts:

- As of 1999, HIV was the number one cause of death among black American men age 25 to 44 and the third leading cause of death among black American women of the same age. (Centers for Disease Control and Prevention)
- By June 2000, 36 percent of U.S. AIDS cases reported to the Centers for Disease Control and Prevention were among intravenous drug users, their sexual partners or children. (Centers for Disease Control and Prevention)
- From 1994 to 1999, AIDS cases in the United States increased by 82 percent in rural areas as compared to a 59 percent increase in large cities with populations of 500,000 or more. (The National Center on Addiction and Substance Abuse at Columbia University, or CASA)
- Almost twice as many teens, age 12 to 17, living in rural areas in 1997 had injected drugs with a needle than those living in large metropolitan areas, and two times as many 18 to 25 year olds living in rural areas in 1997 used a needle to inject drugs than their counterparts living in large cities. (CASA)

Chapter Eight: Crank and Community Outreach Workers

Samuel Jacobson scoured garbage dumpsters for needles to sell to crank addicts during his seven-year methamphetamine addiction.

Now he passes out needle cleaning kits to those same people.

The 32-year-old from Missoula, who asked that his name be changed to preserve his privacy, is one of a number of community outreach workers who advocates Harm Reduction. The Harm Reduction theory is that people are going to do drugs no matter what, but can be provided with the tools and knowledge to minimize the damage they do to themselves and others through the spread of disease.

The outreach workers distribute condoms, bleach kits with instructions for cleaning syringes, and information about HIV, hepatitis and drug counseling services in bars, truckstops and gay bookstores throughout the state in the attempt to stop the spread of HIV and hepatitis among intravenous drug users, or IDUs.

"We're trying to reach those people who wouldn't ordinarily be reached," says Claudia Montagne, program director for Montana Targeted Prevention, Montana's outreach program.

Since 1985 the Montana Department of Public Health and Human Services reported 96 IDU-related AIDS cases and approximately 12,000 to 16,000 positive cases of hepatitis C in Montana. Jim Murphy, health specialist for the state health department's epidemiology program, uses those stats to show that Harm Reduction advocates have their work cut out for them.

Outreach programs exist in communities all over the United States with support from many agencies, including the National Institutes on Drug Abuse and the National Institutes of Health. Montana's outreach program began at the end of 2000 and will run for four years through a grant from the Centers for Disease Control and Prevention. There are programs in Missoula, Butte, Bozeman, on the Flathead and Northern Cheyenne Indian reservations, and in other communities across the state.

The outreach workers frequent places where IDUs or men who have sex with men who are IDUs meet. These groups are less likely to seek help at health departments or counseling services because of the stigma attached to their addiction and lifestyles.

Jacobson says that his experience as an intravenous meth user has helped him make contacts with people who might need his help.

"It's really easy for me to get contacts," he says. "I wouldn't suggest the normal person whose never shot drugs getting into this type of work because they won't last one minute on the street. People know by looking at me that I know what's up."

Casey Rudd, an outreach worker for the Southern Montana AIDS Coalition in Bozeman and former drug dealer and methamphetamine user, also says it has been easy making contact with people who might need information about living a healthier lifestyle.

"I used to sell those people drugs," she says. "I have an easy in to that community and they trust me. They're much more likely to come to me or another outreach worker than the health department or a doctor."

Although Wendy Duran, outreach worker on the Flathead Indian Reservation and public health nurse for the state Department of Tribal Health and Human Services, never used intravenous drugs, she says its easy to forge relationships with IDUs because she is

a tribal member who grew up on the reservation. Many times she is able to talk with people about their drug use and the spread of disease after she tests them for HIV and hepatitis.

"It's very difficult to get into the IV drug population," she says. "I guess I've been really lucky because I've been a public health nurse for a long time."

Duran says that in addition to her duties at the various tribal health clinics on the reservation, she also talks to people in jail about the spread of disease and provides condoms to bars. She is developing a needle-safety education program for the Head Start programs on the reservation and is setting up a toll free number that people can call for more information about HIV and hepatitis.

She was also instrumental in helping to produce the first culturally specific public service announcement for Native American people in the United States that deals with intravenous drug use and hepatitis. The announcement will air on Montana television and may eventually run nationwide.

No matter how or where she makes her contacts, Duran tries to encourage the IDUs she talks with to use clean needles or disinfect their needles with bleach before injecting.

"Indian people share," she says. "They share their bottle, their drugs, their works. People are sharing because they don't have easy access to needles."

Outreach workers in Montana are not able to pass out new needles to IDUs because, according to Claudia Montagne, project director for Montana's outreach program, Congress will not allow the CDC to use its grant money to cover the cost of needle distribution.

This is despite the fact that the National Institutes on Drug Abuse has stated that "research has shown that access to syringe exchange and pharmacy syringe distribution programs, as part of comprehensive HIV prevention programming, is effective in reducing syringe sharing and in preventing the spread of HIV."

An article published in a 1997 edition of *The Lancet* medical journal estimates that between 1987 and 1995, 4,400 to 10,000 cases of HIV among intravenous drug users in the United States could have been avoided if the federal government had adopted needle syringe exchange nationally, saving taxpayers more than $500 million in health care costs.

If needle exchange programs had been implemented at the start of 1997, the article says an additional 11,000 HIV infections could have been prevented by the year 2000, saving taxpayers more than $600 million.

The American Medical Association, Centers for Disease Control and Prevention, American Bar Association, American Pharmaceutical Association, National Association of Boards of Pharmacy, and many other groups have urged support for better access to sterile syringes for IDUs.

According to The Lindesmith Center – Drug Policy Foundation, which also supports needle distribution and exchange programs, six government reports, including those from the U.S. General Accounting Office, the Drug Policy Foundation and the National Research Council and Institute of Medicine, concluded that access to sterile syringes does not increase drug use.

Despite this support, Montana's addicts do not have access to needle exchange, and buying clean needles at pharmacies is sometimes not an option because many pharmacies require that shoppers have prescriptions for the syringes.

Ron Phillips, a 38-year-old methamphetamine addict and cook from Polson, says that when he could buy clean needles at pharmacies in Kalispell and Missoula, he passed them out to his friends.

"I'd literally get bags of them and I'd pass them out to my friends because I knew that they was using needles that didn't even have numbers on them anymore because they was so worn out and they couldn't even stick them in their arms," he says. "I hated to see them do that."

Although they cannot pass out syringes, outreach workers can tell IDUs where to buy them and can distribute containers for disposing of injection materials to prevent users from spreading disease with their dirty needles. Duran says circulating these containers is essential because children on the reservation have found needles in playgrounds and poked themselves. In fact, she received a report that one child poked himself in the eye with a used needle.

Duran says that hurting others goes against the Harm Reduction philosophy as well as Native American beliefs.

"Cause no harm, Indian people believe in that," she says. "Cause no harm, leave no trace.

"Before European settlement, Indian people had everything they needed to feed and heal themselves. Now we're just having to find different tools to take care of ourselves."

