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# Methamphetamine and Dave's Story

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This story and history are derived from multiple discussions with Dave Park that began when I was a psychiatrist at Turning Point's Pathways out of Homelessness and Dave was the case manager for many of my patients; a good number of these patients had a current or past history of methamphetamine dependence. When we both left Turning Point, we continued our discussions and thought it might be worth having something in print including Dave's first-hand eyewitness perspective of the history of methamphetamine use in California. I gave lists of questions and thoughts to Dave and I would then organize his written responses and integrate our research findings.

Methamphetamine abuse first appeared in California in the early 1950's, primarily among former military personnel who had been exposed to methamphetamine or Benzedrine during World War II. The German and Japanese military supplied troops with these drugs to increase aggressiveness and alertness, and Allied soldiers often encountered the stimulants with captured supplies. US and British troops used captured German methamphetamine in North Africa [Amphetamine at War Web Site]. US Air Force pilots used meth during the long-range bombing missions of World War II [Vermont Department of Health Website, 2013; Methamphetamine at War]. After these users returned to civilian life, some became involved in the early motorcycle clubs and gangs, and by the early 1960's methamphetamine abuse was widespread within the biker community.

At one time access to methamphetamine typically had been through physicians, who prescribed stimulants for allergy problems or for weight loss, or through unscrupulous physicians who wrote prescriptions in exchange for cash or favors. In the early 1960's, bikers or their associates who were college chemistry majors or friends of chemistry majors began manufacturing methamphetamine, which led to the involvement of the motorcycle clubs in the manufacture and distribution of the drug. Although in the early 1960's methamphetamine was used and abused mostly within the biker community, physicians increasingly prescribed it for women in the general population as an agent for weight loss.

In this early period most illegal methamphetamine was pharmaceutical grade, produced from chemical formulas gleaned from the Merck Manual or from information bought from employees of pharmaceutical companies. Though some sellers (connections or dealers) claimed to be using "original German formulas," buyers usually dismissed these claims as bragging to justify a higher asking price. Rumors of "original German formulas" persist to this day.

In the mid-to-late 1960's, soldiers began coming home from the war in Vietnam. Many of these soldiers had used Benzedrine while on patrol in order to stay alert, and they took their usage of amphetamines back to the United States, which helped spread the acceptance of recreational amphetamine use. Methamphetamine manufacture and distribution was still controlled by the various motorcycle clubs, and methamphetamine quality remained pharmaceutical or near-pharmaceutical grade. The distribution networks were relatively unsophisticated and haphazard, relying upon associated individuals and "prospects" (prospective club members) to distribute the drug. Quality was so high that relatively small amounts (e.g.) could provide the desired stimulation. Quality was of paramount importance, and the punishment for "cutting" (adulterating the drug with various substances) could be extreme. People could be beaten up or seriously harmed; they could have their hands shattered, palms burned, or even worse.

In the late 1960's and early 1970's, turf wars broke out over control of the methamphetamine trade in many areas of California. Widespread home manufacture also started during this period, abetted by the publication of the first edition of the Anarchist Cookbook ([1] Powell et al., a reissuing of the 1971 version), which contained several "recipes" for methamphetamine. Subsequent editions had flawed recipes, one allegedly so explosive that it could level several hundred square meters.

Methamphetamine usage increased in many segments of the population in the 1970's, from women who wanted to lose weight, to construction workers and truckers who wanted the stamina to work longer hours. The quality of the drug remained near-pharmaceutical grade and the prices were still cheap. Availability was widespread and law enforcement in general was minimal, with the exception that the biker community was targeted. This was the era of the RICO (Racketeer Influenced and Corrupt Organizations Act) prosecutions, when the FBI and ATF (Bureau of Alcohol, Tobacco, Firearms, and Explosives) attempted to disband the large motorcycle clubs (https://www.ncjrs.gov/pdffiles1/Digitization/147691NCJRS.pdf) [2]. Throughout this decade, the drug became more prevalent in schools and in the bar and party scene. Methamphetamine was popular, in part, because people could drink alcohol all night then take meth and still be able to go to work the next day.