For more information about the Harm Reduction Coalition, outreach workers, hepatitis or HIV, contact:

- the Montana Department of Public Health and Human Service's hepatitis C hot line at 1-877-437-4694;
- Claudia Montagne at Montana Targeted Prevention in Helena at (406) 442-6090;
- Wendy Duran on the Flathead Indian Reservation at (406) 849-5798;
- Samuel Jacobson in Missoula at (406) 240-7204;
- Or Casey Rudd in Bozeman at (406) 586-4711.

Facts:

- Pharmacy sale of syringes has been shown to cut down risky injection behavior by 40 percent. (The Lindesmith Center – Drug Policy Foundation)
- In more than a dozen European and Australian cities including Amsterdam, Berlin, Bologna, Copenhagen, Frankfurt, Sydney and Zurich, syringes are available in vending machines that provide a clean syringe when a used one is deposited. (The Lindesmith Center – Drug Policy Foundation)
- Eight states still require adults to have a prescription to buy syringes, but 47 states, including Montana, and Washington D.C., also have drug paraphernalia laws limiting the possession or distribution of syringes. (The Lindesmith Center – Drug Policy Foundation)

Chapter Nine: Methamphetamine's Social Costs

Mary Haydal was shocked when her 18-year-old daughter died of a heart attack. She was devastated when she found out it was from using methamphetamine.

Although Haydal's daughter Cassie was an honor student at her high school in Miles City, who volunteered in the community, worked part-time as a waitress and wrote for her school newspaper, the young woman also had a deadly relationship with crank—a secret her parents did not discover until they found her limp body on their bathroom floor.

Just as meth drained the life from Haydal's daughter, it is also responsible for straining family ties, weakening school and work performance and draining public programs throughout Montana, leaving parents, employers, taxpayers and social workers to wonder when crank's social costs will stop growing.

"As a parent, you know you would sell anything you had to get your child help and I guess we'll spend the rest of our lives dealing with the fact that we would have done anything to help," Haydal says of herself and her husband. "We just didn't know what we were dealing with. To know that our daughter was in a secret hell is unbearable at times."

Haydal's concern echoes that of other parents around Montana who are struggling to wrestle their children from crank's clutches.

According to the National Center on Addiction and Substance Abuse at Columbia University, or CASA, methamphetamine use among teens in rural areas like Montana is higher than among their urban counterparts.

Even in Martinsdale, a town of approximately 65 people, meth has reared its ugly head. One woman living in the small community in central Montana, who prefers remain anonymous for privacy reasons, struggled for six years to get her daughter off crank.

H. Jones, as the woman's daughter prefers to be called, started using methamphetamine when she was 16 and living with her father in Hamilton. Jones, now 23, lived with her father, who is divorced from her biological mother, on and off during her teen years to escape what she describes as the social isolation of Martinsdale.

"I was kind of a socially frustrated child," she says. "I don't like living in Montana very much. I'd like to live in an urban environment."

Jones began experimenting with alcohol in the eighth grade, cocaine in her sophomore year of high school and in her junior year she progressed to methamphetamine, which she says she started using out of boredom.

"I craved intensity of experience," Jones says. "I've just always been really dissatisfied with reality."

Jones smoked and snorted meth before school until she graduated and moved to Denver, Colo., where she hung out with "gutter punk" kids, heroin addicts who lived on the streets. At the time, she had no permanent residence, but instead crashed at friends' houses or slept on the streets when she could no longer stay awake after days of using meth.

Within several months, Jones called her mother, who bought her a bus ticket back to Montana, hoping that her daughter's drug using days were over.

"It was a real fast downhill slope in Denver," Jones' mother says. "I was really scared.

"You always want to know what you did wrong. You want to know if it's your fault."

After three months back in Martinsdale, Jones left again, this time for Bozeman where she enrolled at Montana State University with hopes of becoming a writer. She continued to use meth occasionally.

Although results of the 2000 National College Health Assessment were not available for Montana State University as of press time, the response from the University of Montana shows that of the 1,059 UM students surveyed, 86 percent reported they had never used crank. Another 10 percent had used the drug, but not in the previous 30 days. And 1 percent had used meth three to five days within the past 30 days.

Mike Frost, coordinator of the University of Montana's Self Over Substances program, says he rarely encounters students who use methamphetamine.

"It's the type of drug that I don't think a lot of students can do and keep being students," Frost says.

Within six months of starting college at MSU, Jones quit school and left for Seattle where she met a group of intravenous crank users and started shooting up. She lived with a speed dealer and worked as a stripper to support her daily crank use.

"I deteriorated very rapidly," Jones says. "I didn't go in public very much."

Jones' parents begged her to come back and after five months she returned to her mother's house with her speed-addicted boyfriend. The two had no drugs, but instead brought syringes and crank-soaked cotton balls with them from which to extract the drug.

For intravenous drug users, the process of preparing the drug for injection is almost as addictive as the crank itself. To create the dangerous serum, also called a wash, users mix meth with water in a spoon, soak up the mixture with a piece of cotton and extract the crank from the cotton with a needle to strain impurities from the drug. Users sometimes save the cottons and the spoons, which they can mix with water to get more of the crank.

"You don't just have a speed addiction, but a needle addiction," says Jones. "It's a very ritual thing."

Although Jones' mother did not know about the drug paraphernalia her child had with her, she did notice that her daughter, who stands 5 feet 8 inches and typically weighs 115 pounds, was down to 103 pounds.

"She was like a skeleton," Jones' mother says. "She had skin rashes and she looked terrible."

Crank kills the appetite, causing users to loose dramatic amounts of weight in a short time. The drug also causes users to engage in repetitive activities. Some repeatedly vacuum the carpet in their houses, others disassemble and reassemble mechanical appliances, and still others pick at their skin until they create rashes or open sores.

When Jones' mother found out the couple was using crank, she kicked them out.

"I don't think there was anything I could have done," Jones' mother says. "She was in another state and she was an adult. I don't really know that I could have changed anything."

Within 24 hours, Jones' boyfriend headed back to Seattle and soon after Jones decided to check into Montana Chemical Dependency Center, or MCDC, in Butte for treatment.

"Her plan, when she went into MCDC, was to go back to Seattle, but somebody got through to her when she was in there," Jones' mother says.

Jones continues to talk with chemical dependency counselors while attending the University of Montana in Missoula. She says she has not used meth in more than two years because the drug does not hold the same appeal for her that it once did.

"I think addiction is kind of a real waste of your abilities," Jones says. "I think it's a very enslaved lifestyle. It's kind of a soul sickness."

Jones' mother is relieved that her daughter has ended her relationship with meth and is moving on.

"She is always working to make herself better," Jones' mother says. "She's a person who wants to go to school and do a good job. She wants to be happy."

Just as meth use can affect school performance, it can also affect work performance for those users whose lives are intertwined with the drug.