The 1980's and 1990's saw widespread changes in quality and prices. Key chemicals needed for the manufacture of higher-grade methamphetamine were made illegal, and other recipes had to be used. The prime chemicals, ephedrine and pseudoephedrine, have a maximum of 92% conversion into methamphetamine (per Wikipedia), but in practice these precursors yielded a product of varying quality and safety. Other materials used in the manufacturing process included such toxic chemicals as lye, phosphorous, and hydriodic and hydrochloric acids. These chemicals were sometimes not fully removed from the finished product, and could cause skin lesions and other illnesses - and, in rare cases, death.

In the 1990's, the Mexican drug cartels entered the methamphetamine trade. When the cartels first got into the business, their standard trick to hook people on their product was to cut their methamphetamine with a small amount of heroin. The number of users continued to increase in the 1990's, with a significant rise in crime related to the sale and use

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of the drug. It was not uncommon for "tweakers" to steal from family, friends, chain stores, and grocery stores to support their habit, usually trading the stolen items directly to their dealers. These drug users were also a major factor early on in the spread of identity theft as a criminal enterprise, as they would go through garbage cans and dumpsters to collect credit card carbons, canceled checks, and bank papers, and trade these items for the drug. In this decade there was also a sharp rise in violence related to methamphetamine, as the Mexican cartels had an unforgiving attitude towards people's debts, as well as any failure of their dealers to move product rapidly.

A number of acute and chronic medical problems such as hepatitis, STD's, hypertension and diabetes are prevalent in long time users. For meth abusers who have subsequent diagnosis of bipolar disorder after a significant history of meth abuse, a long-term psychiatrist with extensive drug-abuse work in the Haight- Ashbury says that the pattern of presentation of bipolar disorder in the recent decades has appeared to change. In particular, there seems to be less euphoria. It is not clear if this perception is generalizable to a larger population or if it is whether it is due to the addition of methamphetamine usage to an underlying bipolar disorder or simply the long-term sequelae of meth usage in a certain population. The female experience with methamphetamine though in some ways similar to the male experience also shows significant differences.The female experience is colored by gender roles and societal mores as exhibited by the prevalence of cleaning and over-cleaning of their living spaces as opposed to the male experience of taking things apart to "fix" them. Also the stereotypical female fixation on home and children is sometime seen with the "soccer mom" type user. The main reasons women give for the drug use also mirror this pattern, namely to be skinny-sexy, to lose weight, to have energy to clean the house and to take care of their family, as opposed to the men's reasons, which were to work longer, to drink more, for more intense sexual function, and simply for fun. If gender roles continue to become blurred, the female experience may become even more similar to the male pattern.

What changes might we see as we continue to move into the 21st century? There will probably be an increase in drug manufacture by Latino and possibly Russian drug cartels, along with more homegrown "cooks" working for themselves or working for street gangs. Further cartel involvement may be due to the difficulties in obtaining meth precursors in the United States. The age of first use could drop. There might be an increase in violence from various groups in the meth trade as they stake out territories.If problems with the economy persist or worsen, methamphetamine usage may increase as more people look to escape their problems, with a possible associated increase in other crimes as these new users attempt to support their drug habits. And, as long-term users age, there will be an increasing need for more health care resources to care for their complex medical and psychiatric problems [3-12]. Women may become more vulnerable to more neurological & cardiovascular problems if they use drugs past menopause when they no longer have 'protection' from estrogen [13-15].

## Dave's Story

I was led into amphetamine use in the 1970's when a young lady I was dating got some "cross top" pills from her sister. She asked if I wanted to try some and have sex. Thirteen-year-old boys only think in the short-term: "Little white pill + girl=sex; go for it." Both the girl and the speed became a steady habit for me. The girl's sister obtained the cross tops from her boyfriend, a biker who schooled me about meth and introduced me to the biker drug community.I am less familiar with other drug communities, but there are references to meth use in the music scene (rock, jazz, and soul), the gay scene, and among the surfers in Hawaii and Southern California. [Retrieved from: http://www.theinertia.com/business-media/drugs-meth-and-hawaiian-surf-culture] [16].

In the beginning, I used both cross tops and "crank." The cross tops were more affordable, but I preferred meth/crank. In the 70's, crank sold for $20 a quarter teaspoon. All dealers claimed that their crank was obtained from the motorcycle clubs or else was made according to German formulas as a way of saying their crank was better than everyone else's. We would do a couple of lines and stay up all night playing cards, working on cars or motorcycles or chasing women. We would stay up all weekend, sleep for 12 to 18 hours and start all over again, going into work wired thinking we were doing fast, quality work and thinking no one knew what we were doing. At some construction jobs I worked, foremen even supplied crank to their workers because they knew if they kept us high, we would work longer hours and take fewer breaks. Looking back, this practice actually led to lower quality work and more on-the-job injuries.

We believed there were FBI agents behind every tree and tapping every phone; people spoke in code, saying: "Can I get quarter can of white paint?" Methamphetamine users speculated that the FBI printed the editions of the Anarchist Cookbook that had the explosive recipes. Paranoia was rampant over this; everyone said "The Man" was infringing upon our freedoms and keeping us from doing as we pleased. "Window warriors" were everywhere, peeping out the cracks in the curtains and thinking every car that went by was probably a cop.

People wound up with many strange beliefs about what meth would do for you and other things in your life. I knew one young lady who would mix a teaspoon of meth in with the water for her African violets. She said the plants grew faster and bloomed better. I had a friend who believed that meth would cure any illness. He used to say, "Keep doing dope until you feel better; it will help you live forever." I've seen people put meth in the gas tanks on their motorcycles, claiming it made the motor run better and rev higher. I knew people who would pray to the "meth gods" for a good high or to get more of the drug. When people were high on meth they would be in a highly suggestible state, believing some outrageous things. I watched an entire houseful of users become convinced that there was a panda in the tree in their backyard. They had been told that a panda had escaped from a zoo and was seen in the area, and they contacted the police to report the missing panda.

I used to watch the tweaker women in the bars and elsewhere. The women were thin. They were often promiscuous; many had multiple partners. They were often unfaithful to their spouses in order to curry favor with their dope connection so they could get wired for free. They never seemed to stop talking; they would talk and party all night, neglecting everything else. However, several other ladies I knew were pleasant, intelligent people when not high, but when high they would completely shut down, becoming uncommunicative and pliable. They would not object to anything that was done to them and were often taken advantage of. The women in general were prone to turn into clean freaks that cleaned every surface in their home over and over again, often neglecting relationships and children because in their eyes the house was not "clean."

The men were prone to spend their time "fixing" things, usually taking apart things that worked and trying to put them back together so they worked better. This rarely happened, as these individuals rarely knew what they were doing. They were prone to violence because of paranoia, thinking rivals were "narcs." The men spent inordinate amounts of time hiding their actions from friends and families,

trusting very few people for fear that they would be arrested. It was common for them to have multiple sex partners and to have very poor relationship skills. Men were prone to arguments and violence in their relationships; often they projected their own infidelities on their girlfriends or spouses. Men were also more likely than women to run "scams," selling the same car to several people at the same time or to dumpster dive for identity data.

Both males and females were prone to hallucinations and paranoid delusions as well as feelings of invincibility, though male users appeared to experience significantly more paranoia. Most window warriors were male, although I knew one woman who painted all of her windows black then scraped quarter-sized holes in the paint in the center of the windows so she could watch the FBI watch her.

We have observed for men and women in treatment that though the incidence of hallucinations was about the same for men and women users; men acknowledged a greater degree of paranoia [10,17].

When I first started using meth, I was "schooled" in the accepted mores of the drug world. Such mentoring was prevalent in the 70's, extended in my estimation to maybe 60-70% of new users, but fell off in the early 80's when many of the older users were arrested and sent off to prison in part as a result of the RICO act and laws enacted in the 70's and 80's as noted above. During the early days of methamphetamine availability in California we, as a group, policed ourselves as a means of self-preservation in order to avoid the legal or social costs.

An older user, the biker who supplied my girlfriend's sister, took me under his wing and instructed me in what to expect from the drug and how to act. I learned from him how to tell the quality of the drug, what amount was safe to use and how to use it. He instructed me in the values and mores of use and the behaviors that were acceptable to the drug community in general and to the biker subset in particular. Concern was for the whole group, not the individual, to the drug community in general and to the bikers in particular.

If individuals were using too much and neglecting their job, family or children, thus attracting too much attention to themselves and their use, they would be "cut off." No one would sell them any methamphetamine until they could function appropriately. I was cut off when I briefly used methamphetamine intravenously (IV). My connection and a few of my friends told me, that because of my propensity for violence on IV meth, I would get no more until I went back to snorting. Usually this was done by the person's connection and friends based on observed behaviors, in my case, my propensity for violence when using IV meth. Anytime I was found "wired" and had fresh needle track marks, I was beaten by those who caught me. A couple of people would get together and "talk" to my connections, and those who supplied me IV methamphetamine would also be beaten. This method of behavior modification worked for me in a matter of two months. I don't know how widespread this practice of beatings and enforcing a cut-off of drugs was; I've rarely seen it in practice.