Edwin Tsosie, 38, started using crank 10 years ago to improve his work performance. The roofing work he did demanded that he be active and work fast and, in the beginning, meth delivered these effects. But, for the man from Billings, using the drug had other less desirable results.

"At first it made me motivated and alert," Tsosie says. "But I started having anger."

According to a 1997 report from the United States Department of Labor, 73 percent of drug users—or 8.3 million adults aged 18 and over—were employed, including 6.7 million full-time workers and 1.6 million part-time employees.

And, the National Institutes of Health reported that in 1992—the most recent year for which the data is available—alcohol and drug abuse cost the United States' economy $246 billion in decreased productivity, increased accidents, absenteeism, turnover and medical costs. In fact, a Substance Abuse and Mental Health Services Administration survey said that workers who test positive for drug use file twice as many worker's compensation claims, use two times the amount of medical benefits, and take one-third more time off than non-drug users.

In Montana, according to figures released by the Addictive and Mental Disorders Division of the Department of Child and Family Services, from July 1999 through June 2000, a total of 145 full-time workers who used meth were admitted to state-approved chemical dependency programs. Another 53 part-time workers who used meth were also admitted, adding up to a total of 198 workers in state-approved programs whose productivity was diminished as a result of methamphetamine.

The financial burden public programs are forced to bear is another high social cost associated with methamphetamine use.

Montana ranked fifth in the nation for the percentage of its budget spent to pay for the cost of substance abuse, according to CASA. That translates into $256 million the state spent in 1998 to cover the cost of substance abuse with child and family assistance, justice, education, mental health, health, public safety, the state workforce, regulation and compliance, and prevention, treatment and research.

A significant chunk of that, $70 million in taxpayers' money, went to the justice system to deal with drug-related offenders.

In fact, the state spent 80 percent of its adult corrections budget, 65 percent of its juvenile justice budget and 83 percent of its judicial budget to cover the cost of drug-related crimes. These numbers reflect the high cost of national drug control programs, which have skyrocketed in the last 20 years.

Social service agencies also pay a high price to assist children and families with methamphetamine-related problems.

In 1998, Montana spent $26 million, or 69 percent of child welfare funds, to deal with substance abuse in families, according to CASA.

Evidence of this spending can be seen in Yellowstone County where more children are placed in foster care because of methamphetamine use in their homes than for any other reason, according to the Child and Family Services office in Billings.

The pattern is the same in Cascade County where, according to Teri Bellusci, intake supervisor at the Great Falls and Cascade County Child and Family Services office, 70 to 75 percent of the 346 children whom the agency has placed in foster care in the last year and a half have ended up there due to meth use in their homes.

"It's real frustrating and very scary," Bellusci says.

She says that as the meth consumes parents' lives, their children become less of a priority and providing their kids with basic food and shelter becomes an afterthought.

"The addiction is so powerful, the parents just kind of disappear," Bellusci says.

Although the number of children being removed from their homes due to meth use varies around the state, safety is the number one concern in cases involving drug use.

Grant Larson, supervisor of Child and Family Services' Wolf Point and Miles City districts, says that about 30 percent of his office's caseload, or 65 children, are in the social services system because their living situations were deemed unsafe as a result of their parents' meth use.

Eric Barnoski, regional administrator of the agency's eastern region office located in Miles City, says that upon receiving a complaint, a social worker must consider whether a home can be made safer for the children living there. This means that parents have to show that they can provide for their children's basic needs, that the children do not have access to drugs or the dangerous chemicals used to make drugs like meth, and that they have not exposed their children to visitors who might have done them harm.

Loretta Rotellini, a community social worker with the Division of Child and Family Services in Missoula, says that children being exposed to potentially dangerous people is a big problem with meth users whose minds are on drugs and not their kids.

"Methamphetamine is extremely addictive, and if there are people using, their priorities are when they're going to get the drugs," she says.

Becky Graham, 31, used crank for four years while living in Hardin, a town of 3,384 people located east of Billings. She says that her children, aged 7 and 8, now live with their father because she could no longer care for them while using methamphetamine.

"It's messed up when a mother can't give up drugs for her children," Graham says. "I missed them when I was high, but more when I wasn't."

Amanda Veyna, 25, says that before she and her ex-husband got divorced, the couple snorted lines of meth in their kitchen in Kalispell while their children, aged 3 and 5, were in another room. A baby gate separated the children from the dangerous drug.

"The further you get into that addiction, the less that stuff matters," she says.

In March, Veyna started treatment for her seven-year crank addiction. She says that she wanted to get clean so that she could get back her children who were then living with their father.

"What I get from the kids makes my life worth living and meth makes my life hell," she says.

Facts:

- Of the $225 million Montana spent in 1998 to pay for the cost of substance abuse, only $7.2 million of that was used to pay for prevention, treatment and research. (The National Center on Addiction and Substance Abuse at Columbia University)
- Of each dollar states spent in 1998 to deal with substance abuse, 96 cents went to clean up the damage addiction caused, while only four cents went to preventing and treating it. (CASA)
- Every additional dollar used for substance abuse treatment saves taxpayers $7.46 in societal costs, according to a study by the RAND Corp. (Common Sense for Drug Policy)
- Employees who use drugs are 2.2 times more likely to ask for early dismissal or time off work, 2.5 times more likely to be absent eight days or more from their jobs, three times more likely to be late for work, 3.6 times more likely to have an accident in the workplace, and five times more likely to file for worker's compensation. (U.S. Department of Labor)
- Substance abuse fuels seven out of 10 cases of child abuse and neglect. (CASA)
- As of spring 2000, there were 8.3 million children living in U.S. households where one or more parents were dependent on alcohol or needed treatment for illegal drug use. (Children's Defense Fund)

Chapter 10: Making Good with Con Connection

Casey Rudd adjusted to imprisonment quite well despite the fact that she was 45 when the state sentenced her to 15 years behind bars.

What was tougher was getting used to life outside of prison when she was released on parole.

"I never realized anything ever happened to me in there," Rudd says. "Because you live it everyday, that becomes your norm. Because I adjusted to that scene so well, I never realized anything was different."

However, things were different when she returned home after serving two years of her sentence at the Montana State Women's Prison in Billings. She had trouble getting used to life on the outside—she could wear what she wanted, go out when she wanted and did not have to sleep in a cell with a light on overhead 24 hours a day—and her incarceration hung over her new life like a dark cloud when she tried to apply for jobs.

"I've lived in the free world for 45 years, I've been locked up for two, how come this is all new to me?" she says. "It's because I made all those adjustments in the joint."

After being home for five days, Rudd says she started thinking about returning to the life of drug use that had landed her in prison. She had made a living selling drugs, including methamphetamine, in Bozeman for 10 years before her arrest and had been using drugs, including crystal meth, for 30 years.

Rudd has since gotten the swing of life outside of prison and has stayed clean since she was released in 1996. To help other ex-cons who have had the same problems she did on the outside, she started Con Connection, a nonprofit organization

designed to help convicts re-enter society. Rudd helps the men and women with parole plans, finds them mentors to prevent them from returning to a life of crime, and hooks them up with affordable housing, jobs, clothes and household items.