As police departments and the FBI started their investigations into motorcycle clubs, they targeted the methamphetamine trade. Many of the older users were jailed or imprisoned; this left a younger generation to use drugs without their supervision or role modeling. The resultant lack of checks and balances in the meth world led to the advent of the so-called "crankster gangsters," individuals who did not respect the traditions of the older hands, and were out more for themselves, the sex, money, and power, leading to the increasing problems that we face today Urban Dictionary web site [18].

Most of the people I knew could be classified as alcoholics as well as meth addicts. I did not drink, and there actually is a significant minority of meth addicts who may have had a history of strong alcohol abuse or dependence, but who will tell you that once they found meth, they knew this was their drug and that they did not want to drink alcohol, as this would take away from the meth experience. Alcohol use in conjunction with methamphetamine often caused unpredictable reactions. One woman I know pointed out that the amount of alcohol used with meth makes a big difference in behaviors.

An individual on both alcohol and meth could become more talkative, but this same individual could become quiet or violent at a different time under the similar circumstances. Most often people on meth could consume more alcohol with little outward effect than they could otherwise, though they still ran the same risk of alcohol poisoning, just without physical warning signs. Some abusers used alternating alcohol and meth to titrate the experience. People would get wired and go to the bar and drink until they could feel the alcohol; then they would use more meth to "sober up" and then drink more alcohol.When a person is wired, the effect of alcohol is diminished, but alcohol will still make a person falsely feel less wired then they really are, leading to the risk of an overdose. I've seen such people suffer meth OD's (stroke, heart attack) and alcohol poisoning.Use of alcohol with meth increased the potential for violence and impulsive behaviors. I have seen people who mixed methamphetamine and alcohol go from happy to sad to violent in virtually seconds. I've seen people explode with anger when they tried to do things they could normally do while wired but could not do with alcohol in their system. When both wired and drunk, you don't feel drunk, but reaction times, coordination and judgment are still impaired. Individuals in such a state, feeling unimpaired, would attempt to drive, for example.

Some abusers of methamphetamine would pick their skin. This was sometimes called skin or face mining. Women were more likely to do this than men. I've seen many women pick at their faces and arms so much they caused open sores and major scarring. I've seen women pick at their own skin so badly and they would need to be hospitalized for infection. I knew one lady who said there were worms under her skin and would show her forearm to me as proof. She proceeded to pick at and sever a blood vessel in her wrist, all the while saying it was a worm. Women would also spend time picking on a man's skin; I knew a woman who would spend hours picking at the blackheads on her old man's back. Picking behavior was generally more prevalent among white and Mexican-American females.

By my observation, many female users were prone to depression and had body image problems. They felt they did not have time to do everything they needed to do. Several women I knew felt they were "different" and they didn't fit in, and used this sense of 'differentness' or alienation as a reason for their use. Some women would become suicidal, especially when running out of the drug. For some, this was attention-getting behavior, though others made serious and frequent attempts. I have been told by several women friends that they had been diagnosed with depression, PTSD, or bipolar disorder after they stopped use, but not prior to the onset of methamphetamine usage. This is consistent with literature [10].

I would watch women destroy their relationships through inattention to their spouse while they invested all their attention in their house, children, and the search for more methamphetamine. It seemed like no matter how much speed they did, they never could finish everything. It was very common that the house would be clean but the shopping wouldn't get done. The kids of the drug users would get much of the attention they wanted, but they missed lots of school and went hungry

a lot. Over the years I have seen these children grow up facing many challenges, including: mental illness, drug abuse, developmental delay, and malnutrition as well as the behavioral problems associated with neglect or abuse. As these children reached adulthood, many became either addicts themselves or militantly against drug use.

As to my own getting out, that was a fluke. I was sick and tired of being homeless and bouncing from camp to couch to camp again. When I was 43, in early 2000, the people whose couch I was crashing on at the time gave me a choice: Move to Sacramento with them, with the understanding that I quit doing meth; or stay in Fairfield on the streets and wind up in prison or worse. It was a simple life-or-death choice, and in a brief moment of clarity I chose life. And, here I am.

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