"I started Con Connection because of those struggles I had coming home," she says.

When Rudd had trouble finding a job and adjusting to a drug and crime-free lifestyle on the outside, she confided her feelings to the male ex-convicts she met while waiting to see her parole officer. She was surprised and comforted to hear that they had the same frustrations.

But, she told them: "I never hear you men saying that when we're in groups. I never hear you talking about your prison lives and your prison thinking and your struggles. You guys just kind of take it and move on and do your thing."

Rudd also broke down in tears in front of her parole officer who empathized with her situation and introduced her to people who could help her get her life on track.

"He helped me, hooking me up with people," she says. "They help Con Connection today.

"Communities give us what we want. I have never been turned down by anybody across this state for anything."

Since starting Con Connection in 1996, Rudd has since opened the program up to former drug users as well as anyone else who might need help but is not an ex-convict. She says that churches, businesses and individuals throughout the state have donated to the program. A recovering alcoholic, who owns a number of low-rent studio apartments

in Billings, recently told Rudd that he wanted to rent to the people who use Con Connection.

Becky Graham, 31, from Hardin, recently said that she would ask Rudd to help her find a place to live in Billings. She says she wants to be closer to her two children who live there with their father.

Connie Cave, 29, spent time in jail in Kalispell for selling methamphetamine, and recently sought treatment for her addiction. She says that when she finishes the program and returns to her hometown, she could use some help from Con Connection.

"They need something like that in Kalispell," Cave says.

Rudd is trying to expand her program in cities throughout Montana and has spoken before the Montana Legislature several times to try to get assistance for her program. She says that when legislators first heard of her program in 1996, they asked her why ex-cons had trouble adjusting.

"I think the problem is that (the corrections system does not) follow through," Rudd told them. "They program us until we are on overload and never do we get to try any of it out until we go out on the street. And when we go out on the street, we're left alone, and when we're left alone, we're going to do what we know best, we're going to do what our comfort zone is.

"We're going to try this new stuff we learn in rehab, but more times than not, we're going to fail because we're going to get frustrated. And if they're ain't somebody there that we can trust and call, we're going to fail. We're going to drink and drug. We're going to do whatever we can to survive because that's what we know."

- For more information about Con Connection, call Casey Rudd at (406) 586-4711, or write to con_connection@hotmail.com or Box 4142, Bozeman, MT 59772.

Chapter 11: Meth Addiction and Treatment

Treating methamphetamine addiction is like trying to tame a wild animal that attempts to escape again and again.

For chemical dependency counselors in Montana, as well as their patients, breaking this beast of addiction can be a frustrating battle.

"Meth addiction is extremely difficult to treat," says Les Barnes, former clinical director for the Missoula Indian Center's chemical dependency program. "We see the highest relapse rate with methamphetamine than with any other drug we treat [at the Indian Center]. It requires extensive, exhaustive, long-term care."

Barnes says that in 1998, the Indian Center treated 23 clients for crank addiction out of a total of 136 drug users who sought help at the clinic. In 1999, the number increased to 66 out of a total of 157 clients.

While the Indian Center provides traditional outpatient care to both American Indian and non-Indian clients, which consists of one-on-one counseling or group therapy, and in some cases, talking circles, smudging or the use of a sweat lodge, Barnes says that it is difficult to break the pattern of addiction when users can easily step back into the addiction environment.

"Methamphetamine destroys the body, mind, spirit and family," says Barnes. "I've never seen anything like this. Meth tops it all, the insanity of it. People are stripped of their personalities.

"It's a long road back. It's real frustrating as a treatment professional and we can only continue to try different methods of treatment."

A former user from Missoula, age 20, who prefers to remain anonymous, was admitted into various drug treatment programs in Missoula and spent time at Montana Chemical Dependency Center, or MCDC, in Butte in an attempt to break her crank addiction. After each attempt, she would return to the deadly drug, only to begin the pattern of abuse again.

She says her six-month stay in a group home in Missoula probably encouraged her to kick the crank habit more than any other professional treatment program she had previously tried. She says she liked the structure and emotional support she received from staff members at the live-in facility.

"I did really good there," she says. "That was probably the happiest time of my life, being sober and doing good for myself. There was always somebody there to talk to. During that time, I had a lot of supportive people."

One of the challenges of treating methamphetamine abusers is that it typically takes between two and four weeks for them to overcome the initial craving for the drug and for their minds to partially recover from the drug's presence. During that critical period, counselors must help users adjust to the absence of meth in their systems, which often proves difficult in outpatient care or during the typical short stay at a residential facility.

Because the effects of crank on the system can last for so long, some treatment centers in the state have expanded their programs to help better serve meth addicts who may not benefit from traditional 28-day drug treatment programs.

Tom Tailfeathers, director of the Blackfeet Chemical Dependency Program in Browning—the only inpatient treatment center on a reservation in the state—says that

instead of discharging patients after 30 days as program managers did five years ago, chemical dependency counselors now determine how long meth users should stay in treatment.

Zelma DuCharme, intake supervisor and counselor for the program, added that the program is very disciplined and clients' stays depend on how well they adjust to that discipline.

"It's really disciplined because a person that uses doesn't lead a disciplined program once they are out there," she says.

Montana Chemical Dependency Center, Montana's only state-funded substance abuse treatment center, also recently increased its treatment program from several weeks to up to 90 days for crank addicts.

The program is individually tailored for clients according to their needs, and each week chemical dependency counselors assess the clients to measure their progress in the 12-step program fashioned after the Alcoholics Anonymous model. If the clients have health insurance—which many do not and instead pay the $140-a-day bill on a sliding scale—the counselors report their assessments to the insurance agencies, who then determine if the client can stay longer at the center.

Steven King, clinical supervisor at MCDC, says that the managed care health system can be a roadblock for methamphetamine users who may need longer care, but whose insurance companies deny them extended treatment.

"If we don't tell them exactly the right thing, they'll deny us right off the bat," he says.

According to Susan Witte, government and public relations director for Blue Cross Blue Shield of Montana, her company changed its chemical dependency coverage two years ago and now gives policy holders a certain amount of money they can spend on treatment instead of a certain number of days they can spend in treatment.

The company now pays up to $6,000 a year, excluding detoxification costs, for inpatient and outpatient drug and alcohol treatment. When a client meets a $12,000 lifetime limit for inpatient services, his or her coverage for in- and outpatient treatment drops to $2,000 per year.

Al Baczuk, an agent with State Farm Insurance in Missoula, says that his company has similar policies except that the $12,000 limit applies to both inpatient and outpatient treatment.

"They limit it to get the person to shape up," he says.

Considering the high cost and duration of treatment for methamphetamine addiction and a relapse rate of 90 percent for crank addicts, this amount of insurance coverage is often not enough.

According to Shaen McElravy, program coordinator of Share House, a drug treatment center operated by Missoula's Turning Point Outpatient-Mental Health Center, one 30-day hospital-based treatment program might cost $12,000. The same stay at MCDC would cost $4,200, and he said that 30 days in an outpatient program could cost $1,200 to $2,000.

Some insurance carriers also refuse to pay for drug treatment if the patient seeks care as the result of a court order.

Les Barnes, former clinical director for the Missoula Indian Center's chemical dependency program, says that more than 90 percent of the clients the Indian Center treats fit this description and as a result, the center must refer some patients to MCDC.

To attempt to offset some of the cost of treating meth addicts at MCDC, many of whom are indigent, Steven King says that he met periodically for two years with staff from the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services to help get Medicaid benefits expanded to cover chemical dependency treatment for adults.

According to Pete Surdock, children's services officer with the Addictive and Mental Disorders Division, Medicaid has paid for outpatient treatment for young people for the last five years, but it's limited to treatment in state-approved programs and to those youth who are substance dependent.

Surdock says that less than 20 percent of the youth assessed were dependent on substances, but were more likely to be substance abusers, which means that Medicaid did not foot the bill for their care. Even so, the government program paid $31,631 in 1999 to treat youth with substance dependency, $37,802 last year, and $26,458 in the first two quarters of this fiscal year.

In October 2000, Medicaid also started paying for inpatient residential care for youth with no limit on the amount of money that can be spent on their care. Medicaid workers monitor their progress to determine when they will leave treatment. In addition, Surdock says, outpatient therapy in state-approved programs will be covered for adults, age 21 and older, beginning in October 2001, if the governor and other state officials sign the appropriate legislation.

But when insurance coverage does not cover the cost of treatment and Medicaid is unavailable, some meth users and their families have to come up with more creative ways to afford treatment.

While searching for financial assistance to help pay for treating her teenage daughter's methamphetamine addiction, Lisa Green from Billings stumbled across information about the C.S. Landre Foundation, a non-profit organization headquartered in Fresno, Calif. The foundation grants zero-interest loans to qualifying families around the United States to help offset the cost of substance abuse treatment in foundation-approved programs.

Green knew that she had to do something to save her daughter, Jenifer McQuade, now 17, from destroying herself and the rest of the family with her addiction. Green hit her breaking point when McQuade, then 16, began yelling violently at her younger sisters and threatening them with knives.

"There was a point where the disruption she brought to my family, I was at the point that I wanted her gone," says Green. "I decided I had to do something drastic."

Although Green did not use a C.S. Landre loan to send her daughter to treatment, she did send the young woman to a foundation-approved treatment program at Cross Creek Manor in La Verkin, Utah. She used the teenager's college fund to pay for her daughter's 13-month stay in the residential program.

"We used all of her college money, every bit," says Green. "You can either pay for treatment, a funeral, a baby, or a lawyer."

She says that she chose to spend the $45,500 so that her daughter might live to see another day free from the prison of methamphetamine addiction. And Green chose the

program in Utah because it did not enforce a timeline for completion, but instead allowed her daughter to overcome her addiction at her own speed, thereby lessening the chance of relapse.

"You take a cake out before it's done and it falls in the middle," she says.

To reinforce the things McQuade learned in treatment, Green says that her daughter lives by a home contract, whereby she is granted privileges for good behavior. Moreover, Green says that her family has become closer and spends more time together, which helps her daughter to stay away from the drug that ruled her life for a year.

Many chemical dependency counselors agree that involving family members in the treatment process is essential and some programs incorporate contact with family members into their methamphetamine addiction programs.

Southwest Counseling Service's Women's Addiction Program, in Rock Springs, Wyo.—a state- funded program—allows women to receive intensive residential treatment for nine to 12 months while also caring for their children, who live in the facility with them. In addition to chemical dependency counseling, the women also attend parenting and life skills classes and their children have the opportunity to receive counseling.

Therapeutic Community, another similar state-funded program also administered by Southwest Counseling Service, is a nine- to 12-month residential program in which the residents form their own sort of family with staff members as role models.

Although these types of long-term, residential programs have worked with varying degrees of success to help break the pattern of methamphetamine addiction for some users, often crank users must return to their old surroundings when they complete treatment.

"In my opinion, when you send somebody to residential treatment, it's a great way to get away from the environment, but they have to go back to their environment," says Dustin Rolfness, substance abuse counselor and educator at the Indian Health Board in Billings.

The Matrix model is an outpatient treatment approach developed during the mid-1980s being tested at seven sites around the United States, including the Mental Health Center in Billings. It attempts to treat methamphetamine addiction with a 16-week program, but also tries to help addicts be successful in their drug abstinence during a year-long aftercare program.

Kathy Woodward, research coordinator at the Mental Health Center, says that the program helps addicts to understand what triggers their addiction, as well as what can make them relapse. She says the program has been very effective because of its highly structured, repetitive design. This is important in treating meth users because the drug causes memory impairment.

"It's a kinder, gentler approach to treatment," says Woodward.

The Matrix model helps past methamphetamine addicts learn to make the transition from treatment to life on the outside without the benefit of the drug, and maybe most importantly, to relearn how to take pleasure in their lives while sober.

H. Jones, a 23-year-old former meth addict living in Missoula, says that although she had been in both inpatient and outpatient treatment several times during her six years of crank use, has been in counseling on and off since she was 15, and has not done crank in more than two years, she still had a hard time adjusting in social situations without the drug.

"I'm not real social because I don't know what you do when you're not partying," she says. "It's hard for me to relate to other people's lives. That drug puts you in a totally different social environment."

Facts:

- Methamphetamine craving does not diminish merely through the passage of time, but because addicts do not give in to the cravings when they occur. (Substance Abuse and Mental Health Services Administration)
- Family therapy has higher success and retention rates than individual counseling or peer group therapy. (Substance Abuse and Mental Health Services Administration)
- Of the women in long-term residential treatment programs who could bring their children along, 81 percent were referred by the criminal justice system, but had no new charges following treatment. (Southwest Counseling Service)
- A RAND Corp. study found that efforts by domestic law enforcement cost 15 times more than treatment to achieve the same reduction in societal costs. (Common Sense for Drug Policy)
- The 1997 National Treatment Improvement Evaluation Study stated that the average cost of treatment ranged from a low of $1,800 per client to a high of approximately $6,800 per client in 1993. In contrast, incarceration averaged $23,406 per inmate per year for the same year. (Common Sense for Drug Policy)

SOURCES

Books

Ksir, Charles and Oakley Ray. Drugs, Society, and Human Behavior. Boston: WCB/McGraw-Hill, 1999.

National Institutes on Drug Abuse. The NIDA Community-Based Outreach Model: A Manual to Reduce the Risk of HIV and Other Blood-Borne Infections in Drug Users. Rockville, MD: National Center for Alcohol and Drug Information, 2000.

Rawson, Richard A. Treatment for Stimulant Use Disorders. U.S. Department of Health and Human Services. Rockville, MD: National Clearinghouse for Alcohol and Drug Information, 1999.

U.S. Department of Justice. Drug Enforcement Administration. Drugs of Abuse. Washington, D.C.: GPO, 1997

Government Documents

Centers for Disease Control and Prevention. 2000. *Deaths: Final Data for 1998*. 18 April 2001 <http://www.cdc.gov/nchs/default.htm>

Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention. 2001. *Basic Statistics Exposure Categories*. 18 April 2001 <http://www.cdc.gov/hiv/stats/exposure.htm>

Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention. 2000. *HIV/AIDS Surveillance Report*. 18 April 2001 <http://www.cdc.gov/hiv/stats/hasr1201/table5.htm>

Confederated Salish and Kootenai Tribes. Flathead Nation Tribal Health and Human Services. Cleaning up Former Methamphetamine Labs. St. Ignatius: Tribal Disaster Emergency Services, 2000.

Federal Sentencing Statistics. 1998. *Distribution of Sentenced Guideline Offenders by Select Primary Offense Category Fiscal Year 1998*. April 2000 <http://www.ussc.gov/sitemap.htm>

Federal Sentencing Statistics. 1999. *Distribution of Sentenced Guideline Offenders by Select Primary Offense Category Fiscal Year 1999*. 27 April 2001 <http://www.ussc.gov/sitemap.htm>

Indian Health Service. Clinical Services. 2001 Budget Request: Alcohol and Substance Abuse. Indian Health Service, 2001.

Montana AIDS Cases as of November 30, 2000. Chart. Communicable Disease Program. Helena: Montana Department of Public Health and Human Services, 2000.

Montana Attorney General's Office. 2000. *Mazurek Seeks Federal Support for Grant to Fight Meth.* 26 March 2000 <http://www.doj.state.mt.us/ago/newsrel/00release/methgrant.htm>

Montana Decennial Census Total Resident Population for Counties, Incorporated Cities/Towns and Census Designated Places (CDPs) 1990 and 2000. Chart. Census and Economic Information Center. Helena: Montana Department of Commerce, 2000.

Montana Department of Corrections. Professional Services Division. Hepatitis C Fact Sheet. Helena: Montana Department of Corrections, 2001.

Montana Department of Justice. Division of Criminal Investigation. Petition to Join the Rocky Mountain High Intensity Drug Trafficking Area. Montana Department of Justice, 1999.

National Institute on Drug Abuse. *Brain Imaging Studies Show Long-Term Damage From Methamphetamine Abuse.* 17 Jan. 2001 <http://165.112.78.61/NIDA_Notes/NNVol15N3/Brain.html>

National Institute on Drug Abuse. 2000. *Methamphetamine: Abuse and Addiction.* 14 April 2000 <http://www.nida.nih.gov/ResearchReports/methamph/methamph2.html>

National Institute on Drug Abuse. 2000. *Methamphetamine Abuse Linked to Long-Term Damage to Brain Cells.* 27 April 2000. <http://www.drugabuse.gov/MedAdv/00/NR3-27.html>

Selected Meth Stats. Chart. Selected ADIS Information. Addictive and Mental Disorders Division. Helena: Montana Department of Public Health and Human Services, 2001.

U.S. Department of Health and Human Services. HIV Prevention Bulletin: Medical Advice for Persons who Inject Illegal Drugs. Public Health Service, 1997.

U.S. Department of Justice. Bureau of Justice Statistics. Drug Control Budget. Office of National Drug Control Policy, 2000.

U.S. Department of Justice, Drug Enforcement Administration. *Drug Use in the United States*. 27 Oct. 2000 <http://www.usdoj.gov/dea/concern/use.htm>

U.S. Department of Justice, Drug Enforcement Administration. *Methamphetamine*. 27 Oct. 2000 <http://www.usdoj.gov/dea/concern/meth.htm>

U.S. Department of Justice, Drug Enforcement Administration. *Methamphetamine: A Growing Domestic Threat*. 13 April 2000 <http://www.usdoj.gov/dea/pubs/meth/threat.htm>

U.S. Department of Labor. *Facts and Figures about Drugs and Alcohol in the Workplace*. 30 Jan. 2001 <http://www.dol.gov/dol/asp/public/programs/drugs/facts.htm>

Interviews

Arneson, James, former methamphetamine addict and dealer. E-mail and telephone interviews. 28 March 2001 and April 2001

Astroth, Kirk, extension 4-H Club specialist, Montana State University. Telephone interview. April 2001.

Baczuk, Al, agent, State Farm Insurance. Telephone interview. 21 March 2001.

Barnes, Les, former clinical director, chemical dependency treatment program, Missoula Indian Center. Personal interview in Missoula. April 2000.

Barnoski, Eric, regional administrator, Division of Child and Family Services' Eastern Region. Telephone interview. 13 March 2001.

Bellusci, Teri, intake supervisor, Great Falls and Cascade County Child and Family Services. Telephone interview. 12 March 2001.

Boyd, Terry, supervisory criminal investigator, Bureau of Indian Affairs, Office of Criminal Investigations, Fort Peck Agency. Telephone interview. 12 Feb. 2001.

Cahill, Pat, regional administrator, Great Falls and Cascade County Child and Family Services. Telephone interview. 12 March 2001.

Cave, Connie, methamphetamine addict. Personal interview in Butte. 4 March 2001.

Clifford, Gail, administrative officer, Division of Child and Family Services' central office. Telephone interview. 13 March 2001.

Cobell, Fred, clinical coordinator, Blackfeet Chemical Dependency Program. Telephone interview. 7 March 2001.

------, confidential source, former methamphetamine addict. Personal interview in Missoula. April 2000.

------, confidential source, methamphetamine addict. Personal interview in Butte. 4 March 2001.

------, confidential source, mother of former methamphetamine addict. Personal interview in Martinsdale. November 2000.

Couture, Craige, investigator, Northwest Montana Drug Task Force. Personal interviews in Polson and telephone interview. Several times in February, March and April 2000.

Crawford, Ken, director and chronic pain chairman, Blackfeet Community Hospital. Telephone interview. 16 March 2001.

Dobie, Jeff, detective, Missoula Police Department. Personal interview in Missoula. April 2000.

DuCharme, Zelma, intake supervisor and treatment counselor, Blackfeet Chemical Dependency Program. Telephone interview. 7 March 2001.

Duran, Wendy, community outreach worker and public health nurse, Tribal Health and Human Services, Confederated Salish and Kootenai Tribes. Telephone interview. 28 Feb. 2001.

Eckerson, Marci, nurse consultant, Montana Immunization Program, Montana Department of Public Health and Human Services. Telephone interview. 2 March 2001.

Fiddler, Louis, patrolman, Flathead Tribal Police. Personal interview in Polson. 15 March 2001.

Frost, Mike, program coordinator, University of Montana Self Over Substances Program. Telephone interviews. April 2000 and 13 Feb. 2001.

Graham, Becky, methamphetamine addict. Personal interview in Butte. 4 March 2001.

Green, Lisa, mother of former methamphetamine addict. Telephone interview. 3 April 2001.

Griffin, Gregg, methamphetamine addict. Personal interview in Butte. 4 March 2001.

Haubenreiser, Jenny, employee, Montana State University Health Promotions. Telephone interview. 13 Feb. 2001.

Haydal, Mary, mother of former methamphetamine addict. Telephone interview. March 2001.

Hocking, Terri, public health nurse, Butte-Silver Bow County Health Department. Telephone interview. 7 March 2001.

Howard, Sharon, health services director, Great Falls and Cascade County Correctional Facility. Telephone interviews. 8 March 2001.

Hutchison, James D. Jr., forensic toxicology supervisor, Montana Department of Justice, Division of Forensic Science. Personal interview in Missoula and telephone interview. 15 Nov. 2000 and 16 May 2000.

Jacobson, Samuel, community outreach worker, Harm Reduction Services. Personal interview in Missoula. 14 March 2001.

Jones, H., former methamphetamine addict. Personal interview in Missoula. 19 Jan. 2001.

Jones, Robert, medical and mental health director, Division of Professional Services, Montana Department of Corrections. Telephone interview. 14 March 2001.

King, Steven, clinical supervisor, Montana Chemical Dependency Center. Telephone interviews. November 2000 and several times in February, March and April 2001.

Klietz, Bahne, forensic scientist, Montana Department of Justice, Division of Forensic Science. Personal interview in Missoula. 1 March 2001.

Larson, Grant, supervisor, Division of Child and Family Services' Wolf Point and Miles City districts. Telephone interview. 23 March 2001.

Lindgren, Jon, spokesman, office of U.S. Senator Conrad Burns. Interviewed by author. 16 March 2001 by telephone.

Lombardi, Bill, press secretary, office of U.S. Senator Max Baucus. Telephone interviews. 28 March 2001 and 29 March 2001.

Loney, Cherry, director, Cascade County Health Department. Telephone interview. 6 March 2001.

Long, Mark, narcotics bureau chief, Montana Department of Justice, Division of Criminal Investigation. Telephone interviews. 16 Feb. 2001 and 5 March 2001.

Maloney, Edward, medical director, addiction treatment program, Providence Center. Personal interview in Missoula. April 2000 .

Mart, Sarah, coordinator, University of Montana Health Enhancement. Telephone interview. 13 Feb. 2001.

McElravy, Shaen, program coordinator, Share House. Personal interview in Missoula. April 2000.

McGillivray, Kip, operations manager, SI-McStay. Telephone interviews. 14 March 2001 and 16 March 2001.

Megargel, Greg, detective, Missouri River Drug Task Force. Telephone interview. 22 Feb. 2001.

Montagne, Claudia, project director, Montana Targeted Prevention. Telephone interview. 22 Feb. 2001.

Moore, Gregory, medical director, Emergency Department/First Care, Community Medical Center. Personal interview in Missoula. April 2000.

More, Shelagh, patrol officer, Missoula Police Department. Personal interview in Missoula. 8 Feb. 2001.

Mosher, Elton, hepatitis C prevention coordinator, Montana Department of Public Health and Human Services. Telephone interview. 5 March 2001.

Mrkich, Dale, deputy county attorney. Personal interview in Missoula. April 2000.

Murphy, Jim, epidemiology program health specialist, Montana Department of Public Health and Human Services. Telephone interview. 12 March 2001.

Palmer, Bonnie, residential coordinator, Rosen Recovery Center, Southwest Counseling Service. Telephone interviews. 23 March 2001.

Peters, Rachael, manager, Harm Reduction Services. Personal interview in Missoula. 15 Feb. 2001.

Peterson, Brad, owner, Meth Lab and Chemical Cleanup. Telephone interview. 28 March 2001.

Peterson, Steve, drug unit detective, Missoula County Sheriff's Department. Personal interview in Missoula and telephone interview. April 2000 and 14 Feb. 2001.

Phillips, Ron, methamphetamine addict and cook. Personal interview in Polson. 8 March 2001.

Poteet, Ken, regional agent in charge, Montana Division of Criminal Investigation. Personal interview in Missoula and telephone interviews. April 2000, 1 Feb. 2001 and 16 Feb. 2001.

Ricketts, Christine, education and prevention specialist, Southwest Counseling Service. Telephone interview. 14 March 2001.

Rolfness, Dustin, substance abuse counselor and educator, Indian Health Board. Telephone interview. 31 Jan. 2001.

Rotellini, Loretta, community social worker, Division of Child and Family Services. Personal interview in Missoula and telephone interview. April 2000 and 7 March 2001.

Rudd, Casey, community outreach worker, Southern Montana AIDS Coalition, and founder/director of Con Connection. Telephone interviews and personal interview in Butte. 28 Feb. 2001, 23 April 2000 and 4 March 2001.

Smith, Trixie, disease prevention services manager, Cascade County Health Department. Telephone interview. 6 March 2001.

Surdock, Pete Jr., children's services officer, Addictive and Mental Disorders Division, Montana Department of Public Health and Human Services. E-mail interviews. 21 March 2001 and 19 April 2001.

Tailfeathers, Tom, director, Blackfeet Chemical Dependency Program. Telephone interview. 7 March 2001.

Thaggard, Joe, assistant attorney general, Montana Prosecution Services Bureau. Telephone interview. 21 April 2001.

Thornburg, Sarah, former methamphetamine addict. Personal interview in Missoula and telephone interview. April 2000 and 13 February 2001.

Todorovich, Colleen, director of nurses, Montana Chemical Dependency Center. Telephone interview. 16 March 2001.

Tsosie, Edwin, methamphetamine addict. Personal interview in Butte. 4 March 2001.

Unger, Bill, administrator, Montana Department of Justice, Division of Forensic Science. Personal interview in Missoula. 1 March 2001.

Van de Wetering, Josh, assistant U.S. attorney. Telephone interview. 14 March 2001.

Veyna, Amanda, methamphetamine addict. Personal interview in Butte. 4 March 2001.

Witte, Susan, government and public relations director, Blue Cross Blue Shield of Montana. Telephone interview. 21 March 2001.

Woodward, Kathy, research coordinator, Billings Mental Health Center. Telephone interviews. November 2000 and 13 Feb. 2001.

Zeitner, Scott, agent, Eastern Montana Drug Task Force. Telephone interview. 13 March 2001.

Miscellaneous

Adolescent Services International. 2000. *Specialty Schools for Defiant Teens*. 3 April 2001 <http://www.adolescentservices.com/category?cat=schools>

American Council for Drug Education. 1999. *Drugs and Pregnancy*. 17 Jan. 2001. <http://www.acde.org/parent/Pregnant.htm>

American Medical Association. 2001. *Access to Sterile Syringes*. 2 April 2001 <http://www.ama-assn.org/ama/pub/printcat/1801.html>

California Department of Justice. *Symptoms of Methamphetamine Use*. 10 March 2000 <http://www.stopdrugs.org/symptoms.html>

Children's Defense Fund. 2000. *Substance Abuse and Child Protection: Partnerships are Needed*. 21 Jan. 2001 <http://www.childrensedfense.org/substance_abuse.html>

Common Sense for Drug Policy. *Common Sense for Drug Policy Presents the Facts: Economics*. 11 April 2001 <http://www.drugwarfacts.org>

Common Sense for Drug Policy. 2000. *Drug War Facts, Race, HIV and the Drug War*. 18 April 2001 <http://www.drugwarfacts.org/racehiv.htm>

Common Sense for Drug Policy. 2000. *Drug War Facts, Treatment*. 11 April 2001 <http://www.drugwarfacts.org/treatment.htm>

Getting Hip to Hep. New York: American Liver Foundation, 2000.

Hepatitis A, B, C. New York: Harm Reduction Coalition, 1999.

Koch Crime Institute. 2000. *Methamphetamine Frequently Asked Questions*. 14 April 2000 <http://www.kci.org/meth_info/faq_meth.htm>

Prevent Child Abuse America. 2001. *The Relationship Between Parental Alcohol or Other Drug Problems and Child Maltreatment*. 21 Jan. 2001 <wysiwyg://9/http://www.preventchildabuse...rch_ctr/fact_sheets/parental_alcohol.html>

Schaffer Library of Drug Policy. *Relative Addictiveness of Various Substances*. 4 April 2001 <http://www.druglibrary.org/schaffer/MISC/addictiv.htm>

Star of Life and C.S. Landre Foundation, Inc. 2000. *Loans*. 3 April 2001 <wysiwyg://23/http://www.cslandre.org/loans.html>

The Lindesmith Center – Drug Policy Foundation. 1997. *Research Brief: Needle & Syringe Availabilty*. 2 April 2001 <http://www.lindesmith.org/cites_sources/brief15.html>

The National Center on Addiction and Substance Abuse at Columbia University. 1999. *CASA Releases No Safe Haven Report*. 30 Jan. 2001 <http://www.casacolumbia.org/newsletter1457/newsletter_show.htm?doc_id=9427>

The National Center on Addiction and Substance Abuse at Columbia University. 2001. *CASA Releases Shoveling Up: The Impact of Substance Abuse on State Budgets*. 30 Jan. 2001 <http://www.casacolumbia.org/newsletter1457/newsletter_show.htm?doc_id=47445>

The National Center on Addiction and Substance Abuse at Columbia University. 2000. *No Place to Hide: Substance Abuse in Mid-Size Cities and Rural America*. 30 Jan. 2001 <http://www.casacolumbia.org/publications1456/publications_show.htm?doc_id=23734>

Therapeutic Community. Rock Springs, WY: Southwest Counseling Service.

What is Viral Hepatitis? American Liver Foundation, American Digestive health Foundation.

Women's Addiction Program. Rock Springs, WY: Southwest Counseling Service.

Newspaper and Periodical Articles

Anez, Bob. "Substance Abuse Costly for Montana." Missoulian 6 Feb. 2001: C1.

Associated Press. "Court Records Reveal Details of Drug Probe." Missoulian 23 Dec. 2000: B3.

Bohrer, Becky. "Police Hold Off on Drug Bust at Miles City Day-Care Center." The Montana Standard 23 Dec. 2000: A5.

Kirn, Walter. "Crank." Time 22 June 1998: 24+.

McLaughlin, Kathleen. "Prison System Faces Hepatitis Crisis." Missoulian 19 Feb. 2001: A1.

Missoulian. 1999. *Key Figure in Police Shooting gets Probation.* 28 April 2001 <http://www.missoulian.com/archives/index...etail&doc=/1999/February/25-442-news8.txt>

Missoulian. 2000. *Meth Labs Busting Budgets.* 4 April 2001 <http://www.missoulian.com/archives/index...c=detail&doc=/2000/April/5-111-news02.txt>

Missoulian. 2000. *Witness Charged With Drug Crime.* 30 April 2000 <http://www.missoulian.com/archives/index...ail&doc=/2000/February/25-1010-news13.txt>

Newhouse, Eric. "Substance Abuse Hitting State in Wallet." Great Falls Tribune 30 Jan. 2001: A1.

Ravalli Republic. 2000. *Galpin Guilty of Six Meth-Related Felonies.* 4 April 2001 <http://www.ravallinews.com/archives/index...etail&doc=/2000/November/01-695-news1.txt>

Ravalli Republic. 2001. *Meth Cooker Sentenced to 30 Years in Prison.* 4 April 2001 <http://www.ravallinews.com/archives/index...detail&doc=/2001/January/03-664-news3.txt>

Ravalli Republic. 2000. *Stevi Man Arrested for Threats with Shotgun.* 4 April 2001 <http://www.ravallinews.com/archives/index...etail&doc=/2000/November/14-614-news1.txt>

Ravalli Republic. 2001. *Stevi Man Receives Suspended Sentence for Shotgun Incident.* 4 April 2001 <http://www.ravallinews.com/archives/index...etail&doc=/2001/February/21-864-news3.txt>

Sabol, Chery. "Meth Creates Ongoing Local Nightmare." The Daily Inter Lake 4 March 2001: A1.

Skornogoski, Kim. "Police Divulge Giant Meth Bust." Great Falls Tribune 10 April 2001: A1.

The Billings Gazette. 1999. *Fighting the Crank Epidemic*. 14 April 2001 <http://www.billingsgazette.com/region/990312_reg001.html>

The Billings Gazette. 2000. *Giving Parents, Kids a Second Chance in Family Drug Court*. 7 Nov. 2000 <http://www.billingsgazette.com/search.php.../2000/11/05/build/magazine/1drug court.inc>

The Billings Gazette. 2000. *Haydal's Drug Death Promotes Changes*. 3 April 2001 <http://www.billingsgazette.com/archive.ph...ednews/2000/11/17/build/local/0haydal.inc>

The Billings Gazette. 2000. *Sheriff Seeks Leads in Miles City Drug Death*. 3 April 2001 <http://www.billingsgazette.com/archive.ph.../rednews/2000/11/18/build/local/0drug.inc>

The Billings Gazette. 2000. *Shocking Death Revealed Crank Use*. 3 April 2001 <http://www.billingsgazette.com/archive.ph.../rednews/2000/11/17/build/local/zmain.inc>

The Billings Gazette. 2000. *Teen Draws 10 Years for Role in Double Murder*. 26 March 2001 <http://www.billingsgazette.com/rednews/2000/07/29/build/region/rzclips.shtml>

The Billings Gazette. 2000. *The Human and Social Costs of Meth Strain the Care System*. 11 April 2000 <http://infoweb6.newsbank.com/bin/ga...72031BA1E40A&RGD=20000118&PROD=NFIW>

The Havre Daily News. 2000. *Spang's Interrogation Played*. 26 March 2001 <http://news.mywebpal.com/news_tool_v2.cfm?phpid=660&show=archivedetails&ArchiveID-221006&om=1>